

Jessica Hull MR# 2025-127 DOB: 04/24/1996

Table of Contents

Face Sheet	1
Pre-Admission	4
Reflections Pre-Admission Assessment, Tuesday, Dec 2, 2025	4
COVID-19 Pre-Admission Screening Questionnaire, Thursday, Dec 4, 2025	11
Assignment of Primary Therapist, Tuesday, Dec 2, 2025	13
McClay Admission	14
Consent For Treatment & Conditions of Admission, Thursday, Dec 4, 2025	14
Activities Release and Waiver of Liability, Thursday, Dec 4, 2025	16
Client Rights and Complaints and Grievances, Thursday, Dec 4, 2025	18
Confidentiality & Limits of Confidentiality of Mental Health, Alcohol & Drug Abuse Client Records, HIPAA Notice, Notice of Privacy Practices, Thursday, Dec 4, 2025	20
Consent for Camera Surveillance & Therapeutic Photograph, Thursday, Dec 4, 2025	26
Group Confidentiality , Thursday, Dec 4, 2025	27
Liability Waiver for Gym, Pool, and Outing Events, Thursday, Dec 4, 2025	28
Program and House Rules , Thursday, Dec 4, 2025	29
Transportation Release and Waiver of Liability , Thursday, Dec 4, 2025	33
Safety Contract and Self-Harm Agreement , Thursday, Dec 4, 2025	35
Universal Precautions for Infection Control, Thursday, Dec 4, 2025	36
Consent for Discharge Follow-up, Thursday, Dec 4, 2025	38
Vape/ E-cig Policy -, Thursday, Dec 4, 2025	39
Orientation Checklist (Residential) , Thursday, Dec 4, 2025	40
McClay Group Rules, Thursday, Dec 4, 2025	41
Consents	43
Gnosis Laboratory - Assignment of Benefits, Thursday, Dec 4, 2025	43
Consent For Pregnancy Test, Thursday, Dec 4, 2025	45
ROI's	46
Emergency Authorization for Release/Request - Liz Hull, Thursday, Dec 4, 2025	46
Authorization to Obtain and Release Information Butte Psychological Services, Tuesday, Dec 30, 2025	48
Authorization to Obtain and Release Information Curt and Liz Hull, Monday, Dec 8, 2025	50
Authorization to Obtain and Release Information Carbon Health Urgent Care Novato, Friday, Dec 5, 2025	52
Authorization to Obtain and Release Information YMCA, Thursday, Dec 4, 2025	54
Authorization to Obtain and Release Information Liz Hull, Thursday, Dec 4, 2025	56
Health Services	58
Attachment Admission EMAIL, Thursday, Dec 4, 2025	58
Review Self Administration of Medication Assessment, Thursday, Dec 4, 2025	59
Self Preservation Statement, Thursday, Dec 4, 2025	60
Medication Education, Thursday, Dec 4, 2025	61
Client Health Questionnaire & Initial Screening, Thursday, Dec 4, 2025	63
Specific Authorization for Psychotropic Medications, Thursday, Dec 4, 2025	73
Consulting Physician	75
Attachment - CP Admission COVID test, Thursday, Dec 4, 2025	75
Attachment - CP Carbon Health urgent Care, Friday, Dec 5, 2025	76
75553_FAX-20251210-1765334073-135.pdf	77
Attachment - CP CURES, Thursday, Dec 4, 2025	84
Attachment - CP Emergency Room NCH, Wednesday, Dec 10, 2025	85
75555_Xerox-Scan-2025-12-10-06-44-17-PM.pdf	86
Attachment - CP Fasting Labs, Tuesday, Dec 9, 2025	98

75554_FAX-20251210-1765402822-589.pdf	99
Attachment - CP History and Physical, Thursday, Dec 4, 2025	103
Attachment - CP Reduced Lorazepam Taper, Thursday, Dec 4, 2025	108
Doctor's Admitting Order, Thursday, Dec 4, 2025	110
Physician Progress Note, Monday, Dec 29, 2025	111
Physician Progress Note, Monday, Dec 15, 2025	113
Physician Progress Note, Thursday, Dec 11, 2025	115
Physician Progress Note, Monday, Dec 8, 2025	117
Physician Progress Note, Sunday, Dec 7, 2025	118
Physician Progress Note, Saturday, Dec 6, 2025	120
Physician Progress Note, Saturday, Dec 6, 2025	122
Statement of Medical Clearance, Thursday, Dec 4, 2025	124
Incidental Medical Services Certification Form, Thursday, Dec 4, 2025	125
Manage Diagnosis Code , Thursday, Dec 4, 2025	126
Consulting Physician Orders	127
lorazepam, 0.5 mg x 2 tablets , oral, tablet, every six hours, until further notice, Thursday, Dec 4, 2025	127
ondansetron HCl, 4 mg x 1 tablet , oral, tablet, three times a day, until further notice, Thursday, Dec 4, 2025	128
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, three times a day, until further notice, Thursday, Dec 4, 2025	129
tizanidine (tizanidine HCl), 2 mg x 1 tablet , oral, tablet, three times a day, until further notice, PRN, Thursday, Dec 4, 2025	130
gabapentin, 100 mg x 1 capsule , oral, capsule, three times a day, until further notice, Thursday, Dec 4, 2025	131
Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, Thursday, Dec 4, 2025	132
Emergen-C, 1 packet x 1 Unit , PO, Powder, Once , for 3 days, PRN, Thursday, Dec 4, 2025	133
Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), for 5 days, Thursday, Dec 4, 2025	134
Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, Thursday, Dec 4, 2025	135
melatonin, 10 mg x 1 tablet , sublingual, Tablet, Sublingual, once a day (HS) PRN, until further notice, PRN, Thursday, Dec 4, 2025	136
Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, Thursday, Dec 4, 2025	137
Tuberculin purified protein derivative, 0.1ml x 1 Sol , Intradermal, Liquid, Once , for 1 day, Thursday, Dec 4, 2025 . .	138
Thiamine, 100 mg x 1 Tablet , oral, tablet, once a day (AM), for 3 days, Thursday, Dec 4, 2025	139
72 Hour Q 30 min.Observation Detox McClay, Once , until further notice, Thursday, Dec 4, 2025	140
Covid-19 (SARS-CoV-2) Nasopharyngeal Swab Testing, Once , for 1 day, Thursday, Dec 4, 2025	141
Detox 1 Protocol, Once , until further notice, Thursday, Dec 4, 2025	142
Lab Work Fasting: Comprehensive Metabolic Panel, CBC, Lipid Panel, HIV, TSH, Once , until further notice, Thursday, Dec 4, 2025	143
Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level, two times a day schedule (BID), until further notice, Thursday, Dec 4, 2025	144
Urine Drug Screen upon admission and Weekly thereafter, Weekly, until further notice, Thursday, Dec 4, 2025 . .	145
Weekly Weight every Monday morning and on admission, Weekly, for 40 days, Thursday, Dec 4, 2025	146
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, Thursday, Dec 4, 2025	147
Mounjaro (tirzepatide), 10 mg/0.5 ml x 1 ml , subcutaneous, Pen Injector, Weekly, until further notice, Thursday, Dec 4, 2025	148
hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, Thursday, Dec 4, 2025	149
PPD TEST TO BE READ ON 12/06/25 AFTER 1600 OR 12/07/25 BEFORE 1600. PLACED ON L FOREARM, Once , for 2 days, Thursday, Dec 4, 2025	150
lorazepam, 0.5 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, Thursday, Dec 4, 2025	151
ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, Thursday, Dec 4, 2025	152
Client to Urgent Care for f/u d/t possible fungal infection , once, for 1 day, Friday, Dec 5, 2025	153
Client to Urgent Care to r/o possible fungal infection, once, for 1 day, Friday, Dec 5, 2025	154
lorazepam, 0.5 mg x 2 tablets , oral, tablet, every 8 hours, until further notice, Friday, Dec 5, 2025	155

Detox 2 Protocol , Once , until further notice, Friday, Dec 5, 2025	156
Q1h Observation until she reaches 72h Detox McClay, Once , until further notice, Friday, Dec 5, 2025	157
Detox 2 Protocol, two times a day schedule (BID), until further notice, Friday, Dec 5, 2025	158
Q1h Observation until she reaches 72h Detox McClay, two times a day schedule (BID), until further notice, Friday, Dec 5, 2025	159
Lotrimin AF (clotrimazole), 1 % x 1 gram , topical, cream, two times a day schedule (BID), for 7 days, Friday, Dec 5, 2025	160
gabapentin, 100 mg x 1 capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, Saturday, Dec 6, 2025	161
gabapentin, 100 mg x 1-3 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, Saturday, Dec 6, 2025	162
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, Saturday, Dec 6, 2025	163
lorazepam, 0.5 mg x 2 tablets , oral, tablet, Every 12 hrs, for 1 day, Saturday, Dec 6, 2025	164
lorazepam, 0.5 mg x 1 tablet , oral, tablet, Every 12 hrs, for 1 day, Saturday, Dec 6, 2025	165
Detox 3 Protocol , two times a day schedule (BID), until further notice, Saturday, Dec 6, 2025	166
gabapentin, 100 mg x 4 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, Sunday, Dec 7, 2025	167
Client has completed Taper and can fully participate in Residential Programming, Once , for 1 day, Monday, Dec 8, 2025	168
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, three times a day, until further notice, Monday, Dec 8, 2025	169
gabapentin, 100 mg x 1 capsule , oral, capsule, three times a day, until further notice, Monday, Dec 8, 2025	170
gabapentin, 100 mg x 4 capsules , oral, capsule, three times a day, until further notice, Monday, Dec 8, 2025	171
gabapentin, 100 mg x 4 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, Monday, Dec 8, 2025	172
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, Monday, Dec 8, 2025	173
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, Monday, Dec 8, 2025	174
Please send out to ER for MD evaluation r/t kidney stones, Stat, for 1 day, Wednesday, Dec 10, 2025	175
bupropion HCl, 150 mg x 1 tablet , oral, tablet, sustained-release 12 hr, once, for 1 day, Thursday, Dec 11, 2025	176
bupropion HCl, 150 mg x 1 tablet , oral, tablet, sustained-release 12 hr, once a day (AM), until further notice, Thursday, Dec 11, 2025	177
pantoprazole (pantoprazole sodium), 40 mg x 1 tablet , oral, tablet, delayed release (enteric coated), once a day (AM), until further notice, Thursday, Dec 11, 2025	178
hydroxyzine HCl, 25 mg x 1-4 tablets , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, Saturday, Dec 13, 2025	179
hydroxyzine HCl, 25 mg x 1-4 tablets , oral, tablet, three times a day, until further notice, PRN, Friday, Dec 19, 2025	180
Benadryl Allergy (diphenhydramine HCl), 25 mg x 1 tablet , oral, tablet, once, for 1 day, Saturday, Dec 20, 2025	181
Trazodone (trazodone HCl), 50 mg x 1 Tablet , oral, tablet, once a day (HS) PRN, until further notice, PRN, Monday, Dec 22, 2025	182
monjaro, 1units x 1 units , sub Q, units, Weekly, until further notice, Tuesday, Dec 23, 2025	183
monjaro, 1units x 1 units , sub Q, units, Weekly, until further notice, Tuesday, Dec 23, 2025	184
Acetaminophen, 500 mg x 2 Tablets , oral, tablet, every 6 hours, until further notice, PRN, Friday, Dec 26, 2025	185
Ibuprofen, 200 mg x 2 Tablets , oral, tablet, every 6 hours, until further notice, PRN, Friday, Dec 26, 2025	186
tirzepatide (weight loss) (tirzepatide), 2.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice, Friday, Dec 26, 2025	187
pantoprazole (pantoprazole sodium), 40 mg x 1 tablet , oral, tablet, delayed release (enteric coated), every morning, until further notice, Friday, Dec 26, 2025	188
tirzepatide (weight loss) (tirzepatide), 2.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice, Monday, Dec 29, 2025	189
naltrexone (naltrexone HCl), 50 mg x 1 tablet , oral, tablet, once a day, until further notice, Monday, Dec 29, 2025	190
naltrexone (naltrexone HCl), 50 mg x 1 tablet , oral, tablet, once a day, until further notice, Monday, Dec 29, 2025	191
naltrexone (naltrexone HCl), 50 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, Monday, Dec 29, 2025	192
Discharge Home on all current medication with Medical Approval, once, until further notice, PRN, Tuesday, Dec 30, 2025	193

Daily Updates	194
24 Hour Observation Sheet, Monday, Dec 8, 2025	194
24 Hour Observation Sheet, Sunday, Dec 7, 2025	196
24 Hour Observation Sheet, Sunday, Dec 7, 2025	198
24 Hour Observation Sheet, Sunday, Dec 7, 2025	200
24 Hour Observation Sheet, Saturday, Dec 6, 2025	202
24 Hour Observation Sheet, Saturday, Dec 6, 2025	204
24 Hour Observation Sheet, Saturday, Dec 6, 2025	206
24 Hour Observation Sheet, Friday, Dec 5, 2025	208
24 Hour Observation Sheet, Friday, Dec 5, 2025	210
24 Hour Observation Sheet, Thursday, Dec 4, 2025	212
24 Hour Observation Sheet, Thursday, Dec 4, 2025	214
Attachment Anxiety, Wednesday, Dec 31, 2025	216
Attachment Anxiety, Wednesday, Dec 17, 2025	217
Attachment Depression, Wednesday, Dec 31, 2025	218
Attachment Depression, Tuesday, Dec 30, 2025	219
Attachment Depression, Wednesday, Dec 10, 2025	220
Attachment Emergency Room, Wednesday, Dec 10, 2025	221
Attachment Insomnia, Wednesday, Dec 31, 2025	222
Attachment Insomnia, Tuesday, Dec 30, 2025	223
Attachment MAT, Wednesday, Dec 31, 2025	224
Attachment MAT, Tuesday, Dec 30, 2025	225
Attachment MAT, Monday, Dec 29, 2025	226
Attachment MAT & CRAVINGS, Monday, Dec 22, 2025	227
Attachment Weight loss medication, Tuesday, Dec 30, 2025	228
Attachment Weight Loss medication, Tuesday, Dec 9, 2025	229
BAC/UDS, Monday, Dec 22, 2025	230
BAC/UDS, Sunday, Dec 14, 2025	231
BAC/UDS, Thursday, Dec 4, 2025	232
Nursing Progress Notes (Daily), Wednesday, Dec 31, 2025	233
Nursing Progress Notes (Daily), Tuesday, Dec 30, 2025	234
Nursing Progress Notes (Daily), Tuesday, Dec 30, 2025	236
Nursing Progress Notes (Daily), Monday, Dec 29, 2025	237
Nursing Progress Notes (Daily), Monday, Dec 29, 2025	238
Nursing Progress Notes (Daily), Sunday, Dec 28, 2025	239
Nursing Progress Notes (Daily), Saturday, Dec 27, 2025	240
Nursing Progress Notes (Daily), Friday, Dec 26, 2025	241
Nursing Progress Notes (Daily), Wednesday, Dec 24, 2025	242
Nursing Progress Notes (Daily), Monday, Dec 22, 2025	243
Nursing Progress Notes (Daily), Sunday, Dec 21, 2025	244
Nursing Progress Notes (Daily), Friday, Dec 19, 2025	245
Nursing Progress Notes (Daily), Wednesday, Dec 17, 2025	246
Nursing Progress Notes (Daily), Wednesday, Dec 17, 2025	247
Nursing Progress Notes (Daily), Tuesday, Dec 16, 2025	248
Nursing Progress Notes (Daily), Tuesday, Dec 16, 2025	249
Nursing Progress Notes (Daily), Monday, Dec 15, 2025	250
Nursing Progress Notes (Daily), Monday, Dec 15, 2025	251
Nursing Progress Notes (Daily), Sunday, Dec 14, 2025	252
Nursing Progress Notes (Daily), Sunday, Dec 14, 2025	253
Nursing Progress Notes (Daily), Saturday, Dec 13, 2025	254
Nursing Progress Notes (Daily), Friday, Dec 12, 2025	255
Nursing Progress Notes (Daily), Friday, Dec 12, 2025	256
Nursing Progress Notes (Daily), Friday, Dec 12, 2025	257
Nursing Progress Notes (Daily), Thursday, Dec 11, 2025	258
Nursing Progress Notes (Daily), Wednesday, Dec 10, 2025	259
Nursing Progress Notes (Daily), Wednesday, Dec 10, 2025	261

Nursing Progress Notes (Daily), Tuesday, Dec 9, 2025	262
Nursing Progress Notes (Daily), Tuesday, Dec 9, 2025	263
Nursing Progress Notes (Daily), Monday, Dec 8, 2025	264
Nursing Progress Notes (Daily), Monday, Dec 8, 2025	265
Nursing Progress Notes (Daily), Sunday, Dec 7, 2025	266
Nursing Progress Notes (Daily), Saturday, Dec 6, 2025	267
Nursing Progress Notes (Daily), Friday, Dec 5, 2025	268
Nursing Progress Notes (Daily), Friday, Dec 5, 2025	269
Nursing Progress Notes (Daily), Friday, Dec 5, 2025	270
Nursing Progress Notes (Daily), Thursday, Dec 4, 2025	271
Pain Screen, Wednesday, Dec 10, 2025	273
MARs Sunday, Nov 30, 2025 - Wednesday, Dec 31, 2025	275
Assessments	286
Attachment BDI, BAI, BHS, Friday, Dec 12, 2025	286
Biopsychosocial Assessment , Friday, Dec 5, 2025	287
Fagerstrom Test for Nicotine Dependence, Thursday, Dec 4, 2025	299
Falls Assessment (Detox/Res), Thursday, Dec 4, 2025	301
Group Sessions	303
McClay Closing Group, Thursday, Dec 4, 2025	303
McClay Morning Group, Friday, Dec 5, 2025	304
McClay 3pm Didactic/ Process group, Friday, Dec 5, 2025	305
McClay 10am Didactic/ Process Group , Friday, Dec 5, 2025	306
McClay Closing Group, Friday, Dec 5, 2025	307
McClay Morning Group, Saturday, Dec 6, 2025	308
McClay Morning Group, Sunday, Dec 7, 2025	309
McClay Closing Group, Sunday, Dec 7, 2025	310
McClay Morning Group, Monday, Dec 8, 2025	311
McClay 11am Didactic/ Process Group, Monday, Dec 8, 2025	312
McClay 3pm Didactic/ Process group, Monday, Dec 8, 2025	313
McClay Closing Group, Monday, Dec 8, 2025	314
McClay Morning Group, Tuesday, Dec 9, 2025	315
McClay Morning Group, Wednesday, Dec 10, 2025	316
McClay Closing Group, Wednesday, Dec 10, 2025	317
McClay Morning Group, Thursday, Dec 11, 2025	318
McClay 10am Didactic/ Process Group , Thursday, Dec 11, 2025	319
McClay Closing Group, Thursday, Dec 11, 2025	320
McClay Morning Group, Friday, Dec 12, 2025	321
McClay 11am Didactic/ Process Group, Friday, Dec 12, 2025	322
McClay 10am Didactic/ Process Group , Friday, Dec 12, 2025	323
McClay 3pm Didactic/ Process group, Friday, Dec 12, 2025	324
McClay Closing Group, Friday, Dec 12, 2025	325
McClay 11am Didactic/ Process Group, Wednesday, Dec 10, 2025	326
McClay 3pm Didactic/ Process group, Wednesday, Dec 10, 2025	327
McClay Morning Group, Saturday, Dec 13, 2025	328
McClay Closing Group, Sunday, Dec 14, 2025	329
McClay Morning Group, Monday, Dec 15, 2025	330
McClay 10am Didactic/ Process Group , Monday, Dec 15, 2025	331
McClay 11am Didactic/ Process Group, Monday, Dec 15, 2025	332
McClay 3pm Didactic/ Process group, Monday, Dec 15, 2025	333
McClay Closing Group, Monday, Dec 15, 2025	334
McClay Morning Group, Tuesday, Dec 16, 2025	335
McClay 11am Didactic/ Process Group, Tuesday, Dec 16, 2025	336
McClay 3pm Didactic/ Process group, Tuesday, Dec 16, 2025	337

McClay Closing Group, Tuesday, Dec 16, 2025	338
McClay 10am Didactic/ Process Group , Tuesday, Dec 16, 2025	339
McClay 11am Didactic/ Process Group, Wednesday, Dec 17, 2025	340
McClay Morning Group, Wednesday, Dec 17, 2025	341
McClay 3pm Didactic/ Process group, Wednesday, Dec 17, 2025	342
McClay Closing Group, Wednesday, Dec 17, 2025	343
McClay Closing Group, Thursday, Dec 18, 2025	344
McClay Morning Group, Friday, Dec 19, 2025	345
McClay 3pm Didactic/ Process group, Friday, Dec 19, 2025	346
McClay 11am Didactic/ Process Group, Friday, Dec 19, 2025	347
McClay 10am Didactic/ Process Group , Friday, Dec 19, 2025	348
McClay Closing Group, Friday, Dec 19, 2025	349
McClay Morning Group, Saturday, Dec 20, 2025	350
McClay Closing Group, Sunday, Dec 21, 2025	351
McClay Morning Group, Monday, Dec 22, 2025	352
McClay 10am Didactic/ Process Group , Monday, Dec 22, 2025	353
McClay 11am Didactic/ Process Group, Monday, Dec 22, 2025	354
McClay 3pm Didactic/ Process group, Monday, Dec 22, 2025	355
McClay Closing Group, Monday, Dec 22, 2025	356
McClay Morning Group, Tuesday, Dec 23, 2025	357
McClay 10am Didactic/ Process Group , Tuesday, Dec 23, 2025	358
McClay 11am Didactic/ Process Group, Tuesday, Dec 23, 2025	359
McClay 3pm Didactic/ Process group, Tuesday, Dec 23, 2025	360
McClay Closing Group, Tuesday, Dec 23, 2025	361
McClay Morning Group, Wednesday, Dec 24, 2025	362
McClay Closing Group, Wednesday, Dec 24, 2025	363
McClay Morning Group, Thursday, Dec 25, 2025	364
McClay Closing Group, Thursday, Dec 25, 2025	365
McClay 10am Didactic/ Process Group , Friday, Dec 26, 2025	366
McClay 11am Didactic/ Process Group, Friday, Dec 26, 2025	367
McClay Morning Group, Friday, Dec 26, 2025	368
McClay 3pm Didactic/ Process group, Friday, Dec 26, 2025	369
McClay Closing Group, Friday, Dec 26, 2025	370
McClay Morning Group, Saturday, Dec 27, 2025	371
McClay Morning Group, Sunday, Dec 28, 2025	372
McClay Closing Group, Sunday, Dec 28, 2025	373
McClay 10am Didactic/ Process Group , Monday, Dec 29, 2025	374
McClay Morning Group, Monday, Dec 29, 2025	375
McClay 3pm Didactic/ Process group, Monday, Dec 29, 2025	376
McClay 10am Didactic/ Process Group , Tuesday, Dec 30, 2025	377
McClay 3pm Didactic/ Process group, Tuesday, Dec 30, 2025	378
McClay Morning Group, Tuesday, Dec 30, 2025	379
McClay Closing Group, Tuesday, Dec 30, 2025	380
Clinical	381
Attachment Attachment Note – Phone Consultation with Parents, Tuesday, Dec 30, 2025	381
Attachment Clinical Contact Note – Parent Consultation, Wednesday, Dec 10, 2025	382
Attachment Clt Unable to begin BPS, Monday, Dec 8, 2025	384
Clinical Progress Note, Friday, Dec 12, 2025	385
Clinical Progress Note Family, Wednesday, Dec 31, 2025	386
Clinical Progress Note Individual, Tuesday, Dec 30, 2025	389
Clinical Progress Note Individual, Monday, Dec 29, 2025	391
Clinical Progress Note Individual, Friday, Dec 26, 2025	393
Clinical Progress Note Individual, Wednesday, Dec 24, 2025	395
Clinical Progress Note Individual, Tuesday, Dec 23, 2025	396
Clinical Progress Note Individual, Tuesday, Dec 23, 2025	398

Clinical Progress Note Individual, Monday, Dec 22, 2025	400
Clinical Progress Note Individual, Friday, Dec 19, 2025	402
Clinical Progress Note Individual, Wednesday, Dec 17, 2025	404
Clinical Progress Note Individual, Tuesday, Dec 16, 2025	405
Clinical Progress Note Individual, Monday, Dec 15, 2025	407
Clinical Progress Note Individual, Thursday, Dec 11, 2025	409
Clinical Progress Note Individual, Wednesday, Dec 10, 2025	411
Clinical Progress Note Individual, Monday, Dec 8, 2025	412
Progress Notes	414
Continuing Care Consultation, Monday, Dec 22, 2025	414
Continuing Care Consultation, Monday, Dec 15, 2025	415
Continuing Care Consultation, Friday, Dec 12, 2025	416
Ancillary	417
Attachment drop off request form, Friday, Dec 19, 2025	417
75709_Xerox-Scan-2025-12-19-09-07-43-AM.pdf	418
Attachment drop off request form, Tuesday, Dec 16, 2025	419
Attachment Drop Off Request Form 12/27, Friday, Dec 26, 2025	420
75834_Xerox-Scan-2025-12-26-03-07-45-PM.pdf	421
Attachment JH Order request Form, Friday, Dec 19, 2025	423
75712_JH-Order-Request-Form-2025-12-19-03-02-44-PM.pdf	424
Attachment JH Visitor Agreement Form, Thursday, Dec 25, 2025	425
75839_visitor-agreement-form-JH-2025-12-28-07-24-12-AM.pdf	426
Attachment JH Visitor Agreements (LR & Curt Hull), Monday, Dec 15, 2025	427
75630_JH-Visitors-Agreements-LR-and-Curt-Hull-2025-12-15-09-52-07-AM.pdf	428
Attachment JH Visitor Request Form, Tuesday, Dec 23, 2025	430
75840_JH-VISITOR-REQUEST-FORM-2025-12-28-07-27-50-AM.pdf	431
Attachment order request form, Tuesday, Dec 16, 2025	432
75639_Xerox-Scan-2025-12-16-09-02-34-AM.pdf	433
Attachment Visitor agreement form, Saturday, Dec 27, 2025	434
75837_Xerox-Scan-2025-12-27-03-40-00-PM.pdf	435
Attachment Visitor Request Form, Tuesday, Dec 23, 2025	436
75841_Xerox-Scan-2025-12-28-07-30-46-AM.pdf	437
Lab Orders	438
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), Thursday, Dec 4, 2025	438
Medical Test: Alkaloids, NOS (Excluding Cotinine) Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	439
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	440
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	441
Medical Test: Methylenedioxyamines Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	442
Medical Test: Methadone Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	443
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	444
Medical Test: Heroin Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	445
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	446
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	447
Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	448
Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	449
Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	450
Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	451
Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	452
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), Thursday, Dec 4, 2025	453
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), Thursday, Dec 4, 2025	454

Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	455
Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	456
Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	457
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	458
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	459
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	460
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	461
Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	462
Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	463
Medical Test: Opiates Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	464
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	465
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	466
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	467
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	468
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	469
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	470
Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	471
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	472
Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine), Thursday, Dec 4, 2025	473
Lab Requisitions	474
Gnosis, Sunday, Dec 28, 2025	474
Gnosis, Monday, Dec 22, 2025	481
Gnosis, Sunday, Dec 14, 2025	488
Gnosis, Thursday, Dec 4, 2025	495
Lab Results	502
Gnosis, Wednesday, Dec 31, 2025	502
Gnosis, Wednesday, Dec 24, 2025	509
Gnosis, Wednesday, Dec 17, 2025	517
Gnosis, Sunday, Dec 7, 2025	524

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Date 1st contact 11/30/2025	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 - McClay

Program: McClay - Start Date: 12/08/2025

Primary Therapist: John Foord, LMFT

Admission Date 12/04/2025 03:00 PM	Referrer Referred by Alumni	Contact? No	Anticipated Discharge Date 01/09/2026 05:00 PM
---------------------------------------	--------------------------------	----------------	---

Discharge/Transition Date	Discharge/Transition to
---------------------------	-------------------------

CLIENT INFORMATION HAS NOT BEEN VALIDATED - PLEASE VALIDATE**Client Information**

Jessica Hull

Current Address:
14112 Garner Lane
Chico, CA 95973

Phone: 530-513-7445

Email: jessieliz0421@gmail.com

Date of Birth: 04/24/1996 SSN:

Birth Sex: Female

Pronouns:

Preferred Language:

Marital Status: Single

Sobriety date: n/a

Race:

Ethnicity:

Payment Method**Insurance****Insurance Information**

Show Inactive Insurances

Insurance Payer California Blue Shield	Subscriber ID xed911442892	Effective Date 10/01/2025	Termination Date	Status Active	Insurance Priority
Internal ID / External ID 12377 / 12564987	Group Name	Group Number	Plan Type	Payer Type	Insurance Phone Number
Rx Name	Rx Group	Rx BIN	Rx PCN	Rx Phone	Coverage Period

Claims

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

Subscriber Jessica Hull Subscriber Address 1 14112 Garner Lane	Subscriber Address 2	Patient Relationship to Subscriber Self Subscriber City Chico	SSN	Date of Birth 04/24/1996 Subscriber Zip 95973	Gender Female Subscriber Country
---	----------------------	---	-----	--	---

Precertification Company
n/aPhone
n/a**Utilization Reviews**

Start Date	End Date	# of Days	Auth Date	Authorization Number	Status	Managed	Level of Care
12/29/2025	01/08/2026	11	12/30/2025	IP0154333387	Approved	Yes	Residential 3.5
Next Review	Days of Week		Hours per Day	Days per Week	Frequency	LCD	Next LOC
01/08/2026	Sun,Mon,Tue,Wed,Thu,Fri,Sat				daily	No	Next LOC Date
Insurance Payer Name		Insurance Payer Policy No.					
California Blue Shield		xed911442892					

Start Date	End Date	# of Days	Auth Date	Authorization Number	Status	Managed	Level of Care
12/19/2025	12/28/2025	10	12/19/2025	IP0154333387	Approved	Yes	Residential 3.5
Next Review	Days of Week		Hours per Day	Days per Week	Frequency	LCD	Next LOC
12/29/2025	Sun,Mon,Tue,Wed,Thu,Fri,Sat				daily	No	Next LOC Date
Insurance Payer Name		Insurance Payer Policy No.					
California Blue Shield		xed911442892					

Start Date	End Date	# of Days	Auth Date	Authorization Number	Status	Managed	Level of Care
12/09/2025	12/18/2025	10	12/08/2025	IP0154333387	Approved	Yes	Residential 3.5
Next Review	Days of Week		Hours per Day	Days per Week	Frequency	LCD	Next LOC
12/18/2025	Sun,Mon,Tue,Wed,Thu,Fri,Sat				daily	No	Next LOC Date
Insurance Payer Name		Insurance Payer Policy No.					
California Blue Shield		xed911442892					

Start Date	End Date	# of Days	Auth Date	Authorization Number	Status	Managed	Level of Care
12/04/2025	12/08/2025	5	12/05/2025	IP0154266986	Approved	Yes	Detox
Next Review	Days of Week		Hours per Day	Days per Week	Frequency	LCD	Next LOC
12/08/2025	Sun,Mon,Thu,Fri,Sat				daily	No	Next LOC Date
Insurance Payer Name		Insurance Payer Policy No.					
California Blue Shield		xed911442892					

Pharmacy

Pharmacy Name
CVS/pharmacy #9947
Phone
(415) 897-9917

Address
2035 Novato Blvd, Novato, CA, 94947
Fax
(415) 898-4251

Contacts

Contact Type Emergency	Relationship Parent
Name Liz Hull	Phone 530-828-3320

Patient Contact Consent Forms

- Emergency Authorization for Release/Request - Liz Hull - complete

Allergies and Food Restrictions

Allergies

No Known Allergies/NKA

Diets

- Regular Diet (no special dietary needs)

Other Restrictions

NO SALMON

External Apps

External App Name	Unique Patient ID	Action
CMD:45>Living at	68348824	
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: N/A

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Reflections Pre-Admission Assessment

Initial Call Information

Date: 12/02/2025

Lead Source:

Information Collected
from:

Kristin

Referent Name:

Friend of Louise

Client Information

Client Name: Jessica Hull DOB: 04/24/1996 Age: 29 Phone #:

Client Address: 14112 Garner Lane
Chico, CA 95973

Client Occupation:

Unemployed

Marital Status: Single

Current living
arrangements and is
this conducive to
sobriety:

Lives with parents, conducive to sobriety but would like help to consider finding a job and moving out. Ready for independence.

Birth Gender:

Female

Identified Gender:

Female

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)
Dr Stewart Mlshelof	PCP	Chico

Presenting Information

Why are you reaching out for help now?

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Created on: 12/31/2025 16:03 PM EST - 16:04 PM EST

4 of 533 pages

Jessica says she has been in an "ongoing battle" with her substance use, self-medicating for her mental health. She has always lived at home and says she realizes now how selfish and self-centered her behavior has been. She has been tied to her parent's purse strings and put them through a lot of stress. Her restaurant jobs have introduced her to the wrong crowd she says. She admits she is a binge drinker and a black out drinker, can consume up to 9 bottles of wine. She was dating a cocaine dealer 2 years ago and used daily for several years. Recently she has been using meth.

Jessica is 5'7" and weighs approx. 155 lbs.

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

Her brother who is 8 years older and running the family business has completely cut her off. Says he'll talk to her again when she is clean for good. She has not been able to hold down a job, has her CVN license but hasn't even been able to keep a restaurant job.

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

Self-esteem, independence, get her life on track.

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

8 years ago, diagnosed with depression. She has been prescribed Wellbutrin and Zoloft but doesn't take it.

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	Binge drink 6 or more bottles of wine a day or 2 - 3 1.75ml fire balls a day		12	9 days ago	NA

Opiates None

None

Sedatives/Benzodiazepines None

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	7 grams a day		20	3 years ago	NA
Meth	2 grams a day, smoking		2 years ago	4 days ago	NA
RX	Adderall at restaurant if offered			6 years ago	NA

None

Hallucinogens None

None

Others None

History of Seizure?:

No

Longest Period of Sobriety and When:

NA

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

Yes

No

If yes, explain

Tremors, headaches, nausea

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
	Vape daily	

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? Lethargy, no motivation. Some suicidal ideation, but she says she believes in God and not suicide.

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 help me): Yes

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? No

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: Yes

If admits, describe previous history and current:

3 years ago - called 911. Blood pressure dropped. Couldn't breathe.

Restlessness/Inability to sit still: No

Obsessive Thoughts: Yes

If admits, describe previous history and current:

Check door locks and windows, worried about safety

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:

Her best friend died 4 years ago suddenly in a car accident and Jessica says she has never really processed that. They had been in an argument at the time. When she was in the 6th grade, her brother was shot in leg by gang members. Her Grandfather died of alcoholism.

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

No

BEHAVIORAL RISK FACTORS**Putting self or others in dangerous situations:**

Cutting is past. Black out drinking.

Aggression/Violence towards others: Yes

describe previous history and current:

She admits that lately she gets in bouts of rage. She'll have temper tantrums and scream at her parents or friends. She says she has never been physically aggressive.

Legal History Information**Any current or history of legal charges or convictions?**

Arrested for theft (Christmas present for her dad) 1 year ago.

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: Yes

Details:

Ideation only, says her faith in God would never let her go through with any real intent or plan.

Have you ever purposely inflicted harm on yourself? Yes

Client admits to the following:

Cutting in the past, stopped 7 years ago after stitches were required

Frequent:

Date of last incident:

Hospitalization or medical attention required? Yes

Details:

Required stiches 7 years ago, hasn't cut since.

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
RTC	Buddy's Rancy	Yuba City	July 2025	30 days	SUD
RTC	Skyway House	Chico	November	2 days	SUD

Do you have any history of not completing treatment programs (i.e. leaving against clinical advice or being administratively discharged): Yes

Details:

Jessica left Skyway house just two weeks ago, after 2 days with her parents blessing. She says she didn't feel comfortable, there was no structure, chaotic, 7 women in her room, they stole some of her belongings from her suitcase, etc.

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
Prescribed Wellbutrin and Zoloft in the past, stopped taking					

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?

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:

No

Do you use any special medical equipment?

No

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?

No

Kristin Furuichi (Staff), 12/02/2025 12:18 PM

Reviewed by

Ellen Barbieri, NP (Review), NPI Number 1134929573, DEA mb9534822, 12/02/2025 12:30 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

COVID-19 Pre-Admission Screening Questionnaire 12/04/2025 09:44 AM

Date/Time: 12/04/2025 09:44 AM

Living at Reflections, LLC

COVID-19 Pre-Admission Screening Questionnaire

Client Name: Jessica Hull

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 No

2. In the last 14 days have you traveled to a high-risk area for transmission of COVID-19?

Yes No

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

Yes No

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 No

2. Are you immunocompromised?

Yes No

3. Are you over the age of 60?

Yes No

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?

Pfizer, can't recall dates but she can provide proof

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), 12/04/2025 03:19 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Assignment of Primary Therapist 12/02/2025

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

Primary Therapist

Primary Therapist

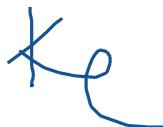
John Foord, LMFT

Assigned on

12/02/2025

Evaluation Date: 12/02/2025

Comments

A handwritten signature in blue ink, appearing to read "K.F." followed by a cursive "Furuichi".

Kristin Furuichi (Staff), 12/02/2025 12:35 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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



Jessica Hull (Client), 12/04/2025 02:03 PM

Staff present: Gisselle Arellano

This form expires on 12/04/2026 02:03 PM.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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
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Created on: 12/31/2025 16:03 PM EST - 16:04 PM EST

16 of 533 pages

California. Venue for litigation concerning this Agreement shall be in Los Angeles County.



Jessica Hull (Client), 12/04/2025 03:58 PM
Staff present: Michael Whitley

This form expires on 12/04/2026 03:58 PM.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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 10569, 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.



Jessica Hull (Client), 12/04/2025 02:21 PM

Staff present: Gisselle Arellano

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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 of 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 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.

Disclosures of Health Related Benefits or Services: Sometimes we may want to contact you regarding service reminders, health related products or services that may be of interest to you, such as health care providers or settings of care or to tell
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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 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

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We Powered by Kipu Systems

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



Jessica Hull (Client), 12/04/2025 02:22 PM

Staff present: Gisselle Arellano

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Living at Reflections, LLC

Consent for Camera Surveillance & Therapeutic Photograph

I, Jessica Hull, 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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Jessica Hull (Client), 12/04/2025 02:20 PM

Staff present: Gisselle Arellano

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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.



Jessica Hull (Client), 12/04/2025 02:23 PM

Staff present: Gisselle Arellano

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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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Jessica Hull (Client), 12/04/2025 03:58 PM

Staff present: Michael Whitley

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

LIVING AT REFLECTIONS, LLC

Program and House Rules – McClay Residential

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

PROCEDURE:

- Clients are to always remain within the grounds of Reflections unless accompanied by a staff member or given a pass to go off premises. Please DO NOT LEAVE the property without clinical permission.
- Cell phone use is permitted during non-program times. That is, before 9:00 am; during breaks from group and individual sessions, and after 4pm.
- Please refrain from using your cell phone in group. You are encouraged to either leave your phone outside the group room or turned it off completely prior to the start of group. Looking at your phone during group is disrespectful and distracting.
- Living Room TV is restricted to hours 5:00am to 8:00am and 5:00pm until lights out Monday through Friday, and 5:00am to 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 of eating disorders.
- Medication is made available during the following times or when medically indicated:
 - 7:00am-9am
 - 11am-1:00pm
 - 4pm-6:00pm
 - 8pm-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 are 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 keep beds made and bedrooms neat and orderly, maintaining a clean and safe living space within their bedroom area. Beds shall be made when unoccupied.
- Clients may be subject to room changes during their stay 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 be subject to room and person searches.
- 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 will be permitted.
- 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 participate in all groups, unless excused by the Primary Therapist.
- Clients are expected to maintain basic hygienic practices.
- Clients are required to always maintain a respectful attitude toward staff. Clients are expected to remain 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 client's bedrooms for any reason.
 - Clients are not to enter other clients' bedroom or restrooms for any reason.
 - Reflections does not allow online food orders.
 - Clients are not to share personal items. This includes but is not limited to: phones, money, cigarettes/vape, clothes, accessories.
 - Amazon, other like deliveries and drop offs must be approved prior to order/ Drop off.
 - Only nonrefillable 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 to ensure the client's diet is reflective of the appropriate foods they should eat.
 - No clients are allowed in the Kitchen.
 - Clients are responsible for clearing their place settings (dishes) from the table and putting these in the designated area.
 - Any kitchen utensils or dishes needed, will be provided.
 - Coffee is available until 1pm only.
 - All snacks are provided.
- All meals are provided.
 - Meals will be served at the following times:

Monday-Friday:

Breakfast: 7:00am - 8:00am

Lunch: 12:30pm - 1:00pm

Dinner: 6:00pm - 6:30pm

Saturday and Sunday:

Breakfast: 8:00am - 9:00am

Lunch: 12:00pm - 12:30pm (may vary depending on outing)

Dinner: 5:30pm - 6:00pm

VISITATION:

- Visiting hours are Saturday from 10:00am - 2:00pm.
- Visitors are allowed on the first Saturday, after completion of one week in the program.
- All visitors must review and sign a copy of Visitor agreement.

FIRE SAFETY RULES

- There is NO SMOKING/ Vaping allowed anywhere in the house. Smoking outside is permitted in designated areas. Ashtray receptacles are provided at these designated smoking areas and are to be used 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 dangerous, 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 alarms, NEVER remove the batteries. Staff is responsible for checking alarms 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. An evacuation location has been established so everyone knows all are O.K.
- Call 911 to report a fire.
- Never try to be the hero and save a person; that is the responsibility of the Fire Department's.

- 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 the door. 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 Reflections staff.
- Dress Code: Shirts, Pants, Shoes required in all common areas (outside of bedrooms).
- Appropriate non-revealing attire is expected by all residents when in 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.
- Headphones and audio players are to be used in bedrooms and at poolside.
- In order to preserve confidentiality of all residents, there is to be no use of cameras, no taking photos, no "Facetime" in the common areas.
- Pool rules are posted, please adhere.
- Television viewing is allowed during non-program hours, on evenings and weekends.
- Quiet time is after 10:00pm, Sunday through Thursday.
- Lights out is at 11:30p 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.

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.

Drug and Alcohol Use Policy

I, Jessica Hull, 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:

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

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

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

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

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

JH I 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.

JH I 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.



Jessica Hull (Client), 12/04/2025 04:10 PM

Staff present: Michael Whitley

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: n/a. 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: Jessica Hull

Acknowledgements and Representations by Client:

The undersigned Client, Jessica Hull, 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, Jessica Hull (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, Jessica Hull, (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 construed 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, Jessica Hull, have read and fully understand the contents herein.

Executed this 12/04/2025.

Certified Forms Library, ©2015 MBHC and Kipu Systems® LP-PI-0008-130902



Jessica Hull (Client), 12/04/2025 04:11 PM

Staff present: Michael Whitley

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Living at Reflections, LLC

Safety Contract

I, Jessica Hull, 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.



Jessica Hull (Client), 12/04/2025 04:11 PM

Staff present: Michael Whitley

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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, Jessica Hull, test positive for COVID-19, I understand that this will require and 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



Jessica Hull (Client), 12/04/2025 04:12 PM
Staff present: Michael Whitley

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: N/A

City: N/A State: n/a ZIP Code: n/a

Phone: n/a

E-mail address: n/a

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.



Jessica Hull (Client), 12/04/2025 04:12 PM

Staff present: Michael Whitley

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Vape/ e- cig policy

I, Jessica Hull agree to the following terms.

1. JH Reflections 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. JH If 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. JH Clients 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. JH Clients 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. JH It 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.



Jessica Hull (Client), 12/04/2025 04:13 PM

Staff present: Michael Whitley

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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.



Jessica Hull (Client), 12/04/2025 04:14 PM

Staff present: Michael Whitley

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

MCCLAY RESIDENTIAL- 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, 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.
- Please refrain from cell phone use in group. Phones should either be left outside the group room or turned off completely 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.
- Be honest. Always.
- Be willing to apologize to the group when needed. This invites closeness.
- 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.
- Prior to giving feedback to another person in group, please ask if your feedback is wanted.
- Feedback is to be given with an attitude of respect to the other person. Someone's life and sobriety may just depend on your feedback.
- 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 and to be 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 another group member will never be tolerated.
- Give and take feedback constructively.

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; identify a 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 of becoming defensive. If you feel yourself becoming defensive, it is a good idea to share this awareness with the group.



Jessica Hull (Client), 12/04/2025 04:14 PM

Staff present: Michael Whitley

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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.



Jessica Hull (Client), 12/04/2025 02:56 PM

Staff present: Irma Martinez, LPT

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Living at Reflections, LLC

Consent For Pregnancy Test

It is the policy of Living at Reflections, LLC to have female clients evaluated by a physician, to determine the necessity of a pregnancy test.

PROCEDURE:

1. Upon admission, clients must provide a medical exam, completed 7 days prior to or within 2 days of admission.
2. The Physical Exam will include the need for female clients to be evaluated for the necessity of a pregnancy test.
3. Clients deemed in need of a pregnancy test will self-administer a pregnancy test with the supervision of staff. Results will be noted in the clinical record in accordance with Living at Reflections, LLC's policies and procedures.
4. Results of the tests will be documented in the medical section of the file and co-signed by the physician.
5. Positive Pregnancy Test: If a client is found to be pregnant, an immediate medical conference will be held with the clinical staff, client and significant others within 24 hours.
6. Client will be referred to case management services for referral and linkage for proper medical care or referred to an inpatient detoxification program.

My signature below indicates I have acknowledged Living at Reflections, LLC's pregnancy test protocols and consent to this testing.

I understand that my refusal to self-administer this test could result in my being asked to leave Living at Reflections, LLC and to forfeit all my rights and privileges as a client.



Jessica Hull (Client), 12/04/2025 02:56 PM

Staff present: Irma Martinez, LPT

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Living at Reflections, LLC

Authorization for Release of Confidential Information

I, Jessica Hull, SS# , DOB: 04/24/1996,

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: Liz Hull Phone: 530-828-3320

Relationship: Parent

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.

Jessica Hull (Client), 12/04/2025 02:04 PM
Staff present: Gisselle Arellano

This form expires on 12/04/2026 02:04 PM.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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:	<u>Butte Psychological Services</u>
Relationship:	<u>Treatment Program</u>
Address:	<u>2505 Valhalla Place, Suite 110 Chico, CA</u>
Phone number:	<u>530.487.8128</u>
Fax number:	<u>Lisa P - Admissions</u>
Email:	<u>cspark12003@yahoo.com</u>

The following information:

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

<u>jh</u> Assessments	<u>jh</u> Cooperation/Motivation
<u>jh</u> Discharge/Transfer Summary	<u>x</u> Financial Information
<u>jh</u> Medication	<u>jh</u> Nursing/Medical Assessment
<u>jh</u> Presence in Treatment	<u>jh</u> Prognosis
<u>jh</u> Progress in Treatment	<u>jh</u> Psychiatric Evaluation
<u>jh</u> Psychosocial Evaluation	<u>jh</u> Toxicological Reports/Drug Screen
<u>jh</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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Jessica Hull (Client), 12/30/2025 02:30 PM

Staff present: Gisselle Arellano

This form expires on 12/30/2026 02:30 PM.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: Curt and Liz Hull
Relationship: Parents
Address: 14112 Garner Lane, Chico Ca
Phone number: (530)570-9610, (530) 828-3320
Fax number: n/a
Email: curt@norcalwindowdoor.com,
mslizzy0612@gmail.com

The following information:

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

<u>JHAssessments</u>	<u>JHCooperation/Motivation</u>
<u>JHDischarge/Transfer Summary</u>	<u>JHFinancial Information</u>
<u>JHMedication</u>	<u>JHNursing/Medical Assessment</u>
<u>JHPresence in Treatment</u>	<u>JHPronosis</u>
<u>JHProgress in Treatment</u>	<u>JHPsychiatric Evaluation</u>
<u>JHPsychosocial Evaluation</u>	<u>JHToxicological Reports/Drug Screen</u>
<u>JHTreatment Plan or Summary</u>	<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

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Conditions

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Jessica Hull (Client), 12/08/2025 10:27 AM

Staff present: John Foord, LMFT

This form expires on 12/08/2026 10:27 AM.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: Carbon Health Urgent Care Novato
Relationship: Urgent care
Address: 132 Vintage Way Suite F5, Novato, CA
94945
Phone number: (415) 539-3241
Fax number: (415)548-7322
Email: n/a

The following information:

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

<u>JHAssessments</u>	<u>JHCooperation/Motivation</u>
<u>JHDischarge/Transfer Summary</u>	<u>NAFinancial Information</u>
<u>JHMedication</u>	<u>JHNursing/Medical Assessment</u>
<u>JHPresence in Treatment</u>	<u>JHPrognosis</u>
<u>JHProgress in Treatment</u>	<u>JHPsychiatric Evaluation</u>
<u>JHPsychosocial Evaluation</u>	<u>JHToxicological Reports/Drug Screen</u>
<u>JHTreatment Plan or Summary</u>	<u>NAOther: n/a</u>

Purpose

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n/a

Expiration

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Conditions

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Jessica Hull (Client), 12/05/2025 04:22 PM
Staff present: Irma Martinez, LPT

This form expires on 12/05/2026 04:22 PM.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: YMCA
Relationship: Service Provider
Address: 1500 Los Gamos Dr. San Rafael CA
94903
Phone number: 4154929622
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	JHOther: <u>Demographic</u>

Purpose

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n/a

Expiration

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Jessica Hull (Client), 12/04/2025 04:18 PM
Staff present: Michael Whitley

This form expires on 12/04/2026 04:18 PM.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: Liz Hull

Relationship: Parent

Address: n/a

Phone number: 530-828-3320

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>JH</u> Discharge/Transfer Summary	<u>JH</u> Financial Information
<u>JH</u> Medication	<u>n/a</u> Nursing/Medical Assessment
<u>JH</u> Presence in Treatment	<u>n/a</u> Prognosis
<u>JH</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>JH</u> Treatment Plan or Summary	<u>n/a</u> Other: <u>n/a</u>

Purpose

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Jessica Hull (Client), 12/04/2025 02:18 PM

Staff present: Gisselle Arellano

This form expires on 12/04/2026 02:18 PM.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Attachment Admission EMAIL 12/04/2025

Title Admission EMAIL

Date 12/04/2025

Description

Date: 12/4/25

Time: 1405

New Admit to: McClay - Detox 1 - 72 Hour Obs until 12/07/25 @ 1405

Initials: JH Age: 29 y/o Gender: Female

Here for:

Alcohol use disorder, Severe

UDS: (+) AMP, BUP, BZO, MAMP, MDMA, EtG BAC: 0.02

Residing in room number: 1

Medication Allergies/Reaction if any: NKA

Food Allergies/Reaction if any: NONE

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: 9 /10

Clinical will follow up.

Let's all help her feel welcome!

Scanned Document

Irma Martinez, LPT (Staff), 12/04/2025 04:41 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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), 12/04/2025 02:57 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Self Preservation Statement 12/04/2025

Evaluation Date: 12/04/2025

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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Irma Martinez, LPT (Staff), 12/04/2025 02:58 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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 (escitalopram); Wellbutrin (bupropion); Effexor (venefaxine); 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.



Jessica Hull (Client), 12/04/2025 02:54 PM
Staff present: Irma Martinez, LPT

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Client Health Questionnaire & Initial Screening 12/04/2025

Date: 12/04/2025

Vital Signs	Blood Pressure (systolic/diastolic) 133 / 93	Temperature 97.1	Pulse 95	Respirations 20	O2 Saturation 98
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Comments

-

Admission BAC and UA Screen: Breathalyzer: 0.02 , UA Screen: (+) AMP,BUP,BZO,MAMP,MDMA,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: 5' 7" Weight: 213.2 lbs BMI: 33.39 Target Body Weight: n/a

BMI 33.39

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?

No previous eating disorder hx

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

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

No

Yes

Referral to Nutritionist or Physician: Yes

Mental Status Exam

Appearance Well nourished , Unkempt

Behavior Restless , Preoccupied

Orientation Oriented x 4

Speech Rambling , Hyper-verbal

Mood Anxious

Affect Anxious , Labile

Attention/ Concentration Preoccupied , Easily Distracted

Thought Processes: Racing

Thought 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:

Client has hx of tachycardia d/t enlarge arteries.

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

If yes, please give details:

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:

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

If yes, when? Please give details:

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

If yes, when? Please give details:

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

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

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:

She was running in a friend's trailer and bump her head, she did not go to the hospital but she blackout. Client was drunk

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

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

No but client is borderline, dad h as diabetes

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

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

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

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:

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:

Client request no trazodone

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

If yes, please explain:

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:

Last menstrual period 3 weeks ago.

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:

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:

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:

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

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:

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:

27. When was your last dental exam? Date: Can't Recall

Are you in need of dental care? Yes No

If yes, please give details:

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:

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

Denies

30. When was the last time you saw a physician and/or psychiatrist? Date: 08/2025

What was the purpose of the visit?

f/u or a physical

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	When binging 6 or more bottles a day or 2-3, handle of fire balls also a day	Started to drink at the age of 12y/o and became a problem at the age of	11/30/2025	0/10
Opiates	Denies				
Benzodiazepines	Librium	50mg at the ED and then to 25mg	Only for detox	11/23/25	2/10
Cocaine/Stimulants	Inhalation: Meth	Unsure amount throughout of the day up to 3.5g in a day	Started to use at the age of 27y/o	12/04/25	9/10
THC	Denies				
Hallucinogens/Club Drugs	Denies				
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	When binging 6 or more bottles a day or 2-3, handle of fire balls also a day	Started to drink at the age of 12y/o and became a problem at the age of 28y/o	11/30/2025	0/10
Opiates	Denies				
Benzodiazepines	Ativan :Oral	unsure dosage and it was prescribed	Started to use at the age of 25y/o	07/2025	0/10
	Librium	50mg at the ED and then to 25mg	Only for detox	11/23/25	2/10
Cocaine/Stimulants	Hx of cocaine Intranasal	6g a day	First used at the age of 20y/o	2022	0/10
	Hx of Meth inhaled	3.5 g a day	First use on 2023	11/30/25	9/10
	Adderall	Rx'd and if offered. Unsure a dosage	First use in 2019	2022	
THC	Denies				
Hallucinogens/Club Drugs	Denies				
Inhalants	Denies				

MENTAL & EMOTIONAL

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

If yes, describe:

Just really tired

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

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

Past Month: YES NO

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

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

 Past Month: YES NO

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

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

YES NO

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow 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

**Recommended response to C-SSRS Screening:**

Client states no SI no plan or intent

*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:**

" I am a dweller, I dwell a lot on things"

Have you ever had thoughts of suicide or thought you would be better off dead? Yes No**If yes, describe:**

Client states to have thought but no intents "I believe in god and i know I will go to hell if I do that"

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:**

Client states to have a scar on a R leg from being cut w/ a knife during a fight w/ her boyfriend

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)
RTC/SUD	Buddy's Ranch, Yuba City	07/2025	30 days
RTC/SUD	Skyway House, Chico	11/2025	2 days/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:**

Client do not recall any treatment she was over sedated d/t Buddy's.

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

" My parents, my best friend Taylor and Katie who is in heaven"

44. How is this effecting your work life?

" I don't work but I can't hold a job"

45. Medication Inventory at Admission: PLEASE ENTER ALL MEDICATIONS BROUGHT IN UNDER CONSULTING PHYSICIAN ORDERS/MEDS BROUGHT IN**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 12/04/2025 08:44 AM:

46. Current Nicotine Yes , How Long: started at the age of 21y/o , How Much: 1 vape cartridge a week
Use:

Smoking Cessation Program/Education No

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):

Multiple tattoos on her body and piercing on ears and bilateral breasts.

RISK PROFILE

Are you current with all immunizations? Yes No

Specify year/type of immunizations:

	Year	Where Given
Pneumonia	Can't recall dates but can provide proof	Can't recall dates but can provide proof
Flu	Can't recall dates but can provide proof	Can't recall dates but can provide proof
Tetanus	Can't recall dates but can provide proof	Can't recall dates but can provide proof
Hepatitis	Can't recall dates but can provide proof	Can't recall dates but can provide proof

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?

Refused

Additional Medical Notes:

Client is observed w/bilateral under the breast, groin and mouth yeast infection, redness and foul odor. NP notified. Client will go to the Urgent care on 12/05/25 per NP order. Client also was observed w/ bilateral feet full of black grease from walking bare foot on a car grease at her house.



Jessica Hull (Client), 12/04/2025 02:54 PM

Staff present: Irma Martinez, LPT



Irma Martinez, LPT (Staff), 12/04/2025 06:10 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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, Jessica Hull, 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
Gabapentin

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 Jessica Hull: Reason, Dosing schedule, food/drug interactions, side effects and signs/symptoms to report to the nurse or physician.

Verbalized an understanding **Needs further education**

Jessica Hull (Client), 12/04/2025 02:55 PM
Staff present: Irma Martinez, LPT

This form expires on 12/04/2026 02:55 PM.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment - CP Admission COVID test 12/04/2025

Title Admission COVID test

Date 12/04/2025

Description

COVID TEST (-) NP Notified.

Scanned Document



 LPT

Irma Martinez, LPT (Staff), 12/04/2025 03:25 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment - CP Carbon Health | urgent Care 12/05/2025

Title Carbon Health | urgent Care

Date 12/05/2025

Description

Scanned Document

75553_FAX-20251210-1765334073-135.pdf, 196 KB

Scheria Smith
Scheria Smith, LVN (Staff), 12/09/2025 06:42 PM

+1 (415) 548-7322

p.1

FAX

12/10/2025
7 pages

Recipient fax number:

+1 (415) 534-2833

To:

From:

+14155487322 - Novato, CA - Vintage Oaks

This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law.

Carbon Health



+1 (415) 548-7322

p.2

Patient: Jessica Hull - MRN: 29809032
DOB: 4/24/96

Alma De Leon, MA

Patient records

Patient

 **Jessica Hull**
Female | 4/24/1996

 +1 530-513-7445

 Blue Shield CA
Ins: Medical Insurance
ID: XEA911442892

 14112 Garner Ln
Chico, CA 959739209

Printed: 6:30pm, 12/9/25 Page 1 / 6

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p.3

Patient: Jessica Hull - MRN: 29809032
DOB: 4/24/96

Alma De Leon, MA

General Urgent Care Visit

Jessica Hull, 29 year old female

December 5th, 2025, 1:30 pm Blue Cross Blue Shield / Anthem Finished

Holly Hamm, NP, Novato, CA - Vintage Oaks, Urgent Care, Carbon Health

VITALS

Leslie Ruelas, MA

Temp: 36.7 °C Pulse: 108 bpm
60-100 Sys: 117 / Dia: 82
80-120 / 64-80 Oxy sat: 98% (RA)Height: 170.18 cm Weight: 95.254 kg BMI: 32.9
18.5-25

12/6/25 2:47 PM Leslie Ruelas, MA

General Urgent Care Visit

Onset Gradual

Other info from patient Rash appeared under B/L breast, inner thighs, in between toes. All appeared at once, redness, not itching, no burning. rash has an odor (sweat dirty sock odor)

12/6/25 2:48 PM Leslie Ruelas, MA

Review Of Systems

12/6/25 1:33 PM

Physical Exam

General	No acute distress, answers questions appropriately, awake and alert, pleasant
Head	Normo-cephalic, atraumatic
Eyes	Anicteric sclerae, No photophobia, Normal conjunctiva, PERRL
Ear	L - Normal external ear, L TM no erythema, R - Normal external ear, R TM no erythema

Printed: 6:30pm, 12/9/25 Page 2 / 6

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p.4

Patient: Jessica Hull - MRN: 29809032
DOB: 4/24/96

Alma De Leon, MA

Nose and throat	+ pharyngeal erythema, Airway is clear, No difficulty tolerating secretions, No pharyngeal exudate, No tonsillar edema, No tonsillar erythema, No tonsillar exudate, Oral mucosa moist
Neck	Supple
Lymphatic	No cervical LAD
Cardiovascular	Capillary refill <2 sec, Regular rate, normal S1 and S2, regular rhythm No murmurs
Respiratory	CTAB, Non-labored respirations
Abdominal	No tenderness to palpation, non-distended, soft
Musculoskeletal	Normal ROM
Extremities	No edema, warm and well-perfused
Skin	Dry, Warm erythematous rash under BIL breasts and in groin area c/w candidal rash
Neurological	A&Ox3, MAEE, Normal gait, Normal speech
Psychiatric	Cooperative, Normal mood, normal cognition

12/6/253:41 PM Holly Hamm, NP

Narrative Medical Decision Making (Mdm)

Printed: 6:30pm, 12/9/25 Page 3 / 6

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p.5

Patient: Jessica Hull - MRN: 29809032
DOB: 4/24/96

Alma De Leon, MA

Narrative Medical Decision Making

Patient verbally agreed to audio recording for documentation assistance.

Subjective:

In summary, Jessica is a 29-year-old female patient with no significant past medical history notable for presenting with a rash and sore throat for the past three days. The rash started under her breast and in the groin area, which she describes as being very bad initially but has improved somewhat. She reports cold symptoms starting the day after the rash appeared. She denies using any topical treatments on the rash but has been washing it well. She was tested for COVID-19 yesterday, and the result was negative. Patient also reports associated loss of voice and general malaise. Patient denies any other pertinent symptoms.

Objective:

On examination, vitals are notable for pulse of 108 bpm. Vitals are otherwise within normal limits. Inspection reveals a rash under the breast and in the groin area consistent with a fungal infection. Throat examination shows mild redness but tonsils appear normal.

Assessment:

Patient's presentation today supports the diagnosis of a fungal infection (likely Candida) given the location and description of the rash. Other diagnoses, such as strep throat, considered but deemed unlikely due to the absence of typical rash distribution and normal appearance of tonsils.

Plan:

- Recommend over-the-counter antifungal cream, clotrimazole, to be applied liberally to the rash twice daily.
- Advise patient to apply the cream to the rash and just outside the borders of the rash, continuing application for a full week after the rash resolves.
- Suggest fluids and rest for cold symptoms.
- Instruct patient to return to clinic if the rash does not improve or worsens, as oral medications may be necessary.

12/5/25 3:41 PM

Holly Hamm, NP

Care Plan

B37.9

Printed: 6:30pm, 12/9/25 Page 4 / 6

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p.6

Patient: Jessica Hull - MRN: 29809032
DOB: 4/24/96

Alma De Leon, MA

Candidiasis, unspecified

B37.9

PATIENT INSTRUCTIONS

Hi Jessica, thank you for choosing Carbon Health today. Here is a summary of what we discussed during our visit.

- Apply over-the-counter antifungal cream, clotrimazole, liberally to the rash twice daily.
- Make sure to apply the cream to the rash and just outside its borders, continuing for a full week after the rash resolves.
- Drink plenty of fluids and get rest for cold symptoms.
- Return to the clinic if the rash does not improve or worsens, as oral medications may be necessary.

Please download our app to access your documents for today's visit. You can also contact us via the app if you have any questions or concerns. <https://carbonhealth.com/download>

Take care,
Holly Hamm, NP

12/5/25 6:34 PM Holly Hamm, NP

Charge Navigator

Appointment Type: Choose any that apply	Problem-focused Visit (sick/E&M)
Is this a virtual visit?	No
Problems Addressed: What type of problem(s) did you address today? [Required]	Injury/illness with low risk of morbidity without treatment (Ex: mild cold, allergic rhinitis)
*Did the patient's comorbidities and/or medical history increase the complexity of decision making for this primary problem?	No
Risk: What is the risk associated with the OTC medications, outpatient referrals treatment recommended today? [Required]	
Data: How many tests did you order today (EXCLUDING in-house radiology and EKGs)? [Required]	0
Problem Addressed Complexity	Low
Risk Complexity Level	Low

Printed: 6:30pm, 12/9/25 Page 5 / 6

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p.7

Patient: Jessica Hull - MRN: 29809032
DOB: 4/24/96

Alma De Leon, MA

Data Complexity Level Minimal or None

-- --

New Patient CPT 00000

December 9th, 2025

Carbon Health

Communication Log

12/9/256:28 PM

12/5/252:48 PM Leslie Ruelas, MA

Electronically signed by Holly Hamm, NP on 12/5/2025 at 6:35pm.

Supervising Doctor: Allison Devers, MD

Printed: 6:30pm, 12/9/25 Page 6 / 6

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment - CP CURES 12/04/2025

Title CURES

Date 12/04/2025

Description

Scanned Document

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

Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/04/2025 03:51 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment - CP Emergency Room | NCH 12/10/2025

Title Emergency Room | NCH

Date 12/10/2025

Description

Discharge paperwork

Scanned Document

75555_Xerox-Scan-2025-12-10-06-44-17-PM.pdf, 367 KB

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

Scheria Smith, LVN (Staff), 12/10/2025 06:48 PM



AFTER VISIT SUMMARY

Jessica E. Hull MRN: 68489648 DoB: 4/24/1996
CEID: ST2-4NX7-5MV6-N2BP

12/10/2025 Novato Community Hospital Emergency
415-209-1350

Instructions

Return if your pain becomes severe or if you have vomiting or fevers with continued pain.



Your medications have changed today

See your updated medication list for details.



Read the attached information

1. Abdominal Pain Adult (English)
2. GERD in Adults: What to Know (English)



Pick up these medications at CVS/pharmacy #9316 - Novato, CA - 1707 Grant Ave

- pantoprazole
Your estimated payment per fill: \$0

Address: 1707 Grant Ave, Novato CA 94945
Phone: 415-897-4171

What's Next

You currently have no upcoming appointments scheduled.

Allergies (Fully Reviewed on: 12/10/25)

No Known Allergies

You were seen by: Barbaro, Michael Floyd

ED Disposition

ED	Condition	Comment
Disposition	--	--
Discharge		

Today's Visit

Reason for Visit

Abdominal pain

Diagnoses

- Epigastric abdominal pain
- Acute left flank pain

Lab Tests Completed

COMPLETE BLOOD CELL COUNT
COMPREHENSIVE METABOLIC PANEL
LIPASE LEVEL (PANCREATIC ENZYME)
PREGNANCY TEST (HCG)
QUANTITATIVE
URINALYSIS WITH CULTURE IF INDICATED

Medications Given

G.I. Cocktail (MYLANTA/lidocaine)
Oral Susp Last given at 4:43 PM
ondansetron (ZOFTRAN) Last given at 4:16 PM

My Health Online

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://myhealthonline.sutterhealth.org/mho/>, click "Sign Up Now", and enter your personal activation code: 9HN7M-F2RRU. Activation code expires 1/9/2026.

Help us to better help you!

Thank you for choosing Sutter Health for your Emergency Department visit today. At Sutter, we always strive to provide the very best care. You may receive a short text or email survey about your experience. Your opinion matters and taking a few minutes to complete the survey will help us provide the very best care for all of our patients.

Thank you,

Your Emergency Department Care Team

AFTER CARE INSTRUCTIONS

The examination, treatment and interpretation of diagnostic studies and laboratory tests you received in the emergency department have been provided to you on an emergency basis only and should not be considered to be a substitute for comprehensive, all-inclusive medical care. Any specialty tests (e.g., EKG, x-rays, etc.) that you may have been provided have been interpreted by the Emergency Physician on a preliminary basis. You will be notified promptly of any findings that we feel are significant. A copy of your medical record and the results of any laboratory and other diagnostic studies are available to your follow-up doctor upon request. Your follow-up physician should evaluate you for any new or continuing problems because it is impossible to recognize and treat all elements of injury or illness in an emergency department visit. IF YOU BELIEVE THAT YOUR CONDITION HAS WORSENED OR NEW PROBLEMS DEVELOP, PLEASE RETURN TO THE EMERGENCY DEPARTMENT OR SEE YOUR DOCTOR IMMEDIATELY.

Take this sheet with you to your physician on your next visit.

Your medication list is based on information given by or verified by you (patient) and your family or other sources. It is not meant to substitute for advice/directions given by the prescribing physician, your pharmacist or primary care physician. Please contact them with questions. Discard old lists and update any records with all medication providers or retail pharmacies. Check with your physician before continuing over-the-counter medications, herbals and/or supplements.

* Do not drive, drink alcohol, or operate machinery for at least 8 hours if you received narcotic or sedative medications.

PUBLIC SERVICE INFORMATION:

CHILD SAFETY LAWS

California Law (Vehicle Code 27632.5) requires any child under the age of 8 or less than 4 feet 9 inches tall to be restrained in a federally approved car safety seat whenever traveling in a motor vehicle.

IF YOU SMOKE

Stopping smoking is one of the most important steps you can take to improve your health. Please call 1-800-NOBUTTS (800-662-8887) for information on stopping smoking.

SUICIDE PREVENTION

You can contact a suicide hotline, crisis center, or local suicide prevention center for help right away:

1-800-273-TALK (1-800-273-8255)

1-800-SUICIDE (1-800-784-2433) or for TTY Users: 1-800-799-4TTY

Text/SMS/Call: 988 or Text "HOME" to 741741 (<https://www.crisistextline.org/>)

Web: National Suicide Prevention Lifeline <https://suicidepreventionlifeline.org/> provides education and online chat support.

Español: La Red Nacional de Prevención del Suicidio es confidencial y está siempre disponible, llame 1-888-648-9454

ANTIBIOTIC MEDICINE

Antibiotic medicines are used to treat infections caused by **bacteria**. They work by injuring or killing the bacteria that are making you sick. It is important to know that resistance to antibiotics is a growing problem. If taken improperly, antibiotics are more likely to cause resistance in bacteria. Take the prescribed antibiotic exactly as your healthcare professional tells you: for as long as prescribed and in the dose prescribed.

We encourage you to keep your immunizations for pneumonia and influenza up to date, as these will help reduce the possibility of an infection and avoid unnecessary antibiotic exposure.

NARCOTIC (OPIOID) PAIN MEDICATION INFORMATION AND RESOURCES

If you are taking narcotic pain relievers, such as hydrocodone or oxycodone, please be aware that these can be addictive and may put you at risk of injury or death.

To protect others from overdose and misuse:

- Never share your narcotics
- Store them safely
- Dispose of them promptly when no longer needed

To learn about Safe Storage and Disposal visit, <https://www.end-opioid-epidemic.org>.

Talk to your health care provider about ways to manage your pain without narcotics. Options with fewer risks may include: non-narcotic medicine and alternative treatments such as nutrition, meditation, massage, essential oils and/or applying heat or cold.

For concerns about narcotic usage, ask your health care provider for a referral to resources in your area. Other resources available are:

- National Institute on Drug Abuse: www.drugabuse.gov
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov
- Nar-Anon at 1-800-477-6291 or <https://www.nar-anon.org/find-a-meeting>

NATIONAL HUMAN TRAFFICKING HOTLINE

If you or someone you know is a victim of human trafficking, please contact the National Human Trafficking Hotline for support and resources. Human trafficking is a serious crime and a violation of human rights. It involves the use of force, fraud, or coercion to exploit people for labor, services, or commercial sex.

Phone: 1-888-373-7888

Text: 233733 (Text "HELP" or "INFO")

Website: humantraffickinghotline.org

Changes to Your Medication List

START taking these medications

pantoprazole 40mg EC Tab
Commonly known as: PROTONIX

Take one Tab by mouth daily

Release of Results to MHO

Results for tests that were ordered during your visit will be available to you in My Health Online as soon as they are finalized. This means you may see a result before your provider has had a chance to review it.

Attached Information

Abdominal Pain Adult (English)

Abdominal Pain, Adult



Pain in the abdomen (*abdominal pain*) can be caused by many things. In most cases, it gets better with no treatment or by being treated at home. But in some cases, it can be serious.

Your health care provider will ask questions about your medical history and do a physical exam to try to figure out what is causing your pain.

Follow these instructions at home:

Medicines

- Take over-the-counter and prescription medicines only as told by your provider.
- **Do not** take medicines that help you poop (*laxatives*) unless told by your provider.

General instructions

- Watch your condition for any changes.
- Drink enough fluid to keep your pee (*urine*) pale yellow.

Contact a health care provider if:

- Your pain changes, gets worse, or lasts longer than expected.
- You have severe cramping or bloating in your abdomen, or you vomit.
- Your pain gets worse with meals, after eating, or with certain foods.
- You are constipated or have diarrhea for more than 2–3 days.
- You are not hungry, or you lose weight without trying.
- You have signs of dehydration. These may include:
 - Dark pee, very little pee, or no pee.
 - Cracked lips or dry mouth.
 - Sleepiness or weakness.
- You have pain when you pee (*urinate*) or poop.
- Your abdominal pain wakes you up at night.
- You have blood in your pee.
- You have a fever.

Get help right away if:

- You cannot stop vomiting.
- Your pain is only in one part of the abdomen. Pain on the right side could be caused by appendicitis.

- You have bloody or black poop (*stool*), or poop that looks like tar.
- You have trouble breathing.
- You have chest pain.

These symptoms may be an emergency. Get help right away. Call 911.

- **Do not wait to see if the symptoms will go away.**
- **Do not drive yourself to the hospital.**

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

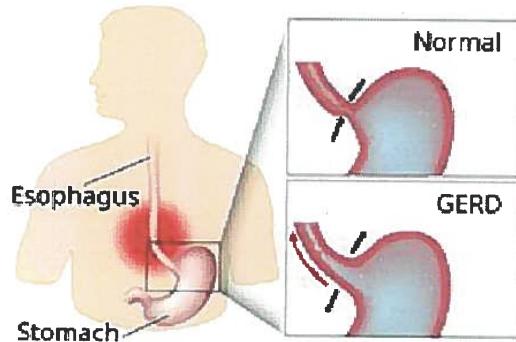
Document Revised: 10/04/2023 Document Reviewed: 10/04/2023

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Attached Information

GERD in Adults: What to Know (English)

GERD in Adults: What to Know



Gastroesophageal reflux (GER) is when acid from your stomach flows up into your esophagus. Your esophagus is the part of your body that moves food from your mouth to your stomach. Normally, food goes down and stays in your stomach to be digested. But with GER, food and stomach acid may go back up.

You may have a disease called gastroesophageal reflux disease (GERD) if the reflux:

- Happens often.
- Causes very bad symptoms.
- Makes your esophagus sore and swollen.

Over time, GERD can make small holes called ulcers in the lining of your esophagus.

What are the causes?

GERD is caused by a problem with the muscle between your esophagus and stomach. This muscle is called the lower esophageal sphincter (LES). When it's weak or not normal, it doesn't close like it should. This means food and stomach acid can go back up into your esophagus.

The muscle can be weak if:

- You smoke or use products with tobacco in them.
- You're pregnant.
- You have a type of hernia called a hiatal hernia.
- You eat certain foods and drinks. These include:
 - Alcohol.
 - Coffee.
 - Chocolate.
 - Onions.
 - Peppermint.

What increases the risk?

- Being overweight.

- Having a disease that affects your connective tissue.
- Taking NSAIDs, such as ibuprofen.

What are the signs or symptoms?

- Heartburn.
- Trouble swallowing.
- Pain when you swallow.
- The feeling of having a lump in your throat.
- A bitter taste in your mouth.
- Bad breath.
- Having an upset or bloated stomach.
- Burping.
- Chest pain. Other conditions can also cause chest pain. Make sure you see your health care provider if you have chest pain.
- Wheezing. This is when you make high-pitched whistling sounds when you breathe, most often when you breathe out.
- A long-term cough or a cough at night.

How is this diagnosed?

GERD may be diagnosed based on your medical history and a physical exam. You may also have tests. These may include:

- An endoscopy. This test looks at your stomach and esophagus with a small camera.
- A barium swallow test. This shows the shape and size of your esophagus and how well it's working.
- Tests of your esophagus to check for:
 - Acid levels.
 - Pressure.

How is this treated?

Treatment may depend on how bad your symptoms are. It may include:

- Changes to your diet and daily life.
- Medicines.
- Surgery.

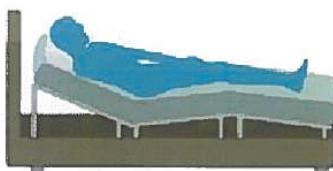
Follow these instructions at home:

Eating and drinking

- Follow an eating plan as told by your provider.
- You may need to avoid certain foods and drinks. These may include:
 - Coffee and tea, with or without caffeine.
 - Alcohol.
 - Energy drinks and sports drinks.

- Fizzy drinks or sodas.
- Chocolate and cocoa.
- Peppermint and mint flavorings.
- Garlic and onions.
- Horseradish.
- Spicy and acidic foods. These include:
 - Peppers.
 - Chili powder and curry powder.
 - Vinegar.
 - Hot sauces and BBQ sauce.
- Citrus fruits and juices. These include:
 - Oranges.
 - Lemons.
 - Limes.
- Tomato-based foods. These include:
 - Red sauce and pizza with red sauce.
 - Chili.
 - Salsa.
- Fried and fatty foods. These include:
 - Donuts.
 - French fries.
 - Potato chips.
 - High-fat dressings.
- High-fat meats. These include:
 - Hot dogs and sausage.
 - Rib eye steak.
 - Ham and bacon.
- High-fat dairy items. These include:
 - Whole milk.
 - Butter.
 - Cream cheese.
- Eat small meals often. Avoid eating big meals.
- Avoid drinking lots of liquid with your meals.
- Try not to eat meals during the 2–3 hours before bedtime.
- Try not to lie down right after you eat.
- **Do not** exercise right after you eat.

Lifestyle



- If you're overweight, lose an amount of weight that's healthy for you. Ask your provider about a safe weight loss goal.
- **Do not** smoke, vape, or use nicotine or tobacco.
- Wear loose clothes. **Do not** wear things that are tight around your waist.
- When you sleep, try:
 - Raising the head of your bed about 6 inches (15 cm). You can use a wedge to do this.
 - Lying down on your left side.
- Try to lower your stress. If you need help doing this, ask your provider.

General instructions

- Take your medicines only as told.
- **Do not** take aspirin or ibuprofen unless you're told to.
- Watch for any changes in your symptoms.
- **Do not** bend over if it makes your symptoms worse.

Contact a health care provider if:

- You have new symptoms.
- You have trouble:
 - Drinking.
 - Swallowing.
 - Eating.
- It hurts to swallow.
- You have wheezing.
- You have a cough that won't go away.
- Your voice is hoarse.
- Your symptoms don't get better with treatment.

Get help right away if:

- You have pain all of a sudden in your:
 - Arm.
 - Neck.
 - Jaw.
 - Teeth.
 - Back.
- You feel sweaty, dizzy, or light-headed all of a sudden.
- You faint.
- You have chest pain or shortness of breath.

- You vomit and the vomit is:
 - Green, yellow, or black.
 - Looks like blood or coffee grounds.
- Your poop is red, bloody, or black.

These symptoms may be an emergency. Call 911 right away.

- **Do not wait to see if the symptoms will go away.**
- **Do not drive yourself to the hospital.**

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 10/29/2024 Document Reviewed: 05/15/2024

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Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment - CP Fasting Labs 12/09/2025

Title Fasting Labs

Date 12/09/2025

Description

Some values out of range including glucose, lipids and rdw, Quantiferon gold pending, Nurse Practitioner made aware by text.

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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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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: HULL, JESSICA ELIZABETH MEDICAL REC#: 68489648 LOC: NVLABD
 ID: 1500812319 AGE: 29Y SEX: F
 DOCTOR / LOC: BARBIERI, ELLEN GRIFFIN, NP ADMITTED: 12/09/2025 DOB: 04/24/1996

T6241444 COLL: 12/09/2025 07:48 REC: 12/09/2025 07:49 PHYS: BARBIERI, ELLEN GRIFFIN,

Comp Metabolic Pnl			STAT
Sodium	138	[136-145]	mmol/L {NV}
Potassium	4.1	[3.5-5.1]	mmol/L {NV}
Chloride	100	[98-110]	mmol/L {NV}
Bicarbonate	30	[21-32]	mmol/L {NV}
Anion Gap	8	[2-12]	mmol/L {NV}
The Anion Gap calculation uses the American formula: (Na) - (Cl+CO ₂) = 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 127	[70-100]	mg/dL {NV}
BUN	14	[7-18]	mg/dL {NV}
Creatinine	0.78	[0.40-1.00]	mg/dL {NV}
IDMS-traceable method			
Calcium	9.4	[8.5-10.1]	mg/dL {NV}
Total Protein	7.6	[6.4-8.2]	g/dL {NV}
Albumin	3.7	[3.4-5.0]	g/dL {NV}
Bilirubin, Total	0.2	[0.2-1.0]	mg/dL {NV}
Alkaline Phosphatase	66	[26-137]	U/L {NV}
AST	21	[15-37]	U/L {NV}
ALT	65	[0-65]	U/L {NV}
eGFR	105	[>60]	See Cmnt {NV}
Units: mL/min/1.73 m ² . Estimated glomerular filtration rate values are calculated using the CKD-EPI Creatinine 2021 equation (non-race based).			
GGT	59	[5-85]	U/L STAT{NV}
HEP A Ab IgM	Non Reactive	[NRX]	STAT{S5}
Patients taking biotin supplements may have falsely nonreactive/false negative			

NAME: HULL, JESSICA ELIZABETH
 MR#: 68489648 LOC: NVLABD

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

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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: HULL, JESSICA ELIZABETH MEDICAL REC#: 68489648 LOC: NVLABD
 ID: 1500812319 AGE: 29Y SEX: F
 DOCTOR / LOC: BARBIERI, ELLEN GRIFFIN, NP ADMITTED: 12/09/2025 DOB: 04/24/1996

T6241444 COLL: 12/09/2025 07:48 REC: 12/09/2025 07:49 PHYS: BARBIERI, ELLEN GRIFFIN,

HEP A Ab IgM (CONTINUED)

results. Clinical correlation is required.

IgM antibodies to HAV not detected. Does not exclude early acute or recovered HAV infection.

Hep B Surf Ab, Quant 141.9 [>9.9] mIU/mL STAT{S5}
 Reactive

A reactive result indicates that the patient has antibody to Hepatitis B surface antigen and implies immunity. It does not differentiate between resolved infection or vaccination. The clinical significance of this result must be determined in conjunction with clinical signs and symptoms of the patient.

HCV Ab w/rflx HCVPCR STAT
 HEP C Ab Non Reactive [NRX] {S5}
 Antibodies to HCV not detected. Does not exclude early acute HCV infection.

HIV 4th Gen wRflx STAT
 HIV1/HIV2 Non Reactive [NRX] {S5}
 This fourth generation immunoassay shows no detectable antibodies to HIV-1 (groups M and O) and HIV-2, and the HIV-1 p24 antigen.

Lipid Profile STAT
 Cholesterol H 221 [<200] mg/dL {NV}
 Triglyceride H 212 [<150] mg/dL {NV}
 HDL L 45 [>50] mg/dL {NV}
 LDL (Calculated) H 134 [<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.

NAME: HULL, JESSICA ELIZABETH
 MR#: 68489648 LOC: NVLABD

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

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Page 004

PAGE 3

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

NAME: HULL, JESSICA ELIZABETH MEDICAL REC#: 68489648 LOC: NVLABD
 ID: 1500812319 AGE: 29Y SEX: F
 DOCTOR / LOC: BARBIERI, ELLEN GRIFFIN, NP ADMITTED: 12/09/2025 DOB: 04/24/1996

T6241444 COLL: 12/09/2025 07:48 REC: 12/09/2025 07:49 PHYS: BARBIERI, ELLEN GRIFFIN,

TSH	(CONTINUED)			
TSH		0.96	[0.36-3.74]	uIU/mL STAT{NV}
 CBC w Auto Diff				
WBC Count		7.5	[4.0-11.0]	K/uL {NV}
RBC Count		4.34	[3.9-5.4]	M/uL {NV}
Hemoglobin		14.3	[12.0-15.5]	g/dL {NV}
Hematocrit		41.4	[36.0-47.0]	% {NV}
MCV		95	[80.0-100.0]	fL {NV}
MCH		32.9	[27.0-33.0]	pg {NV}
MCHC		34.5	[31.0-36.0]	g/dL {NV}
RDW	L	11.2	[11.5-15.0]	% {NV}
Platelet Count		375	[150-400]	K/uL {NV}
Diff Type		Automated		{NV}
Neutrophil		62		% {NV}
Lymphocytes		29		% {NV}
Monocyte		6		% {NV}
Eosinophil		2		% {NV}
Basophil		1		% {NV}
Abs. Neutrophil		4.7	[2.0-8.0]	K/uL {NV}
Abs. Lymphocyte		2.2	[1.0-5.1]	K/uL {NV}
Abs. Monocyte		0.4	[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

{S5} = Performed at: Sutter Health Shared Lab, 2950 Collier Canyon Rd Livermore
 CA 94551 Medical Director: Mona Wood M.D.

NAME: HULL, JESSICA ELIZABETH
 MR#: 68489648 LOC: NVLABD

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

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment - CP History and Physical 12/04/2025

Title History and Physical

Date 12/04/2025

Description

Reflections

ID: This is a 29 year old female with alcohol and stimulant use disorder(s), admitted to Reflections for acute withdrawal management and residential treatment.

HPI:

Reason for seeking treatment at present: "I know I'm killing myself and I haven't started my life. I want to get sober and gain some independence."

Brief synopsis of current use: 6 bottles of wine or two 1.75ml of hard liquor, smoking 3 grams meth daily

Last drink/Use: 12/4/25

Past treatment attempts: yes

Residential: Buddy Ranch May 2025, Skyway 11/21/25 for two days

Outpatient: Denies

Substance Use History

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

#1 Alcohol: 12/2/25, 6 bottles of wine or two 1.75ml of hard liquor, age of first use 12, problem age 21

#2 Stimulants: Meth 12/4/25, smoking 3 grams daily, age of first use/problem 27

Cocaine: 2022, up to 7 grams daily, age of first use/problem 20

Nicotine: Vapes, continuous, declines cessation

DENIES

Cannabis:

Opioids (Fent):

Sedative: (Xanax):

Hallucinogens

Inhalants:

Over the Counter
Prescriptions
Other

Negative consequences

Legal: Theft 1 year ago

Employment/School: "I can't work, I loose every job due to using"

Financial: "I steal and my parents support me"

Family/Relationships: "my parents have always supported me, they are so scared for my health. My brother won't talk to me."

Health: Abnormal lab values, blackout injuries, prediabetes

Risky Behavior: physical harm during blackout, stealing

Trauma

Physical: YES

Social/domestic abuse: YES

Mental/psychological: YES

Sexual: YES

Sober Time: none

Factors that helped: n/a

Detox History: two medical detoxes

History of Seizures or DT's: Denies

Current Physical Symptoms

POSITIVE

Anxiety

Depression

Achy Joints

Shakes

DENIES

Seizures

DTs

Hallucinations/Delusions

Blackouts

Cramping

Nausea

Paranoia Suspiciousness

Achy Joints

Shakes

Current Cravings: Yes, stimulants

Any history of IV drug use: Denies

Overdose history: "likely alcohol poisoning"

Medical History:

Primary care provider name and last visit: Yes, long time provider, last seen three months ago. Labs out of range, didn't follow up

Recent ED: Yes, for withdrawal symptoms

Chronic/Acute Illnesses: Prediabetes, tachycardia with panic attacks

Hx seizures, epilepsy, kidney, liver: elevated liver enzymes

Head/Fall/Brain Hemorrhage: two years ago hit head in blackout, no treatment received

Surgeries: Denies

Diet: Regular

Psychiatric History:

Hx bipolar, schizo, eating dx, mania: "episodes" possible mania

Hx anxiety, depression: anxiety, depression, panic attacks

Therapist/psychiatrist: Denies both therapist and psychiatry current or history

Hx SI/SA: passive SI with no plan, "I would never do that"

Hx self-harm: several arm scars on wrist from "cutting", last time of self injury 2 years ago. 7 years ago cutting required stitching

Hix 5150 holds: Denies, "though I probably should have been"

Allergies: Denies

Medications:

1) Wellbutrin 150mg – anxiety depression

2) Monjaro – Prediabetes, weight loss

Social History:

Sexual orientation: straight

Relationships Status: single

Housing, persons in home: mother, father

substance use in home: Yes, alcohol

Employment, Career, Certification, License, Ed level: CNA license on/off working for the last three years

Military service: Denies

Family History:

Medical: Father diabetes, high blood pressure

Substance: Both father and mother drink every night, do not identify a problem

Psychiatric, including suicides: Denies

Recent Loss/Grief: loss of best friend four years ago in car accident

Physical

Mood: "ok"

Hallucinations: Denies

SI/HI: passive SI with no plan

General: Client is very unkept. The amount of prolonged substance use has affected her health greatly. She has dirty feet and hands and a yeast infection in her mouth and under her breast. She regularly sees her doctor but hasn't followed up on lab values out of range. She identifies a history of significant trauma during her substance use. Her best friend died in a car accident four years ago. Her brother was shot in the leg when she was in sixth grade. She identifies with being in the "wrong crowd", she only has one friend who doesn't abuse substances. She's never moved out of her parent's home and feels she's taken advantage of them for many years. She has worked in restaurants and is currently a CNA, but can't hold a job for long. She wants to learn how to live a sober life, get direction in her career and gain some independence from her parent's support. She identifies her mother as her best friend.

Review of Systems

GENERAL: Fair, 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. Denies weakness, seizures, loss of consciousness, head trauma, numbness, tingling, dizziness, confusion, memory loss, difficulty walking, tremor, syncope, and stroke.

PSYCH: Endorses depression and anxiety. Positive for current suicide ideation with no plan.

Physical Exam

General: Fair-developed, fair-nourished, in no acute distress. Appears stated age. Casual dress. Unkept with odor.

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, track marks, or abscesses. Positive for rash in mouth an under breasts.

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. Mild tremor, no asterixis. 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: 5' 7" Weight: 214lbs BMI: 33 B/P: 133/93 P: 95 O2: 98 R: 20 T: 97.1 CIWA: 9 BAC: 0.02 UDS: AMP, BUP, BZO, MAMP, MDMA, ETG

Substance Use Diagnoses:

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

Assessment:

This is a 29 year old female with severe alcohol and stimulant 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 3.2.

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.

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Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/04/2025 11:21 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment - CP Reduced Lorazepam Taper 12/04/2025

Title Reduced Lorazepam Taper

Date 12/04/2025

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, 12/04/2025 04:05 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Doctor's Admitting Order 12/04/2025

Date 12/04/2025

Allergies

No Known Allergies/NKA

Admit To Dual Diagnosis
Program

Detox Level
(attach detox orders)

1

Diagnosis Diagnoses
F10.20 Alcohol use disorder, Severe

Activity

Diet

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

Other Restrictions: NO SALMON

- 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
- Docusate Sodium 100mg PO TID PRN constipation, MRx1 if ineffective - # 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
- Serum HCG all Females without hysterectomy

Ordered By Ellen Barbieri, FNP,RN



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/04/2025 03:51 PM

Reviewed by


LPT

Irma Martinez, LPT (Review), 12/05/2025 01:38 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Physician Progress Note 12/29/2025 02:13 PM

Date & Time 12/29/2025 02:13 PM

Progress Notes

Subjective:

Client is participating in programming and therapy. She has completed a lot of her workbook and feels proud of the progress she has made. She intends to keep her workbook in her car, so that she can refer back to it regularly. Client reports normal appetite. She is taking zepbound, GLP1, and feels this is regulating her eating. She tried trazodone, as prescribed by her provider and felt she slept worse and had restless leg. She is going to continue with hydroxyzine for sleep. Client has a robust aftercare plan with IOP, a drug and alcohol counselor, a plan to attend daily AA/NA meetings, creating an art space and staying with her parents for at least a week before living alone. Client has agreed to start Naltrexone for MAT, currently reporting no cravings. Client has scheduled a follow up appointment with her primary care provider.

MAT: Client is starting Naltrexone and was educated on the Vivitrol injection.

Objective:

Client's vital signs are stable, client has a few slightly elevated blood pressure readings, otherwise WNL. She is compliant with medication, and in no acute distress.

PAWS: CIWA 1

Assessment:

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Plan

- 1) Continue treatment plan with psychotherapy and prevention.
- 2) Start Naltrexone on 12/30/25

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 02:13 PM:

Acetaminophen, 500 mg x 2 Tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Headache or Pain
bupropion HCl, 150 mg x 1 tablet , oral, tablet, sustained-release 12 hr, once a day (AM), until further notice, indication: Depression
gabapentin, 100 mg x 4 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Anxiety
hydroxyzine HCl, 25 mg x 1-4 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx
Ibuprofen, 200 mg x 2 Tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Headache or Pain
Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, indication: Diarrhea/Loose Stool
melatonin, 10 mg x 1 tablet , sublingual, Tablet, Sublingual, once a day (HS) PRN, until further notice, PRN, indication: Insomnia
Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
naltrexone (naltrexone HCl), 50 mg x 1 tablet , oral, tablet, once a day, until further notice, indication: eRx
pantoprazole (pantoprazole sodium), 40 mg x 1 tablet , oral, tablet, delayed release (enteric coated), every morning, until further notice, indication: eRx
tirzepatide (weight loss) (tirzepatide), 2.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice, indication: Wt mgt
Trazodone (trazodone HCl), 50 mg x 1 Tablet , oral, tablet, once a day (HS) PRN, until further notice, PRN, indication: Insomnia
Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/29/2025 02:20 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Physician Progress Note 12/15/2025 04:14 PM

Date & Time 12/15/2025 04:14 PM

Progress Notes

Subjective:

Client is participating in programming and therapy. She reports feeling "well". She has taken a lot of the suggestions for better sleep. She is staying active during the day, putting limits on her phone use and not taking naps during the day. Her hydroxyzine was increased. She requested Seroquel, and was educated on the risks and benefits. She has an appointment with her primary care provider tomorrow and will discuss her sleep. She was also encouraged to ask for a referral to get a psychiatric evaluation. She agrees this would be beneficial and can see there may be other causes underlining her sleep problems. Client reports eating well.

MAT: Client is educated on MAT and considering either acamprosate or naltrexone. She wants to discuss with her PCP tomorrow before deciding.

Objective:

Client's vital signs are stable, and within normal range. She is compliant with medication, and in no acute distress.

PAWS: CIWA 2

Assessment:

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Plan

- 1) Continue treatment plan with psychotherapy and prevention.
- 2) Continue to encourage and educate for MAT
- 3) Increase in hydroxyzine

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 12/15/2025 04:14 PM:

bupropion HCl, 150 mg x 1 tablet , oral, tablet, sustained-release 12 hr, once a day (AM), until further notice, indication: Depression
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Sweats and tremors
gabapentin, 100 mg x 4 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Anxiety
hydroxyzine HCl, 25 mg x 1-4 tablets , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: anxiety/sleep
Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, indication: Diarrhea/Loose Stool
melatonin, 10 mg x 1 tablet , sublingual, Tablet, Sublingual, once a day (HS) PRN, until further notice, PRN, indication: Insomnia
Mounjaro (tirzepatide), 10 mg/0.5 ml x 1 ml , subcutaneous, Pen Injector, Weekly, until further notice, indication: Weight Loss
Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: N/V
pantoprazole (pantoprazole sodium), 40 mg x 1 tablet , oral, tablet, delayed release (enteric coated), once a day (AM), until further notice, indication: GERD
tizanidine (tizanidine HCl), 2 mg x 1 tablet , oral, tablet, three times a day, until further notice, PRN, indication: eRx
Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/15/2025 04:31 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Physician Progress Note 12/11/2025 08:03 PM

Date & Time 12/11/2025 08:03 PM

Progress Notes

Subjective:

Yesterday, client reports flank pain 7/10 with a history of kidney stones. Client was offered to go the emergency room a few times and refused, she wanted to rest. Around 3pm Provider insisted client go to the emergency room to be medically cleared. She came back later that evening. She received a G.I. cocktail and prescription of pantoprazole. Her PCP also prescribed Wellbutrin picked up from pharmacy. Client is eating well. She reports chronic insomnia and a bad response to Trazodone. Provider recommends gabapentin, clonidine, hydroxyzine and melatonin, off phone at 9pm, using clam music, auditory books or guided medication.

MAT: Client is educated on MAT and considering either acamprosate or naltrexone

Objective:

Client's vital signs are stable, and within normal range, with the exception of detox. She is compliant with medication.

PAWS: CIWA 9

Assessment:

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Plan

- 1) Continue treatment plan with psychotherapy and prevention.
- 2) Continue to encourage and educate for MAT
- 3) Refer client to psychiatry for insomnia treatment

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 12/11/2025 08:03 PM:

bupropion HCl, 150 mg x 1 tablet , oral, tablet, sustained-release 12 hr, once a day (AM), until further notice, indication: Depression

bupropion HCl, 150 mg x 1 tablet , oral, tablet, sustained-release 12 hr, once, for 1 day, indication: Depression
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Sweats and tremors

gabapentin, 100 mg x 4 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Anxiety

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx

Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, indication:
Diarrhea/Loose Stool

Lotrimin AF (clotrimazole), 1 % x 1 gram , topical, cream, two times a day schedule (BID), for 7 days, indication: Apply to bilateral under breasts and bilateral inner thighs

melatonin, 10 mg x 1 tablet , sublingual, Tablet, Sublingual, once a day (HS) PRN, until further notice, PRN, indication:
Insomnia

Mounjaro (tirzepatide), 10 mg/0.5 ml x 1 ml , subcutaneous, Pen Injector, Weekly, until further notice, indication: Weight Loss

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: N/V
pantoprazole (pantoprazole sodium), 40 mg x 1 tablet , oral, tablet, delayed release (enteric coated), once a day (AM), until further notice, indication: GERD

tizanidine (tizanidine HCl), 2 mg x 1 tablet , oral, tablet, three times a day, until further notice, PRN, indication: eRx

Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication:
GERD



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/11/2025 08:32 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Physician Progress Note 12/08/2025 01:11 PM

Date & Time 12/08/2025 01:11 PM

Progress Notes

The client is doing well. CIWA/COWS is stable. Given the length of time in observation, there is low probability of a withdrawal seizure or other acute medical problem from withdrawal; therefore client is transitioned to ASAM LOC 3.5.

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 12/08/2025 01:11 PM:

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Sweats and tremors

Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), for 5 days, indication: Supplement

gabapentin, 100 mg x 4 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Anxiety

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx

Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, indication:

Diarrhea/Loose Stool

Lotrimin AF (clotrimazole), 1 % x 1 gram , topical, cream, two times a day schedule (BID), for 7 days, indication: Apply to bilateral under breasts and bilateral inner thighs

melatonin, 10 mg x 1 tablet , sublingual, Tablet, Sublingual, once a day (HS) PRN, until further notice, PRN, indication: Insomnia

Mounjaro (tirzepatide), 10 mg/0.5 ml x 1 ml , subcutaneous, Pen Injector, Weekly, until further notice, indication: Weight Loss

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement

ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: N/V

tizanidine (tizanidine HCl), 2 mg x 1 tablet , oral, tablet, three times a day, until further notice, PRN, indication: eRx

Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD

Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/08/2025 01:14 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Physician Progress Note 12/07/2025 09:07 PM

Date & Time 12/07/2025 09:07 PM

Progress Notes

Detox Day #4.

(Client seen remotely)

S: No SI/SA.

Mood: "OK"

Withdrawal Symptoms: some shakes

Eating/Sleeping: well

General: client is mostly resting. She's concerned about the reduction in her taper, we discussed increasing her gabapentin.

O:

Nursing Comments: "Clonidine given for sweats and bilateral hand tremors"

CIWA: 8

Vital Signs: BP - 117/88, HR - 106, Res - 18, Temp - 97.0, SaO2 - 98

Physical Exam:

General: WD/WN; NAD, A&O x 3

Affect: appropriate and full

Head: NC/AT

Neuro: Grossly intact

A/P: The patient is doing well. CIWA/COWS has elevated slightly from yesterday. Will continue ASAM LOC 3.2. Gabapentin increased to 400mgs TID prn

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 12/07/2025 09:07 PM:

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Anxiety
Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), for 5 days, indication: Supplement
gabapentin, 100 mg x 4 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Anxiety
hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx
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
Lotrimin AF (clotrimazole), 1 % x 1 gram , topical, cream, two times a day schedule (BID), for 7 days, indication: Apply to
bilateral under breasts and bilateral inner thighs
melatonin, 10 mg x 1 tablet , sublingual, Tablet, Sublingual, once a day (HS) PRN, until further notice, PRN, indication:
Insomnia
Mounjaro (tirzepatide), 10 mg/0.5 ml x 1 ml , subcutaneous, Pen Injector, Weekly, until further notice, indication: Weight
Loss
Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: N/V
tizanidine (tizanidine HCl), 2 mg x 1 tablet , oral, tablet, three times a day, until further notice, PRN, indication: eRx
Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication:
GERD



John C. O'Neil, MD (Staff), NPI Number 1952573826, DEA F07577147, 12/07/2025 09:15 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Physician Progress Note 12/06/2025 03:10 PM

Date & Time 12/06/2025 03:10 PM

Progress Notes

DETOX DAY #3

No SI/SA.

Mood: "tired"

Withdrawal Symptoms: POSITIVE anxiety, depression, DENIES hopelessness, body aches, fatigue.

Cravings: DENIES

Eating/Hydrating: well a lot

Sleeping: well

MAT Medications: continue on detox, medications managing symptoms

Attending Group: yes, not many on Saturdays

General: client is mostly resting. She's concerned about the reduction in her taper, we discussed increasing her gabapentin. She still expressed comfort in being in treatment

Physical: No signs of withdrawal

Tremors: mild

Objective

CIWA: 8

Vital Signs: BP - 117/88, HR - 106, Res - 18, Temp - 97.0, SaO2 - 98

Physical Exam:

General: well-developed, well-nourished, in no acute distress, alert, oriented and fluent cooperative

Affect: appropriate and full

Head: normocephalic and atraumatic

Eyes: PERRL with EOMI and 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 3.2.

Plan

Continue on ASAM LOC 3.2.

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.

Increase Gabapentin dose

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 12/06/2025 03:10 PM:

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Anxiety

Emergen-C, 1 packet x 1 Unit , PO, Powder, Once , for 3 days, PRN, indication: Supplement

Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), for 5 days, indication: Supplement

gabapentin, 100 mg x 1 capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Anxiety

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx

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, until further notice, indication: Detox, Dea Class: C-IV

Lotrimin AF (clotrimazole), 1 % x 1 gram , topical, cream, two times a day schedule (BID), for 7 days, indication: Apply to bilateral under breasts and bilateral inner thighs

melatonin, 10 mg x 1 tablet , sublingual, Tablet, Sublingual, once a day (HS) PRN, until further notice, PRN, indication:

Insomnia

Mounjaro (tirzepatide), 10 mg/0.5 ml x 1 ml , subcutaneous, Pen Injector, Weekly, until further notice, indication: Weight Loss

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement

ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: N/V

Thiamine, 100 mg x 1 Tablet , oral, tablet, once a day (AM), for 3 days, indication: Supplement

tizanidine (tizanidine HCl), 2 mg x 1 tablet , oral, tablet, three times a day, until further notice, PRN, indication: eRx

Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication:

GERD



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/06/2025 03:14 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Physician Progress Note 12/06/2025 03:06 PM

Date & Time 12/06/2025 03:06 PM

Progress Notes

LATE ENTRY NOTE

DETOX DAY #2

No SI/SA.

Mood: "good"

Withdrawal Symptoms: POSITIVE anxiety, depression, DENIES hopelessness, body aches, fatigue.

Cravings: DENIES

Eating/Hydrating: appetite increasing

Sleeping: well

MAT Medications: continue on detox, medications managing symptoms

Attending Group: yes

General: client is sleeping a lot, but engaging with peers. She is happy to be at Reflections and comfortable in the environment.

Physical: No signs of withdrawal

Tremors: mild

Objective

CIWA: 7

Vital Signs: BP - 130/94, HR - 117, Res - 18, Temp - 97.8, SaO2 - 98

Physical Exam:

General: well-developed, well-nourished, in no acute distress, alert, oriented and fluent cooperative

Affect: appropriate and full

Head: normocephalic and atraumatic

Eyes: PERRL with EOMI and 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 3.2.

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 12/06/2025 03:06 PM:

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Anxiety
Emergen-C, 1 packet x 1 Unit , PO, Powder, Once , for 3 days, PRN, indication: Supplement
Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), for 5 days, indication: Supplement
gabapentin, 100 mg x 1 capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Anxiety
hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx
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, until further notice, indication: Detox, Dea Class: C-IV
Lotrimin AF (clotrimazole), 1 % x 1 gram , topical, cream, two times a day schedule (BID), for 7 days, indication: Apply to bilateral under breasts and bilateral inner thighs
melatonin, 10 mg x 1 tablet , sublingual, Tablet, Sublingual, once a day (HS) PRN, until further notice, PRN, indication: Insomnia
Mounjaro (tirzepatide), 10 mg/0.5 ml x 1 ml , subcutaneous, Pen Injector, Weekly, until further notice, indication: Weight Loss
Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: N/V
Thiamine, 100 mg x 1 Tablet , oral, tablet, once a day (AM), for 3 days, indication: Supplement
tizanidine (tizanidine HCl), 2 mg x 1 tablet , oral, tablet, three times a day, until further notice, PRN, indication: eRx
Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/06/2025 03:10 PM

Annotations

Created By: NP Ellen Barbieri at 12/06/2025 03:17 PM	-	Revised By: NP Ellen Barbieri at 12/06/2025 03:17 PM
<p>Continue on ASAM LOC 3.2. 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.</p>		
Created By: NP Ellen Barbieri at 12/06/2025 03:17 PM		
Continue on ASAM LOC 3.2. Continue to assess for transition to ASAM LOC 3.5. Plan: Continue on lorazepam taper. Continue OTCs, clonidine and ondansetron as needed for withdrawal symptoms and comfort.		

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Statement of Medical Clearance 12/04/2025 08:45 AM

Date of Exam: 12/04/2025 08:45 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, 12/04/2025 03:58 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Incidental Medical Services Certification Form 12/04/2025

Date of Certification: 12/04/2025

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.

Jessica Hull (Client), 12/04/2025 03:33 PM

Staff present: Irma Martinez, LPT

Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/04/2025 03:59 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Manage Diagnosis Code 12/04/2025 08:45 AM

Date 12/04/2025 08:45 AM

Diagnosis Code

Diagnoses

F10.20 Alcohol use disorder, Severe,F15.20 Other or unspecified stimulant use disorder, Severe,F33.9 Major depressive disorder, recurrent, unspecified,F41.1 Generalized anxiety disorder,F41.0 Panic disorder

Comments



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/04/2025 11:14 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PREScription

C-IV

◆ lorazepam,
0.5 mg x 2
tablets , oral,
tablet, every six hours, until further notice

12/04/2025 07:14 PM

Take 2 tablet by mouth every six hours as directed

Duration: Until further notice, start date: 12/04/2025 04:00 PM

Dispense Amount: 0.5 mg tablet x 20 tablets

Number of Refills: 0

Additional Notes to Pharmacist: detox

Comments for Office Use Only: n/a

Discontinued: 12/04/2025 07:14 PM

Medication	Route	Dosage Form
lorazepam	oral	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 12/04/2025 04:04 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/04/2025 07:14 PM: lorazepam, 0.5 mg x 2 tablets , oral, tablet, every 6 hours, until further notice

Signed electronically 12/04/2025 04:04 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71226782466

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/04/2025 07:14 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PRESCRIPTION

ondansetron

HCl, 4 mg x 1

tablet , oral,

tablet, three

times a day,

until further notice

DISCONTINUED

12/04/2025 07:17 PM

Take 1 tablet by mouth three times a day for nausea/vomiting

Duration: Until further notice, start date: 12/04/2025 04:00 PM

Dispense Amount: 4 mg tablet x 10 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/04/2025 07:17 PM

Medication

ondansetron HCl

Route

oral

Dosage Form

tablet

Frequency

three times a day

Amount	Strength	Unit
1	4 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/04/2025 04:04 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/04/2025 07:17 PM: ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN

Signed electronically 12/04/2025 04:04 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71226782590

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/04/2025 07:17 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PRESCRIPTION

clonidine HCl,
0.1 mg x 1
tablet , oral,
tablet, three
times a day,
until further notice

DISCONTINUED

12/04/2025 04:17 PM

Take 1 tablet by mouth three times a day blood pressure Give for blood pressure either over 140 or 110

Duration: Until further notice, start date: 12/04/2025 04:00 PM

Dispense Amount: 0.1 mg tablet x 10 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/04/2025 04:17 PM

Medication
clonidine HCl

Route
oral

Dosage Form
tablet

Frequency

three times a day

Amount	Strength	Unit
1	0.1 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/04/2025 04:04 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/04/2025 04:17 PM: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN

Signed electronically 12/04/2025 04:04 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71226782616

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/04/2025 04:17 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PRESCRIPTION

tizanidine
(tizanidine
HCl), 2 mg x 1
tablet , oral,
tablet, three

DISCONTINUED
12/29/2025 01:05 PM

times a day, until further notice, PRN

1 tablet by mouth three times a day as needed for pain

PRN, Duration: Until further notice, start date: 12/04/2025 04:00 PM

Dispense Amount: 2 mg tablet x 10 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/29/2025 01:05 PM

Medication
tizanidine

Route
oral

Dosage Form
tablet

Frequency

three times a day

Amount	Strength	Unit
1	2 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/04/2025 04:04 PM

Signed electronically 12/04/2025 04:04 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71226782664

Discontinued Order Review



Ellen Barbieri, NP, NPI: 1134929573, DEAMb9534822, 12/29/2025 01:05 PM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/29/2025 01:05 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PRESCRIPTION

gabapentin,
100 mg x 1
capsule , oral,
capsule, three
times a day,
until further notice

DISCONTINUED

12/06/2025 09:09 AM

Take 1 capsule by mouth three times a day for anxiety

Duration: Until further notice, start date: 12/04/2025 04:00 PM

Dispense Amount: 100 mg capsule x 30 capsules

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/06/2025 09:09 AM

Medication	Route	Dosage Form
gabapentin	oral	capsule

Frequency

three times a day

Amount	Strength	Unit
1	100 mg	capsule

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/04/2025 04:04 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/06/2025 09:09 AM: gabapentin, 100 mg x 1 capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN

Signed electronically 12/04/2025 04:04 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71226782764

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/06/2025 09:09 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: 12/04/2025 04:00 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 12/04/2025 04:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Emergen-C, 1 packet x 1 Unit , PO, Powder, Once , for 3 days, PRN

Justification: Supplement

Warnings: Empty contents into a glass of 4-6oz of water and stir. NTE 2 in 24hrs

PRN, Duration: 3 days, start date: 12/04/2025 04:00 PM, end date: 12/06/2025 11:59 PM

Dispense Amount: 1 packet Powder x 4 Units

Number of Refills: n/a

Day 1 to Day 4 12/04/2025 04:00 PM to 12/07/2025	Medication Emergen-C	Route PO	Dosage Form Powder
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Frequency

Once

Amount	Strength	Unit
1	1 packet	Unit

Empty contents into a glass of 4-6oz of water and stir.

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/04/2025 04:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: 12/04/2025 04:00 PM, end date: 12/08/2025 11:59 PM

Dispense Amount: 1 mg tablet x 5 Tablets

Number of Refills: 1

Day 2 to Day 3 Medication Route Dosage Form
12/04/2025 Folic Acid oral tablet

04:00 PM to
12/05/2025

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 12/04/2025 04:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: 12/04/2025 04:00 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 12/04/2025 04:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

melatonin, 10 mg x 1 tablet , sublingual, Tablet, Sublingual, once a day (HS)

PRN, until further notice, PRN

Justification: Insomnia

PRN, Duration: Until further notice, start date: 12/04/2025 04:00 PM

Dispense Amount: 10 mg Tablet, Sublingual x 2 tablets

Number of Refills: 1

Medication	Route	Dosage Form
melatonin	sublingual	Tablet, Sublingual

Frequency

once a day (HS) PRN

Amount	Strength	Unit
1	10 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/04/2025 04:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: 12/04/2025 04:00 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 12/04/2025 04:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

**Tuberculin purified protein derivative, 0.1ml x 1 Sol , Intradermal, Liquid,
Once , for 1 day**

Justification: TB Screening

Duration: 1 day, start date: 12/04/2025 04:00 PM, end date: 12/04/2025 11:59 PM

Dispense Amount: 0.1ml Liquid x 2 Sols

Number of Refills: n/a

Day 1 to Day 2 12/04/2025 04:00 PM to 12/05/2025	Medication Tuberculin purified protein derivative	Route Intradermal	Dosage Form Liquid
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Frequency

Once

Amount	Strength	Unit
1	0.1ml	Sol

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/04/2025 04:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: 12/04/2025 04:00 PM, end date: 12/06/2025 11:59 PM

Dispense Amount: 100 mg tablet x 3 Tablets

Number of Refills: 1

Day 2 to Day 3 12/04/2025 04:00 PM to 12/05/2025	Medication Thiamine	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	100 mg	Tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/04/2025 04:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

72 Hour Q 30



min.Observation Detox McClay, Once , until further notice

Justification: Observation as new Client

Duration: Until further notice, start date: 12/04/2025 04:00 PM

Show in MARs: NO

Discontinued: 12/05/2025 05:07 PM

Action

72 Hour Q 30

min.Observation

Detox McClay

Frequency

Once

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/04/2025 04:05 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/05/2025 05:07 PM: Q1h Observation until she reaches 72h Detox McClay, Once , until further notice

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/05/2025 05:07 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Covid-19 (SARS-CoV-2) Nasopharyngeal Swab Testing, Once , for 1 day

Justification: Covid Testing on admission or if needed per MD

Duration: 1 day, start date: 12/04/2025 04:00 PM, end date: 12/04/2025 11:59 PM

Show in MARs: YES

Day 1 to Day 2	Action
12/04/2025	Covid-19 (SARS-CoV-
04:00 PM to	2) Nasopharyngeal
12/05/2025	Swab Testing

Frequency
Once

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/04/2025 04:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Detox 1

Protocol, Once
, until further
notice

Justification:

Appropriate Level of Care

Duration: Until further notice, start date: 12/04/2025 04:00 PM

Show in MARs: YES

Discontinued: 12/05/2025 05:02 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 12/04/2025 04:05 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/05/2025 05:02 PM

Discontinue Reason: Advanced to detox 2



Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Lab Work

Fasting:



Comprehensive Metabolic Panel, CBC, Lipid Panel, HIV, TSH, Once , until further notice

Justification: Preventative Screening to Evaluate Lab Levels

Duration: Until further notice, start date: 12/04/2025 04:00 PM

Show in MARs: NO

Discontinued: 12/10/2025 01:31 PM

Action

Lab Work Fasting:

Comprehensive

Metabolic Panel, CBC,

Lipid Panel, HIV, TSH

Frequency

Once

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/04/2025 04:05 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via previously prescribed medication approved by doctor

Discontinued Entered by Scheria Smith, LVN at 12/10/2025 01:31 PM

Discontinue Reason: completed

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: 12/04/2025 04:00 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 12/04/2025 04:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: 12/04/2025 04:00 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 12/04/2025 04:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: 12/04/2025 04:00 PM, end date: 01/12/2026 11:59 PM

Show in MARs: YES

Day 2 to Day 3	Action
12/04/2025 04:00 PM to 12/05/2025	Weekly Weight every 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 12/04/2025 04:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

clonidine HCl,
0.1 mg x 1
tablet , oral,
tablet, 3x a
day schedule

DISCONTINUED

12/06/2025 04:09 PM

(TID) PRN, until further notice, PRN

Justification: Anxiety

Warnings: Hold for B/P <90/60 GIVE FOR BP >140/110

PRN, Duration: Until further notice, start date: 12/04/2025 04:15 PM

Dispense Amount: 0.1 mg tablet x 10 tablets

Number of Refills: 0

Discontinued: 12/06/2025 04:09 PM

Medication
clonidine HCl

Route
oral

Dosage Form
tablet

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	0.1 mg	tablet

Change Prescription: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, three times a day, 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 12/04/2025 04:17 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/06/2025 04:09 PM: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/06/2025 04:09 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Mounjaro
(tirzepatide),
10 mg/0.5 ml
x 1 ml ,
subcutaneous,

DISCONTINUED
12/26/2025 10:39 AM

Pen Injector, Weekly, until further notice

Justification: Weight Loss

Duration: Until further notice, start date: 12/04/2025 04:15 PM

Dispense Amount: n/a

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Discontinued: 12/26/2025 10:39 AM

Medication	Route	Dosage Form
Mounjaro	subcutaneous	Pen Injector

Frequency

Weekly

Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	10 mg/0.5 ml

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/04/2025 04:19 PM

Signed electronically 12/04/2025 04:28 PM

Pharmacy: CVS/pharmacy #9316, 1707 Grant Ave, Novato, CA, 94945

Received by Pharmacy

- eRx ID: 71226785050

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/04/2025 04:29 PM

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/26/2025 10:39 AM

Discontinue Reason: Per NP order

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PRESCRIPTION

hydroxyzine
HCl, 25 mg x 1
or 2 tablets ,
oral, tablet,
three times a
day, until further notice, PRN

DISCONTINUED

12/13/2025 01:40 PM

Take 1-2 tablet by mouth three times a day as needed for anxiety

PRN, Duration: Until further notice, start date: 12/04/2025 04:15 PM

Dispense Amount: 25 mg tablet x 30 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/13/2025 01:40 PM

Medication	Route	Dosage Form
hydroxyzine HCl	oral	tablet

Frequency

three times a day

Amount	Strength	Unit
1 or 2	25 mg	tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/04/2025 04:20 PM

Discontinued Due to Change Order by Ellen Barbieri, NP 12/13/2025 01:40 PM: hydroxyzine HCl, 25 mg x 1-4 tablets , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN

Signed electronically 12/04/2025 04:22 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71226785012

Discontinued Order Review



Ellen Barbieri, NP, NPI: 1134929573, DEAMb9534822, 12/13/2025 01:40 PM

Discontinued Ordered by Ellen Barbieri, NP via self

Discontinued Entered by Ellen Barbieri, NP at 12/13/2025 01:40 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PPD TEST TO BE READ ON 12/06/25 AFTER 1600 OR 12/07/25 BEFORE

1600. PLACED ON L FOREARM, Once , for 2 days

Duration: 2 days, start date: 12/06/2025 04:00 PM, end date: 12/07/2025 11:59 PM

Show in MARs: YES

Day 1 to Day 3	Action
12/06/2025 04:00 PM to 12/08/2025	PPD TEST TO BE READ ON 12/06/25 AFTER 1600 OR 12/07/25 BEFORE 1600. PLACED ON L FOREARM

Frequency

Once

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/04/2025 04:36 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: 12/04/2025 07:00 PM

Dispense Amount: 0.5 mg tablet x 20 tablets

Number of Refills: 0

Discontinued: 12/05/2025 04:53 PM

Medication Route Dosage Form
lorazepam oral 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 12/04/2025 07:14 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/05/2025 04:53 PM: lorazepam, 0.5 mg x 2 tablets , oral, tablet, every 8 hours, until further notice

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/05/2025 04:53 PM

DISCONTINUED

12/05/2025 04:53 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

ondansetron
HCl, 4 mg x 1
tablet , oral,
tablet, 3x a
day schedule

(TID) PRN, until further notice, PRN

Justification: N/V

PRN, Duration: Until further notice, start date: 12/04/2025 07:15 PM

Dispense Amount: 4 mg tablet x 10 tablets

Number of Refills: 0

Discontinued: 12/29/2025 01:05 PM

Medication	Route	Dosage Form
ondansetron HCl	oral	tablet

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	4 mg	tablet

Change Prescription: ondansetron HCl, 4 mg x 1 tablet , oral, tablet, three times a day, 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 12/04/2025 07:17 PM

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/29/2025 01:05 PM

Discontinued Order Review

Ellen Barbieri, NP, NPI: 1134929573, DEAm9534822, 12/29/2025 01:05 PM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/29/2025 01:05 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Client to
Urgent Care
for f/u d/t
possible
fungal
infection , once, for 1 day

DISCONTINUED

12/05/2025 03:12 PM

Duration: 1 day, start date: 12/05/2025 01:00 PM, end date: 12/05/2025 11:59 PM

Show in MARs: YES

Discontinued: 12/05/2025 03:12 PM

Day 1
12/05/2025
01:00 PM

Action
Client to Urgent Care
for f/u d/t possible
fungal infection

Frequency

once

	Hours	Minutes	Meridian
At	01	00	PM

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/05/2025 03:11 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/05/2025 03:12 PM: Client to Urgent Care to r/o possible fungal infection, once, for 1 day

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/05/2025 03:12 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Client to Urgent Care to r/o possible fungal infection, once, for 1 day

Duration: 1 day, start date: 12/05/2025 01:00 PM, end date: 12/05/2025 11:59 PM

Show in MARs: YES

Day 1
12/05/2025 Action
01:00 PM Client to Urgent Care
 to r/o possible fungal
 infection

Frequency

once

	Hours	Minutes	Meridian
At	01	00	PM

Change Order: Client to Urgent Care for f/u d/t possible fungal infection , once, for 1 day

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 12/05/2025 03:12 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

C-IV

◆ lorazepam,
0.5 mg x 2
tablets , oral,
tablet, every 8 hours, until further notice

DISCONTINUED

12/06/2025 04:35 PM

Justification: Detox

Duration: Until further notice, start date: 12/05/2025 10:00 PM

Dispense Amount: 0.5 mg tablet x 6 tablets

Number of Refills: n/a

Discontinued: 12/06/2025 04:35 PM

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 12/05/2025 04:53 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/06/2025 04:35 PM: lorazepam, 0.5 mg x 2 tablets , oral, tablet, Every 12 hrs, for 1 day

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/06/2025 04:35 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Detox 2

Protocol ,

Once , until

further notice

Duration: Until

further notice, start date: 12/05/2025 05:00 PM

Show in MARs: NO

Discontinued: 12/05/2025 05:09 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 12/05/2025 05:02 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/05/2025 05:09 PM: Detox 2 Protocol, two times a day schedule (BID), until further notice

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/05/2025 05:09 PM



Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Q1h
Observation
until she
reaches 72h
Detox McClay,
Once , until further notice

DISCONTINUED

12/05/2025 05:10 PM

Justification: AFTER 72HRS FOLLOW PROTOCOL DETOX LEVEL

Duration: Until further notice, start date: 12/05/2025 05:00 PM

Show in MARs: YES

Discontinued: 12/05/2025 05:10 PM

Action

Q1h Observation until
she reaches 72h
Detox McClay

Frequency

Once

Change Order: 72 Hour Q 30 min.Observation Detox McClay, Once , until further notice

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 12/05/2025 05:07 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/05/2025 05:10 PM: Q1h Observation until she reaches 72h Detox McClay, two times a day schedule (BID), until further notice

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/05/2025 05:10 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Detox 2
Protocol, two
times a day
schedule
(BID), until
further notice



Duration: Until further notice, start date: 12/05/2025 05:00 PM

Show in MARs: YES

Discontinued: 12/06/2025 04:49 PM

Action

Detox 2 Protocol

Frequency

two times a day schedule (BID)

	Hours	Minutes	Meridian
At	09	00	AM
At	09	00	PM

-
- 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

Change Order: Detox 2 Protocol , Once , until further notice

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 12/05/2025 05:09 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/06/2025 04:49 PM

Discontinue Reason: Per MD order

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Q1h

Observation

until she

reaches 72h

Detox McClay,

two times a day schedule (BID), until further notice

Justification: AFTER 72HRS FOLLOW PROTOCOL DETOX LEVEL

Duration: Until further notice, start date: 12/05/2025 05:00 PM

Show in MARs: YES

Discontinued: 12/06/2025 04:49 PM

Action

Q1h Observation until

she reaches 72h

Detox McClay

Frequency

two times a day schedule (BID)

	Hours	Minutes	Meridian
At	09	00	AM
At	09	00	PM

DISCONTINUED

12/06/2025 04:49 PM

Change Order: Q1h Observation until she reaches 72h Detox McClay, Once , until further notice

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 12/05/2025 05:10 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/06/2025 04:49 PM

Discontinue Reason: Per MD order

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Lotrimin AF (clotrimazole), 1 % x 1 gram , topical, cream, two times a day schedule (BID), for 7 days

Justification: Apply to bilateral under breasts and bilateral inner thighs

Duration: 7 days, start date: 12/05/2025 05:30 PM, end date: 12/11/2025 11:59 PM

Dispense Amount: 1 % cream x 14 grams

Number of Refills: n/a

Day 1 to Day 5 12/05/2025 05:30 PM to 12/09/2025	Medication Lotrimin AF (clotrimazole)	Route topical	Dosage Form cream
---	---	------------------	----------------------

Frequency

two times a day schedule (BID)

Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	PM	1	1 %
					gram

Day 2 to Day 3 12/05/2025 to 12/06/2025	Medication Lotrimin AF (clotrimazole)	Route topical	Dosage Form cream
---	---	------------------	----------------------

Frequency

two times a day schedule (BID)

Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	1 %
					gram
					gram

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/05/2025 05:33 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

gabapentin,
100 mg x 1
capsule , oral,
capsule, 3x a
day schedule

DISCONTINUED

12/06/2025 04:08 PM

(TID) PRN, until further notice, PRN

Justification: Anxiety

PRN, Duration: Until further notice, start date: 12/06/2025 09:00 AM

Dispense Amount: 100 mg capsule x 30 capsules

Number of Refills: 0

Discontinued: 12/06/2025 04:08 PM

Medication	Route	Dosage Form
gabapentin	oral	capsule

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	100 mg	capsule

Change Prescription: gabapentin, 100 mg x 1 capsule , oral, capsule, three times a day, 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 12/06/2025 09:09 AM

Discontinued Due to Change Order by Irma Martinez, LPT 12/06/2025 04:08 PM: gabapentin, 100 mg x 1-3 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/06/2025 04:08 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

gabapentin,
100 mg x 1-3
capsules ,
oral, capsule,
3x a day

DISCONTINUED
12/07/2025 05:48 PM

schedule (TID) PRN, until further notice, PRN

Justification: Anxiety

PRN, Duration: Until further notice, start date: 12/06/2025 04:00 PM

Dispense Amount: 100 mg capsule x 9 capsules

Number of Refills: 0

Discontinued: 12/07/2025 05:48 PM

Medication	Route	Dosage Form
gabapentin	oral	capsule

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1-3	100 mg	capsules

Change Order: gabapentin, 100 mg x 1 capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/06/2025 04:08 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/07/2025 05:48 PM: gabapentin, 100 mg x 4 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN

Pending Review

Discontinued Ordered by John C. O'Neil, MD via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/07/2025 05:48 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

clonidine HCl,
0.1 mg x 1
tablet , oral,
tablet, 3x a
day schedule

DISCONTINUED

12/08/2025 10:07 AM

(TID) PRN, until further notice, PRN

Justification: Anxiety

Warnings: Hold for B/P <90/60. GIVE FOR TREMORS OR SWEATS

PRN, Duration: Until further notice, start date: 12/06/2025 04:00 PM

Dispense Amount: 0.1 mg tablet x 10 tablets

Number of Refills: 0

Discontinued: 12/08/2025 10:07 AM

Medication
clonidine HCl

Route
oral

Dosage Form
tablet

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	0.1 mg	tablet

Change Order: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN
Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/06/2025 04:09 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/08/2025 10:07 AM

Discontinue Reason: Duplicate orders

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

C-IV



lorazepam, 0.5 mg x 2 tablets , oral, tablet, Every 12 hrs, for 1 day

Justification: Detox

Warnings: 1MG X'S 2 DOSAGES Q12HRS

Duration: Until further notice, start date: 12/06/2025 10:00 PM, end date: 12/07/2025
11:30 AM

Dispense Amount: 0.5 mg tablet x 4 tablets

Number of Refills: n/a

Medication
lorazepam

Route
oral

Dosage Form
tablet

Frequency

Every 12 hrs

<u>Amount</u>	<u>Strength</u>	<u>Unit</u>
2	0.5 mg	tablets

Change Order: lorazepam, 0.5 mg x 2 tablets , oral, tablet, every 8 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 12/06/2025 04:35 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

C-IV

◆ lorazepam,
0.5 mg x 1
tablet , oral,
tablet, Every 12 hrs, for 1 day

Justification: Detox

Warnings: 0.5mg x's 2 doses q12h then stop

Duration: 1 day, start date: 12/07/2025 10:00 PM, end date: 12/08/2025 11:30 AM

Dispense Amount: 0.5 mg tablet x 2 tablets

Number of Refills: n/a

Discontinued: 12/08/2025 09:36 AM

Day 1 to Day 2
12/07/2025
10:00 PM to
12/08/2025

Medication
lorazepam

Route
oral

Dosage Form
tablet

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 12/06/2025 04:37 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/08/2025 09:36 AM

Discontinue Reason: Per NP order

DISCONTINUED
12/08/2025 09:36 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Detox 3
Protocol , two
times a day
schedule
(BID), until
further notice



Duration: Until further notice, start date: 12/06/2025 04:45 PM

Show in MARs: YES

Discontinued: 12/08/2025 09:36 AM

Action

Detox 3 Protocol

Frequency

two times a day schedule (BID)

	Hours	Minutes	Meridian
At	09	00	AM
At	09	00	PM

-
- 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 hour until she completes 72hrs then q2hrs (Per detox level until taper is complete)
 - 5) Must attend groups
 - 6) Must attend offsite outings
 - 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 12/06/2025 04:48 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/08/2025 09:36 AM

Discontinue Reason: Per NP order

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

gabapentin,
100 mg x 4
capsules ,
oral, capsule,
3x a day

DISCONTINUED

12/08/2025 10:02 AM

schedule (TID) PRN, until further notice, PRN

Justification: Anxiety

PRN, Duration: Until further notice, start date: 12/07/2025 05:45 PM

Dispense Amount: 100 mg capsule x 12 capsules

Number of Refills: 0

Discontinued: 12/08/2025 10:02 AM

Medication	Route	Dosage Form
gabapentin	oral	capsule

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
4	100 mg	capsules

Change Order: gabapentin, 100 mg x 1-3 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN

Change Reason:

Ordered by John C. O'Neil, MD, NPI Number: 1952573826, DEA: F07577147 via phone, read back and verified

Entered by Irma Martinez, LPT 12/07/2025 05:48 PM

Pending Review

Discontinued Ordered by John C. O'Neil, MD via eRx

Discontinued Entered by Irma Martinez, LPT at 12/08/2025 10:02 AM

Discontinue Reason: Change per new prescription

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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: 12/08/2025 09:30 AM, end date: 12/08/2025 11:59 PM

Show in MARs: YES

Day 1 to Day 2	Action
12/08/2025 09:30 AM to 12/09/2025	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 Irma Martinez, LPT 12/08/2025 09:37 AM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PRESCRIPTION

clonidine HCl,
0.1 mg x 1
tablet , oral,
tablet, three
times a day,
until further notice

DISCONTINUED

12/08/2025 10:05 AM

Take 1 tablet by mouth three times a day blood pressure Give for blood pressure either over 140 or 110

Duration: Until further notice, start date: 12/08/2025 09:45 AM

Dispense Amount: 0.1 mg tablet x 20 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/08/2025 10:05 AM

Medication
clonidine HCl

Route
oral

Dosage Form
tablet

Frequency

three times a day

Amount	Strength	Unit
1	0.1 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Irma Martinez, LPT 12/08/2025 09:58 AM

Discontinued Due to Change Order by Irma Martinez, LPT 12/08/2025 10:05 AM: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice

Signed electronically 12/08/2025 09:58 AM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71227243747

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/08/2025 10:05 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PRESCRIPTION

gabapentin,
100 mg x 1
capsule , oral,
capsule, three
times a day,
until further notice

DISCONTINUED

12/08/2025 10:02 AM

Take 1 capsule by mouth three times a day for anxiety

Duration: Until further notice, start date: 12/08/2025 09:45 AM

Dispense Amount: 100 mg capsule x 30 capsules

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/08/2025 10:02 AM

Medication	Route	Dosage Form
gabapentin	oral	capsule

Frequency

three times a day

Amount	Strength	Unit
1	100 mg	capsule

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Irma Martinez, LPT 12/08/2025 09:58 AM

Signed electronically 12/08/2025 09:58 AM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Completed (Faxed or Printed)

- eRx ID: 71227244004

Discontinued Ordered by Ellen Barbieri, NP via eRx

Discontinued Entered by Irma Martinez, LPT at 12/08/2025 10:02 AM

Discontinue Reason: Change per new prescription

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PRESCRIPTION

gabapentin,
100 mg x 4
capsules ,
oral, capsule,
three times a
day, until further notice



Take 4 capsule by mouth three times a day for anxiety

Duration: Until further notice, start date: 12/08/2025 10:00 AM

Dispense Amount: 100 mg capsule x 120 capsules

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/08/2025 10:04 AM

Medication	Route	Dosage Form
gabapentin	oral	capsule

Frequency

three times a day

Amount	Strength	Unit
4	100 mg	capsules

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Irma Martinez, LPT 12/08/2025 10:02 AM

Discontinued Due to Change Order by Irma Martinez, LPT 12/08/2025 10:04 AM: gabapentin, 100 mg x 4 capsules , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN

Signed electronically 12/08/2025 10:02 AM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71227245990

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/08/2025 10:04 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

gabapentin, 100 mg x 4 capsules , oral, capsule, 3x a day schedule (TID)

PRN, until further notice, PRN

Justification: Anxiety

PRN, Duration: Until further notice, start date: 12/08/2025 10:00 AM

Dispense Amount: 100 mg capsule x 120 capsules

Number of Refills: 0

Medication	Route	Dosage Form
gabapentin	oral	capsule

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
4	100 mg	capsules

Change Prescription: gabapentin, 100 mg x 4 capsules , oral, capsule, three times a day, 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 12/08/2025 10:04 AM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

clonidine HCl,
0.1 mg x 1
tablet , oral,
tablet, 3x a
day schedule

DISCONTINUED
12/08/2025 10:05 AM

(TID) PRN, until further notice

Justification: Sweats and tremors

Warnings: Hold for BP <90/60

Duration: Until further notice, start date: 12/08/2025 10:00 AM

Dispense Amount: 0.1 mg tablet x 20 tablets

Number of Refills: 0

Discontinued: 12/08/2025 10:05 AM

Medication
clonidine HCl

Route
oral

Dosage Form
tablet

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	0.1 mg	tablet

Change Prescription: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, three times a day, 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 12/08/2025 10:05 AM

Discontinued Due to Change Order by Irma Martinez, LPT 12/08/2025 10:05 AM: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/08/2025 10:05 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

clonidine HCl,
0.1 mg x 1
tablet , oral,
tablet, 3x a
day schedule

DISCONTINUED
12/29/2025 01:05 PM

(TID) PRN, until further notice, PRN

Justification: Sweats and tremors

Warnings: Hold for BP <90/60

PRN, Duration: Until further notice, start date: 12/08/2025 10:00 AM

Dispense Amount: 0.1 mg tablet x 20 tablets

Number of Refills: 0

Discontinued: 12/29/2025 01:05 PM

Medication
clonidine HCl

Route
oral

Dosage Form
tablet

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	0.1 mg	tablet

Change Order: clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, 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 12/08/2025 10:05 AM

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/29/2025 01:05 PM

Discontinued Order Review

Ellen Barbieri, NP, NPI: 1134929573, DEAMb9534822, 12/29/2025 01:05 PM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/29/2025 01:05 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Please send out to ER for MD evaluation r/t kidney stones, Stat, for 1 day

Duration: 1 day, start date: 12/10/2025 08:45 AM, end date: 12/10/2025 11:59 PM

Show in MARs: YES

Day 1	Action
12/10/2025 08:45 AM	Please send out to ER for MD evaluation r/t kidney stones

Frequency

Stat

	Hours	Minutes	Meridian
At	08	59	AM

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Scheria Smith, LVN 12/10/2025 08:59 AM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

**bupropion HCl, 150 mg x 1 tablet , oral, tablet, sustained-release 12 hr,
once, for 1 day**

Justification: Depression

Duration: One-Time, start date: 12/11/2025 04:30 PM, end date: 12/11/2025 11:59 PM

Dispense Amount: 150 mg tablet, sustained-release 12 hr x 1 tablet

Number of Refills: n/a

Medication	Route	Dosage Form												
bupropion HCl	oral	tablet, sustained-release 12 hr												
Frequency														
once														
<table><thead><tr><th>Hours</th><th>Minutes</th><th>Meridian</th><th>Amount</th><th>Strength</th><th>Unit</th></tr></thead><tbody><tr><td>At</td><td>04</td><td>30</td><td>PM</td><td>1</td><td>150 mg</td></tr></tbody></table>			Hours	Minutes	Meridian	Amount	Strength	Unit	At	04	30	PM	1	150 mg
Hours	Minutes	Meridian	Amount	Strength	Unit									
At	04	30	PM	1	150 mg									

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/11/2025 04:40 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

**bupropion HCl, 150 mg x 1 tablet , oral, tablet, sustained-release 12 hr,
once a day (AM), until further notice**

Justification: Depression

Duration: Until further notice, start date: 12/11/2025 04:30 PM

Dispense Amount: 150 mg tablet, sustained-release 12 hr x 1 tablet

Number of Refills: n/a

Medication
bupropion HCl

Route
oral

Dosage Form
**tablet, sustained-
release 12 hr**

Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	150 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/11/2025 04:40 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

pantoprazole
(pantoprazole
sodium), 40
mg x 1 tablet ,
oral, tablet,

delayed release (enteric coated), once a day (AM), until further notice

Justification: GERD

Duration: Until further notice, start date: 12/11/2025 04:30 PM

Dispense Amount: 40 mg tablet, delayed release (enteric coated) x 1 tablet

Number of Refills: n/a

Discontinued: 12/26/2025 04:09 PM

DISCONTINUED
12/26/2025 04:09 PM

Medication	Route	Dosage Form
pantoprazole	oral	tablet, delayed release (enteric coated)

Frequency

once a day (AM)

Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	40 mg tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/11/2025 04:41 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via eRx

Discontinued Entered by Ellen Barbieri, NP at 12/26/2025 04:09 PM

Discontinue Reason: Change per new prescription

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

hydroxyzine
HCl, 25 mg x
1-4 tablets ,
oral, tablet, 3x
a day

DISCONTINUED
12/19/2025 01:32 PM

schedule (TID) PRN, until further notice, PRN

Justification: anxiety/sleep

PRN, Duration: Until further notice, start date: 12/13/2025 01:30 PM

Dispense Amount: 25 mg tablet x 12 tablets

Number of Refills: 0

Discontinued: 12/19/2025 01:32 PM

Medication	Route	Dosage Form
hydroxyzine HCl	oral	tablet

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1-4	25 mg	tablets

Change Prescription: hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, 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 12/13/2025 01:40 PM

Discontinue signed electronically 12/19/2025 01:32 PM

Discontinued Ordered by Ellen Barbieri, NP via eRx

Discontinued Entered by Ellen Barbieri, NP at 12/19/2025 01:32 PM

Discontinue Reason: Change per new prescription

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PRESCRIPTION

hydroxyzine HCl, 25 mg x 1-4 tablets , oral, tablet, three times a day, until further notice, PRN

Take 1-4 tablet by mouth three times a day as needed for anxiety

PRN, Duration: Until further notice, start date: 12/19/2025 01:30 PM

Dispense Amount: 25 mg tablet x 90 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Medication	Route	Dosage Form
hydroxyzine HCl	oral	tablet

Frequency

three times a day

Amount	Strength	Unit
1-4	25 mg	tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/19/2025 01:32 PM

Signed electronically 12/19/2025 01:32 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71229680870

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

**Benadryl Allergy (diphenhydramine HCl), 25 mg x 1 tablet , oral, tablet,
once, for 1 day**

Justification: Rash

Duration: One-Time, start date: 12/20/2025 03:30 PM, end date: 12/20/2025 11:59
PM

Dispense Amount: 25 mg tablet x 1 tablet

Number of Refills: n/a

Medication	Route	Dosage Form				
Benadryl Allergy	oral	tablet				
Frequency						
once						
Hours	Minutes	Meridian	Amount	Strength	Unit	
At	03	30	PM	1	25 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 03:34 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Trazodone (trazodone HCl), 50 mg x 1 Tablet , oral, tablet, once a day (HS)

PRN, until further notice, PRN

Justification: Insomnia

PRN, Duration: Until further notice, start date: 12/22/2025 05:15 PM

Dispense Amount: 50 mg tablet x 2 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Trazodone	oral	tablet

Frequency

once a day (HS) PRN

Amount	Strength	Unit
1	50 mg	Tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/22/2025 05:19 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

monjaro,
1units x 1
units , sub Q,
units, Weekly,
until further
notice

DISCONTINUED
12/23/2025 05:28 PM

Justification: weight loss

Warnings: Client to self administer

Duration: Until further notice, start date: 12/23/2025 05:15 PM

Dispense Amount: 1units units x 1 units

Number of Refills: n/a

Discontinued: 12/23/2025 05:28 PM

Medication
monjaro

Route
sub Q

Dosage Form
units

Frequency

Weekly

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	07	00	PM	1	1units	units

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/23/2025 05:27 PM

Discontinued Due to Change Order by Ellen Barbieri, NP 12/23/2025 05:28 PM: monjaro, 1units x 1 units , sub Q, units, Weekly, until further notice

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/23/2025 05:27 PM

Discontinued Order Review



Ellen Barbieri, NP, NPI: 1134929573, DEAMb9534822, 12/23/2025 05:28 PM

Discontinued Ordered by Ellen Barbieri, NP via self

Discontinued Entered by Ellen Barbieri, NP at 12/23/2025 05:28 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

monjaro,
1units x 1
units , sub Q,
units, Weekly,
until further
notice (modified schedules)
Justification: weight loss

DISCONTINUED

12/26/2025 10:39 AM

Warnings: Client to self administer

Duration: Until further notice, start date: 12/23/2025 05:15 PM

Dispense Amount: 1units units x 1 units

Number of Refills: n/a

Discontinued: 12/26/2025 10:39 AM

Medication
monjaro

Route
sub Q

Dosage Form
units

Frequency

Weekly ([{"Tue"]})

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	07	00	PM	1	1units	units

* Indicates a schedule time that differs from the schedule settings.

Change Order: monjaro, 1units x 1 units , sub Q, units, Weekly, until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/23/2025 05:28 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/23/2025 05:28 PM

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/26/2025 10:39 AM

Discontinue Reason: Per NP order

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Acetaminophen, 500 mg x 2 Tablets , oral, tablet, every 6 hours, until further notice, PRN

Justification: Headache or Pain

Warnings: NTE 3000mg in a 24hr period

PRN, Duration: Until further notice, start date: 12/26/2025 08:00 AM

Dispense Amount: 500 mg tablet x 8 Tablets

Number of Refills: n/a

Medication	Route	Dosage Form
Acetaminophen	oral	tablet

Frequency

every 6 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 12/26/2025 08:01 AM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Ibuprofen, 200 mg x 2 Tablets , oral, tablet, every 6 hours, until further notice, PRN

Justification: Headache or Pain

PRN, Duration: Until further notice, start date: 12/26/2025 08:00 AM

Dispense Amount: 200 mg tablet x 8 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Ibuprofen	oral	tablet

Frequency

every 6 hours

Amount	Strength	Unit
2	200 mg	Tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/26/2025 08:01 AM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

tirzepatide
(weight loss)
(tirzepatide),
2.5 mg/0.5 ml
x 0.5 mls ,

DISCONTINUED
12/29/2025 02:05 PM

subcutaneous, solution, Weekly, until further notice (modified schedules)

Justification: Wt mgt

Duration: Until further notice, start date: 12/30/2025 10:30 AM

Dispense Amount: 2.5 mg/0.5 ml solution x 0.5 mls

Number of Refills: n/a

Discontinued: 12/29/2025 02:05 PM

Medication	Route	Dosage Form
tirzepatide (weight loss)	subcutaneous	solution

Frequency

Weekly (["Tue"])

Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	0.5	2.5 mg/0.5 ml mls

* Indicates a schedule time that differs from the schedule settings.

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/26/2025 10:42 AM

Discontinued Due to Change Order by Irma Martinez, LPT 12/29/2025 02:05 PM: tirzepatide (weight loss) (tirzepatide), 2.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/29/2025 02:05 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PRESCRIPTION

pantoprazole (pantoprazole sodium), 40 mg x 1 tablet , oral, tablet, delayed release (enteric coated), every morning, until further notice

Take 1 tablet by mouth every morning as directed

Duration: Until further notice, start date: 12/26/2025 04:00 PM

Dispense Amount: 40 mg tablet, delayed release (enteric coated) x 30 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Medication pantoprazole	Route oral	Dosage Form tablet, delayed release (enteric coated)
----------------------------	---------------	--

Frequency

every morning

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	40 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/26/2025 04:08 PM

Signed electronically 12/26/2025 04:09 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71230680148

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

**tirzepatide (weight loss) (tirzepatide), 2.5 mg/0.5 ml x 0.5 mls ,
subcutaneous, solution, Weekly, until further notice**

Justification: Wt mgt

Duration: Until further notice, start date: 12/29/2025 01:00 PM

Dispense Amount: 2.5 mg/0.5 ml solution x 0.5 mls

Number of Refills: n/a

Medication	Route	Dosage Form
tirzepatide (weight loss)	subcutaneous	solution

Frequency

Weekly

Hours	Minutes	Meridian	Amount	Strength	Unit
At	02	00	PM	0.5	2.5 mg/0.5 ml
					mls

Change Order: tirzepatide (weight loss) (tirzepatide), 2.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, 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 12/29/2025 02:05 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PRESCRIPTION

naltrexone

(naltrexone HCl), 50
mg x 1 tablet , oral,
tablet, once a day,
until further notice

CANCELED
12/29/2025 02:15 PM

Take 1 tablet by mouth once a day as directed take 1/2 a tablet for three days, then
increase to 1 tablet thereafter

Duration: Until further notice, start date: 12/29/2025 02:00 PM

Dispense Amount: 50 mg tablet x 60 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Medication
naltrexone

Route
oral

Dosage Form
tablet

Frequency

once a day

Amount	Strength	Unit
1	50 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/29/2025 02:08 PM

Signed electronically 12/29/2025 02:08 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Canceled

- eRx ID: 71231053285

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

PRESCRIPTION

naltrexone
(naltrexone
HCl), 50 mg x
1 tablet , oral,
tablet, once a
day, until further notice

DISCONTINUED

12/29/2025 08:19 PM

Take 1 tablet by mouth once a day as directed take 1/2 tablet for three days, then 1 tablet thereafter

Duration: Until further notice, start date: 12/29/2025 02:15 PM

Dispense Amount: 50 mg tablet x 60 tablets

Number of Refills: 0

Additional Notes to Pharmacist: USE Rx DISCOUNT CARD: \$80.86, BIN:019876,
PCN:CHIPPO, Group:EMR, ID:DF3B97C2DA

Comments for Office Use Only: n/a

Discontinued: 12/29/2025 08:19 PM

Medication
naltrexone

Route
oral

Dosage Form
tablet

Frequency

once a day

Amount	Strength	Unit
1	50 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/29/2025 02:25 PM

Discontinued Due to Change Order by Kiran Kaur, MA 12/29/2025 08:19 PM: naltrexone (naltrexone HCl), 50 mg x 1 tablet , oral, tablet, once a day (AM), until further notice

Signed electronically 12/29/2025 02:25 PM

Pharmacy: CVS/pharmacy #9947, 2035 Novato Blvd, Novato, CA, 94947

Received by Pharmacy

- eRx ID: 71231058476

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Kiran Kaur, MA at 12/29/2025 08:19 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

**naltrexone (naltrexone HCl), 50 mg x 1 tablet , oral, tablet, once a day (AM),
until further notice**

Justification: Relapse Prevention

[Warnings: Please give 1/2 tab for first dose and full dose next day]

Duration: Until further notice, start date: 12/30/2025 08:00 AM

Dispense Amount: 50 mg tablet x 1 tablet

Number of Refills: 0

Medication naltrexone	Route oral	Dosage Form tablet
--------------------------	---------------	-----------------------

Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	50 mg	tablet

Change Prescription: naltrexone (naltrexone HCl), 50 mg x 1 tablet , oral, tablet, once a day, until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Kiran Kaur, MA 12/29/2025 08:19 PM

Pending Review

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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 05:00 AM

Show in MARs: YES

Continue on discharge

Action

Discharge Home on all
current medication
with Medical Approval

Frequency

once

Hours	Minutes	Meridian
At 05	00	AM

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 05:01 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 05:01 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

24 Hour Observation Sheet 12/08/2025

12/08/2025

Date/Time: 0706 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 0904 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 0943 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , See Notes: OFF DETOX , 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



Irma Martinez, LPT (Staff), 12/08/2025 12:07 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

24 Hour Observation Sheet 12/07/2025

12/07/2025

Date/Time: 2159 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 1/4 , Staff Initials: SA

Date/Time: 2351 , Detox Level: 3 , Location: A , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 2452 , Detox Level: 3 , Location: A , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0251 , Detox Level: 3 , Location: A , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0452 , Detox Level: 3 , Location: A , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0651 , Detox Level: 3 , 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

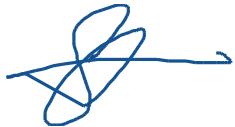
- 1: Awake alert, oriented x3
- 2: Sedated, oriented x3
- 3: Sleeping

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), 12/08/2025 07:04 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

24 Hour Observation Sheet 12/07/2025

12/07/2025

Date/Time: 0704 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 0802 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 0901 , Detox Level: 3 , Location: D , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 0958 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1056 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1154 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1252 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1351 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1449 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1547 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1646 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1844 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1929 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

Location Codes

A: Room Awake

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198 of 533 pages

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), 12/07/2025 07:31 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

24 Hour Observation Sheet 12/07/2025

12/07/2025

Date/Time: 0004 , Detox Level: ii , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: bc

Date/Time: 0102 , Detox Level: ii , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: bc

Date/Time: 0201 , Detox Level: ii , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: bc

Date/Time: 0300 , Detox Level: ii , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: bc

Date/Time: 0358 , Detox Level: ii , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: bc

Date/Time: 0456 , Detox Level: ii , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: bc

Date/Time: 0555 , Detox Level: ii , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: bc

Date/Time: 0653 , Detox Level: ii , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: bc

Date/Time: 0751 , Detox Level: ii , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: bc

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



Brody Christenson (Staff), 12/07/2025 07:54 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

24 Hour Observation Sheet 12/06/2025

12/06/2025

Date/Time: 2023 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: MG

Date/Time: 2122 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: MG

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



Michael Galarneau, Program Assistant (Staff), 12/06/2025 09:39 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

24 Hour Observation Sheet 12/06/2025

12/06/2025

Date/Time: 21:22 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: NSA

Date/Time: 22:20 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: NSA

Date/Time: 23:19 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: NSA

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



Noah Alric (Staff), 12/06/2025 11:46 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

24 Hour Observation Sheet 12/06/2025

12/06/2025

Date/Time: 0704 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 0803 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 0900 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 0958 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1056 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: N , Care: 1,3,4,5 , Staff Initials: IM

Date/Time: 1154 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1252 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1350 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1449 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1547 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1646 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1743 , Detox Level: 3 , Location: D , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1841 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1924 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

Location Codes

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206 of 533 pages

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), 12/06/2025 07:24 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

24 Hour Observation Sheet 12/05/2025

12/05/2025

Date/Time: 0706 , 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: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 0900 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 1,2,3,4,5 , Staff Initials: IM

Date/Time: 0927 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 0956 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1024 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1052 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1121 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1149 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1217 , Detox Level: 1 , Location: P , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1246 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1314 , Detox Level: 1 , Location: OUT TO URGENT CARE W/PA PER NP ORDER , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1609 , Detox Level: 1 , Location: CLIENT CAME BACK FROM URGENT CARE , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1637 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1706 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , See Notes: CLIENT NEW OBS Q1H PER NP ORDER , Staff Initials: IM

Date/Time: 1804 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1903 , Detox Level: 2 , Location: A , 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), 12/05/2025 07:21 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

24 Hour Observation Sheet 12/05/2025

12/05/2025

Date/Time: 2003 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , See Notes: Laying in bed, asleep. , Staff Initials: AA

Date/Time: 2100 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , See Notes: Sleeping comfortably. , Staff Initials: AA

Date/Time: 2200 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 2, 3, 4 , Staff Initials: AA

Date/Time: 2300 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 12/6/25 @0001 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0100 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0205 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0300 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0400 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0505 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0602 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 2, 3, 4 , Staff Initials: AA

Date/Time: 0700 , Detox Level: 2 , Location: S , Orientation: 1 , Complaints: N , Care: 6 , Staff Initials: AA

Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

Location Codes

Powered by Kipu Systems

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210 of 533 pages

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), 12/06/2025 06:25 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

24 Hour Observation Sheet 12/04/2025

12/04/2025

Date/Time: 2009 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 2038 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2107 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2136 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2205 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2234 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2303 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2332 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0001 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0030 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0059 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 1,2,3,4 , See Notes: VS & MEDS , Staff Initials: KK

Date/Time: 0128 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: N , Care: 3 , See Notes: GETTING SNACK , Staff Initials: KK

Date/Time: 0157 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 0226 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0255 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0324 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0353 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0422 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0451 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0520 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0549 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0618 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0647 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0716 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 1,2,3,4 , See Notes: VS & MEDS , Staff Initials: KK

Date/Time: 0745 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0814 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0843 , Detox Level: 1 , Location: A , 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), 12/05/2025 09:15 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

24 Hour Observation Sheet 12/04/2025

12/04/2025

Date/Time: 1406 , Detox Level: OBS , Location: PARKING LOT , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1434 , Detox Level: OBS , Location: ADMISSIONS , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1502 , Detox Level: OBS , Location: ADMISSIONS , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1531 , Detox Level: OBS , Location: ADMISSIONS , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1559 , Detox Level: OBS , Location: PA DESK , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1627 , Detox Level: OBS , Location: PA DESK , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1656 , Detox Level: OBS , Location: PA DESK , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1724 , Detox Level: OBS , Location: D , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1752 , Detox Level: OBS , Location: D , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1821 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1849 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1917 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 19440 , Detox Level: OBS , Location: A , 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

Powered by Kipu Systems

Created on: 12/31/2025 16:03 PM EST - 16:04 PM EST

214 of 533 pages

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), 12/04/2025 07:40 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Anxiety 12/31/2025

Title Anxiety

Date 12/31/2025

Description

Jessica declined her as needed gabapentin 100mg 1 to 4 capsules and hydroxyzine 25mg 1 to 4 tablets prescribed for anxiety during med observation. She agreed to come back if she feels her anxiety moving from a 2 to 3 to give the medication enough time to be effective. Will continue to monitor.

Scanned Document

Scheria Smith, LVN (Staff), 12/31/2025 08:31 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Anxiety 12/17/2025

Title Anxiety

Date 12/17/2025

Description

Jessica endorsed 4-5/10 anxiety r/t not receiving her Mounjaro injection for weight loss yet as well as removing her hair extensions in preparation for new ones arriving today. Provided encouragement and support as tolerated. Declined both PRN gabapentin/hydroxyzine for anxiety. Will continue to monitor.

Scanned Document

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

Scheria Smith, LVN (Staff), 12/17/2025 10:42 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Depression 12/31/2025

Title Depression

Date 12/31/2025

Description

Jessica presented smiling, in good spirits and cooperative with all care. She endorsed 0/10 depression with continued Wellbutrin 150mg daily therapy. Will continue to monitor.

Scanned Document

Scheria Smith

Scheria Smith, LVN (Staff), 12/31/2025 08:21 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Depression 12/30/2025

Title Depression

Date 12/30/2025

Description

Jessica continues her Wellbutrin 150mg therapy daily as prescribed for depression. No adverse s/e reported or observed. Endorses 0/10 depression today.

Scanned Document

Scheria Smith

Scheria Smith, LVN (Staff), 12/30/2025 04:15 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Depression 12/10/2025

Title Depression

Date 12/10/2025

Description

Jessica mentioned that she takes Wellbutrin for depression and that it is ready for pick up at CVS. This writer called CVS Novato Blvd and spoke with the pharmacist about this. The pharmacist was able to locate her in their system by name/date of birth with a active Wellbutrin 150mg prescription and refills available. This will be ready for pick up after 5pm today. Will continue to monitor.

Scanned Document

Scheria Smith, LVN (Staff), 12/10/2025 02:25 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Emergency Room 12/10/2025

Title Emergency Room

Date 12/10/2025

Description

Nurse Practitioner gave medical order to send her to the emergency to be evaluated by MD for kidney stones. She initially agreed but after speaking to staff declined to go. Currently c/o 7-8/10 bilateral abdominal pain and nausea. Encouraged fluids. PRN Tizanidine and Zofran given. Will continue to monitor.

Scanned Document

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

Scheria Smith, LVN (Staff), 12/10/2025 09:46 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Insomnia 12/31/2025

Title Insomnia

Date 12/31/2025

Description

Jessica endorsed good sleep with hydroxyzine 25 mg x4 tablets. No adverse s/e reported. Will continue to monitor.

Scanned Document

Scheria Smith

Scheria Smith, LVN (Staff), 12/31/2025 08:14 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Insomnia 12/30/2025

Title Insomnia

Date 12/30/2025

Description

Trazodone 50mg therapy at bedtime as needed has been added by Nurse Practitioner for insomnia. She endorsed improved sleep since using this. No adverse s/e reported or observed. Will continue to monitor.

Scanned Document

Scheria Smith

Scheria Smith, LVN (Staff), 12/30/2025 04:18 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment MAT 12/31/2025

Title MAT

Date 12/31/2025

Description

Today is Jessica's 2nd day on Naltrexone 50mg 1/2 tablet therapy for relapse prevention as prescribed. Presents smiling and in good spirits. Endorsed some mild sweats yesterday plus woke up with a headache. Will continue to monitor.

Scanned Document

Scheria Smith

Scheria Smith, LVN (Staff), 12/31/2025 08:18 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment MAT 12/30/2025

Title MAT

Date 12/30/2025

Description

Jessica took her first dose of naltrexone 50mg 1/2 tablet as prescribed for relapse prevention. She verbalized "I am excited to give this a try". She agreed to come back to nursing to report any adverse s/e. Will continue to monitor.

Scanned Document

Scheria Smith

Scheria Smith, LVN (Staff), 12/30/2025 09:06 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment MAT 12/29/2025

Title MAT

Date 12/29/2025

Description

Late entry

Nurse Practitioner prescribed naltrexone 50mg 1/2 tablet the first three days, then full tablet thereafter for relapse prevention. The order was faxed to GGP for delivery. Jessica is aware and agreed to add this as part of her relapse prevention plan. Will continue to monitor.

Scanned Document

Scheria Smith

Scheria Smith, LVN (Staff), 12/30/2025 09:03 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment MAT & CRAVINGS 12/22/2025

Title MAT & CRAVINGS

Date 12/22/2025

Description

Patient declined initiation of MAT at this time. States no current cravings or withdrawal symptoms. Oriented ×4, calm, and cooperative during visit. Education provided on MAT options and risks of relapse. Patient verbalized understanding and will follow up as needed.

Scanned Document

Irma Martinez, LPT (Staff), 12/22/2025 11:24 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Weight loss medication 12/30/2025

Title Weight loss medication

Date 12/30/2025

Description

Jessica reports being excited to start her weight loss medication weekly on Mondays. No adverse s/e reported or observed. Will continue to monitor.

Scanned Document

Scheria Smith

Scheria Smith, LVN (Staff), 12/30/2025 04:12 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Weight Loss medication 12/09/2025

Title Weight Loss medication

Date 12/09/2025

Description

CVS Pharmacist on grant avenue states they are still waiting for her PCP to sign the needed Prior Authorization. Jessica was made aware and will be following up with her PCP. Will continue to monitor.

Scanned Document


Scheria Smith, LVN (Staff), 12/09/2025 03:22 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

BAC/UDS 12/22/2025

Date 12/22/2025

Breathalyzer

Time

Drug Screen Result

ALLNEGATIVE

 LPT

Irma Martinez, LPT (Staff), 12/22/2025 11:18 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

BAC/UDS 12/14/2025

Date 12/14/2025

Breathalyzer

Time

Drug Screen Result

ALLNEGATIVE

A handwritten signature in blue ink, appearing to read "IMT". To the right of the signature, the letters "LPT" are printed in a smaller font.

Irma Martinez, LPT (Staff), 12/14/2025 05:28 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

BAC/UDS 12/04/2025

Date 12/04/2025

Breathalyzer

0.02

Time

1402

Drug Screen Result

MET , AMP , BZO , MTD , BUP , MDMA



Irma Martinez, LPT (Staff), 12/04/2025 03:44 PM

Annotations

Created By: LPT Irma Martinez at 12/04/2025 03:42
PM

(+) EtG, NP Notified

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/31/2025

12/31/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/31/2025 06:12 AM

Allergies: NKA

Admit: 12/04/25

RTC, Room: 3

VS: B/P 115/83 T 97.6 P 91 R 18 O2 98

CIWA: 1

Mental Status/Mood/Activities: Jessica was compliant with medication and vitals (V/S). VS were WNL. Participated in table games with peer and PA throughout the evening until closing group. Appeared to have slept well through the Noc after taking Hydroxyzine 4 tabs. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: Client started on Naltrexone on 12/30/25

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Steve Athens, LPT (Staff), 12/31/2025 06:12 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/30/2025

12/30/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/30/2025 05:39 PM

Name: Jessica H

Age: 29y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

VS: 127/85, 100

Mental Status/Mood/Activities: Jessica was medication compliant. She took her first Naltrexone 50mg 1/2 tablet today for relapse prevention. Patient teaching provided on reporting any adverse s/e to nursing for safe monitoring, she verbalized understanding this. She continues to report having trouble falling asleep but eventually is able to with Trazodone therapy. She is happy to have her Mounjaro weight loss shot weekly on Mondays. She was observed in the milieu reading, taking short walks outside, chatting with peers and staff. She took all her meals at the dining room table. Self hydration encouraged. Nurse Practitioner requests to prepare a discharge medication sheet in KIPU for this Friday, 1/2/25, completed. Jessica confirms her mom is picking her up on Friday at 10am. No other issues or concerns reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedures.

MAT: Naltrexone 50mg daily

Diagnostics: 12/9/25

Pharmacy: GGP

Discharge Plan: 01.09.25

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Scheria Smith

Scheria Smith, LVN (Staff), 12/30/2025 05:39 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/30/2025

12/30/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/30/2025 07:01 AM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 3

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

VS: 115/86 P 94

CIWA: 2

Mental Status/Mood/Activities: Jessica was compliant with medication and vitals (V/S). VS were WNL. Client reports being very upset about staff e mailing her mother about leaving after 30 days which is different from her discharge date. Client reports she got clearance from NP and clinical to leave after 30 days but asked the staff not to let her mother know but staff emailed her mother about the change. Client talked to nursing and felt relief afterwards. Client took Tylenol 500mg x2 Tylenol for headache before going to bed. Client attended the closing group without any issues. Client watched Client reports sleeping throughout the night. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: Client will start Naltrexone on 12/30/25

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Kiran Kaur, MA (Staff), 12/30/2025 07:01 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/29/2025

12/29/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/29/2025 05:23 AM

Allergies: NKA

Admit: 12/04/25

RTC, Room: 3

v/S: B/P 121/67 T 97.6 P 93 R 18 O2 98

CIWA: 1

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), Observed laying down in the living room watching tv engaging with peers and staff . appeared to have slept through the noc.

Requested Trazadone for sleep at HS. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Steve Athens, LPT (Staff), 12/29/2025 05:23 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/29/2025

12/29/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/29/2025 02:59 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 3

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), attended to groups and therapy sessions. Met w/NP, new order for naltrexone to start on 12/30/25. Client was observed eating her meals at the dining table. UDS was sent out. Went to an outing w/clinician and peer. Reported a rested night. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: Client will start Naltrexone on 12/30/25

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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LPT

Irma Martinez, LPT (Staff), 12/29/2025 02:59 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/28/2025

12/28/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/28/2025 04:14 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 3

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), attended to AM group. Client was observed eating her meals at the dining table. She was observed laying down in the living room watching tv and went for a outing in the morning and in the evening w/ peer and PA. UDS Collected, processed, documented and ready to send out. Reported a rested night. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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LPT

Irma Martinez, LPT (Staff), 12/28/2025 04:14 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/27/2025

12/27/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/27/2025 04:54 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 3

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), attended to AM group and check- in w/counselor. Client was observed eating her meals at the dining table. Client received visitation from her parents, went well. She was observed laying down in the living room watching tv and went for a walk w/peer and PA. Reported a rested night. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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LPT

Irma Martinez, LPT (Staff), 12/27/2025 04:54 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/26/2025

12/26/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/26/2025 05:09 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 3

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), attended to groups and session therapies. Client was observed eating her meals at the dining table. Client stated that she was very happy w/the way staff has been treating her during this holidays. She went to an outing w/peer and clinician. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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LPT

Irma Martinez, LPT (Staff), 12/26/2025 05:09 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/24/2025

12/24/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/24/2025 06:17 AM

Allergies: NKA

Admit: 12/04/25

V/S: B/P 122/82 T 97.4 P 115 R 18 O2 98

CIWA: 1

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), Client was observed eating her meals at the dining table. Engaging with peer and staff while watching tv.

Appeared to have slept through the noc. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Steve Athens, LPT (Staff), 12/24/2025 06:17 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/22/2025

12/22/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/22/2025 04:23 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), attended to groups and session therapies. UDS collected, documented and sent out. MAT and cravings f/u. Client was observed eating her meals at the dining table. Client stated that her parents send out the Mounjaro injection via mail. Reported a rested night. New order for trazodone at bedtime. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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LPT

Irma Martinez, LPT (Staff), 12/22/2025 04:23 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/21/2025

12/21/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/21/2025 05:17 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), attended to sound bath therapy group w/Megan and got out quickly stating "not feeling well sitting on the floor". Decline going to an outing w/peers . C/o anxiety requested and received PRN and was noted to be effective. Spend majority of this shift watching TV w/peer. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Irma Martinez, LPT (Staff), 12/21/2025 05:18 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/19/2025

12/19/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Anita Salanga, LPT, 12/19/2025 05:29 AM

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

VS: BP 126/89, P 88

CIWA 3

Mental Status/Mood/Activities: Jessica was compliant with medication and vitals (V/S). At the beginning of the shift, Jessica c/o anxiety. She took PRN hydroxyzine with good effect. Observed watching a movie with peers, engaged in self care by applying facial mask. No further concerns reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Anita Salanga, LPT (Staff), 12/19/2025 05:29 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/17/2025

12/17/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/17/2025 06:10 PM (last update: 12/17/2025 06:18 PM)

Name: Jessica H

Age: 29y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

VS: 131/90, 108

Mental Status/Mood/Activities: Jessica was medication compliant, late. She continues to report having trouble falling asleep but eventually is able to with continued combined hydroxyzine 100mg + Melatonin 10mg therapies. She presents with 4-5/10 anxiety about not having her Mounjaro weight loss shot yet as well as taking her hair extensions out for new ones due to arrive today, declined prn anxiety meds. She was observed in the milieu reading, taking short walks outside, chatting with peers and staff. She took all her meals at the dining room table. Self hydration encouraged. She was safely transported to/from the gym in the afternoon. No other issues or concerns reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedures.

MAT: TBD

Diagnostics: 12/9/25

Pharmacy: GGP

Discharge Plan: 01.09.25

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Scheria Smith, LVN (Staff), 12/17/2025 06:11 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/17/2025

12/17/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/17/2025 05:44 AM

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

VS: BP 124/88 T 97 P 108 R 18 O2 98

CIWA 3

Mental Status/Mood/Activities: Jessica was compliant with medication and vitals (V/S). She attended off site meeting with all peers and PA. Client was observed in no distress. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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A handwritten signature in blue ink, appearing to read "Steve Athens".

Steve Athens, LPT (Staff), 12/17/2025 05:44 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/16/2025

12/16/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/16/2025 06:48 PM

Name: Jessica H

Age: 29y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

VS: 131/90, 108

Mental Status/Mood/Activities: Jessica was medication compliant. She reported initially having trouble falling asleep last night but eventually was able to with continued combined hydroxyzine 100mg + Melatonin 10mg therapies. She was observed in the milieu chatting with peers and staff. She took all her meals at the dining room table with peers. Self hydration encouraged. No other issues or concerns reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedures.

MAT: TBD

Diagnostics: 12/9/25

Pharmacy: GGP

Discharge Plan: 01.09.25

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Scheria Smith, LVN (Staff), 12/16/2025 06:48 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/16/2025

12/16/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/16/2025 06:34 AM

Age : 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 panic disorder

VS: BP 116/85 P 112

CIWA 2

Mental Status/Mood/Activities: Jessica was compliant with medication and vitals (V/S). She attended the closing group.

Continues to be polite and respectful towards peers and staff. Client is still waiting for her PCP to send a new PA for Mounjaro. Reported a rested night. Client was observed in no distress. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Kiran Kaur, MA (Staff), 12/16/2025 06:34 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/15/2025

12/15/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/15/2025 05:36 AM

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

V/S: B/P 117/76 T 97.4 P 117 R 18 O2 98

CIWA: 3

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), Client ate all of her meals and kept herself hydrated. replacement. No medical concerns. Was verbally loud at times throughout the shift, at bed time was reminded to be respectful of others who were in bed sleeping. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Steve Athens, LPT (Staff), 12/15/2025 05:36 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/15/2025

12/15/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/15/2025 04:25 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), attended to groups and session therapies. UDS sent out. Client was observed eating her meals at the dining table. Client is still waiting for her PCP to send a new PA for Mounjaro, up today client's Mounjaro has been declined by the insurance. Jess was observed walking around the facility for workout. Reported a rested night. Client went for a walk w/ peers and Clinician. Client was observed in no distress. Met with NP no new orders. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Irma Martinez, LPT (Staff), 12/15/2025 04:25 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/14/2025

12/14/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/14/2025 06:06 AM

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

V/S: B/P 118/83 T 97 P 96 R 18 O2 98

CIWA: 3

Mental status/Mood/Activities: Compliant with medication and vitals (V/S), Pleasant and minimal engaging with peers. Stated she found a new app on her phone that was occupying her time. Client took Hydroxyzine 75 mg PRN for anxiety and sleep before going to bed. No concerns noted or reported.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Steve Athens, LPT (Staff), 12/14/2025 06:07 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/14/2025

12/14/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/14/2025 04:45 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental Status/Mood/Activities: Compliant with medication and vitals (V/S), attended to the sound bathing in house session w/peers went well. Client went to an outing w/peers and PA. Client ate all of her meals and kept herself hydrated. During lunch client noticed that she had swallowed a tiny piece from the back of her earring located in her tongue. Client was very insistent regarding getting another one from a Tattoo shop. COO was contacted by a PA and PA went to get a replacement. No medical concerns. Dr. O'Neal notified. UDS collected, processed documented and ready to send out. Client was observed in no distress. No concerns noted or reported. Cont w/ care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Irma Martinez, LPT (Staff), 12/14/2025 04:45 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/13/2025

12/13/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/13/2025 04:44 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental status/Mood/Activities: Compliant with medication and vitals (V/S), attended AM group and session therapies. Client received visitation from her mom, and it went well. Client is scheduled to order dinner out and she is excited. Met w/ NP and received an increased on her Hydroxyzine up to 100mg TID PRN. No concerns noted or reported.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Irma Martinez, LPT (Staff), 12/13/2025 04:44 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/12/2025

12/12/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Anita Salanga, LPT, 12/12/2025 05:57 AM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental status/Mood/Activities: Compliant with medication and vitals (V/S), attended the offsite meeting and the closing group. Reported having trouble sleeping the previous night. She asked about Seroquel that had been discussed during her meeting with the NP. Informed client that no new medication order is currently in place. This writer told client that NP will be informed for clarification. Continue with the care plan as ordered.

Medical: Yeast infection

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Irma Martinez, LPT (Staff), 12/12/2025 06:31 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/12/2025

12/12/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Alma Arenas, LPT, 12/13/2025 04:53 AM

Detox/OBS/RES Status: Res

Allergies: NKA

Detox Meds if applicable: Wellbutrin 150 mg

PRN Meds for PAWS: Gabapentin 400 mg

C/O: Anxious

CIWA/COWS Range: 1

Daily Vital Signs: Refer to KIPU

Appearance (ADLs): Clean

Mental status/mood: Jessica was actively engaged in the milieu and interacted well with her peers, establishing good rapport. She verbalized that she is looking forward to her parents' visit this Saturday. She also expressed gratitude for her time at McClay and the treatment she has received, stating that she is proud of her current sobriety and the support from her peers and staff. Jessica verbalized feelings of anxiety and was encouraged to utilize her coping skills and PRN medications as needed. She was administered 400 mg of Gabapentin and a 50 mg tablet of Hydroxyzine for anxiety. Compliant with VSs and a CIWA assessment was conducted, resulting in a score of 1. Additionally, she requested and was provided with 5 mg of Melatonin for sleep. All PRN medications administered were noted as effective. No other issues were noted after the administration of PRN medications.

Sleeping: Slept all throughout the shift.

Did the Client Attend Groups/Meetings? Yes, attended the closing group.

Nutrition: Slept without any disturbance

Discharge Date: 1/9/25

Temp: WNL

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Alma Arenas, LPT (Staff), 12/13/2025 05:28 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/12/2025

12/12/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/12/2025 06:30 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental status/Mood/Activities: At the beginning of this shift client c/o nausea, requested and received PRN Ondansetron, effective. Immediately after client went to eat breakfast, attended AM group and went back to her bedroom to sleep until 1350. Client missed all her groups and session therapies d/t feeling "tired". Per COO client was not allowed to go to the store run for missing all her groups. Client was not compliant w/her 0800 meds, per NP, ok to give medication at approx. 1500. Client recognized that she was late for med compliance and she will try to come on time from now on. Continue with the care plan as ordered.

Medical: None

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Irma Martinez, LPT (Staff), 12/12/2025 06:30 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/11/2025

12/11/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/11/2025 06:17 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental status/Mood/Activities: Compliant with medication and vitals (V/S), attended groups and session therapies, went to an outing w/Clinician. Reported having trouble sleeping, NP notified. No new orders. Client contacted her PCP regarding a PA for Mounjaro, medication not available at this time. Client is waiting for her PCP to reply. Client's pantoprazole and bupropion are currently on hand. Received first bupropion dosage at 1630 per NP order and will cont QD. No stomach pain or discomfort during this shift. Bilateral under breast and inner tight rash has resolved NP notified. Continue with the care plan as ordered.

Medical: Yeast infection

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Irma Martinez, LPT (Staff), 12/11/2025 06:17 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/10/2025

12/10/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/10/2025 06:12 PM

Name: Jessica H

Age: 29y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

VS: 107/85, 111

Mental Status/Mood/Activities: Jessica was medication compliant. PRN Tizanidine (abdominal pain) and zofran (nausea). She c/o bilateral abdominal pain 7-8/10 and nausea r/t passing kidney stones which started last night, Nurse Practitioner made aware. Medical order received to send out to ER for MD evaluation, KIPU updated. This was initially agreed to but shortly thereafter declined after speaking to staff/peers. Encouraged fluids. CVS Pharmacist on grant ave reports Mounjaro not ready for pickup yet due to PA authorization still needed from her PCP/insurance, she continues to be made aware of this when asked. Active Wellbutrin 150mg prescription with refills located at CVS pharmacy. It will be available for pickup after 5pm today at CVS on Novato Blvd. She was seen by the onsite Nurse Practitioner, then agreed to go to the ER. GGP needs updated CC info for the declined \$156.71 medication charge. Please get updated CC info from her. No other issues or concerns reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedures.

MAT: TBD

Diagnostics: 12/9/25

Pharmacy: GGP

Discharge Plan: 01.09.25

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Scheria Smith, LVN (Staff), 12/10/2025 06:12 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/10/2025

12/10/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/10/2025 06:07 AM

Age: 29y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

VS: 107/81, 103

Mental Status/Mood/Activities: Jessica expressed frustration regarding the status of her medication not being delivered from Pharmacy. Attended off site meeting with all peers and PAs. Upon return went straight to bed. No other issues or concerns reported to or observed. Will continue the plan of care.

MAT: TBD

Diagnostics: 12/9/25

Pharmacy: GGP

Discharge Plan: 01.09.25

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Steve Athens, LPT (Staff), 12/10/2025 06:07 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/09/2025

12/09/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/09/2025 05:26 PM

Name: Jessica H

Age: 29y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

VS: 107/81, 103

Mental Status/Mood/Activities: Jessica was medication compliant, very late. She was transported to/from fasting labs. She inquired about STD testing, per Nurse Practitioner redirect to help set up appointment with Planned Parenthood for this, she was made aware and agreed to make this appointment during non programming time. CVS Pharmacist on grant ave reports Mounjaro not ready yet due to PA authorization still needed from her PCP, she was made aware of this. No other issues or concerns reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedures.

MAT: TBD

Diagnostics: 12/9/25

Pharmacy: GGP

Discharge Plan: 01.09.25

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Scheria Smith, LVN (Staff), 12/09/2025 05:26 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/09/2025

12/09/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/09/2025 06:39 AM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

VS: BP 111/93 P 98

CIWA: 5

Mental status/Mood/Activities: Jessica completed lorazepam taper and medically clear for residential activities. She was compliant with VS & medication. She went to the offsite meeting and went to her room after returning but came down for closing group. Jessica has labs this morning and she is aware of and agrees to go this morning around 0700 am. Clotrimazole applied to affected areas and areas appeared to be healing properly, no rash noted or s/s of infection, skin intact. Mounjaro was approved by her physician, and it is ready for pick up today at CVS Grant Avenue in Novato. No concerns were noted or reported. Cont w/ care plan as ordered.

Medical: Yeast infection

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Kiran Kaur, MA (Staff), 12/09/2025 06:39 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/08/2025

12/08/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/08/2025 05:31 AM

Allergies: NKA

Admit: 12/04/25

Detox 3, Room: 1

V/S: B/P 94/71 T 97.4 P 81 R 18 O2 98

CIWA: 7

Mental status/Mood/Activities: Client remained on Detox 3 and completed 72hrs of obs q1/2 and q1h per NP order. Cont on q2h per protocol and detox level. Compliant w/meds and v/s. No distress noted or observed. Jessica is scheduled for labs this morning. Jessica was observed w/eyes closed, unlaborated breathing, resting in her bed for most of this shift, expressed being hungry at 2200 w/ scheduled meds. Continue with the care plan as ordered.

Medical: Yeast infection

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Steve Athens, LPT (Staff), 12/08/2025 05:32 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/08/2025

12/08/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/08/2025 05:46 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental status/Mood/Activities: Client completed lorazepam taper and medically clear for residential activities. Client c/o lack sleep during the night, per NOC nurse client had 8+hrs of sleep, clinical excused her from groups d/t falling asleep during BPS. Client was up for meals and hydration, attended AM group only. She refused to go to labs this AM d/t feeling sick. Client will go to labs on 12/09/25, client has been made aware. Clotrimazole applied to affected areas and areas appeared to be healing properly, no rash noted or s/s of infection, skin intact. Client contacted her PCP and he will ordering Mounjaro and it will be send to CVS grant ave in Novato. NP notified. Continue with the care plan as ordered.

Medical: Yeast infection

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Irma Martinez, LPT (Staff), 12/08/2025 05:47 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/07/2025

12/07/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/07/2025 05:21 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

Detox 3, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental status/Mood/Activities: Client remained on Detox 3 and completed 72hrs of obs q1/2 and q1h per NP order. Cont on q2h per protocol and detox level. Compliant w/meds and v/s. No distress noted or reported. Clotrimazole was applied, and areas appeared healing, with no active bleeding, foul odor, or signs/symptoms (s/s) of infection. Met w/ MD via facetime no new orders. Jessica will go to labs on 12/08/25. Jessica was observed w/eyes closed, unlaborated breathing, resting in her bed for most of this shift, up for meals and hydration, attended to the AM group. Refused to go to an outing. Will start Step 4 of reduced lorazepam taper at 2200 today. Continue with the care plan as ordered.

Medical: Yeast infection

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Irma Martinez, LPT (Staff), 12/07/2025 05:21 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/06/2025

12/06/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/06/2025 06:31 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

Detox 1, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental status/Mood/Activities: Met w/ NP and was advanced to detox 3, with q1h observations until she reaches 72hrs then q2h per detox level until she completes lorazepam taper on 12/08 @ 10am. Jessica completed Step 2 of the reduced Lorazepam taper. She will start Step 3 on 12/06/25 at 2200. She spent most of the shift resting in her bedroom. Compliant with medication, treatment (Tx), V/S, and CIWA. Tolerated meals and fluids. Clotrimazole was applied, and areas appeared healing, with no active bleeding, foul odor, or signs/symptoms (s/s) of infection. Continue with the care plan as ordered.

Medical: Yeast infection

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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Irma Martinez, LPT (Staff), 12/06/2025 06:31 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/05/2025

12/05/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Alma Arenas, LPT, 12/06/2025 06:26 AM

Detox/OBS/RES Status: Detox 2, Q 1-hour obs

Allergies: NKA

Detox Meds if applicable: On Ativan 0.5 mg x 2 tabs standard taper. Currently on step #2.

PRN Meds for PAWS: None

C/O: None

CIWA/COWS Range: 7, 8

Daily Vital Signs: BP 101/69, P 64, T 97.3, R 18, O2 95%; BP 113/81, P 81, T 97.3, R 16, O2 96%

Appearance (ADLs): Disheveled

Mental status/mood: Jessica was asleep most of this shift. Complied with VSs, medication and assessment at around 2200.

She appeared to be sweating with a bit of light sensitivity. No other issues this time now.

Sleeping: Slept all throughout the shift.

Did the Client Attend Groups/Meetings? No, patient was asleep the whole shift.

Nutrition: Per PA report, tolerated meals. Meanwhile, she was provided with Gatorade drink for detox and hydration.

Discharge Date: 1/9/25

Temp: WNL

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Alma Arenas, LPT (Staff), 12/06/2025 06:26 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/05/2025

12/05/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/05/2025 06:07 PM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

Detox 1, Room: 1

F10.20 Alcohol use disorder, Severe

F15.20 Other or unspecified stimulant use disorder, Severe

F33.9 Major depressive disorder, recurrent, unspecified

F41.1 Generalized anxiety disorder

F41.0 Panic disorder

Mental status/Mood/Activities: Client was compliant w/meds and V/S, slept most of this shift, client went to Urgent care for a f/u for fungal infection per NP order. Client came back with orders that were not clear, records were requested, none received at this time. NP ordered Clotrimazole 1% cream to apply to affected areas (See KIPU). Client was advanced to detox 2 w/q1h obs until she reached 72hrs. V/S's Ate all meals, kept herself hydrated. Cont w/care plan as ordered.

Medical: Yeast infection

MAT: None at this time

Diagnostics: 12/08/25

Discharge Plan: 01/09/2026

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LPT

Irma Martinez, LPT (Staff), 12/05/2025 06:07 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/05/2025

12/05/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/05/2025 06:51 AM

Age: 29 y/o

Allergies: NKA

Admit: 12/04/25

RTC, Room: 1

Medication orders/refills: none currently

VS:

Mental Status/Mood/Activities: Jessica got here this afternoon, here for alcohol, currently on Detox 1 Q 30 OBS. Client has been complaint with VS & meds. Client stated she had no sleep for the past 2 days and looking forward to sleep tonight. Client slept throughout the night and was woken up for Lorazepam and Jessica was cooperative. VS were WNL. No other concerns were noted or reported. Cont plan of care as ordered.

MAT: None

Diagnostics: Will go when stable

Pharmacy: GGP

Discharge Plan: 01/09/26

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Kiran Kaur, MA (Staff), 12/05/2025 06:51 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Nursing Progress Notes (Daily) 12/04/2025

12/04/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/04/2025 04:47 PM

Date: 12/4/25

Time: 1405

New Admit to: McClay - Detox 1 - 72 Hour Obs until 12/07/25 @ 1405

Initials: JH Age: 29 y/o Gender: Female

Here for:

Alcohol use disorder, Severe

UDS: (+) AMP,BUP,BZO,MAMP,MDMA,EtG BAC: 0.02

Residing in room number: 1

Medication Allergies/Reaction if any: NKA

Food Allergies/Reaction if any: NONE

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: 9 /10

Clinical will follow up.

Let's all help her feel welcome!

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Irma Martinez, LPT (Staff), 12/04/2025 04:47 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Pain Screen 12/10/2025

Evaluation Date: 12/10/2025

1. Do you currently have any physical pain? Yes , If Yes, pain score of:: 7-8/10

2. Within the past two weeks, have you taken any medications or treatments to control pain? Yes , If Yes, list medications and treatments:: tizanidine

3. Have you had any significant, reoccurring, or chronic physical pain in the last six months that has not been resolved?

No

Yes

How long have you had the pain?

started last night

Does it ever go away or is it constant? Comes and goes

Are you receiving any treatment for your pain now? Yes , If Yes, what?: tizanidine

What do you usually take for your pain?

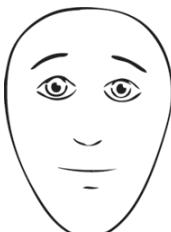
tylenol/advil/tizanidine

Does it work?

No

Yes

Pain Score



0 None <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 Moderate <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 Severe <input type="checkbox"/>
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If patient responds "Yes" to any of the above questions, and they are not currently being treated for their pain. The client shall be referred to outside agency/physician/chiropractors, and/other type of appropriate individual for pain assessment & pain management.

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Scheria Smith

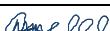
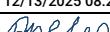
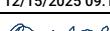
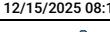
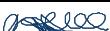
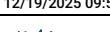
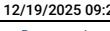
Scheria Smith, LVN (Staff), 12/10/2025 09:49 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3
 Allergies: No Known Allergies/NKA
 Admission: 12/04/2025 Care Team
 Legacy MARs
 New MARs



Actions Occurred	Action	Scheduled	Type	Comment	Staff	Notes
Yes	Covid-19 (SARS-CoV-2) Nasopharyngeal Swab Testing	4:00 PM	ACTION	(-)Negative result Np notified.		
Yes	Detox 1 Protocol	4:00 PM	ACTION			
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			
No	Client to Urgent Care for f/u d/t possible fungal infection	1:00 PM	ACTION	Duplicate order		
Yes	Client to Urgent Care to r/o possible fungal infection	1:00 PM	ACTION			
Yes	Detox 1 Protocol	3:45 PM	ACTION			
n/a	Q1h Observation until she reaches 72h Detox McClay	9:00 PM	ACTION			
n/a	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			
n/a	Detox 2 Protocol	9:00 PM	ACTION			
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/06/2025 09:22 AM
Yes	Q1h Observation until she reaches 72h Detox McClay	9:00 AM	ACTION			12/06/2025 09:22 AM
Yes	Detox 2 Protocol	9:00 AM	ACTION			12/06/2025 09:22 AM
Yes	PPD TEST TO BE READ ON 12/06/25 AFTER 1600 OR 12/07/25 BEFORE 1600. PLACED ON L FOREARM	4:00 PM	ACTION			
No	Detox 3 Protocol	9:00 PM	ACTION	Client was asleep		
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION	121/82		
Yes	Detox 3 Protocol	9:00 AM	ACTION			12/07/2025 09:32 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/07/2025 09:32 AM
No	PPD TEST TO BE READ ON 12/06/25 AFTER 1600 OR 12/07/25 BEFORE 1600. PLACED ON L FOREARM	3:45 PM	ACTION	Read on 12/05/25@1717		
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			
Yes	Detox 3 Protocol	9:00 PM	ACTION			
No	Weekly Weight every Monday morning and on admission	8:00 AM	ACTION		Irma Martinez, LPT, Dec 08, 2025 at 08:41 AM Client wt on admission day	12/08/2025 07:55 AM
Yes	Detox 3 Protocol	9:00 AM	ACTION			12/08/2025 07:55 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/08/2025 07:55 AM
Yes	Client has completed Taper and can fully participate in Residential Programming	9:30 AM	ACTION			12/08/2025 09:58 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/08/2025 09:58 PM

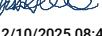
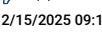
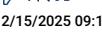
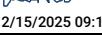
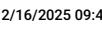
Occurred	Action	Scheduled	Type	Comment	Staff	Notes
No	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/09/2025 03:02 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			
Yes	Please send out to ER for MD evaluation r/t kidney stones	8:59 AM	ACTION		Scheria Smith, LVN, Dec 10, 2025 at 03:45 PM With further prompting she agreed to go.	
					Scheria Smith, LVN, Dec 10, 2025 at 02:08 PM initially agreed to go but then declined	
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/10/2025 08:45 AM
n/a	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			12/11/2025 09:37 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/11/2025 09:37 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/12/2025 04:29 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/12/2025 09:32 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/13/2025 08:43 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/13/2025 08:22 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/14/2025 09:07 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			
Yes	Weekly Weight every Monday morning and on admission	8:00 AM	ACTION			12/15/2025 09:14 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/15/2025 09:14 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/15/2025 08:12 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/16/2025 09:45 AM
n/a	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			12/17/2025 08:54 AM
n/a	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			12/18/2025 09:42 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/18/2025 07:16 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/19/2025 09:57 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/19/2025 09:28 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/20/2025 10:18 AM

Occurred	Action	Scheduled	Type	Comment	Staff	Notes
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION	122/92 HR- 113	<i>BSH</i>	
						12/20/2025 08:18 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION		<i>BSH</i>	
						12/21/2025 08:53 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION	128/85 Pulse 99		
Yes	Weekly Weight every Monday morning and on admission	8:00 AM	ACTION		<i>BSH</i>	Irma Martinez, LPT, Dec 22, 2025 at 10:05 AM Client refused, Stating "I am really overweight and I don't want to"
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION		<i>BSH</i>	
						12/22/2025 10:04 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION		<i>BSH</i>	
						12/22/2025 08:37 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION		<i>BSH</i>	
						12/23/2025 09:01 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION		<i>BSH</i>	
						12/23/2025 07:53 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION		<i>BSH</i>	
						12/24/2025 10:03 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION	104/79 Pulse 110		
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION		<i>BSH</i>	
						12/25/2025 09:14 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION		<i>BSH</i>	
						12/25/2025 09:35 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION		<i>BSH</i>	
						12/26/2025 08:52 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION		<i>BSH</i>	
						12/26/2025 09:13 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION		<i>BSH</i>	
						12/27/2025 09:39 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION	105/83 Pulse 100		
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION		<i>BSH</i>	
						12/28/2025 09:13 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION		<i>BSH</i>	
						12/28/2025 09:17 PM
Yes	Weekly Weight every Monday morning and on admission	8:00 AM	ACTION		<i>BSH</i>	Irma Martinez, LPT, Dec 29, 2025 at 10:05 AM Not done client refused.
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION		<i>BSH</i>	
						12/29/2025 09:55 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION		<i>BSH</i>	
						12/29/2025 08:29 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION		<i>BSH</i>	
						12/30/2025 08:59 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION		<i>BSH</i>	
						12/30/2025 09:43 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION		<i>BSH</i>	
						12/31/2025 08:00 AM
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 Reaction	Response Staff
12/04/2025 04:00 PM	No	gabapentin	100 mg capsule, oral	1 capsule	eRx	Medication not available from pharmacy dosage adjusted per NP order.	Charted by Irma Martinez, LPT 12/04/2025 07:16 PM					
12/04/2025 04:00 PM	Yes	Tuberculin purified protein derivative	0.1ml Liquid, Intradermal	1 Sol	MED		Observed by Irma Martinez, LPT 12/04/2025 04:10 PM					
12/04/2025 04:00 PM	No	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx	Medication not available from pharmacy dosage adjusted per NP order.	Charted by Irma Martinez, LPT 12/04/2025 07:16 PM					
12/04/2025 04:00 PM	No	lorazepam	0.5 mg tablet, oral	2 tablets	eRx	Medication not available from pharmacy dosage adjusted per NP order.	Charted by Irma Martinez, LPT 12/04/2025 07:16 PM					
12/04/2025 04:00 PM	No	ondansetron HCl	4 mg tablet, oral	1 tablet	eRx	Medication not available from pharmacy dosage adjusted per NP order.	Charted by Irma Martinez, LPT 12/04/2025 07:16 PM					
12/04/2025 07:00 PM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED		Observed by Irma Martinez, LPT 12/04/2025 07:17 PM					
12/05/2025 12:00 AM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx		Observed by Kiran Kaur, MA 12/05/2025 01:17 AM					
12/05/2025 01:00 AM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED		Observed by Kiran Kaur, MA 12/05/2025 01:17 AM					
12/05/2025 07:00 AM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED		Observed by Kiran Kaur, MA 12/05/2025 07:18 AM					
12/05/2025 08:00 AM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx		Observed by Kiran Kaur, MA 12/05/2025 07:18 AM					
12/05/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Kiran Kaur, MA 12/05/2025 07:18 AM					
12/05/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1 Tablet	MED		Observed by Kiran Kaur, MA 12/05/2025 07:18 AM					
12/05/2025 09:00 AM	Yes	Thiamine	100 mg tablet, oral	1 Tablet	MED		Observed by Kiran Kaur, MA 12/05/2025 07:18 AM					
12/05/2025 01:00 PM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED		Observed by Irma Martinez, LPT 12/05/2025 04:18 PM				Irma Martinez, LPT, Dec 05, 2025 at 04:18 PM Per NP ok to give now	
12/05/2025 04:00 PM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx		Observed by Irma Martinez, LPT 12/05/2025 04:18 PM					
12/05/2025 09:00 PM	Yes	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED	APPLIED AT 1747	Observed by Irma Martinez, LPT 12/05/2025 06:59 PM					
12/05/2025 10:00 PM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED		Observed by Alma Arenas, LPT 12/05/2025 09:47 PM					
12/06/2025 12:00 AM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx		Observed by Alma Arenas, LPT 12/06/2025 06:18 AM					
12/06/2025 06:00 AM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED		Observed by Alma Arenas, LPT 12/06/2025 06:18 AM					
12/06/2025 08:00 AM	Yes	gabapentin	100 mg capsule, oral	1 capsule	eRx		Observed by Irma Martinez, LPT 12/06/2025 09:22 AM					
12/06/2025 09:00 AM	Yes	Thiamine	100 mg tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/06/2025 09:22 AM					

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/06/2025 09:00 AM	Yes	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED		Observed by Irma Martinez, LPT 12/06/2025 09:22 AM		12/06/2025 09:22 AM				
12/06/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/06/2025 09:22 AM		12/06/2025 09:22 AM				
12/06/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/06/2025 09:22 AM		12/06/2025 09:22 AM				
12/06/2025 02:00 PM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED		Observed by Irma Martinez, LPT 12/06/2025 02:53 PM		12/06/2025 02:53 PM				
12/06/2025 09:00 PM	Yes	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED		Observed by Irma Martinez, LPT 12/06/2025 06:17 PM						
12/06/2025 10:00 PM	Yes	lorazepam	Warning: 1MG X'S 2 DOSAGES Q12HRS	0.5 mg tablet, oral	2 tablets	MED	Observed by Noah Alric 12/06/2025 09:56 PM						
12/07/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/07/2025 09:30 AM		12/07/2025 09:32 AM				
12/07/2025 09:00 AM	Yes	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED		Observed by Irma Martinez, LPT 12/07/2025 09:30 AM		12/07/2025 09:32 AM				
12/07/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/07/2025 09:30 AM		12/07/2025 09:32 AM				
12/07/2025 10:00 AM	Yes	lorazepam	Warning: 1MG X'S 2 DOSAGES Q12HRS	0.5 mg tablet, oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/07/2025 09:30 AM		12/07/2025 09:32 AM				
12/07/2025 09:00 PM	Yes	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED		Observed by Irma Martinez, LPT 12/07/2025 07:04 PM						
12/07/2025 10:00 PM	Yes	lorazepam	Warning: 0.5mg x's 2 doses q12h then stop	0.5 mg tablet, oral	1 tablet	MED	Observed by Steve Athens, LPT 12/07/2025 10:04 PM						
12/08/2025 08:00 AM	No	Mounjaro (tirzepatide)	10 mg/0.5 ml Pen Injector, subcutaneous	1 ml	eRx	MED NOT AVAILABLE FROM PHARMACY	Charted by Irma Martinez, LPT 12/08/2025 08:40 AM		12/08/2025 09:13 AM				
12/08/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/08/2025 09:07 AM		12/08/2025 09:13 AM				
12/08/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/08/2025 09:07 AM		12/08/2025 09:13 AM				
12/08/2025 09:00 AM	Yes	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED		Observed by Irma Martinez, LPT 12/08/2025 09:07 AM		12/08/2025 09:13 AM				
12/08/2025 09:45 AM	No	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx		Charted by Irma Martinez, LPT 12/08/2025 10:03 AM		12/08/2025 09:58 PM				
12/08/2025 09:45 AM	No	gabapentin	100 mg capsule, oral	1 capsule	eRx		Charted by Irma Martinez, LPT 12/08/2025 10:03 AM		12/08/2025 09:58 PM				
12/08/2025 10:00 AM	Yes	lorazepam	Warning: 0.5mg x's 2 doses q12h then stop	0.5 mg tablet, oral	1 tablet	MED	Observed by Irma Martinez, LPT 12/08/2025 09:08 AM		12/08/2025 09:13 AM				
12/08/2025 10:00 AM	No	gabapentin	100 mg capsule, oral	4 capsules	eRx		Charted by Irma Martinez, LPT 12/08/2025 10:03 AM		12/08/2025 09:58 PM				
12/08/2025 09:00 PM	Yes	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED		Observed by Kiran Kaur, MA 12/08/2025 09:57 PM		12/08/2025 09:58 PM				
12/09/2025 09:00 AM	No	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	did not come for this	Charted by Scheria Smith, LVN 12/09/2025 02:51 PM		12/09/2025 03:02 PM	Scheria Smith, LVN, Dec 09, 2025 at 03:06 PM she came late for this			
12/09/2025 09:00 AM	No	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED	did not come for this	Charted by Scheria Smith, LVN 12/09/2025 02:51 PM		12/09/2025 03:02 PM	Scheria Smith, LVN, Dec 09, 2025 at 03:07 PM she came late for this			

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Reaction	Response Staff
12/09/2025 09:00 PM	n/a	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED							
12/10/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Scheria Smith, LVN 12/10/2025 08:43 AM					12/10/2025 08:45 AM	
12/10/2025 09:00 AM	Yes	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED	Observed by Scheria Smith, LVN 12/10/2025 08:43 AM					12/10/2025 08:45 AM	
12/10/2025 09:00 PM	n/a	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED							
12/11/2025 09:00 AM	No	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED	Charted by Irma Martinez, LPT 12/11/2025 04:42 PM					12/11/2025 09:37 PM	
12/11/2025 09:00 AM	No	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Charted by Irma Martinez, LPT 12/11/2025 04:42 PM					12/11/2025 09:37 PM	
12/11/2025 04:30 PM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED	First dosage given at this time per NP order.	Observed by Irma Martinez, LPT 12/11/2025 04:42 PM				12/11/2025 09:37 PM	
12/11/2025 09:00 PM	No	Lotrimin AF (clotrimazole)	1 % cream, topical	1 gram	MED	Charted by Anita Salanga, LPT 12/11/2025 09:36 PM					12/11/2025 09:37 PM	
12/12/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Given per NP order at this time	Observed by Irma Martinez, LPT 12/12/2025 04:28 PM				12/12/2025 04:29 PM	
12/12/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED	Given per NP order at this time	Observed by Irma Martinez, LPT 12/12/2025 04:28 PM				12/12/2025 04:29 PM	
12/12/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Given per NP order at this time	Observed by Irma Martinez, LPT 12/12/2025 04:28 PM				12/12/2025 04:29 PM	
12/13/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/13/2025 08:42 AM				12/13/2025 08:43 AM	
12/13/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/13/2025 08:42 AM				12/13/2025 08:43 AM	
12/13/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/13/2025 08:42 AM				12/13/2025 08:43 AM	
12/14/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/14/2025 09:07 AM				12/14/2025 09:07 AM	
12/14/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/14/2025 09:07 AM				12/14/2025 09:07 AM	
12/14/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/14/2025 09:07 AM				12/14/2025 09:07 AM	
12/15/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/15/2025 09:14 AM				12/15/2025 09:14 AM	
12/15/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/15/2025 09:14 AM				12/15/2025 09:14 AM	
12/15/2025 08:00 AM	No	Mounjaro (tirzepatide)	10 mg/0.5 ml Pen Injector, subcutaneous	1 ml	eRx		Charted by Irma Martinez, LPT 12/15/2025 09:14 AM				12/15/2025 09:14 AM	
12/15/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/15/2025 09:14 AM				12/15/2025 09:14 AM	
12/16/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED		Observed by Scheria Smith, LVN 12/16/2025 09:43 AM				12/16/2025 09:45 AM	

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response
12/16/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED	Observed by Scheria Smith, LVN 12/16/2025 09:43 AM		12/16/2025 09:45 AM			
12/16/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Scheria Smith, LVN 12/16/2025 09:43 AM		12/16/2025 09:45 AM			
12/17/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Scheria Smith, LVN 12/17/2025 08:53 AM		12/17/2025 08:54 AM			
12/17/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED	Observed by Scheria Smith, LVN 12/17/2025 08:53 AM		12/17/2025 08:54 AM			
12/17/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Scheria Smith, LVN 12/17/2025 08:53 AM		12/17/2025 08:54 AM			
12/18/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED	Observed by Gisselle Arellano 12/18/2025 09:40 AM		12/18/2025 09:42 AM			
12/18/2025 08:00 AM	No	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Charted by Gisselle Arellano 12/18/2025 09:40 AM		12/18/2025 09:42 AM			
12/18/2025 09:00 AM	No	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Charted by Gisselle Arellano 12/18/2025 09:40 AM		12/18/2025 09:42 AM			
12/19/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Irma Martinez, LPT 12/19/2025 09:52 AM		12/19/2025 09:57 AM			
12/19/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED	Observed by Irma Martinez, LPT 12/19/2025 09:52 AM		12/19/2025 09:57 AM			
12/19/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/19/2025 09:52 AM		12/19/2025 09:57 AM			
12/20/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED	Observed by Gisselle Arellano 12/20/2025 10:18 AM		12/20/2025 10:18 AM			
12/20/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Gisselle Arellano 12/20/2025 10:18 AM		12/20/2025 10:18 AM			
12/20/2025 09:00 AM	No	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Charted by Gisselle Arellano 12/20/2025 10:17 AM		12/20/2025 10:18 AM			
12/20/2025 03:30 PM	Yes	Benadryl Allergy (diphenhydramine HCl)	25 mg tablet, oral	1 tablet	MED	Observed by Michael Galarneau, Program Assistant 12/20/2025 06:34 PM		12/20/2025 08:18 PM	Michael Galarneau, Program Assistant, Dec 20, 2025 at 06:35 PM	Client took medication at 3:30pm	
12/21/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Irma Martinez, LPT 12/21/2025 08:52 AM		12/21/2025 08:53 AM			
12/21/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED	Observed by Irma Martinez, LPT 12/21/2025 08:52 AM		12/21/2025 08:53 AM			

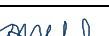
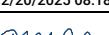
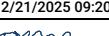
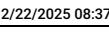
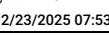
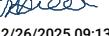
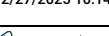
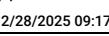
Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Staff
12/21/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/21/2025 08:53 AM		12/21/2025 08:53 AM			
12/22/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/22/2025 10:03 AM		12/22/2025 10:04 AM			
12/22/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/22/2025 10:03 AM		12/22/2025 10:04 AM			
12/22/2025 08:00 AM	No	Mounjaro (tirzepatide)	10 mg/0.5 ml Pen Injector, subcutaneous	1 ml	eRx		Charted by Irma Martinez, LPT 12/22/2025 10:04 AM		12/22/2025 10:04 AM			
12/22/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/22/2025 10:04 AM		12/22/2025 10:04 AM			
12/23/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED		Observed by Gisselle Arellano 12/23/2025 09:01 AM		12/23/2025 09:01 AM			
12/23/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Gisselle Arellano 12/23/2025 09:01 AM		12/23/2025 09:01 AM			
12/23/2025 09:00 AM	No	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Charted by Gisselle Arellano 12/23/2025 09:01 AM		12/23/2025 09:01 AM			
12/23/2025 07:00 PM	Yes	monjaro	Warning: Client to self administer	1units units, sub Q	1 units	MED	Observed by Michael Galarneau, Program Assistant 12/23/2025 06:03 PM		12/23/2025 06:06 PM			
12/24/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)		40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Gisselle Arellano 12/24/2025 10:02 AM		12/24/2025 10:03 AM			
12/24/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Gisselle Arellano 12/24/2025 10:02 AM		12/24/2025 10:03 AM			
12/24/2025 09:00 AM	No	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Charted by Gisselle Arellano 12/24/2025 10:02 AM		12/24/2025 10:03 AM			
12/25/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED		Observed by Gisselle Arellano 12/25/2025 09:13 AM		12/25/2025 09:14 AM			
12/25/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Gisselle Arellano 12/25/2025 09:13 AM		12/25/2025 09:14 AM			
12/25/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Gisselle Arellano 12/25/2025 09:13 AM		12/25/2025 09:14 AM			
12/26/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/26/2025 08:50 AM		12/26/2025 08:52 AM			
12/26/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/26/2025 08:49 AM		12/26/2025 08:52 AM			
12/26/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/26/2025 08:50 AM		12/26/2025 08:52 AM			
12/27/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	eRx		Observed by Irma Martinez, LPT 12/27/2025 09:38 AM		12/27/2025 09:39 AM			
12/27/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/27/2025 09:38 AM		12/27/2025 09:39 AM			

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/27/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/27/2025 09:38 AM		12/27/2025 09:39 AM				
12/28/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/28/2025 09:11 AM		12/28/2025 09:13 AM				
12/28/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	eRx		Observed by Irma Martinez, LPT 12/28/2025 09:11 AM		12/28/2025 09:13 AM				
12/28/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/28/2025 09:13 AM		12/28/2025 09:13 AM				
12/29/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Irma Martinez, LPT 12/29/2025 09:55 AM		12/29/2025 09:55 AM				
12/29/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	eRx		Observed by Irma Martinez, LPT 12/29/2025 09:55 AM		12/29/2025 09:55 AM				
12/29/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Irma Martinez, LPT 12/29/2025 09:55 AM		12/29/2025 09:55 AM				
12/29/2025 02:00 PM	Yes	tirzepatide (weight loss) (tirzepatide)	2.5 mg/0.5 ml solution, subcutaneous	0.5 mls	MED	Self-administered Lower left abdomen	Observed by Irma Martinez, LPT 12/29/2025 02:06 PM		12/29/2025 08:29 PM				
12/29/2025 02:00 PM	No	naltrexone (naltrexone HCl)	50 mg tablet, oral	1 tablet	eRx		Charted by Kiran Kaur, MA 12/29/2025 08:19 PM		12/29/2025 08:29 PM				
12/29/2025 02:15 PM	No	naltrexone (naltrexone HCl)	50 mg tablet, oral	1 tablet	eRx		Charted by Kiran Kaur, MA 12/29/2025 08:19 PM		12/29/2025 08:29 PM				
12/30/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	eRx		Observed by Scheria Smith, LVN 12/30/2025 08:59 AM		12/30/2025 08:59 AM				
12/30/2025 08:00 AM	Yes	naltrexone (naltrexone HCl)	50 mg tablet, oral	1 tablet	MED		Observed by Scheria Smith, LVN 12/30/2025 08:58 AM		12/30/2025 08:59 AM	Scheria Smith, LVN, Dec 30, 2025 at 03:03 PM first dose - 1/2 tablet			
12/30/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Scheria Smith, LVN 12/30/2025 08:58 AM		12/30/2025 08:59 AM				
12/30/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Scheria Smith, LVN 12/30/2025 08:59 AM		12/30/2025 08:59 AM				
12/31/2025 08:00 AM	Yes	naltrexone (naltrexone HCl)	50 mg tablet, oral	1 tablet	MED		Observed by Scheria Smith, LVN 12/31/2025 07:57 AM		12/31/2025 08:00 AM				
12/31/2025 08:00 AM	Yes	pantoprazole (pantoprazole sodium)	40 mg tablet, delayed release (enteric coated), oral	1 tablet	eRx		Observed by Scheria Smith, LVN 12/31/2025 07:56 AM		12/31/2025 08:00 AM				
12/31/2025 08:00 AM	Yes	bupropion HCl	150 mg tablet, sustained-release 12 hr, oral	1 tablet	MED		Observed by Scheria Smith, LVN 12/31/2025 07:56 AM		12/31/2025 08:00 AM				
12/31/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Scheria Smith, LVN 12/31/2025 07:57 AM		12/31/2025 08:00 AM				

PRN Medications

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/04/2025 07:14 PM	Yes	tizanidine (tizanidine HCl)	2 mg tablet, oral	1 tablet	eRx	eRx	Observed by Irma Martinez, LPT 12/04/2025 07:15 PM						

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Reaction	Response Staff
12/04/2025 07:15 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	Observed by Irma Martinez, LPT 12/04/2025 07:15 PM						
12/04/2025 07:18 PM	Yes	ondansetron HCl	4 mg tablet, oral	1 tablet	PRN N/V	Observed by Irma Martinez, LPT 12/04/2025 07:18 PM						
12/05/2025 04:18 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	PRN	Anxiety <u>Warning: Hold for B/P <90/60 GIVE FOR BP >140/110</u>	Observed by Irma Martinez, LPT 12/05/2025 04:54 PM					
12/06/2025 09:44 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	PRN	Anxiety <u>Warning: Hold for B/P <90/60. GIVE FOR TREMORS OR SWEATS</u>	Observed by Noah Alric 12/06/2025 09:56 PM					
12/06/2025 09:56 PM	Yes	gabapentin	100 mg capsule, oral	3 capsules	PRN	Anxiety	Observed by Noah Alric 12/06/2025 09:57 PM					
12/06/2025 09:57 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	Observed by Noah Alric 12/06/2025 09:57 PM						
12/07/2025 09:32 AM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	PRN	Anxiety <u>Warning: Hold for B/P <90/60. GIVE FOR TREMORS OR SWEATS</u>	Observed by Irma Martinez, LPT 12/07/2025 09:44 AM					 12/07/2025 09:45 AM
12/07/2025 09:45 AM	Yes	gabapentin	100 mg capsule, oral	2 capsules	PRN	Anxiety	Observed by Irma Martinez, LPT 12/07/2025 09:45 AM					 12/07/2025 09:45 AM
12/07/2025 09:45 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	Observed by Irma Martinez, LPT 12/07/2025 09:45 AM						 12/07/2025 09:45 AM
12/07/2025 05:55 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	PRN	Anxiety <u>Warning: Hold for B/P <90/60. GIVE FOR TREMORS OR SWEATS</u>	Observed by Irma Martinez, LPT 12/07/2025 05:55 PM					
12/07/2025 10:03 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Steve Athens, LPT 12/07/2025 10:04 PM					
12/08/2025 09:07 AM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	PRN	Anxiety <u>Warning: Hold for B/P <90/60. GIVE FOR TREMORS OR SWEATS</u>	Observed by Irma Martinez, LPT 12/08/2025 09:08 AM					 12/08/2025 09:13 AM
12/08/2025 09:09 AM	Yes	gabapentin	100 mg capsule, oral	4 capsules	PRN	Anxiety	Observed by Irma Martinez, LPT 12/08/2025 09:09 AM					 12/08/2025 09:13 AM
12/08/2025 09:54 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	PRN	Sweats and tremors <u>Warning: Hold for BP <90/60</u>	Observed by Kiran Kaur, MA 12/08/2025 09:57 PM					 12/08/2025 09:58 PM
12/08/2025 09:57 PM	Yes	gabapentin	100 mg capsule, oral	4 capsules	PRN	Anxiety	Observed by Kiran Kaur, MA 12/08/2025 09:57 PM					 12/08/2025 09:58 PM
12/08/2025 09:57 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Kiran Kaur, MA 12/08/2025 09:57 PM					 12/08/2025 09:58 PM
12/09/2025 03:02 PM	Yes	gabapentin	100 mg capsule, oral	4 capsules	PRN	Anxiety	Observed by Scheria Smith, LVN 12/09/2025 03:09 PM					
12/09/2025 03:09 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/09/2025 03:10 PM					
12/10/2025 08:42 AM	Yes	tizanidine (tizanidine HCl)	2 mg tablet, oral	1 tablet	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/10/2025 08:43 AM					 12/10/2025 08:45 AM
12/10/2025 08:43 AM	Yes	ondansetron HCl	4 mg tablet, oral	1 tablet	PRN	N/V	Observed by Scheria Smith, LVN 12/10/2025 08:43 AM					 12/10/2025 08:45 AM
12/11/2025 09:31 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Anita Salanga, LPT 12/11/2025 09:35 PM					 12/11/2025 09:37 PM
12/11/2025 09:31 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Anita Salanga, LPT 12/11/2025 09:36 PM					 12/11/2025 09:37 PM
12/11/2025 09:36 PM	Yes	gabapentin	100 mg capsule, oral	4 capsules	PRN	Anxiety	Observed by Anita Salanga, LPT 12/11/2025 09:36 PM					 12/11/2025 09:37 PM

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Reaction	Response Staff
12/11/2025 09:36 PM	Yes	clonidine HCl Warning: Hold for BP <90/60	0.1 mg tablet, oral	1 tablet	PRN	Sweats and tremors	Observed by Anita Salanga, LPT 12/11/2025 09:36 PM		12/11/2025 09:37 PM			
12/12/2025 10:51 PM	Yes	gabapentin	100 mg capsule, oral	4 capsules	PRN	Anxiety	Observed by Alma Arenas, LPT 12/12/2025 10:51 PM					
12/12/2025 10:51 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Alma Arenas, LPT 12/12/2025 10:51 PM					
12/13/2025 01:43 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	PRN	anxiety/sleep	Observed by Irma Martinez, LPT 12/13/2025 01:44 PM		12/13/2025 08:22 PM			
12/13/2025 08:18 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	3 tablets	PRN	anxiety/sleep	Observed by Steve Athens, LPT 12/13/2025 08:21 PM		12/13/2025 08:22 PM			
12/14/2025 07:33 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	4 tablets	PRN	anxiety/sleep	Observed by Irma Martinez, LPT 12/14/2025 07:33 PM					
12/15/2025 08:04 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	4 tablets	PRN	anxiety/sleep	Observed by Kiran Kaur, MA 12/15/2025 08:11 PM		12/15/2025 08:12 PM			
12/15/2025 08:11 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Kiran Kaur, MA 12/15/2025 08:11 PM		12/15/2025 08:12 PM			
12/18/2025 09:37 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	PRN	anxiety/sleep	Observed by Gisselle Arellano 12/18/2025 09:41 AM		12/18/2025 09:42 AM	Gisselle Arellano, Dec 18, 2025 at 09:42 AM took 1 tablet		
12/18/2025 07:11 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	PRN	anxiety/sleep	Observed by Anita Salanga, LPT 12/18/2025 07:15 PM		12/18/2025 07:16 PM			
12/19/2025 09:22 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	4 tablets	eRx PRN	eRx	Observed by Michael Whitley 12/19/2025 09:26 PM		12/19/2025 09:28 PM			
12/20/2025 08:12 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	3 tablets	eRx PRN	eRx	Observed by Noah Alric 12/20/2025 08:17 PM		12/20/2025 08:18 PM			
12/21/2025 09:18 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	3 tablets	eRx PRN	eRx	Observed by Michael Galarneau, Program Assistant 12/21/2025 09:20 PM		12/21/2025 09:20 PM			
12/22/2025 08:34 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	4 tablets	eRx PRN	eRx	Observed by Michael Whitley 12/22/2025 08:36 PM		12/22/2025 08:37 PM			
12/23/2025 07:47 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	4 tablets	eRx PRN	eRx	Observed by Steve Athens, LPT 12/23/2025 07:50 PM		12/23/2025 07:53 PM			
12/25/2025 09:32 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	2 tablets	eRx PRN	eRx	Observed by Michael Whitley 12/25/2025 09:35 PM		12/25/2025 09:35 PM			
12/26/2025 09:10 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	3 tablets	eRx PRN	eRx	Observed by Gisselle Arellano 12/26/2025 09:13 PM		12/26/2025 09:13 PM			
12/27/2025 10:12 PM	Yes	Acetaminophen Warning: NTE 3000mg in a 24hr period	500 mg tablet, oral	2 Tablets	PRN	Headache or Pain	Observed by Michael Galarneau, Program Assistant 12/27/2025 10:14 PM		12/27/2025 10:14 PM			
12/28/2025 09:14 PM	Yes	Trazodone (trazodone HCl)	50 mg tablet, oral	1 Tablet	PRN	Insomnia	Observed by Steve Athens, LPT 12/28/2025 09:17 PM		12/28/2025 09:17 PM			
12/29/2025 08:26 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	4 tablets	eRx PRN	eRx	Observed by Kiran Kaur, MA 12/29/2025 08:28 PM		12/29/2025 08:29 PM			
12/29/2025 10:24 PM	Yes	Acetaminophen Warning: NTE 3000mg in a 24hr period	500 mg tablet, oral	2 Tablets	PRN	Headache or Pain	Observed by Kiran Kaur, MA 12/29/2025 10:24 PM		12/29/2025 10:26 PM			
12/30/2025 09:40 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Steve Athens, LPT 12/30/2025 09:42 PM		12/30/2025 09:43 PM			

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment BDI, BAI, BHS 12/12/2025

Title BDI, BAI, BHS

Date 12/12/2025

Description

Completed and submitted by client, JH.

Scanned Document

A handwritten signature in blue ink, appearing to read "John Foord".

John Foord, LMFT (Staff), 12/12/2025 09:38 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Biopsychosocial Assessment 12/05/2025 09:00 AM

Place of Service: Residential
Substance Abuse Treatment Facility

Date of Assessment	Start time	End time	Duration
	12/05/2025 09:00 AM	12/05/2025 11:00 AM	120 Minutes

I. Presenting Problem

The client presents for treatment for severe alcohol and methamphetamine use. She reports a history of heavy substance use, including consuming eight to nine bottles of wine daily and using about three grams of methamphetamine per day for the last year. The client states her substance use has resulted in her feeling "out of control," experiencing periods of dissociation, and causing strained relationships with her family.

II. SOCIAL AREA**A. Family of Origin****1. Where were you raised and by whom?**

The client was raised in Chico by her parents.

2. Do you have any siblings?

	Name	Age	Grew Up Together? Y/N
	Bryant	The client's brother is eight years older than her.	Yes

3. How did the family get along / relate to one another?

The client described her family as being "all about being close." She reports having a very supportive relationship with her parents, stating, "My parents are great." Her relationship with her brother, whom she described as her former best friend, is currently strained, and they have not spoken in three years because "he wants me to get better."

4. Is there any family history of the following

Mother None

Father None

Step-Parent

Siblings None

Other

If YES to any of the above, please elaborate Denies

B. Family of Choice

1. Have you ever been or are you currently married? No

If yes, please describe your relationship with your spouse or ex-spouses Denies

2. Are you involved in a significant relationship?

Yes , If yes, elaborate: The client is in a complicated but significant relationship with a man named Tyler. She describes him as "the love of my life" and her "best friend." They have lived together for about a year and a half and are sexually intimate, with the client stating, "If he asked me to marry him, I'd marry him." The relationship is not monogamous, as Tyler "slept with other girls" while they were living together.

3. Do you have any children? None

4. Describe your relationships with your children?

N/A

5. Is there any history of the following

Partner None

Past Partner Substance Abuse , Mental Health Problems

Children None

If YES to any of the above, elaborate

The client's ex-boyfriend, Lucas, introduced her to meth. She also describes him as having significant mental health issues, being very controlling and emotionally abusive. She stated, "I couldn't go and take a bath without the door being open... he would want to know my password, want to go through my phone."

6. How has your family members drug/alcohol, mental health, or legal issues effected you?

Client did not elaborate further.

ASAM DIMENSION 1 - Acute Intoxication and/or Withdrawal Potential

III. CHEMICAL DEPENDENCY HISTORY & ASSESSMENT

Alcohol

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Alcohol	Binge drink 6 or more bottles of wine a day or 2 - 3 1.75ml fire balls a day	Two years.	12	9 days ago	NA

OPIATES None

HALLUCINOGENS None

DESIGNER DRUGS None

Cocaine/Stimulants

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Cocaine	7 grams a day	The client described her relationship with cocaine as "horrible for a while."	20	3 years ago	NA
Meth	2 grams a day, smoking	One year.	2 years ago	4 days ago	NA
RX	Adderall at restaurant if offered			6 years ago	NA

Do you want help to quit smoking?

No

Yes

Sedatives/Benzodiazepines None

TRANQUILIZERS None

OTHER DRUGS NOT MENTIONED LIST BELOW (Including over the counter)

DRUG TYPE – SUBSTANCES	AGE BEGAN FIRST USE	LAST TIME USED	FREQUENCY of Use	AMOUNT OF USE / PATTERN OF USE	ROUTE
Cocaine	20	3-4 years ago	Daily at its peak	6-7 grams per day	
Cannabis/Weed			Infrequent/Sporadic		Smoked

List Drugs of Choice

- a. What and how long has the Client been using "Drug of Choice" #1?

The client reported drinking wine and Fireball whiskey.

- b. How much have you been using "Drug of Choice" #1?

The client reported drinking "eight or nine bottles of wine a day" or two large bottles of Fireball.

- c. What is length of time of the last "Run"?

Two years

What, when, and how much was the last drug used? (In the past twenty-four hours)

N/A

- e. What, when, and how much was the last drug used? (In the past seventy two hours)

One sip of a beer, three days prior to admission.

- f. How much have you used in the past 7 days on a daily basis.

The client reported being on day 11 of no alcohol use, with the exception of one sip of a beer three days before admission.

- ### **3. Age of Onset of drug use (age of 1st Use of any drug)**

13

- #### **4. How have you been supporting your alcohol/drug usage?**

The client reported receiving money from their parents and trading personal items for substances.

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?**

***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
End of May to June	Buddy's Ranch	Detox	28 days	Client relapsed on the same day of discharge.
November, before Thanksgiving	Skyway House	Detox/Rehab	Two days	Client left after two days, describing the environment as a 'nightmare'.

- ## **2. Previous 12 Step or other community support group Involvement Denies**

- 3. Describe client's Addiction & Relapse History and the consequences of addiction (include legal, social, emotional, and behavioral)**

The client reports a history of alcohol, meth, and cocaine use. Her primary substances of choice are alcohol and meth, which she has used heavily for the past two years, with daily use intensifying in the last year. Consequences of her use include a strained relationship with her brother, a past arrest for petty theft, and reported feelings of dissociation and emotional distress.

4. Do you believe that your substance use is a problem?

Yes

5. What efforts have you made to control or limit your use?

The client reported she stopped using cocaine on her own accord three to four years ago. She has also made several attempts to get sober by attending treatment facilities, including a 28-day detox program.

6. What is your longest Period of Recovery/Abstinence?

30 days

7. What precipitating events led to previous relapses (i.e. Triggers)

The client stated that there was "Nothing in particular" that led to her relapses.

V. ASSESSMENT OF OTHER ADDICTIVE OR COMPULSIVE BEHAVIORS

History of Other Addictive or Compulsive Behaviors:

1. Eating Disorders

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?

The client stated she was anorexic for a period during her junior year of high school. She reported, "I would run like seven miles a day when I was in high school."

2. Spending

a. Has anyone ever expressed concern about your shopping or spending patterns?

The client's parents have expressed concern about her spending habits.

b. Do you feel you have a problem in the area of shopping or your spending patterns?

The client identifies her spending patterns as a problem, stating her relationship with money is "bad" and that she continues to "take advantage of it."

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? No

g. Are there any other addictive disorders that will need to be addressed in this treatment?

The client's problematic spending habits and her history of anorexia should be explored and addressed in her treatment plan.

ASAM DIMENSION 2 - Biomedical Conditions

VI. MEDICAL HISTORY

1. Name of Primary Care Physician Name: Unknown at this time

2. Date last seen

3. History of Medical Problems and/or hospitalizations

The client was hospitalized for severe alcohol poisoning before entering eighth grade after consuming 23 shots of vodka. The client stated, "I was in the hospital. They had to pop up my stomach three times. I blew 0.49... I passed out. So I was, like, choking on my own throw up."

4. Current Medical Problems

The client reports symptoms related to detox, stating, "I'm just really tired and I don't feel very good." The client also reported poor sleep: "I did not sleep very good last night. I was tossing and turning."

5. Allergies

No Known Allergies/NKA

6. Does the client have any medical problems as a result of their alcohol/drug use?

The client was hospitalized for alcohol poisoning before eighth grade. More recently, the client experienced a physical reaction after a single sip of beer, stating, "My whole chest was really red. I felt kind of tingly and pokey and irritated."

ASAM DIMENSION 3 - Emotional, Behavioral, Cognitive Conditions

VII. MENTAL HEALTH/PSYCHIATRIC HISTORY

1. Have you ever been diagnosed with a mental illness?

The client reports being diagnosed with Bipolar disorder around age 19 or 20 by a doctor who has since lost his license. She described her manic episodes as wanting to "flee."

2. Previous Psychiatric Hospitalizations, treatment, or therapy

The client attended Buddy's Ranch for 28 days from May to June 2025, and Skyway House for two days in November 2025.

3. Are you currently being followed by a psychiatrist, therapist and/or other mental health treatment provider?

Denies

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 12/05/2025 11:20 AM:

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Anxiety
Emergen-C, 1 packet x 1 Unit , PO, Powder, Once , for 3 days, PRN, indication: Supplement

Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), for 5 days, indication: Supplement

gabapentin, 100 mg x 1 capsule , oral, capsule, three times a day, until further notice, indication: eRx

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx

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 6 hours, until further notice, indication: Detox, Dea Class: C-IV

melatonin, 10 mg x 1 tablet , sublingual, Tablet, Sublingual, once a day (HS) PRN, until further notice, PRN, indication: Insomnia

Mounjaro (tirzepatide), 10 mg/0.5 ml x 1 ml , subcutaneous, Pen Injector, Weekly, until further notice, indication: Weight Loss

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement ondansetron HCl, 4 mg x 1 tablet , oral, tablet, 3x a day schedule (TID) PRN, until further notice, PRN, indication: N/V

Thiamine, 100 mg x 1 Tablet , oral, tablet, once a day (AM), for 3 days, indication: Supplement

tizanidine (tizanidine HCl), 2 mg x 1 tablet , oral, tablet, three times a day, until further notice, PRN, indication: eRx

Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD

5. What other medications have you tried in the past? None

6. Do you take your medication as prescribed? Yes.

7. Have you ever experienced any cognitive impairment (memory problems, difficulty thinking clearly)?

The client reported experiencing dissociation while using meth, describing it as, "it was almost like I was up above watching myself lose my mind, and it was crazy."

8. What current symptoms do you feel need to be addressed while in treatment?

The client reports currently feeling "really tired" and not feeling well. She had a difficult night of sleep. She also mentioned her mother has expressed concern about her anger, stating she can "yell" and "lose my voice."

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 <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
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2. Trauma Assessment

a. Have you experienced any of the following types of trauma?

Significant death of family member or friend

No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
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Witnessing an accident

No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
--	------------------------------

Domestic Violence

No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
--	------------------------------

Childhood Trauma

No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
--	------------------------------

Natural Disaster

No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
-----------------------------	---

Family Violence

No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
--	------------------------------

Neglectful or scary Caregivers

No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
--	------------------------------

Any type of physical, sexual, or emotional abuse

No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
-----------------------------	---

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

No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
--	------------------------------

b. For any yes above, please elaborate

The client reported the death of her best friend of 17 years in a car crash four years ago. She experienced the 'camp fire' natural disaster and temporarily lost one of her horses. The client also reported experiencing emotional abuse from her ex-boyfriend, Lucas, stating he was controlling and would invade her privacy.

c. How do the above events impact you?

The client reported, "since my best friend, I don't think I've been the same, honestly." She believes her substance use issues stem from not dealing with trauma, stating, "I think that I'm really good at putting everything and, like, scooping it under the rug. And that's why I think I have a lot of the issues that I have today, like, when it comes to substance use, because I just don't. I haven't ever dealt with anything."

d. Do you feel any of the above events may interfere with treatment and/or has led to past relapses

The client believes her unresolved trauma has led to her substance use. She stated, "that's why I think I have a lot of the issues that I have today, like, when it comes to substance use, because I just don't. I haven't ever dealt with anything else that's been traumatic."

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

g. Based on the above information, the client's current risk of suicide is Low
considered

2. Violence Risk Assessment

a.. Have others ever told you they are worried about your anger?

The client's mother has expressed concern about their anger. The client stated, "I get so upset about things like, I. I'll yell. I'll lose my voice. So my mom has said it once."

b. Current or past violent thoughts or actions?

The client reports past violent actions directed toward their friend, Tyler. The client stated, "I've thrown wrenches at him and I've kicked him."

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?

When angry with family members such as their mother, the client states they "yell" and "lose my voice." With their friend Tyler, the client has expressed anger physically, stating, "I've thrown wrenches at him and I've kicked him."

e. Do you ever frightened your family members, friends or children?

The client's mother was affected to the point that she expressed worry about the client's anger. The client's friend Tyler was physically assaulted, as the client reported having "thrown wrenches at him" and "kicked him."

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?

The client's ex-boyfriend, Lucas, was emotionally abusive and controlling. The client explained, "I couldn't go and take a bath without the door being open... I couldn't have any guy friends. Couldn't have any guy friends. On my social medias, he would want to know my password, want to go through my phone."

X. Cultural Assessment

1. Were you raised in any specific culture?

The client reports they were raised with a Christian spiritual affiliation.

2. Do you identify with any specific cultural group?

The client identifies as Christian.

3. Do you currently practice any specific cultural rituals? Denies

4. Do you identify with any specific cultural/ethnic issues? Denies

XI. LEGAL HISTORY

1. Have you ever been arrested?

The client reported being arrested for theft this past year. She stated, "I didn't have money, so I stole a craftsman's wrench... for my dad from Napa Auto Parts. I ended up returning every single thing I took... and then that's when they arrested me."

If Yes, list incidents

	Date	Charges	Outcome
	April 23rd of the previous year	Petty theft	The client must complete community service.

2. Are you currently involved in any ongoing legal proceedings

The client has an ongoing requirement to complete community service as a result of her arrest for petty theft.

XII. EDUCATIONAL / VOCATIONAL / MILITARY ISSUES

1. Educational History

a. What is the highest grade completed / degree or certificate obtained?

High school diploma.

b. How did you perform in school?

Good.

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?

If yes, list most employment history (most recent first) None

b. How would you describe your current financial situation

The client is financially supported by her parents. She stated, "My parents pay for everything, which, I mean, I know that sounds horrible, but it's fine."

c. How is the client paying for treatment?

The client's parents are paying for treatment.

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.**

The client reports enjoying horseback riding, camping, traveling, and listening to music.

2. What effect has your substance use or mental illness symptoms had on their leisure time?

The client's substance use became her primary focus, displacing her leisure activities. She reported that when she was using cocaine heavily, her relationships were ruined "because that's all I care about. Was getting high."

ASAM DIMENSION 6 - Recovery/Living Environment**XIV. CURRENT SOCIAL, WORK, AND LIVING ENVIRONMENT****1. Current Social Situation/Environment**

The client was living with her friend, Tyler, in a travel trailer on a ranch in Corning prior to admission. Her parents, Kurt and Liz, are her primary support system and have purchased a house for her in Chico to live in after treatment. She has a strained relationship with her older brother, Bryant, whom she has not spoken to in three years. Her best friend Tyler is also a significant relationship, though described as complicated.

2. What changes in your behavior have your family and friends noticed recently?

The client's mother has expressed concern about the client's anger. The client stated, "I get so upset about things like, I. I'll yell... I'll lose my voice. So my mom has said it once."

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?

The client would like her parents, Kurt and Liz, to be involved in her treatment. She gave consent for the clinician to contact them about an upcoming family day program.

7. Is your family member or friend willing to participate in your treatment?

The client's parents, Kurt and Liz, are presumed to be willing to participate in family programming and communication with the clinician, as evidenced by their consistent support of her recovery.

8. What potential challenges to your recovery do you anticipate your friends and/or family members posing?

The client anticipates her best friend, Tyler, may pose a challenge to her recovery due to his own substance use. She described their living situation as "volatile a little bit" because "he does drink and he does sometimes do some drugs."

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?**

The client reports they were raised with a Christian spiritual affiliation.

2. Do you currently practice any specific religious denomination or have any significant religious or spiritual beliefs/practices?

The client identifies as Christian.

3. Do you believe in a higher power?

The client affirmed their belief in a higher power but did not elaborate on the nature of this belief.

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.)

Denies

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?

The client is motivated by the prospect of moving into a new house her parents purchased for her, which she sees as a significant responsibility and something that will "keep my attention on moving forward." She is also motivated to demonstrate her capability and responsibility to her parents, stating, "I'm excited to show them that I can do it." Additionally, she hopes that her sobriety will allow her friend Tyler to see her "healthy" and potentially help mend her relationship with her brother.

2. What are your thoughts and feelings about making changes in your life related to substances

The client appears motivated and ready to make changes. She views external factors, like her new house, as a primary reason to move forward and is excited to prove her ability to be responsible. Her stated goal for treatment is to give it her all and allow herself to be vulnerable in order to heal.

3. What is your current level of hope for sobriety?

The client's level of hope appears to be high. She is optimistic about her future upon returning home, citing tangible positive factors such as a new house and the opportunity to repair relationships with her family and friends. She stated, "I have a lot of things that are going to be really good when I go home."

4. What are you looking forward to most about sobriety?

The client is looking forward to "being happy... and not having a chip on my shoulder and being close with my family again."

5. What are your goals for your treatment at Reflections?

The client's goals for treatment are to give the process her all and to allow herself to be vulnerable, stating her goal is "just getting it my all and, you know, just opening myself up, like letting myself be raw to the point where I can get better."

XVII. Clinical Impressions

A. ASSESSMENT OF MENTAL STATUS DURING INTERVIEW

Appearance Clean/Neat

Affect Appropriate , Congruent

Mood Sad , Anxious

Behavior Cooperative

Insight Fair

Judgment Immature

2. Integrated Diagnostic Summary

The client presents with severe alcohol and methamphetamine use. Her stated goals for treatment are to be happy, not have a "chip on my shoulder," reconnect with her family, and to "open myself up, like letting myself be raw to the point

where I can get better." A potential barrier to treatment is her close relationship with a friend who also uses substances. The clinician has provided the client with assessments to complete.

3. Rationale for Current Level of Care

The client requires her current level of care due to the severity of her substance use and a high-risk recovery environment. The client reports recent heavy, daily use of alcohol and methamphetamine, which resulted in dissociation and required medically assisted detox (D1, D3). Her primary support person and living partner also uses substances, and she has a history of relapsing immediately after a 28-day detox program, indicating a lower level of care would be insufficient (D5, D6). The client is motivated for change but requires a structured, sober environment to develop coping skills and address underlying emotional dysregulation and trauma before stepping down (D3, D4).

4. Problems Identified in Bio-Psychosocial

1. Severe Substance Use Disorder (Alcohol and Methamphetamine)
2. Unresolved Trauma and Emotional Dysregulation
3. Unhealthy Interpersonal Relationships and Poor Boundaries
4. High-Risk Recovery Environment

5. Problems to be addressed in treatment

1. Achieve and maintain abstinence from alcohol and methamphetamine.
2. Develop healthy coping skills for emotional regulation and trauma.
3. Establish healthy boundaries in interpersonal relationships.
4. Develop a safe and supportive discharge and aftercare plan.

XVIII. Strengths, Abilities, Needs, and Preferences

Strengths	Abilities	Needs	Preferences
Supportive family system, including parents who purchased a house for her.	Skilled in horseback riding.	Needs to process trauma and grief, especially related to the death of her best friend.	Enjoys a wide variety of music, from rock to rap and elevator music.
Motivation to demonstrate responsibility and make her parents proud.	Ability to form deep and meaningful interpersonal bonds.	Needs to develop healthy coping mechanisms for expressing anger.	Loves and cares for animals.
Self-awareness regarding her substance use and its connection to her mental health.	Performed well academically.	Needs to learn to set healthy boundaries in relationships and prioritize her own well-being.	Prefers a tidy and organized living environment.

DIAGNOSIS

Diagnoses

F10.20 Alcohol use disorder, Severe,F15.20 Other or unspecified stimulant use disorder, Severe,F33.9 Major depressive disorder, recurrent, unspecified,F41.1 Generalized anxiety disorder,F41.0 Panic disorder

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: 2-Moderate (2)

Dimension II: Biomedical Conditions/Complications Rating Level: 1-Mild (1)

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: 3-Substantial (3)

Dimension VI: Recovery Environment Rating Level: 1-Mild (1)

The above six dimensions have a rating scale as follows:

0-No Problem

1-Mild

2-Moderate

3-Substantial

4-Severe

Total Score: (12)

ASAM LOC Assignment

ASAM LOC Assignment

3.7-3.5 LOC



John Foord, LMFT (Staff), 12/08/2025 10:45 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Fagerstrom Test for Nicotine Dependence

Is smoking "just a habit" or are you addicted? Take this test and find your level of dependence on nicotine.

1. How soon after you wake up do you smoke your first cigarette? 31-60 minutes (1)

(After 60 minutes=0; 31- 60 minutes=1; 6- 30 minutes=2; Within 5 minutes=3)

2. Do you find it difficult to refrain from smoking in places where it is forbidden? Yes (1)

(No=0; Yes=1)

3. Which cigarette would you hate most to give up?
(The first one in the morning=1; Any other than the first one in the morning=0) Any other than the first one in the morning (0)

4. How many cigarettes per day do you smoke?
(10 or less=0; 11 to 20=1; 21 to 30=2; 31 or more=4) 11 to 20 (1)

5. Do you smoke more frequently during the first hours after awakening then during the rest of the day?
(No=0; Yes=1) No (0)

6. Do you smoke even if you are so ill that you are in bed most of the day?
(No=0; Yes=1) No (0)

Total Score: (3)

Your level of dependency on nicotine is:

- Score 1-2: Low dependence Score 3-4: Low to moderate dependence Score 5-7: Moderate dependence
 Score 8+: High dependence

Heatherton, TF, Kozlowski LT, Frecker RC, Fagerstrom K.O. The Fagerstrom test for Nicotine Dependence: A revision of the Fagerstrom Tolerance Questionnaire, British Journal of Addictions 1991; 86:1119-27



LPT

Irma Martinez, LPT (Staff), 12/04/2025 06:13 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Falls Assessment (Detox/Res) 12/04/2025

Evaluation Date: 12/04/2025

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	Yes, before admission in past 12 months (1)

-> If prior fall during this admission, date of fall: Date: Unknown

Acute Intoxication No (0)

Impaired Hearing No (0)

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:

Client observed w/ steady gait she had a fall but can't recall exact date. NP notified.

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Irma Martinez, LPT (Staff), 12/04/2025 06:14 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Thursday, Dec 4, 2025

McClay Closing Group 09:00 PM PST by Michael Whitley

Patient Status: Attended

Start: 12/04/2025 09:00 PM PST - End: 12/04/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

The client is on detox and did not attend the closing group.

Group Description

Closing time.



Michael Whitley (Staff), 12/04/2025 09:26 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 5, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/05/2025 08:15 AM PST - End: 12/05/2025 08:45 AM PST Duration: 00:30

Topic

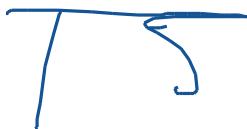
McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client is on detox and was not in this mornings meditation group.

Group Description

Morning Mindfulness: 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.



Tencia Sanchez (Staff), 12/05/2025 11:19 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 5, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/05/2025 03:00 PM PST - End: 12/05/2025 04:00 PM PST Duration: 01:00

Topic

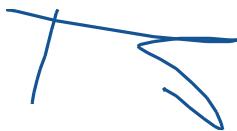
McClay 3:00 Didactic Weekly Wrap /Reflections/Gratitude.

Individual Assessment/Intervention

Client was on detox and did not attend this group.

Group Description

The wrap-up didactic group was conducted to provide members an opportunity to reflect on key learning points from the week, identify salient insights, and articulate intentions for practicing self-care over the weekend. Members were encouraged to share any specific ways in which the group could continue to support them during this period. The session concluded with each participant offering a validation to at least one peer, fostering group cohesion, mutual support, and reinforcement of interpersonal skills. This structure promoted self-reflection, consolidation of therapeutic gains, and preparation for maintaining coping strategies outside of the treatment environment.



Tencia Sanchez (Staff), 12/05/2025 04:23 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 5, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/05/2025 10:00 AM PST - End: 12/05/2025 12:00 PM PST Duration: 02:00

Topic

CBT - Two Letter Technique

Individual Assessment/Intervention

Client was not in attendance due to symptoms of detox

Group Description

Clients used session time to learn and complete the two letter technique. This tool offers a focused approach for releasing resentments. By systematically working through the steps to identify root issues and move towards a more peaceful state of mind by reframing and "letting go".



Ann Billington, LCSW (Staff), 12/05/2025 03:21 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 5, 2025

McClay Closing Group 09:00 PM PST by Michael Whitley

Patient Status: Attended

Start: 12/05/2025 09:00 PM PST - End: 12/05/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

The client is on detox and did not attend the closing group.

Group Description

Closing time.



Michael Whitley (Staff), 12/05/2025 09:12 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Saturday, Dec 6, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/06/2025 08:15 AM PST - End: 12/06/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client was an active participant in group and reported-

Sleep quality -

Any Urges/thought/using dreams-

Feeling words-

Todays Goal-

Gratitude-

**Client is on detox and did not attend this Morning Meditation group.

Group Description

Morning Mindfulness: 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



Tencia Sanchez (Staff), 12/06/2025 11:13 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Sunday, Dec 7, 2025

McClay Morning Group 08:15 AM PST by Michael Whitley

Patient Status: Attended

Start: 12/07/2025 08:15 AM PST - End: 12/07/2025 08:45 AM PST Duration: 00:30

Topic

Morning Reflection at Reflection's

Individual Assessment/Intervention

The client reported sleeping very well, and stated when she awoke she was still feeling tired, yet happy to be in treatment. She reported zero urges/ cravings for drugs/ alcohol, and her goal for the day was to find the time to journal.

Group Description

Morning check-in.



Michael Whitley (Staff), 12/07/2025 01:07 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Sunday, Dec 7, 2025

McClay Closing Group 09:00 PM PST by Michael Galarneau, Program Assistant

Patient Status: Absent

Start: 12/07/2025 09:00 PM PST - End: 12/07/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client is on detox and resting

Group Description

Closing group



Michael Galarneau, Program Assistant (Staff), 12/07/2025 09:18 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 8, 2025

McClay Morning Group 08:15 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/08/2025 08:15 AM PST - End: 12/08/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness Group

Individual Assessment/Intervention

Jessica was on time and participated for the duration of the mindfulness group. She reported her weekend was relaxing and that she enjoyed bonding with peers and getting to know others. She identified challenges related to continuing to acclimate to the treatment environment. She stated she intends to cope by reminding herself she will be okay and by using positive mantras. Her recovery goals for the week are to be on time and to extend more compassion toward herself.

Group Description

Morning mindfulness group involving mindfulness exercise to encourage grounding, check in, and setting intention/goals for the day.

John Foord, LMFT (Staff), 12/08/2025 11:25 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 8, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/08/2025 11:00 AM PST - End: 12/08/2025 12:30 PM PST Duration: 01:30

Topic

Process Group

Individual Assessment/Intervention

Client was in a 1:1 session with her therapist.

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.



Ann Billington, LCSW (Staff), 12/08/2025 03:36 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 8, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/08/2025 03:00 PM PST - End: 12/08/2025 04:00 PM PST Duration: 01:00

Topic

Assessing Life Balance

Individual Assessment/Intervention

Jessica was on time and participated for the duration of this didactic group. The client reported feeling most comfortable in the emotional domain of her life and expressed a desire to devote more time and energy to the physical and financial domains. She identified goals of slowing down, avoiding the pursuit of perfection, and prioritizing continued sobriety.

Group Description

Clients participated in a psychoeducational and experiential group focused on assessing life balance. Using a six-domain balance wheel (physical, financial, intellectual, emotional, social, spiritual), clients rated and visually represented their current level of functioning and satisfaction in each area, then engaged in structured reflection to identify strengths, areas of deficit, and personal reactions to the exercise. Group discussion centered on recognizing how imbalance may contribute to emotional distress and relapse vulnerability, identifying domains supportive of recovery, and establishing realistic, values-aligned goals to increase balance and wellbeing. Clients were receptive, engaged in insight-building dialogue, and developed individualized goals to support continued treatment progress.



John Foord, LMFT (Staff), 12/08/2025 04:29 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 8, 2025

McClay Closing Group 09:00 PM PST by Michael Whitley

Patient Status: Attended

Start: 12/08/2025 09:00 PM PST - End: 12/08/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

The client stated she met her goal for the day by practicing self compassion. She stated her feeling more awake throughout the day stood out to her, and that she learned "she is not a lost cause." For coping skills the client journaled, and her gratitude list consisted of her recovery, her peers, and getting out of the house for the outside meeting.

Group Description

Closing time.



Michael Whitley (Staff), 12/08/2025 09:17 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 9, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/09/2025 08:15 AM PST - End: 12/09/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client was an active participant of this Morning Mindfulness Group.

Sleep quality -Good.

Any Urges/thought/using dreams-none

Feeling words-exhausted ,hopeful

Today's Goal- not complain

Gratitude- to be here.

Group Description

Morning Mindfulness: 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.



Tencia Sanchez (Staff), 12/10/2025 04:36 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Wednesday, Dec 10, 2025

McClay Morning Group 08:15 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/10/2025 08:15 AM PST - End: 12/10/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness Group

Individual Assessment/Intervention

Client attended group with good participation. Client hopped up in middle of the group to see the nurse. She thinks she's passing a kidney stone. She seemed to track group well and reported feeling a little better than she had yesterday.

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



Ann Billington, LCSW (Staff), 12/10/2025 09:01 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Wednesday, Dec 10, 2025

McClay Closing Group 09:00 PM PST by Michael Galarneau, Program Assistant

Patient Status: Attended

Start: 12/10/2025 09:00 PM PST - End: 12/10/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated they didn't meet their goals and they weren't feeling well. Client stated their standout was the person next to them in the ER injected meth and it made them realize they don't want to go back to it. Client stated they learned that health is important and to be aware of it. Client stated their coping skills were journaling and homework. Client stated they are grateful for being here, sober and not having kidney stones

Group Description

Closing group



Michael Galarneau, Program Assistant (Staff), 12/10/2025 09:19 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Thursday, Dec 11, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/11/2025 08:15 AM PST - End: 12/11/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client was an active participant of this Morning Meditation Group .Client reported.

Sleep Quality .horrible

Any Urges or Thoughts of using . no

Feeling Words.tired, agitated

Goal for the Day.enjoy the outing

Gratitude.to be alive

Group Description

Morning Mindfulness: 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.



Tencia Sanchez (Staff), 12/11/2025 10:53 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Thursday, Dec 11, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/11/2025 10:00 AM PST - End: 12/11/2025 12:30 PM PST Duration: 02:30

Topic

Mindfulness Skills Building- Experiential Outing

Individual Assessment/Intervention

Jessica arrived on time and remained engaged for the entirety of the mindfulness skills-building outing. She was notably talkative and displayed a playful, energetic demeanor that appeared to enhance her connection with peers. Jessica expressed repeated gratitude for the group experience and demonstrated genuine engagement with the experiential elements. Given her early stage of recovery, she would benefit from additional structured mindfulness education to help deepen foundational skills and support ongoing emotional regulation.

Group Description

This experiential didactic group was held off-site at Stafford Lake in alignment with client interest in integrating nature into treatment. The group focused on the application of mindfulness and grounding techniques in a natural setting to support emotional regulation and present-moment awareness. Clients were guided through interpersonal effectiveness exercises aimed at enhancing communication and building group cohesion. The group also served as a reflective process to review the week's therapeutic progress and emotional work, while offering space for connection, restoration, and intention-setting for the weekend ahead.

John Foord, LMFT (Staff), 12/11/2025 12:53 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Thursday, Dec 11, 2025

McClay Closing Group 09:00 PM PST by Brody Christenson

Patient Status: Attended

Start: 12/11/2025 09:00 PM PST - End: 12/11/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

Goal, take out extensions. Stood out, session with John, going to the park. Learned, have grace with herself. Coping skills, journal and homework. Grateful for, sober, house, good company.

Group Description

Closing group.



Brody Christenson (Staff), 12/11/2025 09:35 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 12, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/12/2025 08:15 AM PST - End: 12/12/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client was an active participant of this Morning Meditation Group, and shared their :

Sleep Quality -good

Reported urges/thoughts of using - none

Feeling Words- tired, hopeful, groggy

Goal for Today- feel better

Gratitude - to be alive

Group Description

Morning Mindfulness: 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.



Tencia Sanchez (Staff), 12/12/2025 02:00 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 12, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by John Foord, LMFT

Patient Status: Absent

Start: 12/12/2025 11:00 AM PST - End: 12/12/2025 12:30 PM PST Duration: 01:30

Topic

Graduation/Coin Ceremony

Individual Assessment/Intervention

Jessica was not in attendance for this group. Staff informed her of the scheduled session and made efforts to prompt and encourage participation; however, Jessica communicated that she would not be attending.

Group Description

Graduation/coin ceremony group was facilitated to acknowledge the client's completion of treatment and to recognize strengths, interpersonal effectiveness, and progress in recovery. This process also serves therapeutic value for participating members by fostering connection, reinforcing interpersonal skills, normalizing recovery progress, and providing vicarious encouragement through witnessing a peer's growth. Group begins with a mindfulness grounding exercise encouraging loving kindness and compassion. Next, members were invited to share reflections on the graduating member's growth, impact on the group, anticipated challenges, and well wishes while holding a Reflections Coin. The coin was then presented to the graduating member, who was provided space to reflect on their treatment experience, personal growth, and recovery goals moving forward.

John Foord, LMFT (Staff), 12/12/2025 03:06 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 12, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/12/2025 10:00 AM PST - End: 12/12/2025 11:00 AM PST Duration: 01:00

Topic

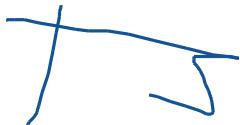
McClay 10:00 Didactic Group

Individual Assessment/Intervention

This client did not attend this group. Client was not feeling well.

Group Description

Relapse Prevention: Through a safe and supportive environment, members will explore strategies to identify triggers, develop coping skills and strengthen their commitment to lasting change. The group emphasizes education, accountability, and mutual encouragement to empower participants in their journey towards sustained sobriety and overall well-being. This group focus was on Being Impeccable with your Word ,followed by group discussion.



Tencia Sanchez (Staff), 12/12/2025 04:31 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 12, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/12/2025 03:00 PM PST - End: 12/12/2025 04:00 PM PST Duration: 01:00

Topic

McClay 3:00 Didactic Weekly Wrap /Reflections/Gratitude.

Individual Assessment/Intervention

This client did not attend this group.

Group Description

The wrap-up didactic group was conducted to provide members an opportunity to reflect on key learning points from the week, identify salient insights, and articulate intentions for practicing self-care over the weekend. Members were encouraged to share any specific ways in which the group could continue to support them during this period. The session concluded with each participant offering a validation to at least one peer, fostering group cohesion, mutual support, and reinforcement of interpersonal skills. This structure promoted self-reflection, consolidation of therapeutic gains, and preparation for maintaining coping strategies outside of the treatment environment.



Tencia Sanchez (Staff), 12/12/2025 04:52 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 12, 2025

McClay Closing Group 09:00 PM PST by Michael Whitley

Patient Status: Attended

Start: 12/12/2025 09:00 PM PST - End: 12/12/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

The client reported not meeting her goal because she did not manage to stay awake most of the day. She stated she was self aware during the day and that this stood out to her, and she also stated she learned that soup does not go well when poured on salad. For coping skills, the client stated she practiced journaling and worked on her homework. Her gratitude list consisted of being sober, her peers, and Reflections.

Group Description

Closing time.



Michael Whitley (Staff), 12/12/2025 09:35 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Wednesday, Dec 10, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/10/2025 11:00 AM PST - End: 12/10/2025 12:30 PM PST Duration: 01:30

Topic

Process Group

Individual Assessment/Intervention

Client was taken to Urgent Care during this group due to acute symptoms.

Group Description

A supportive and therapeutic environment where residents can openly share their experiences, challenges, and progress. Facilitated by a trained counselor or therapist, the group fosters emotional expression, mutual support, and skill development to promote recovery and personal growth. It encourages accountability, builds a sense of community, and helps residents develop healthier coping strategies to maintain their sobriety.



Ann Billington, LCSW (Staff), 12/13/2025 12:23 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Wednesday, Dec 10, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/10/2025 03:00 PM PST - End: 12/10/2025 04:00 PM PST Duration: 01:00

Topic

Mindful Self-compassion- A letter to a friend.

Individual Assessment/Intervention

Client was in Urgent Care due to having acute symptoms.

Group Description

Mindful Self-Compassion for Residential Rehab is a supportive group focused on cultivating kindness and understanding toward oneself. Through mindfulness and compassionate strategies, participants learn to treat themselves with the same care and friendliness they would offer a good friend, fostering healing, resilience, and emotional well-being during recovery.



Ann Billington, LCSW (Staff), 12/13/2025 12:30 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Saturday, Dec 13, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/13/2025 08:15 AM PST - End: 12/13/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client was an active participant in this Morning Mindfulness Group .Client reported,

Sleep Quality-3.5

Urge- just using dreams

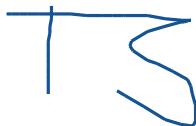
Feelings-excited,hopeful,happy

Goal for the day-to see my parents Curt & liz

Gratitude-To be here.

Group Description

Morning Mindfulness: 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



Tencia Sanchez (Staff), 12/13/2025 04:46 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Sunday, Dec 14, 2025

McClay Closing Group 09:00 PM PST by Noah Alric

Patient Status: Attended

Start: 12/14/2025 09:00 PM PST - End: 12/14/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated what she accomplished today was running on the beach. Client stated what stood out to her was the outing to the beach. Client stated what she learned today was people put locks on the beach. Client stated the coping skills she used today were exercise and homework. Client stated she is grateful for Noah, Michael W and All her peers.

Group Description

Clients are asked a series of questions about their day and asked to reflect on what they are grateful for.



Noah Alric (Staff), 12/14/2025 10:28 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 15, 2025

McClay Morning Group 08:15 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/15/2025 08:15 AM PST - End: 12/15/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness Group

Individual Assessment/Intervention

Client attended group with prompting and shared in a tangential way. She accepted redirection well and she showed awareness around being somewhat "scattered". Client states that she is writing more while in treatment which is a good tool for her. She spoke about missing her family today.

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.



Ann Billington, LCSW (Staff), 12/15/2025 10:45 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 15, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/15/2025 10:00 AM PST - End: 12/15/2025 11:00 AM PST Duration: 01:00

Topic

Seeking Similarities

Individual Assessment/Intervention

Jessica was on time and participated throughout the didactic group. She presented as energetic and talkative, initially expressing frustration after learning she would not be able to receive a requested weight loss injection and demonstrating a fixed mindset related to this issue. During group exercises, she was able to apply the material by actively seeking similarities with peers and reported feeling surprised by the number of shared experiences, noting an increased sense of connection to the McClay House community.

Group Description

This didactic group addressed the importance of seeking similarities in early recovery. Psychoeducation normalized common brain-based and behavioral responses that predispose clients to focus on differences, while promoting a growth mindset and development of healthier neural pathways. Facilitated discussion and dyadic exercises supported practice in identifying shared experiences to enhance empathy, trust, and group cohesion.

John Foord, LMFT (Staff), 12/15/2025 11:51 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 15, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/15/2025 11:00 AM PST - End: 12/15/2025 12:30 PM PST Duration: 01:30

Topic

Process Group

Individual Assessment/Intervention

Client attended group and had a very upbeat demeanor and tangential content. Client spoke about how she lost a good friend a couple years ago and that she has been isolating herself from her family and using since that time. Client reported feeling "shame" for being absent in her family for so long.

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.



Ann Billington, LCSW (Staff), 12/15/2025 04:23 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 15, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/15/2025 03:00 PM PST - End: 12/15/2025 04:00 PM PST Duration: 01:00

Topic

Mindfulness Skills Building- Walking Meditation

Individual Assessment/Intervention

Jessica was on time and engaged throughout this 3 PM skills building group. Jessica was very talkative and her contributions were positive in tone. Client expressed gratitude for going out on a walk and reported a positive effect as a result.

Group Description

This didactic mindfulness skills group was held outdoors per client request and focused on building emotion regulation through experiential practice. Following an introduction to several mindfulness-based interventions, clients participated in a guided walking meditation that emphasized use of the senses to enhance grounding and present-moment awareness. The group concluded with facilitated sharing in which members reflected on their experience of the exercise.

John Foord, LMFT (Staff), 12/15/2025 03:45 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 15, 2025

McClay Closing Group 09:00 PM PST by Noah Alric

Patient Status: Attended

Start: 12/15/2025 09:00 PM PST - End: 12/15/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated what her goal was today was to exercise and she did laps outside. Client stated what stood out to her was the goat walk. Client stated what she learned today was all the similarities she has with her peers. Client stated the coping skills she used were doing homework and being outside a lot. Client stated that she is grateful for the sun being out today, everyone here and being sober.

Group Description

Clients are asked a series of questions and asked to reflect on what they are grateful for.



Noah Alric (Staff), 12/15/2025 10:00 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 16, 2025

McClay Morning Group 08:15 AM PST by John Foord, LMFT

Patient Status: Absent

Start: 12/16/2025 08:15 AM PST - End: 12/16/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness

Individual Assessment/Intervention

Client was not in attendance for this mindfulness group, reason unknown.

Group Description

Morning mindfulness group involving mindfulness exercise to encourage grounding, check in, and setting intention/goals for the day.

John Foord, LMFT (Staff), 12/16/2025 08:50 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 16, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/16/2025 11:00 AM PST - End: 12/16/2025 12:30 PM PST Duration: 01:30

Topic

Process Group- Family Roles/Habits

Individual Assessment/Intervention

Jessica initially presented as hyperactive at the start of group, evidenced by increased talkativeness and laughter with a peer. Client responded appropriately to redirection from the group leader and shifted her presentation to align with the therapeutic focus of the process group. Jessica subsequently engaged in the group discussion in an open and supportive manner and reflected on her family-of-origin experiences. Client demonstrated emerging insight by beginning to identify necessary changes to support her ongoing sobriety.

Group Description

Group time was utilized as a therapeutic process group focused on providing members with the opportunity to openly and honestly share current emotions and lived experiences. Participants practiced active listening skills and offered peer feedback grounded in their own personal experiences. The group also received psychoeducation regarding family roles and dysfunctional behavioral patterns, with an emphasis on increasing insight into unhealthy historical dynamics and beginning to identify and establish healthier boundaries moving forward.

John Foord, LMFT (Staff), 12/16/2025 12:34 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 16, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/16/2025 03:00 PM PST - End: 12/16/2025 04:00 PM PST Duration: 01:00

Topic

McClay 3:00 Didactic

Individual Assessment/Intervention

Client was an active participant of this group and shared insights that related to the material discussed in this group. Social expectations/Return to Familiar "risk" Environments.

Group Description

Relapse Prevention: Through a safe and supportive environment, members will explore strategies to identify triggers, develop coping skills and strengthen their commitment to lasting change. The group emphasizes education, accountability, and mutual encouragement to empower participants in their journey towards sustained sobriety and overall well-being. Clients engaged in a discussion about Triggers .Coping with Triggering Events : Setback and Relapse Prevention Planning.



Tencia Sanchez (Staff), 12/16/2025 04:42 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 16, 2025

McClay Closing Group 09:00 PM PST by Noah Alric

Patient Status: Absent

Start: 12/16/2025 09:00 PM PST - End: 12/16/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client was at an outside meeting.

Group Description

Clients are asked a series of questions about their day and asked to reflect on what they are grateful for.



Noah Alric (Staff), 12/16/2025 10:46 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 16, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/16/2025 10:00 AM PST - End: 12/16/2025 11:00 AM PST Duration: 01:00

Topic

Self-Sabotage in Recovery

Individual Assessment/Intervention

Client needed some redirection in group to stay focused, to not side talk and to also not distract others. She appeared hyper aroused but with direction, she participated better. Client had a lot of insight into self-sabotage and states that it stems from having "low self-esteem".

Group Description

This supportive group is dedicated to exploring the roots and patterns of self-sabotaging behaviors that can hinder recovery and personal growth. Through open discussion, self-awareness exercises, and coping strategies, participants will learn to identify triggers, challenge negative thought patterns, and develop healthier habits. Our goal is to empower individuals to break free from self-defeating cycles, build self-esteem, and foster lasting change on their journey toward sobriety and emotional well-being.



Ann Billington, LCSW (Staff), 12/17/2025 12:37 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Wednesday, Dec 17, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/17/2025 11:00 AM PST - End: 12/17/2025 12:30 PM PST Duration: 01:30

Topic

Graduation/ Process Group

Individual Assessment/Intervention

Client attended with good participation. Client was somewhat labile in her share with oversharing and very personal disclosures. Client cried throughout the group.

Group Description

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 transitioning client has on them and practices healthy closure as modeled by group leader.



Ann Billington, LCSW (Staff), 12/17/2025 01:01 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Wednesday, Dec 17, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/17/2025 08:15 AM PST - End: 12/17/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client was an active participant of this Morning Meditation Group.

Client reported

Sleep Quality-good

Urges-none

Feelings- happy & confident,content

Goal-go to gym

Gratitude-home ,being here

Group Description

Morning Mindfulness: 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.



Tencia Sanchez (Staff), 12/18/2025 01:25 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Wednesday, Dec 17, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/17/2025 03:00 PM PST - End: 12/17/2025 04:00 PM PST Duration: 01:00

Topic

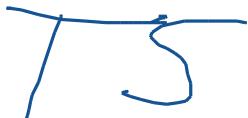
Relapse Prevention:

Individual Assessment/Intervention

Client was an active participant of this group. Client will be here in treatment during this holiday but Client named going to a meeting ,getting outside ,staying busy, and positive self talk are tools she will use when she is at a holiday event with friends or family .

Group Description

Relapse Prevention: Through a safe and supportive environment, members will explore strategies to identify triggers, develop coping skills and strengthen their commitment to lasting change. The group emphasizes education, accountability, and mutual encouragement to empower participants in their journey towards sustained sobriety and overall well-being. Clients participated in an interactive exercise on Holiday Survival Planning.



Tencia Sanchez (Staff), 12/18/2025 01:51 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Wednesday, Dec 17, 2025

McClay Closing Group 09:00 PM PST by Brody Christenson

Patient Status: Attended

Start: 12/17/2025 09:00 PM PST - End: 12/17/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

Goal, go to the gym, yes. Stood out, feeding the goats with John. Learned, about peers. Coping skills, gym, homework, volleyball, journaling. Grateful for, life, reflections, and peers.

Group Description

Closing Group



Brody Christenson (Staff), 12/17/2025 09:20 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Thursday, Dec 18, 2025

McClay Closing Group 09:00 PM PST by Michael Whitley

Patient Status: Attended

Start: 12/18/2025 09:00 PM PST - End: 12/18/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

The client stated she was productive by attending family day. She stated the entire day and talking with her parents stood out to her, and that she learned more about herself emotionally. For coping skills the client journaled and read her book. Her gratitude list consisted of her family, her housemates, and life.

Group Description

Closing time.



Michael Whitley (Staff), 12/18/2025 08:57 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 19, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/19/2025 08:15 AM PST - End: 12/19/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client reported-

Sleep quality -ok

Urges-none

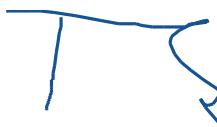
Feelings-full happy ,enthusiastic

Goal Today-take a nap

Gratitude-my family

Group Description

Morning Mindfulness: 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.



Tencia Sanchez (Staff), 12/19/2025 10:50 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 19, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/19/2025 03:00 PM PST - End: 12/19/2025 04:00 PM PST Duration: 01:00

Topic

McClay 3:00 Didactic Weekly Wrap /Reflections/Gratitude.

Individual Assessment/Intervention

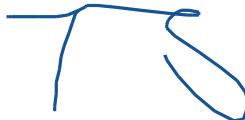
Client shared 2 ideas/skills they learned this week. Self Care Activities to do this weekend.

Some Good News? What was positive in your life this week?

Express one validation to someone in the group

Group Description

The wrap-up didactic group was conducted to provide members an opportunity to reflect on key learning points from the week, identify salient insights, and articulate intentions for practicing self-care over the weekend. Members were encouraged to share any specific ways in which the group could continue to support them during this period. The session concluded with each participant offering a validation to at least one peer, fostering group cohesion, mutual support, and reinforcement of interpersonal skills. This structure promoted self-reflection, consolidation of therapeutic gains, and preparation for maintaining coping strategies outside of the treatment environment.



Tencia Sanchez (Staff), 12/19/2025 04:26 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 19, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/19/2025 11:00 AM PST - End: 12/19/2025 12:30 PM PST Duration: 01:30

Topic

Graduation/Coin Ceremony

Individual Assessment/Intervention

Jessica was on time and engaged in group. She reported fatigue and emotional exhaustion related to sustained emotional participation over the previous two days. Jessica stated that Family Day was positive for her, noting that her emotional burden largely stems from empathic concern for peers' distress; she was encouraged to maintain appropriate boundaries to provide support without over-identifying. She acknowledged this as an important focus for her ongoing sobriety and was emotionally present while offering positive support and well wishes to the graduating member.

Group Description

The group began as a process group focused on processing emotional reactions related to the prior day's Family Day. Clients shared unresolved feelings and received peer support and validation. The group then transitioned to a graduation coin-out ceremony recognizing a member's completion of over 30 days of sobriety at this level of care. Peers reflected on observed growth, strengths, and recovery goals moving forward.

John Foord, LMFT (Staff), 12/19/2025 12:58 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 19, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/19/2025 10:00 AM PST - End: 12/19/2025 11:00 AM PST Duration: 01:00

Topic

Healthy Relationships - in Recovery

Individual Assessment/Intervention

Client was in the room but struggling to stay awake, to concentrate or participate on any level. Client reports not being able to sleep last night after family programming the day before due to high emotions. She appeared drained, pale and internally distracted.

Group Description

A supportive space dedicated to exploring the essential elements of building and maintaining healthy, respectful, and fulfilling relationships. Client watched a video outlining signs, symptoms of toxic behaviors in relationships along with step to rebuild, repair or sever relationships that were harmful. Tools were provided to assist with working on improving communication, establishing boundaries, rebuilding trust and understanding healthy dynamics in core relationships.



Ann Billington, LCSW (Staff), 12/19/2025 02:50 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 19, 2025

McClay Closing Group 09:00 PM PST by Michael Whitley

Patient Status: Attended

Start: 12/19/2025 09:00 PM PST - End: 12/19/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

The client stated she met her goal for the day by attending groups and managing to take a nap. She stated discussing family day stood out to her during group and that she learned that she is determined to continue bettering herself. For coping skills, the client practiced journaling and went for a walk. Her gratitude list consisted of the staff, being sober, her family, and her housemates.

Group Description

Closing time.



Michael Whitley (Staff), 12/19/2025 09:05 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Saturday, Dec 20, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/20/2025 08:15 AM PST - End: 12/20/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Group Check IN & Meditation/Reading

Individual Assessment/Intervention

Client reported:

Sleep quality -good /weird dreams @ clenching my teeth

Urge-none

Feelings- happy and content

Goal Today- do some walking

Gratitude- to be Sober

Group Description

Morning Mindfulness: 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.



Tencia Sanchez (Staff), 12/20/2025 11:42 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Sunday, Dec 21, 2025

McClay Closing Group 09:00 PM PST by Sean Lenihan

Patient Status: Attended

Start: 12/21/2025 09:00 PM PST - End: 12/21/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated their goal for the day was to get some rest and move rooms. Client stated their standout was relaxing and the crazy shows they watched. Client stated they didn't learn anything. Client stated their coping skills were relaxing and resting. Client stated they are grateful for everyone here, Irma, being sober and their family

Group Description

closing group



Sean Lenihan (Staff), 12/21/2025 09:53 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 22, 2025

McClay Morning Group 08:15 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/22/2025 08:15 AM PST - End: 12/22/2025 08:45 AM PST Duration: 00:30

Topic

Monday Mindfulness Group

Individual Assessment/Intervention

Jess arrived on time and remained engaged throughout the mindfulness group, though she presented as fatigued, evidenced by frequent yawning. She identified weekend highlights including relaxation, journaling, and practicing self-compassion, indicating use of adaptive coping skills. Jess processed disappointment related to her parents being unable to visit and reported coping by limiting rumination and spending time with peers. She identified recovery goals of initiating aftercare planning and set an intention for the day focused on mindfulness, compassion, and "I can do this!"

Group Description

This mindfulness group focused on reflective journaling and interpersonal awareness. Clients explored weekend successes and challenges, identified coping strategies, set a recovery goal for the week, and selected a one-word intention to guide their day. Participants then engaged in dyadic sharing to practice openness and connection. The group reconvened to reflect on insights gained from their partners, reinforcing active listening and mindful communication skills.

John Foord, LMFT (Staff), 12/22/2025 09:15 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 22, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/22/2025 10:00 AM PST - End: 12/22/2025 11:00 AM PST Duration: 01:00

Topic

Introduction to Mindfulness

Individual Assessment/Intervention

Jessica arrived on time and remained in group for the full duration. She presented as mildly distractible and reported somatic discomfort, specifically a burning sensation in her stomach, and was encouraged to consult with the nursing team; she elected to remain in the didactic group. Despite physical discomfort, Jessica appeared engaged with the material and contributed appropriately to group discussion. Her participation reflected ongoing receptivity to mindfulness concepts.

Group Description

This group was designed as an introductory group to mindfulness, its benefits, and how it can be utilized in early recovery. Clients were able to share their current thoughts, understanding and mindfulness practice today and reflect on ways to more fully incorporate a mindfulness practice in their lives. Clients were presented psychoeducation on how mindfulness can be incorporated into one's life, emphasizing the goal of changing one's relationship to their thoughts and feelings in order to create space to breathe and respond wisely to their situations.

John Foord, LMFT (Staff), 12/22/2025 11:14 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 22, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/22/2025 11:00 AM PST - End: 12/22/2025 12:30 PM PST Duration: 01:30

Topic

Process Group - Graduation

Individual Assessment/Intervention

Client attended with good participation. Client displayed some fluid boundaries with a peer by using touch and overly familiar language but this seems to be in line with her personality. Client used session to support peers graduating and thanked them both for the impact they had on her.

Group Description

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 transitioning client has on them and practices healthy closure as modeled by group leader.



Ann Billington, LCSW (Staff), 12/22/2025 01:50 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 22, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/22/2025 03:00 PM PST - End: 12/22/2025 04:00 PM PST Duration: 01:00

Topic

Intro to Mindfulness Pt. 2

Individual Assessment/Intervention

Jessica arrived on time and participated for the full duration of the didactic group. She reported ongoing stomach discomfort, though noted improved manageability following support from nursing staff. Jessica generally followed the presentation and engaged in group dialogue; however, she engaged in intermittent side conversations with a peer and required redirection. She was receptive to feedback and reminders regarding mindfulness, group rules, and expectations.

Group Description

Didactic psychoeducation group presented as a continuation of Intro to Mindfulness, Part One given this morning. The group focused on increasing self-awareness and emotional regulation through structured self check-ins, introduction to DBT Wise Mind, and practical grounding techniques utilizing the five senses. Clients were provided education on thought diffusion strategies and mindful breathing practices to support distress tolerance and present-moment awareness. The group concluded with discussion of a "Managing My Emotions" tool, offering concrete coping skill recommendations to support ongoing emotional regulation and recovery.



John Foord, LMFT (Staff), 12/22/2025 04:10 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 22, 2025

McClay Closing Group 09:00 PM PST by Sean Lenihan

Patient Status: Attended

Start: 12/22/2025 09:00 PM PST - End: 12/22/2025 09:30 PM PST Duration: 00:30

Topic

closing group

Individual Assessment/Intervention

The client stated she met her goal of putting her hair in. She did not meet her goal of not crying.

They stated that CP and RS leaving tomorrow should be to them, and she learned mindfulness and somethings for after care during her meeting with Daren. For coping skills, the client practiced self care by watching a movie, journaling, and working on the Harry Potter Workbook provided by Tencia. Their gratitude list consisted of housemates, being sober, and parents.

Group Description

closing group



Sean Lenihan (Staff), 12/22/2025 10:07 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 23, 2025

McClay Morning Group 08:15 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/23/2025 08:15 AM PST - End: 12/23/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness Group

Individual Assessment/Intervention

Client did not attend group as she was still getting up and ready for her day.

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



Ann Billington, LCSW (Staff), 12/23/2025 09:08 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 23, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by Ann Billington, LCSW

Patient Status: Attended

Start: 12/23/2025 10:00 AM PST - End: 12/23/2025 11:00 AM PST Duration: 01:00

Topic

Self-Awareness in Recovery

Individual Assessment/Intervention

Client attended group with good participation. She was able to use the tool provided well and personalize. Client was tearful this morning as a peer discharged. She gained some tools around self-soothing in group today.

Group Description

A supportive group dedicated to navigating the journey of recovery from addiction through the power of self-acceptance. Group fosters a safe, compassionate place where members can share their experiences with losing their connection to self through addiction. Clients were provided a tool to check-in with mind, body, spirit, needs, intentions and thoughts in group and encouraged to use this tool in a daily practice to gain self-awareness as a part of their routine.



Ann Billington, LCSW (Staff), 12/23/2025 11:23 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 23, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/23/2025 11:00 AM PST - End: 12/23/2025 12:30 PM PST Duration: 01:30

Topic

Process Group

Individual Assessment/Intervention

Jessica was on time and participated appropriately in the process group. She presented with a sad affect, evidenced by puffy eyes suggestive of recent crying and a downcast gaze, and verbalized feeling sad while noting her typical avoidance of tears and discomfort with being perceived as a "crier." She shared that her sadness was related to the recent departure of three peers with whom she had formed meaningful relationships, including one peer with whom she anticipates maintaining a genuine friendship. Jessica demonstrated insight by identifying that emotions such as sadness have historically served as triggers for alcohol and substance use to numb discomfort. She was encouraged to continue connecting with her emotions within the safety of the group and reiterated her desire to remain sober, continue treatment at Reflections, and develop healthier coping strategies for distress, including emotional expression, sharing, and self-soothing.

Group Description

Today's group was process-oriented, focusing on emotional exploration, grounding, and interpersonal connection. Clients engaged in a grounding exercise to enhance present-moment awareness and emotional safety, followed by practice in active listening, empathy, and the use of "I statements" within peer feedback. Discussion emphasized emotional regulation, authentic communication, and maintaining a solution-focused perspective in recovery. Clients demonstrated varying levels of engagement and vulnerability.



John Foord, LMFT (Staff), 12/23/2025 12:31 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 23, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/23/2025 03:00 PM PST - End: 12/23/2025 04:00 PM PST Duration: 01:00

Topic

3PM Didactic Group.

Individual Assessment/Intervention

Client was an active participant of this group. Client shared their completed work with the group. Client shared her responses to the Step two worksheet of a higher power in recovery and shared her insights to answers to questions of the Four Agreements Worksheet.

Group Description

Relapse Prevention: Through a safe and supportive environment, members will explore strategies to identify triggers, develop coping skills and strengthen their commitment to lasting change. The group emphasizes education, accountability, and mutual encouragement to empower participants in their journey towards sustained sobriety and overall well-being. This group reviewed clients previous work from the exercises in Step two and the Four Agreements.



Tencia Sanchez (Staff), 12/23/2025 04:22 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 23, 2025

McClay Closing Group 09:00 PM PST by Michael Galarneau, Program Assistant

Patient Status: Attended

Start: 12/23/2025 09:00 PM PST - End: 12/23/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated their goal for the day was to get some homework done and journal. Client stated their standout was how nice John is. Client stated they learned they got almost their whole packet done for Tencia. Client stated their coping skills were hanging out with their house mate and watching TV shows. Client stated they are grateful for Gisselle making their nail appointment tomorrow, everyone here and their family

Group Description
closing group



Michael Galarneau, Program Assistant (Staff), 12/23/2025 08:57 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Wednesday, Dec 24, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/24/2025 08:15 AM PST - End: 12/24/2025 08:45 AM PST Duration: 00:30

Topic

Morning Meditation Group.

Individual Assessment/Intervention

Client reported :

Sleep Quality -good

Urges- none

Feelings-happy excited, parents

Goal- get rid of my headache

Gratitude-all of you guys @ staff here at McClay, getting nails done today

Group Description

Morning Mindfulness: 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



Tencia Sanchez (Staff), 12/24/2025 02:45 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Wednesday, Dec 24, 2025

McClay Closing Group 09:00 PM PST by Brody Christenson

Patient Status: Attended

Start: 12/24/2025 09:00 PM PST - End: 12/24/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

Goal, get nails done, yes. Stood out, getting out of the house. Learned, Dr. Hanna is a really cool guy. Coping skills, homework.
Grateful for, staff, peer, family, herself.

Group Description

Closing Group



Brody Christenson (Staff), 12/24/2025 08:53 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Thursday, Dec 25, 2025

McClay Morning Group 08:15 AM PST by Gisselle Arellano

Patient Status: Attended

Start: 12/25/2025 08:15 AM PST - End: 12/25/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning group

Individual Assessment/Intervention

Client reported sleeping "very good". She is currently feeling a little nausea from a previous medication and somewhat of a headache, she also says she is feeling excited and grateful for the day. No cravings reported. Her goal is to get her hair extensions in and to have a good afternoon.

Group Description

Started group with a grounding 5 minute meditation followed by routine questions for a check in. Clients then opened gifts and christmas cards and chatted about intentions for the day.



Gisselle Arellano (Staff), 12/25/2025 11:36 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Thursday, Dec 25, 2025

McClay Closing Group 09:00 PM PST by Michael Whitley

Patient Status: Attended

Start: 12/25/2025 09:00 PM PST - End: 12/25/2025 09:30 PM PST Duration: 00:30

Topic

Closing Group

Individual Assessment/Intervention

The client stated she met her goal for the day by keeping a positive mindset. She stated that getting to know Sharon the therapist from Simmon's stood out to her, and mentioned learning that she doesn't need to be intoxicated to have a good time. For coping skills the client practiced meditation, and her gratitude list consisted of the staff at Reflections, her family, and her mental clarity.

Group Description

Closing time.



Michael Whitley (Staff), 12/25/2025 09:13 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by Sharon Johnson, LCSW

Patient Status: Attended

Start: 12/26/2025 10:00 AM PST - End: 12/26/2025 04:00 PM PST Duration: 06:00

Topic

Self Compassion and Warm Connections

Individual Assessment/Intervention

The client presented with a willing and warm demeanor throughout Christmas Day. The self-disclosed throughout the day with insights and appreciation for time to "slow down" and accept her positive changes.

Group Description

Group is designed to support individuals as they navigate the challenges of recovery from substance use disorders and related mental health symptoms. The group emphasized the importance of self-compassion and mindfulness as tools to learn to treat themselves with compassion as they would a loved one, child or good friend. Participants practice tools and connect with others to cope with difficult emotions, reduce self-criticism and enhance resilience through the recovery process.



Sharon Johnson, LCSW (Staff), 12/26/2025 10:52 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

McClay 11am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/26/2025 10:00 AM PST - End: 12/26/2025 12:30 PM PST Duration: 02:30

Topic

Mindfulness Skills Building- Contemplative Photography

Individual Assessment/Intervention

Jessica arrived on time and participated for the full duration of the mindfulness skills building group and outing. She was observed to be an enthusiastic and positive contributor; however, she was notably talkative and demonstrated racing thoughts with frequent verbal externalization. The group leader provided redirection toward increased awareness of internal experience and the relationship between internal states and the external environment, though Jessica continued to have difficulty sustaining internal focus. Despite this, she reported feeling grounded and experiencing positive effects from the mindfulness exercise and demonstrated engagement by sharing photographs from the outing with peers and the group leader.

Group Description

This group integrated psychoeducation on mindfulness with experiential practice. Clients were guided to use their sensory awareness to anchor in the present moment and to apply these skills through contemplative photography. The group completed a mindfulness walk at Roy's Redwoods, where participants practiced noticing, slowing down, and intentionally capturing 3–5 “mindful moments” on camera. Clients were instructed to email their selected photos to the group facilitator for use in a follow-up session focused on reflection and skill reinforcement.

John Foord, LMFT (Staff), 12/26/2025 01:50 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

McClay Morning Group 08:15 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/26/2025 08:15 AM PST - End: 12/26/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness Group

Individual Assessment/Intervention

Jessica was on time and participated in this morning mindfulness group. Jessica reported feeling excited for the day's programming and express gratitude for having a positive experience over Christmas with Reflections and staff.

Group Description

Morning mindfulness group facilitated to check in with members feelings, quality of presence in the here and now, and set intention and goals for the day.



John Foord, LMFT (Staff), 12/26/2025 01:54 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/26/2025 03:00 PM PST - End: 12/26/2025 04:00 PM PST Duration: 01:00

Topic

Contemplative Photography Wrap Up

Individual Assessment/Intervention

Jessica was on time and participated for the duration of this group. Client shared her photographs as well as describing her present time experience in capturing these moments. Jessica shares that she is feeling excited due to seeing her parents on visitation day.

Group Description

Group time was allocated for members to share their mindfulness photographs taken earlier in the day. Expressing their present time feelings in conjunction with the photographs presented. Group members were also given space to express any residual feelings from the holiday week and talking about self-care needs for the upcoming weekend.

John Foord, LMFT (Staff), 12/26/2025 01:58 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

McClay Closing Group 09:00 PM PST by Michael Galarneau, Program Assistant

Patient Status: Attended

Start: 12/26/2025 09:00 PM PST - End: 12/26/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

client stated their goal for the day was to have a good time on the walk today. Client stated their standout was John on the walk and going to the grocery store. Client stated they learned that they are not susceptible to poison oak. Client stated their coping skills were reading and doing the worksheets from Tencia. Client stated they are grateful for being here, all of us here, MV and their parents.

Group Description

Closing group



Michael Galarneau, Program Assistant (Staff), 12/26/2025 09:32 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Saturday, Dec 27, 2025

McClay Morning Group 08:15 AM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/27/2025 08:15 AM PST - End: 12/27/2025 08:45 AM PST Duration: 00:30

Topic

Morning Meditation Group.

Individual Assessment/Intervention

Clint was an active participant of this group and reported her :

Sleep Quality-good

Urges-0

Feels-peaceful, secure

Goal-have a good day

Gratitude-Megan ,parents ,all the staff here at McClay, to be alive.

Group Description

Morning Mindfulness: 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. Clients read from Courage to Heal ,Just for Today ,The Path of Awakening, followed by discussion and check ins.



Tencia Sanchez (Staff), 12/27/2025 11:54 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Sunday, Dec 28, 2025

McClay Morning Group 08:15 AM PST by Michael Whitley

Patient Status: Attended

Start: 12/28/2025 08:15 AM PST - End: 12/28/2025 08:45 AM PST Duration: 00:30

Topic

McClay Morning Check-in

Individual Assessment/Intervention

The client report sleeping like a "baby." She stated that when she woke up this morning, she was feeling relieved and somewhat anxious regarding her up and coming discharge. The client reported experiencing zero cravings for drugs/ alcohol, but stated that she did have a using dream the previous night. To her surprise, the client reported she chose to not use in the dream. Her goal for the day was to practice self care, and relax with her peers and staff.

Group Description

McClay morning reflection.



Michael Whitley (Staff), 12/28/2025 12:24 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Sunday, Dec 28, 2025

McClay Closing Group 09:00 PM PST by Gisselle Arellano

Patient Status: Attended

Start: 12/28/2025 09:00 PM PST - End: 12/28/2025 09:30 PM PST Duration: 00:30

Topic

McClay Closing group

Individual Assessment/Intervention

Client practiced trying to use the "f word" and enjoy her day. She met both of these goals. She learned it feels good to play arcade games and know she is still good. She learned that pa's drive the appropriate speed limit. She practiced laughter as a coping skill. Client is grateful for her friends, good day, and waking up today.

Group Description

Started group with routine questions and ended with gratitude.



Gisselle Arellano (Staff), 12/28/2025 08:59 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 29, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/29/2025 10:00 AM PST - End: 12/29/2025 11:00 AM PST Duration: 01:00

Topic

Emotional Sobriety

Individual Assessment/Intervention

Jessica arrived on time and remained engaged for the full duration of the emotional sobriety didactic group. She was verbally active and contributed appropriately to group discussion. At times, she demonstrated mild distractibility and responded well to redirection from the group facilitator. Jessica identified anger as a primary affective trigger that moves her outside of her window of tolerance and contributes to maladaptive reactions. She reported resonance with the presented material and expressed motivation to apply the concepts to her recovery and daily functioning.

Group Description

This group was a didactic presentation of Emotional Sobriety, members explored concepts such as the Window of Tolerance and DBT skills including Wise Mind, STOP, and the HALT acronym to support emotional regulation. Group discussion centered on identifying and tolerating emotions in healthy, constructive ways, with members encouraged to reflect on personal patterns and offer supportive feedback to peers. Members will be assigned to create a distress tolerance self soothing toolkit for their next group in conjunction with this didactic group.

John Foord, LMFT (Staff), 12/29/2025 11:21 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 29, 2025

McClay Morning Group 08:15 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/29/2025 08:15 AM PST - End: 12/29/2025 08:45 AM PST Duration: 00:30

Topic

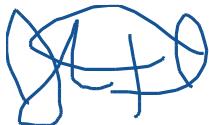
Morning Mindfulness Group

Individual Assessment/Intervention

Jessica arrived several minutes late and appeared fatigued. She reported poor sleep the previous night, describing restlessness and tossing and turning, and attributed current drowsiness to nighttime medication. During check-in, Jessica frequently minimized reported distress by quickly qualifying negative affect with statements such as "it's okay" or "I'll be fine," suggesting a potential area for further exploration in individual therapy. Jessica reiterated her desire to discharge after 30 days of treatment and expressed a wish to participate in a coin ceremony and avoid being categorized as AMA or ACA. The group leader informed her that the matter would be discussed with the clinical team and noted that a family session is scheduled for later in the week. Jessica denied any urges to use substances or drink alcohol. She identified her intention for the day as practicing strength and grace.

Group Description

Morning mindfulness group facilitated to check in with members feelings, quality of presence in the here and now, and set intention and goals for the day.



John Foord, LMFT (Staff), 12/29/2025 11:27 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Monday, Dec 29, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/29/2025 03:00 PM PST - End: 12/29/2025 04:00 PM PST Duration: 01:00

Topic

Self Compassion

Individual Assessment/Intervention

Jessica arrived on time and demonstrated consistent engagement throughout the self-compassion didactic group. She was attentive, enthusiastic, and readily participated in group discussion. Jessica was able to thoughtfully identify and articulate compassionate qualities she demonstrates when supporting friends in need, indicating emerging insight into her capacity for empathy and care toward others. When prompted to explore how she directs these same qualities toward herself, Jessica appeared to struggle, noting difficulty examining her internal self-talk and remaining present with the associated emotional experience. She openly acknowledged holding herself to unrealistic expectations and rigidly high standards. As the discussion progressed, Jessica began to identify and express feelings of sadness related to this self-critical pattern and was receptive to group support, remaining emotionally open and participatory despite visible discomfort.

Group Description

This didactic group was utilized as the introduction of self compassion and encouraging members to foster internal attention to create a more solid foundation for their recovery. Members were taught about the role of shame in recovery and encouraged to explore their own Inner Critics voice including learning about shame as a barrier to self compassion. Group members were taught about the three pillars of self compassion as being mindfulness, self kindness and coming humanity. Group was then by Kristin Neff on self compassion. Group concluded with each member sharing one thing they are looking forward to doing tonight.



John Foord, LMFT (Staff), 12/29/2025 04:16 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/30/2025 10:00 AM PST - End: 12/30/2025 11:00 AM PST Duration: 01:00

Topic

The Masks We Wear

Individual Assessment/Intervention

Jessica arrived on time and remained engaged for the duration of group. She participated thoughtfully in the experiential art exercise and demonstrated reflective capacity throughout the process. Client created a mask divided into two distinct halves, with one side symbolizing self-doubt, fear, perceived limitations, and the restrictive impact of addiction, and the other representing resiliency, self-love, inner strength, grace, hope, and peace. Her artwork and verbal processing reflected emerging insight into internal conflict as well as an increasing ability to acknowledge both vulnerability and personal strengths.

Group Description

Group members were provided psychoeducation on the concept of "masks," including the function and development of masks across the lifespan and their particular relevance in addiction and recovery. Clients engaged in reflective discussion regarding the masks they have worn to cope, belong, or protect themselves, and those they are ready to set down. Clients then participated in an expressive art exercise using papier-mâché masks to visually represent these themes and shared their creations with the group, processing associated emotions and insights.

John Foord, LMFT (Staff), 12/30/2025 03:39 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/30/2025 03:00 PM PST - End: 12/30/2025 04:00 PM PST Duration: 01:00

Topic

3PM Didactic Group.

Individual Assessment/Intervention

Clint was an active participant in this Didactic Group.

Client focused on identifying healthy Coping Skills & Strategies.

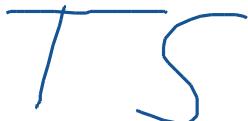
Client identified Preventions to avoid triggers and risky situations/identified Healthy lifestyle habits. Client identified that she needs healthy lifestyle habits such as being active ,exercising , time with her horses, bubble baths to name a few.

Client has verbally agreed to creating a contract to support her accountability in her interactions with her bf Tyler/ and keeping her accountable to her parents .

Client was asked to identify social supports, and is taking a look at crisis support support network. Client will be working on a coping skills log sheet for thought diffusion technique.

Group Description

Coping Tools: Group is designed to provide a safe and supportive environment for individuals in recovery to explore and manage stress, cravings, emotional challenges and triggers. Through shared experiences, education, and skill-building exercises, this group aims to enhance resilience and promote sustained progress through the practice and continued use of evidenced based coping tools. Clients are taught to recognize healthy vs. non-healthy coping tools and create a tool box to use moving forward to maintain healthy choices and continued sobriety.



Tencia Sanchez (Staff), 12/30/2025 04:52 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

McClay Morning Group 08:15 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/30/2025 08:15 AM PST - End: 12/30/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness Group

Individual Assessment/Intervention

Client was on time and participated in this mindfulness group. Clients reported having an "emotional meltdown last night" and was looking forward to her therapy session at 9 AM.

Group Description

The mindfulness group consisted of the group leader presenting a TED Talk titled "Mindfulness: What We Practice Grows Stronger." Psychoeducation was provided on the importance of bringing kind, nonjudgmental attention to moment-by-moment experience and how repeated mindful awareness contributes to positive changes through neuroplasticity. Group content emphasized the role of consistent mindfulness practice in strengthening emotional regulation, increasing awareness of internal states, and supporting recovery through intentional attention and self-compassion.

John Foord, LMFT (Staff), 12/30/2025 03:44 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

McClay Closing Group 09:00 PM PST by Michael Galarneau, Program Assistant

Patient Status: Attended

Start: 12/30/2025 09:00 PM PST - End: 12/30/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated their goal for the day was to have a productive day and they did. Client stated their standout was CS coming downstairs and Settlers of Catan game. Client stated they learned they can navigate their emotions well. Client stated their coping skills were art and laughter. Client stated they are grateful for being sober, alive, CS and family

Group Description

Closing group



Michael Galarneau, Program Assistant (Staff), 12/30/2025 10:10 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Attachment Note – Phone Consultation with Parents 12/30/2025

Title Attachment Note – Phone
Consultation with Parents

Date 12/30/2025

Description

On Tuesday, 12/30/25, from 11:30 AM to 12:00 PM, this therapist (PT) participated in a phone consultation initiated by PT with client Jessica's parents, Curt and Liz, regarding Jessica's current treatment and upcoming transition from residential care. Liz did the majority of the speaking. Both parents expressed significant anxiety and fear regarding Jessica's impending discharge, with Liz stating a preference for an extended length of stay (60–90 days) due to concerns about Jessica's fixation on discharging after 30 days and longstanding trust issues related to prior manipulative and dishonest behaviors.

Liz provided examples of past treatment-related dishonesty, including misrepresentation of a previous therapist's recommendations and prematurely discontinuing therapy without parental awareness, which has contributed to diminished trust and heightened concern regarding accountability post-discharge. Parents emphasized a desire to remain supportive without micromanaging, while also maintaining clear expectations and accountability. Both parents voiced concern about aftercare planning and requested involvement in discussions with Darren, Reflections Aftercare Manager; PT noted this would be addressed during the scheduled family Zoom session pending Jessica's consent.

Curt inquired about medication-assisted treatment options. As Jessica previously provided consent for disclosure, PT informed parents that Jessica has begun taking Naltrexone, which both parents responded to positively. Additional concerns discussed included the importance of sober supports and intentional peer selection following discharge. Both parents expressed significant concern regarding Jessica's relationship with a peer, Tyler, whom they perceive as a potential relapse trigger despite his stated supportiveness.

PT concluded the call by encouraging Kurt and Liz to reflect on priority topics for discussion in the scheduled family Zoom session on 12/31/25 at 9:00 AM. PT will provide Zoom access information via email. Phone consultation concluded without incident.

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John Foord, LMFT (Staff), 12/30/2025 12:14 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Clinical Contact Note – Parent Consultation 12/10/2025

Title Clinical Contact Note – Parent Consultation

Date 12/10/2025

Description

Date of Call: 12/10/2025

Time: 11:30 AM–12:00 PM

Participants: PT and client's parents, Kurt and Liz

Mode of Contact: Phone

Initiated by: PT

Summary of Contact:

Both parents were present for the call, with the client's mother, Liz, providing the majority of the information. Parents report they are relieved the client has admitted to treatment and are attempting to remain as supportive as possible.

Liz provided an overview of the client's substance use history. She stated the client began working as a hostess at age 18 and functioned adequately until approximately age 21, when increased socialization coincided with escalating alcohol and drug use. Parents report the client's primary difficulty has been an inability to stop once she begins using, which eventually resulted in job loss.

Parents described multiple attempts to intervene, including initially using supportive strategies, then more directive and threatening approaches, all of which were ineffective. Family counseling was later pursued and was described as helpful; at the counselor's recommendation, parents set a boundary indicating they would financially cut off the client if she continued her substance use. This boundary reportedly prompted the client to admit to Buddy's Ranch for a 28-day treatment episode. Parents report the client resumed alcohol and drug use immediately upon discharge and that her use escalated significantly. They expressed fear for her safety, reporting that she was drinking and using throughout the day and exhibiting withdrawal symptoms, including shaking, when she did not use.

Both parents expressed concern regarding the client's relationship with an individual named Tyler, whom they identify as a negative influence. Kurt stated he intends to set a firm boundary that the client not return to live with him or be around him upon discharge. Liz described the relationship as unhealthy and codependent. She reported that Tyler has a history of heavy alcohol use, possible substance use, and physical aggression toward the client. Liz stated the client previously contacted her requesting to be picked up after Tyler allegedly struck her in the face and mouth. Liz observed the client appeared stunned and in shock during that incident. Although the client has since minimized or denied the event, Liz reports knowledge of two prior convictions Tyler has for assaulting women.

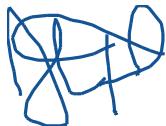
Parents described the client as having been raised in a sheltered environment and expressed concern regarding her low self-esteem, limited social supports, and tendency to become enmeshed in unhealthy relationships. They reported patterns of guardedness, social discomfort, lying, and stealing over the last several years. Liz additionally expressed concern about the client's social media activity and reported that the client had previously been offered money to post nude photographs

online. She stated that social media appears to be one of the client's primary outlets, which she believes increases vulnerability to risky behavior.

Parents reported that the client's addiction has strained family relationships, including her relationship with her maternal uncle, who has distanced himself due to concerns for the safety of his child. Parents believe the client struggles significantly with shame, shyness, and a lack of self-worth.

PT provided information regarding the upcoming Family Day scheduled for 12/18/2025; both parents expressed interest and enthusiasm about participating. PT informed parents they will receive an email with additional details and clarified ongoing availability for support and collaboration throughout the client's treatment episode. Parents voiced appreciation for the consultation.

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John Foord, LMFT (Staff), 12/10/2025 12:14 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Clt Unable to begin BPS 12/08/2025

Title Clt Unable to begin BPS

Date 12/08/2025

Description

1:00PM. BPS Assessment initiated but unable to be completed at this time. Follow-up scheduled to complete as soon as clinically appropriate.

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A handwritten signature in blue ink, appearing to read "John Foord".

John Foord, LMFT (Staff), 12/08/2025 09:01 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note 12/12/2025 08:57 AM

Session Start/End Time	Start time	End time	Duration
	12/12/2025 08:57 AM	12/12/2025 10:00 AM	63 Minutes

Type of Session

MSE

Appearance:

Oriented To:

Speech:

Thought process:

Mood:

Affect:

Judgement:

Dangerousness:

Information/Behavior:

Client did Not attend this individual session . Attempts were made by staff 2x 3x, client remained asleep in her room. earlier client said she was not feeling well.

Interventions:

Response:

Plan:

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Tencia Sanchez (Staff), 12/12/2025 05:00 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Family 12/31/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
	12/31/2025 09:00 AM	12/31/2025 10:00 AM	60 Minutes
Type of Session	Family		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: circumstantial

Thought process: Intact/Organized

Mood: Sad , Irritable , Anxious

Affect: Appropriate , Blunted , Other:: Projecting calm; happiness.

Judgement: Poor

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Jessica arrived on time for the scheduled family therapy session and attended in person in this clinician's office. She was casually but appropriately dressed in a matching maroon sweat suit with slippers and socks; grooming was intact, and hair was pulled back. She was alert, oriented, and able to engage throughout the session. Jessica's parents, Liz and Curt, participated remotely via Zoom. All participants were provided space at the outset of the session to identify their goals and priorities for discussion.

Jessica initiated the session by stating a desire to reassure her parents, verbalizing that her "whole soul is invested in recovery" and expressing motivation to reduce conflict with them. Her tone was initially calm, matter-of-fact, and future-oriented, suggesting emerging insight and a desire for relational repair. Liz reflected that Jessica appeared more determined and emotionally grounded than during prior treatment episodes and emphasized the importance of continued structure in supporting sustained recovery. Liz also expressed concerns regarding relapse vulnerability, particularly a pattern of returning to maladaptive habits when external accountability decreases.

Both parents articulated significant concern regarding Jessica's ongoing relationship with a peer, Tyler, whom they identified as a potential trigger for relapse and emotional destabilization. Curt explicitly stated his belief that this individual should not be part of Jessica's life, particularly in early recovery, while Liz echoed concern about maintaining this friendship. Curt further emphasized expectations related to Jessica's development of self-worth, vocational engagement, and increased independence, framing these goals as part of a supportive but accountability-based stance. He concluded by stating his intent to create conditions that would allow Jessica the greatest chance of success.

Throughout this portion of the session, Jessica maintained a positive demeanor and demonstrated an ability to tolerate parental concern without escalation. She was receptive to validation from both this clinician and her parents regarding her engagement in treatment and progress made at the current level of care. Jessica reported active participation in aftercare planning with Reflections Aftercare Manager Darren, including exploration of appropriate step-down services. She disclosed initiation of naltrexone and ongoing contact with a physician with whom she is considering additional pharmacological support. She was provided with information for Butte Psychology Services, including an Intensive Outpatient Program (Mind Path), and expressed intent to continue weekly sessions with a long-standing AOD counselor familiar to both her and her family. Jessica also reported receiving a referral to a psychiatrist from the Reflections

Executive Clinical Director and stated plans to obtain contact information to initiate care.

Jessica demonstrated willingness to engage in collaborative accountability by agreeing to a joint call with Darren and her parents to align expectations around aftercare planning. She also expressed a desire to establish structured weekly check-ins with her parents, and the family agreed to at least one shared dinner per week to support communication and accountability.

When this clinician inquired about Jessica's feelings regarding discharge timing, a notable shift occurred. Although Jessica enrolled in this level of care with a signed agreement to remain through 1/9/2026, she reiterated a consistent desire to discharge early on 1/2/2026. Upon hearing her parents' expressed concern and disapproval of early discharge, Jessica's affect and behavior changed markedly. She became defensive and argumentative, demonstrated cognitive rigidity, and adopted an externally focused, self-will-driven stance, making statements such as "you don't know how I feel" and implying that parental disagreement reflected a lack of care. This escalation suggested difficulty tolerating perceived challenge to autonomy, limited distress tolerance, and vulnerability to emotional dysregulation when expectations are not met.

Jessica continues to demonstrate ambivalence regarding treatment recommendations, evidenced by persistent intent to discharge prematurely despite a signed agreement and repeated clinical guidance to remain through 1/9/2026. While she shows motivation for recovery and engagement in planning, her rapid shift into defensiveness, cognitive rigidity, and reliance on self-will when faced with relational stressors indicates ongoing impairment in emotional regulation, insight, and judgment. These dynamics, combined with early recovery status, unresolved interpersonal triggers, medication initiation, and incomplete stabilization of aftercare supports, place her at elevated risk for relapse if stepped down prematurely. Continued residential treatment is medically necessary to provide structured containment, intensive therapeutic intervention, and clinical oversight to support consolidation of recovery skills, improve flexibility in thinking, and strengthen relapse-prevention capacity prior to transition to a lower level of care.

Interventions:

Facilitated structured family dialogue, ensuring equitable space for each participant to express concerns and goals. Provided validation and reflective listening to reinforce Jessica's engagement and progress while maintaining clinical neutrality.

Offered psychoeducation regarding the role of self-will, cognitive rigidity, and control in early recovery and how these factors may undermine long-term outcomes.

Reflected observed shifts in affect and behavior to increase insight into emotional reactivity under stress.

Clarified treatment team recommendations regarding length of stay and communicated consistent clinical messaging to both client and family.

Supported collaborative aftercare planning by reinforcing accountability structures and family involvement.

Response:

Jessica was initially receptive, engaged, and responsive to validation and collaborative planning. She demonstrated insight into the importance of aftercare and willingness to involve her parents in accountability measures. However, when discharge timing was addressed, she exhibited decreased receptivity, increased defensiveness, and argumentative behavior, indicating limited tolerance for frustration and difficulty integrating external feedback. Despite this, she remained present in session and ultimately expressed receptiveness to continuing discussions with Darren to finalize aftercare planning.

Plan:

Continue to recommend residential level of care through 1/9/2026, with ongoing reinforcement of clinical rationale.

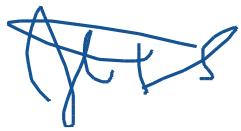
Coordinate with Aftercare Manager Darren to finalize step-down planning and schedule a joint call with parents to ensure alignment and accountability.

Support Jessica in initiating psychiatric follow-up and continuing medication management, including monitoring response to naltrexone.

Address cognitive rigidity, self-will, and emotional reactivity in individual therapy sessions, with focus on distress tolerance and flexibility in early recovery.

Encourage continued family involvement through structured check-ins and family sessions to support transition planning and relapse prevention.

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John Foord, LMFT (Staff), 12/31/2025 12:41 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Individual 12/30/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
	12/30/2025 09:00 AM	12/30/2025 10:00 AM	60 Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: tangential

Thought process: Ruminations , Other: Fixed on Discharge Date

Mood: Sad , Angry , Anxious

Affect: Blunted

Judgement: Poor

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Jessica arrived on time and remained engaged for the full duration of the individual therapy session. She presented with casual attire (slippers and comfortable clothing), hair pulled back, and visible signs of emotional distress, including reddened, mildly swollen eyes suggestive of recent crying. Affect appeared constricted and labile. Jessica reported experiencing nausea, which she attributed to initiating Naltrexone 1–2 days prior; she denied intent to discontinue the medication and affirmed commitment to adherence despite side effects.

Session content centered on Jessica's self-reported emotional "meltdown" the prior evening, her relational concerns within the therapeutic alliance, and her persistent fixation on discharging after 30 days. Jessica initially expressed heightened anxiety and fear that this therapist was angry with her, demonstrating a pattern of externalized self-worth and emotional regulation contingent on perceived approval from authority figures. When guided to explore the affect beneath this concern, Jessica identified sadness and fear, reflecting underlying attachment insecurity and difficulty tolerating perceived relational rupture.

Jessica demonstrated partial insight regarding her ambivalence toward continued treatment. While she verbally acknowledged acceptance of remaining in the program until 1/9/26, her presentation remained dominated by perseverative thinking, anticipatory resentment, and rigid cognitive fixation on discharging at the 30-day mark. She articulated concern that remaining beyond 30 days would result in diminished therapeutic benefit due to preoccupation with unmet expectations, as well as anticipated anger and resentment toward the program. Jessica also expressed fear regarding the impact of extended treatment on her relationship with her parents, coupled with a strong desire to "prove" readiness for recovery through early discharge and immediate application of skills post-residential care.

Despite this, Jessica demonstrated emerging reflective capacity by acknowledging that willingness to remain an additional five days could also serve as evidence of recovery-oriented behavior. However, this insight remained unstable and repeatedly overridden by urgency to discharge early. Jessica agreed to participate in a family Zoom session scheduled for the following morning and expressed openness to addressing all topics in pursuit of alignment with her parents.

Jessica continues to exhibit significant emotional dysregulation, ambivalence toward treatment, rigid discharge fixation,

and impaired distress tolerance, all of which elevate relapse risk if transitioned prematurely to a lower level of care. Her recent initiation of medication-assisted treatment, unresolved family-system stressors, ongoing externalized self-worth, and limited capacity to regulate affect under relational stress necessitate continued residential treatment to stabilize mood, strengthen internal motivation, address cognitive rigidity, and support safe integration of recovery skills prior to discharge. At this time, step-down would be clinically premature and contraindicated.

Interventions:

PT provided reflective listening, affect labeling, and relational process interventions to explore Jessica's fear of perceived therapist disapproval. PT identified and challenged patterns of external validation seeking and facilitated emotional exploration beneath surface anxiety. Cognitive-behavioral and motivational interviewing techniques were utilized to address ambivalence regarding length of stay, explore anticipated resentment, and assess discrepancies between stated recovery goals and behavioral impulses. PT assessed readiness for family engagement and facilitated preparation for the upcoming family session.

Response:

Jessica was emotionally engaged and responsive to interventions, though affect remained labile and thought processes perseverative. She demonstrated partial insight into maladaptive patterns and was able to verbalize underlying emotions when prompted. While she expressed willingness to participate in family work and continue medication adherence, her ambivalence toward continued residential treatment remained prominent and unresolved.

Plan:

Jessica will participate in a scheduled family Zoom session to address discharge expectations, parental concerns, and alignment on recovery goals. PT will continue to focus on distress tolerance, affect regulation, ambivalence resolution, and internal motivation for recovery. Coordination with psychiatry will continue to monitor medication adjustment and side effects. Continued residential level of care is recommended.

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John Foord, LMFT (Staff), 12/30/2025 12:29 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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 10:00 AM	60 Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: rapid

Thought process: Tangential

Mood: Euthymic , Sad , Irritable , Anxious

Affect: Appropriate

Judgement: Poor

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Jessica arrived on time and participated for the full duration of the individual psychotherapy session. She presented with appropriate hygiene, a pleasant affect, and a cooperative, engaged stance; however, her presentation was notable for incongruence between affect and content when emotionally salient topics emerged. Throughout the session, Jessica demonstrated persistent cognitive rigidity regarding her anticipated discharge date, repeatedly asserting her intention to discharge this weekend despite clarification of a 35-day treatment agreement previously established with herself, her parents, and the treatment team. She cited a positive recent visit with her mother as justification for early discharge and expressed heightened concern regarding potential discharge coding (AMA vs. ACA), indicating anxiety related to perceived consequences while simultaneously minimizing clinical recommendations.

Jessica implied that she may have been withholding accurate treatment information from her parents in order to facilitate early discharge, reflecting ongoing use of avoidance, control, and self-directed decision-making consistent with addictive and maladaptive coping patterns. When emotionally charged material arose, Jessica demonstrated a clear pattern of affective avoidance, rapidly minimizing distress, shifting topics, or using qualifying statements to neutralize emotional impact. This behavioral pattern was especially evident during exploration of unresolved grief and relational loss.

Clinically significant themes included unresolved bereavement related to the deaths of two close friends, Katie and Chaz. Jessica described sustained grief reactions, including anger, emotional isolation, and interpersonal withdrawal. She identified anger as her primary affective defense and acknowledged that it contributes to disconnection, relational rupture, and internal distress. As she discussed relational losses, Jessica became tearful and explicitly stated discomfort with being seen crying, further underscoring shame-based affect regulation and emotional suppression.

Additional relational trauma emerged related to estrangement from her brother and sister-in-law, with Jessica demonstrating insight into her own role in the rupture, including acknowledgment of jealousy, displaced anger, and maladaptive interpersonal behaviors. She exhibited emerging insight into patterns of people-pleasing, self-sacrifice, and fear of abandonment, all of which she identified as threats to sustained sobriety. Jessica also identified a long-standing pattern of acting without fear of consequences and "getting away with" behaviors, which parallels her current stance around premature discharge and reliance on self-will over collaborative treatment planning.

Jessica continues to require residential treatment due to persistent cognitive rigidity, affective avoidance, unresolved grief, maladaptive interpersonal patterns, and impaired decision-making related to discharge planning that directly elevate relapse risk. Despite surface-level engagement and reported progress, she demonstrates limited capacity to tolerate emotional distress, integrate insight without containment, or sustain behavior change outside of a structured, therapeutic environment. Her ongoing minimization of emotional pain, use of control to manage anxiety, and avoidance of family transparency indicate that a lower level of care would be premature and clinically contraindicated at this time. Continued residential treatment is medically necessary to provide intensive psychotherapeutic intervention, emotional containment, family systems work, and relapse prevention support to stabilize gains and reduce risk of treatment disruption or substance use recurrence.

Interventions:

The therapist provided supportive and exploratory psychotherapy, including reflective listening, affect identification, and process-oriented interventions. Psychoeducation was delivered regarding self-will, addictive patterns, and avoidance-based coping, with explicit linkage to current discharge rigidity. The therapist gently but directly confronted minimization and emotional avoidance, encouraging sustained engagement with grief-related material. Grief and loss were normalized, and connections were drawn between unresolved bereavement, anger-based coping, and relational disconnection. The therapist facilitated insight into interpersonal patterns and values conflicts and collaboratively developed a structured grief-processing assignment. Coordination of care was initiated through agreement to contact parents and schedule a family session to address alignment, transparency, and systemic support.

Response:

Jessica remained engaged throughout the session and demonstrated increasing emotional access as the session progressed. She exhibited tearfulness and vulnerability when discussing grief and family relationships and, with support, tolerated remaining with these affective states despite initial discomfort. She verbalized insight into maladaptive coping strategies, acknowledged personal responsibility in relational ruptures, and expressed motivation to engage in reparative relational work. Jessica was receptive to feedback and agreed to complete the assigned grief-focused journaling exercise, including potential participation in a therapeutic ritual. While she continues to express confidence in her progress, her responses indicate emerging—but still fragile—insight that requires continued therapeutic containment.

Plan:

Jessica will complete a grief and loss journaling assignment (letter to loss or to a deceased loved one) and, if completed, will read it aloud as part of a facilitated therapeutic ritual. The therapist will contact Jessica's parents to coordinate and conduct a family session focused on alignment, communication, and discharge planning. Ongoing individual sessions will continue to target grief processing, affect tolerance, values clarification, people-pleasing behaviors, and relapse vulnerability related to relational stress and emotional suppression. Continued monitoring of discharge-related rigidity and reinforcement of collaborative treatment planning will remain a clinical priority.

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John Foord, LMFT (Staff), 12/29/2025 12:57 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Individual 12/26/2025 01:00 PM

Session Start/End Time	Start time 12/26/2025 01:00 PM	End time 12/26/2025 02:00 PM	Duration 60 Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: rapid

Thought process: Intact/Organized

Mood: Euthymic

Affect: Appropriate

Judgement: Poor

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Jessica arrived on time for her individual psychotherapy session and participated throughout. Her overall presentation was notably enthusiastic and elevated. She appeared physically excitable, frequently shifting and adjusting her posture in her chair, and demonstrated a consistently upbeat and positively skewed affect. Cognitively, she presented with a confident and optimistic stance and repeatedly verbalized a belief that she has "done a good job" during her time at Reflections and expressed gratitude for the program. While her affect was bright, her emotional range appeared constricted, and her consistent positive framing appeared to limit deeper emotional access and exploration during the session.

Jessica reported her intention to discharge from the program at the 30-day mark and shared that she was unaware the recommended length of stay is 35 days. When the therapist explored the clinical rationale for extended length of stay in early recovery, particularly the importance of time, structure, and containment in a residential setting, Jessica demonstrated rigidity in her thinking and limited receptivity to these interventions. She framed her desire to leave at 30 days as aligned with her parents' expectations and stated she did not want to disappoint them, indicating reliance on external validation and difficulty tolerating perceived relational disappointment.

When the therapist reflected Jessica's prior treatment history—in which she reportedly "counted down the days" until discharge and relapsed shortly thereafter—Jessica minimized the relevance of this pattern and stated, "This is not like that," expressing high confidence that she has permanently changed her life. This overconfidence appeared incongruent with ongoing risk factors discussed in session. Jessica further shared plans to stay at her parents' home briefly following discharge and then transition to living alone in a house her parents have purchased for her, suggesting a rapid move toward independence despite limited demonstrated stability in early recovery.

Jessica responded positively to learning that her parents have agreed to participate in a family therapy session next week and expressed excitement about their upcoming visit. However, when informed that her parents—particularly her father—have requested that she discontinue her friendship with Tyler, Jessica responded with marked rigidity, stating, "That ain't gonna happen. I love him and there's no way I'm cutting him out of my life." This response highlights significant resistance to feedback, selective acceptance of support, and limited openness to examining relational dynamics that may pose a risk to her recovery.

Jessica acknowledged ongoing work with her AOD counselor regarding her relationship with Tyler and stated her intention to set boundaries. However, she also disclosed that she spent time with Tyler between treatment episodes while he was actively drinking, during which she reported taking a sip of his beer prior to admission to Reflections. Jessica minimized this behavior and expressed confidence that Tyler will stop using alcohol and drugs, demonstrating impaired insight, minimization of relapse risk, and unrealistic expectations regarding another individual's recovery.

Jessica continues to present with significant cognitive rigidity, minimization of relapse risk, and selective engagement in treatment recommendations. Her elevated confidence, constrained emotional access, resistance to feedback regarding high-risk relationships, and plans for rapid discharge and independent living indicate limited insight and compromised judgment in early recovery. Given her prior relapse following premature discharge, current minimization of substance exposure, and ongoing ambivalence toward clinically indicated structure, continued residential treatment is medically necessary to provide containment, address maladaptive cognitive patterns, strengthen relapse prevention skills, and support safe integration of insight prior to transition to a lower level of care.

Interventions:

The therapist utilized reflective listening, motivational interviewing techniques, and psychoeducation regarding early recovery, relapse vulnerability, and the clinical importance of time and structure in a residential environment. The therapist attempted multiple approaches to explore Jessica's stated discharge plans, including linking current decision-making to past treatment outcomes. The therapist provided reality-based feedback regarding the risks associated with continued involvement in substance-using relationships and validated the complexity of family dynamics. The therapist also informed Jessica of ongoing communication with her parents and the plan to facilitate a family session to support alignment of treatment goals.

Response:

Jessica remained engaged and cooperative throughout the session and expressed appreciation for the therapeutic relationship. She responded positively to discussion of the upcoming family session and appeared enthusiastic about her parents' involvement. However, she demonstrated defensiveness and rigidity when confronted with feedback regarding discharge timing and her relationship with Tyler. Jessica continued to minimize risk behaviors and maintained a consistently positive narrative, which appeared to limit emotional depth and reduced her ability to meaningfully engage in exploration of avoidance patterns and ambivalence toward recovery-oriented change.

Plan:

The therapist will continue to meet with Jessica for individual psychotherapy with a focus on increasing insight, addressing cognitive rigidity, exploring avoidance of difficult affect, and examining high-risk relational dynamics. Coordination with the AOD counselor will continue regarding Jessica's relationship with Tyler. The therapist will follow up with Jessica's parents to schedule a family therapy session, preferably in person, with Zoom as an alternative due to travel constraints. Ongoing assessment of readiness for discharge and level of care appropriateness will remain a treatment priority.

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John Foord, LMFT (Staff), 12/26/2025 01:29 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 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 10:00 AM	60 Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: rapid

Thought process: Appropriate , Circumstantial

Mood: Anxious

Affect: Appropriate

Judgement: Fair

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Client was on time for this individual session . Client continues to attend all programing and is participating in all groups. Client is working on and continues to work on and complete her assignments. Client has agreed to begin to begin a bullet point outline highlighting what her deal breakers and boundaries look like for her friend Tyler are going to look like going forward.

Counselor asked her to consider the changes she will need to make going forward to her interaction with Tyler will reflect in effort to maintain her safety / recovery , and transparency with her parents. Client was in agreement with beginning this plan over the Holiday Weekend, and counselor and client will review and continue to work on this on Tuesday 12/23.

Interventions:

- Assisted client in identifying high-risk situations and developing coping strategies.
- Supported client in building insight into the relationship between emotions and addictive behavior.
- Reviewed client's treatment goals and collaboratively updated action steps.

Response:**Plan:**

Follow up on Saturday/Tuesday .

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Tencia Sanchez (Staff), 12/24/2025 03:24 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Individual 12/23/2025 02:00 PM

Session Start/End Time	Start time	End time	Duration
	12/23/2025 02:00 PM	12/23/2025 03:00 PM	60 Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: rapid , pressured , Loud

Thought process: Appropriate , Circumstantial

Mood: Euthymic

Affect: Appropriate

Judgement: Fair

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Client was on time for this individual session. Client reported no stressors and has been continuing completing assignments in her relapse prevention workbook. Client is attended outside 12 step recovery meetings with her peers. Client reports no stressors. Counselor continues to review clients work . Client read her DOC letter to alcohol in todays group and shared her step in the 3 pm group.

Client continues to stay motivated for recovery and is doing additional writing on her assignments when asked to try and reveal more insights. Clients work reveals that she her top triggers are feeling overwhelmed/stressed, loneliness feeling emotionally abandoned, when experiencing conflict rejection. Two that have been mentioned recently are shame ,guilt, thinking about past mistakes, and being around people ,places and things.

Client adds that she needs structure in her day and to take breaks, avoiding Hi-Risk areas, avoid isolation and avoid contact with unsafe and triggering people.

Client will reach out to trusted supportive friends ,play the tape through.

Interventions:

- Assisted client in identifying high-risk situations and developing coping strategies.
- Processed recent triggers and explored alternative responses using cognitive-behavioral techniques.

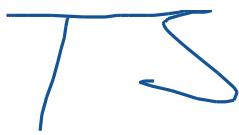
Response:

Client is very willing and open to suggestion. Client expressed gratitude.

Plan:

Continue to review clients work with client and work on a structured relapse prevention plan for when client completes treatment.

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Tencia Sanchez (Staff), 12/23/2025 04:48 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Individual 12/23/2025 01:00 PM

Session Start/End Time	Start time 12/23/2025 01:00 PM	End time 12/23/2025 02:00 PM	Duration 60 Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To:

Speech: rapid

Thought process: Intact/Organized , Ruminations

Mood: Sad , Anxious

Affect: Restricted

Judgement: Poor

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Jessica arrived on time for her scheduled individual psychotherapy session. She entered the office wearing tennis shoes, comfortable pants, and a long-sleeve jacket. Hair extensions were observed, which she intermittently fidgeted with throughout the session, suggesting underlying psychomotor restlessness and self-soothing behavior. Upon noticing a fidget tool on the therapist's side table, Jessica requested to use it, reporting it to be "very helpful." She utilized the fidget continuously throughout the session, appeared more regulated while doing so, and was granted permission to borrow it, indicating adaptive engagement in grounding strategies when emotionally activated.

Jessica reported feeling significantly fatigued, stating she would have taken a nap had she not attended the session. She attributed this fatigue to "bigger emotions" she has been experiencing recently, identifying sadness as the most salient affective state. This sadness was linked primarily to the recent departure of peers from the residential community. Jessica verbalized discomfort with emotional expression, explicitly stating that she does not like crying and does not want to cry; however, despite this avoidance, she became tearful multiple times during the session. Tears appeared congruent with affect and content, particularly when discussing feelings of loss, attachment, and separation, suggesting reduced emotional suppression and increased affective access compared to baseline.

Jessica stated, "I'm not thinking about leaving early, but I keep thinking about how much better things would be if I was home," reflecting ambivalence and early cognitive disengagement from the residential environment, though without overt intent to AMA discharge. She contrasted her current treatment experience with a prior treatment episode, noting that previously she was "checking off the days and counting down the minutes," whereas she does not experience the same degree of emotional detachment or urgency to leave at this time. Despite this distinction, her anticipated discharge date continues to be a recurrent cognitive focus. Jessica endorsed feeling she has "compelling reasons" to return home, citing concerns about her mother's health and a medically related injury affecting her horse. These stressors elicited renewed tearfulness and visible emotional distress, indicating difficulty tolerating separation from caretaking roles and external responsibilities.

Jessica also endorsed ongoing sleep disturbance and poor sleep hygiene. She initially minimized the severity of her sleep issues after mentioning them; however, with therapeutic interruption and consent, she engaged in further exploration.

Jessica reported a longstanding need for auditory stimulation to fall asleep, stating that silence feels "very loud and

deafening," which contributes to discomfort and difficulty initiating sleep. She described feeling more at ease falling asleep when environmental noise is present. In this context, she referenced a friend, Trevor, with whom she has spent time and around whom she felt comfortable falling asleep due to his ongoing nighttime activity (e.g., construction or tasks around his camper van). While this material was not fully explored in session, the narrative raises clinical concern regarding relational safety, boundaries, and potential exposure to substance use, particularly as it has been reported by both Jessica and her parents that Trevor consumes alcohol and other substances.

Within the residential milieu, Jessica identified forming a healthy, sober friendship and expressed grief related to the physical separation following this peer's departure. She demonstrated the capacity to articulate loss, remain present with sadness, and accept validation and support. Throughout the session, Jessica remained oriented, cooperative, and emotionally engaged, though affective lability and vulnerability were evident.

Jessica continues to demonstrate clinically significant emotional dysregulation, attachment-related distress, unresolved grief, sleep disturbance, and ambivalence related to separation from external caretaking roles, all of which pose increased vulnerability to relapse if prematurely transitioned to a lower level of care. Her difficulty tolerating affect, tendency to minimize symptoms, disrupted sleep patterns, and ongoing cognitive preoccupation with discharge underscore the need for continued residential treatment, where she can receive structured containment, emotional processing support, relapse prevention reinforcement, and family system intervention. Given her current presentation, a step-down in care would likely compromise stabilization, emotional integration, and sustained recovery progress.

Interventions:

The therapist utilized trauma-informed and emotion-focused interventions, including normalization of grief responses, affect validation, and reflective listening. Grounding and self-regulation strategies were supported through the use of a fidget tool. The therapist gently interrupted minimization patterns to facilitate deeper exploration of sleep hygiene and emotional needs. Psychoeducation was provided regarding grief, attachment, and emotional expression within recovery. Space was intentionally held for processing peer loss while reinforcing the value of sober relational connections. Treatment planning included coordination for family involvement.

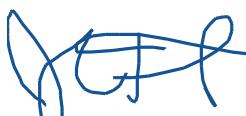
Response:

Jessica was receptive to interventions and demonstrated increased emotional openness despite stated discomfort with crying. She utilized grounding tools effectively and appeared more regulated when doing so. She responded positively to validation and normalization, allowing herself to remain emotionally present rather than avoidant. Insight into her emotional processes and relational needs is emerging, though ambivalence and external pull factors remain active. No acute safety concerns were endorsed.

Plan:

Jessica will continue individual psychotherapy at the residential level of care with a focus on emotional regulation, grief processing, sleep hygiene, attachment dynamics, and relapse prevention. She will continue working through her Relapse Prevention workbook as assigned. The therapist will contact Jessica's parents to coordinate an in-person or resumed family therapy session. Future sessions will further assess relational safety concerns and explore sleep-supportive coping strategies. Ongoing monitoring of emotional tolerance, discharge-related preoccupation, and relapse risk will continue.

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John Foord, LMFT (Staff), 12/23/2025 03:30 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Individual 12/22/2025 01:00 PM

Session Start/End Time	Start time	End time	Duration
	12/22/2025 01:00 PM	12/22/2025 02:00 PM	60 Minutes
Type of Session	Individual		

MSE**Appearance:**

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Appropriate , Intact/Organized

Mood: Euthymic , Sad , Anxious

Affect: Appropriate

Judgement:

Fair , Other: The client shows insight into her communication patterns with her family and recognizes the need for more openness to support her recovery.

Dangerousness:

No SI Risk , No HI or Aggression Risk , Other: The client presents with no acute risk of harm to self or others. She is future-oriented, focused on family relationships, and engaged in treatment planning. No suicidal or homicidal ideation was reported or observed.

Information/Behavior:

The client is focused on repairing her relationship with her parents and expresses concern for their well-being. She identifies a pattern of pushing her family away when she struggles and verbalizes a commitment to being more open with them in the future. The client values the positive peer relationships she has formed in treatment and is looking forward to returning home to be present for her family and care for her horse. She is actively engaged in planning for aftercare and navigating family dynamics to support her sobriety.

Interventions:

The client was highly engaged, cooperative, and reflective throughout the session. She responded openly to questions about her family and recent experiences, sharing her feelings and concerns without prompting. The client was receptive to the clinician's feedback and suggestions for future family communication.

Response:

The client was highly engaged, cooperative, and reflective throughout the session. She responded openly to questions about her family and recent experiences, sharing her feelings and concerns without prompting. The client was receptive to the clinician's feedback and suggestions for future family communication.

Plan:

The client plans to be more open with her parents about her struggles after returning home. She is agreeable to participating in a family session via Zoom to improve communication. The client also intends to go to her parents' house upon discharge to see her dog.

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John Foord, LMFT (Staff), 12/22/2025 01:54 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Individual 12/19/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
	12/19/2025 09:00 AM	12/19/2025 10:01 AM	61 Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: rapid , circumstantial

Thought process: Circumstantial

Mood: Anxious

Affect:

Judgement: Poor

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Client was on time for this individual session.

Client continues to attend all programing and is participating in the groups and completing assignments for Relapse prevention.

Client is attending outside 12 step support meetings with her peers, and client has started to go to the gym.

Client shared no stressors at this time.

Client reported having a good experience at the family day programing . Client expressed gratitude that her parents are so supportive. When asked questions about herself and using clients response tends to rely heavily on the outcome of wanting to do good because she doesn't want to disappoint her parents . Client was encouraged to expand on her answers in her workbook to help her get more in touch with her own feelings @ SUD feelings ,thoughts ,actions and look for the motivators for sobriety within herself in order to grow in her recovery.

Interventions:

- Assisted client in identifying high-risk situations and developing coping strategies.
- Explored family dynamics and interpersonal
- Supported client in building insight into the relationship between emotions and addictive behavior.patterns contributing to substance use.
- Used reflective listening and validation to enhance therapeutic rapport and emotional safety.

- Challenged cognitive distortions and supported more adaptive thinking patterns.

Response:

willing ,enthusiastic client expressed gratitude for the session.

Plan:

Talk with continuing care coordinator about IOP in Chico area.

Continue working on relapse prevention workbook reviewing clients completed work.

Client completed step worksheet.

Client completed four agreements worksheet,

Client will start a Values Clarification worksheet.

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Tencia Sanchez (Staff), 12/19/2025 10:39 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Individual 12/17/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
	12/17/2025 09:00 AM	12/17/2025 10:00 AM	60 Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: rapid

Thought process: Appropriate , Circumstantial

Mood: Euthymic , Anxious

Affect: Appropriate

Judgement: Poor

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Client was on time for this individual session. Client is attending programming and participating in her groups. Client is attending the outside 12 step support meetings with the group .Client has completed most of her work in chapter one and two in her relapse prevention workbook. Client was asked to review her work and continue to add additional information that will be discussed in our next session on Friday. Client did identify two of her goals for treatment while she is here are to build coping tools.,gain confidence.

Interventions:

- Reviewed client's treatment goals and collaboratively updated action steps.
- Reviewed client's treatment goals and collaboratively updated action steps.
- Used reflective listening and validation to enhance therapeutic rapport and emotional safety.

Response:**Plan:**

meet this Friday.

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Tencia Sanchez (Staff), 12/17/2025 12:54 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Individual 12/16/2025 01:00 PM

Session Start/End Time	Start time	End time	Duration
	12/16/2025 01:00 PM	12/16/2025 02:00 PM	60 Minutes
Type of Session	Individual		

MSE**Appearance:**

Oriented To: person , place , time , situation , All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Appropriate , Intact/Organized

Mood:

Angry , Irritable , Anxious , Other: Client reported feeling irritable, stating, "I think I'm just. I don't know, I'm irritable." She also described a recent incident where her anger emerged.

Affect: Appropriate

Judgement:

Fair , Other: The client shows insight into her manipulative tendencies and anger issues. She recognizes how her behaviors affect her family relationships and is starting to understand their perspectives.

Dangerousness:

No SI Risk , No HI or Aggression Risk , Other: The client presents with no immediate risk of harm to self or others. She denies suicidal and homicidal ideation. While she reports a history of intense anger, there is no indication of current intent to harm anyone.

Information/Behavior:

The client is processing a recent conflict with a staff member that triggered a significant anger response, a recurring theme. She reports complex family dynamics, including an enabling father, a fearful and frustrated mother, and an estranged brother. The client is ambivalent about her treatment plan, expressing a desire to leave after 30 days while also inquiring about outpatient options. She is also beginning to process unresolved grief related to the sudden death of a close friend, following an argument they had shortly before the friend's passing.

Interventions:

The client was receptive and engaged, exploring her anger triggers, family dynamics, and unresolved grief. Interventions focused on emotional regulation and relational mindfulness. The client demonstrated an ability to reflect on her behaviors and expressed a desire to improve her coping skills and family relationships.

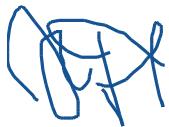
Response:

The client was engaged and participated actively in the session. She demonstrated increased insight by connecting her anger responses to past patterns and substance use. The client was receptive to exploring difficult topics, including family conflict and grief, and appeared to benefit from expressing her frustrations in a therapeutic setting.

Plan:

The client plans to participate in an upcoming family session. She states an intention to find an outpatient program for aftercare and to work on repairing her relationship with her brother and sister-in-law.

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A handwritten signature in blue ink, appearing to read "John Foord".

John Foord, LMFT (Staff), 12/16/2025 01:58 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Individual 12/15/2025 01:00 PM

Session Start/End Time	Start time	End time	Duration
	12/15/2025 01:00 PM	12/15/2025 02:00 PM	60 Minutes
Type of Session	Individual		

MSE**Appearance:** casual appearance**Oriented To:** person , place , time , situation , All Spheres-personal, place, time, and situation**Speech:** normal**Thought process:** Appropriate , Intact/Organized**Mood:** Euthymic , Anxious**Affect:** Appropriate**Judgement:**

Fair , Other: Client demonstrates strong insight into past manipulative behaviors, stating, "I can be really manipulative." They also recognize personal triggers like boredom and routine, and understand the need to rebuild trust with their family, indicating good judgment.

Dangerousness:

No SI Risk , No HI or Aggression Risk , Other: The client presents with no immediate risk of harm to self or others. The session contained no discussion of suicidal ideation, homicidal ideation, intent, or plan. Client is future-oriented and focused on recovery.

Information/Behavior:

The client reports positive social integration within the treatment setting, forming strong peer bonds and participating in group outings. They reflect on past work experiences in the restaurant and healthcare industries as periods associated with high stress and substance use. The client demonstrates significant self-awareness regarding their pattern of creating 'chaos' and using manipulation, identifying boredom as a key trigger. They are actively planning for recovery by creating positive outlets, such as an art room, to manage these triggers.

Interventions:

The client was receptive and engaged throughout the session. They demonstrated self-reflection by discussing past manipulative behaviors and the desire for genuine change. The client responded positively to the clinician's feedback and suggestions.

Response:

The client was receptive and engaged throughout the session. They demonstrated self-reflection by discussing past manipulative behaviors and the desire for genuine change. The client responded positively to the clinician's feedback and suggestions.

Plan:

The client plans to create an art room at home to serve as a healthy coping mechanism for boredom. They also intend to be more transparent with their parents to rebuild trust and demonstrate a genuine commitment to their recovery.

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John Foord, LMFT (Staff), 12/16/2025 11:00 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Individual 12/11/2025 02:15 PM

Session Start/End Time	Start time	End time
	12/11/2025 02:15	PM
Type of Session	Individual	

MSE**Appearance:**

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Appropriate , Intact/Organized

Mood:

Apathetic , Depressed , Anxious , Other: Client reports a depressed and apathetic mood, stating, "I'm, like, not really showing much emotion. I'm kind of, like, not really present."

Affect: Appropriate

Judgement:

Fair , Other: The client shows insight into their patterns of impatience and self-criticism. They recognize that their desire for immediate change is not beneficial to their recovery.

Dangerousness:

No SI Risk , No HI or Aggression Risk , Other: The client presents with no immediate risk of harm to self or others. They are in a supervised, residential setting, which acts as a primary protective factor. No suicidal or homicidal ideation was reported or observed.

Information/Behavior:

The client is adjusting to a residential treatment setting and reports feelings of depression and emotional detachment. They identify a pattern of impatience and being self-critical, acknowledging a past tendency to avoid "doing the work" necessary for recovery. The client reports sleep difficulties and is considering asking for medication while also being receptive to establishing routines. They are open to engaging in grounding activities like exercise and walking. The client reports having supportive family members who are relieved about their entry into treatment.

Interventions:

The client was engaged and cooperative throughout the session. They were reflective about their emotional state, particularly feelings of depression and impatience, and appeared receptive to therapeutic interventions such as practicing self-compassion and mindfulness.

Response:

The client was engaged and cooperative throughout the session. They were reflective about their emotional state, particularly feelings of depression and impatience, and appeared receptive to therapeutic interventions such as practicing self-compassion and mindfulness.

Plan:

The client plans to bring awareness to their self-critical thoughts as a form of homework. They agreed to participate in a 'walk and talk' with the clinician tomorrow and to bring their binder to that meeting. The client also intends to speak with

medical staff about options for sleep medication.
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A handwritten signature in blue ink that appears to read "John Foord, LMFT".

John Foord, LMFT (Staff), 12/11/2025 02:48 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Individual 12/10/2025 09:01 AM

Session Start/End Time	Start time	End time	Duration
	12/10/2025 09:01 AM	12/10/2025 09:11 AM	10 Minutes
Type of Session	Individual		

MSE

Appearance:

Oriented To:

Speech:

Thought process:

Mood:

Affect:

Judgement:

Dangerousness:

Information/Behavior:

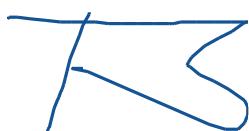
Client was not able to attend this session due to not feeling well and was excused by medical staff..

Interventions:

Response:

Plan:

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Tencia Sanchez (Staff), 12/11/2025 01:58 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Clinical Progress Note Individual 12/08/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
	12/08/2025 09:00 AM	12/08/2025 11:00 AM	120 Minutes
Type of Session	Individual		

MSE

Appearance: poor hygiene , casual appearance

Oriented To: situation , All Spheres-personal, place, time, and situation

Speech: rapid , slow , circumstantial , Soft

Thought process: Tangential , Loose Associations , Ruminations

Mood: Sad , Angry , Depressed , Anxious

Affect: Restricted , Flat , Other:: Tearful

Judgement: Poor

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Client arrived on time and participated fully in a scheduled biopsychosocial assessment. Client entered the office wearing slippers, loose-fitting pants, and an oversized hoodie, with hair appearing slightly disheveled, suggesting reduced attention to grooming. Client presented as open and cooperative throughout the interview. Affect appeared mildly blunted and client verbally endorsed fatigue, reporting poor sleep the previous night. Fatigue was further evidenced by frequent yawning during the session. Client also reported having taken her final detox medication that morning and subjectively attributed her drowsiness to medication effects. (It is noted that nursing staff subsequently reported the client obtained a full eight hours of sleep the previous night; this discrepancy will be observed going forward to assess for possible manipulative behavior or symptom embellishment in service of avoidance of programming.)

Client is admitted for severe alcohol use disorder and severe stimulant (methamphetamine) use disorder. Client reports consuming eight to nine bottles of wine daily and approximately three grams of methamphetamine per day for the past year. Client described her substance use as "out of control" and associated with dissociative episodes and significant interpersonal strain with family. Client endorses motivation for change, identifying goals to improve overall emotional stability ("be happy," "not have a chip on my shoulder"), reengage with family, and work toward increased emotional openness and vulnerability in treatment.

Client identifies a close relationship with another substance-using peer as a high-risk trigger and potential barrier to recovery. Client reports previous relapse immediately following a prior 28-day detox placement, highlighting a pattern of rapid return to use when not in a structured environment. Client's primary living partner also uses substances, contributing to a high-risk recovery environment with limited sober supports.

Client reports that her parents maintain frequent text communication offering emotional support and encouragement toward sobriety. Client identifies improvement in family relationships as a motivating factor for treatment participation. Client reports her parents have purchased a residence that she plans to move into upon completion of residential treatment, indicating the presence of potential sober support and stable housing at discharge. Client reports an older brother (Bryant) who has not communicated with her for three years, which the client identifies as a source of ongoing emotional strain and family conflict. Client identifies a close friend (Tyler) as a supportive figure, although client acknowledges this individual continues to consume alcohol and likely uses substances, representing a potential relapse trigger.

The client's desire to reconnect with family and manage ambivalent dynamics (supportive parents, estranged sibling, and substance-using friend) underscores the need for continued clinical work on attachment patterns, emotional regulation, and boundary-setting within a structured recovery environment.

Given the severity and chronicity of the client's alcohol and methamphetamine use, the presence of dissociation, history of relapse immediately post-detox, high-risk home environment, and limited sober supports, the client requires continued treatment at a residential level of care. A lower level of care at this time would place the client at significant risk for rapid relapse, medical and psychiatric decompensation, and continued exposure to active substance-using peers. Residential treatment is medically necessary to provide 24-hour structure, safety, monitoring, emotional regulation skill acquisition, trauma-informed interventions, and relapse-prevention strategies prior to any step-down in care.

Interventions:

Clinician conducted a comprehensive biopsychosocial assessment and reviewed substance-use history, recent detox course, psychosocial stressors, relapse history, and motivation for change. Clinician normalized detox-related fatigue, assessed safety and orientation, and provided psychoeducation regarding the importance of rest during the early stages of withdrawal. Clinician explicitly permitted short-term rest as a self-care intervention given early recovery and recent detoxification. Clinician assigned additional assessments for diagnostic clarification and level-of-care justification.

Response:

Client remained engaged, cooperative, and forthcoming with personal history and current symptoms. Client verbalized insight regarding the impact of substance use on functioning and relationships and expressed willingness to participate in recommended treatment. Client received education and permission to engage in rest with appreciation and verbal agreement.

Plan:

Continue residential level of care with emphasis on withdrawal monitoring, motivational enhancement, relapse-prevention skill development, and trauma-informed psychotherapy. Monitor for accuracy of symptom reporting and assess for possible manipulative behaviors related to fatigue or programming avoidance. Review assessment results as completed and incorporate into individualized treatment planning. Encourage abstinence-supportive contacts and limit communication with active substance-using peers. Prepare for step-down planning only when emotional regulation, coping skills, and sober support systems demonstrate measurable improvement.

scanned document



John Foord, LMFT (Staff), 12/08/2025 11:12 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Continuing Care Consultation 12/22/2025

12/22/2025

Subject

CCP #2

Summary of Discussion

This writer met with client to discuss early stages of aftercare planning and shared ideas.

Thoughts around Sober Roommates and IOP and Therapist

NO To SLE...very open to changing her relationships to focus on healthy people and places.

Presented as overly excited and was easily redirected to "breath".



Darren Davis (Staff), 12/23/2025 09:14 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Continuing Care Consultation 12/15/2025

12/15/2025

Subject

CCP #1 - intro

Summary of Discussion

This writer was able to meet face-2-face with client today while she was outside on the patio.

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.

Writer also expressed happiness that client was with us and that we are here to help.



Darren Davis (Staff), 12/16/2025 09:11 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Continuing Care Consultation 12/12/2025

12/12/2025

Subject

CCP #1 - Intro - tried to connect would not leave room

Summary of Discussion

This writer tried for the 2nd time this week to meet for quick intro

She's not being compliant.

She is not attending groups.

She seems to be entitled and is not participating.

Could not meet with her today as she declined all offers to participate.



Darren Davis (Staff), 12/12/2025 03:02 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment drop off request form 12/19/2025

Title drop off request form

Date 12/19/2025

Description

Scanned Document

75709_Xerox-Scan-2025-12-19-09-07-43-AM.pdf, 81.2 KB

A handwritten signature in black ink, appearing to read "Gisselle Arellano".

Gisselle Arellano (Staff), 12/19/2025 12:07 PM

Resident:	ELISSA H.	Signature:	ELISSA H.	Date:	12/15/25	PA on Shift:	7:30-8:30 AM
Therapist:	DR. KIM FEELEY	Signature:	DR. KIM FEELEY	Date:	12/19/25		

- A drop off that is not previously approved will not be permitted to take place.
- All packages must be cleared by staff before being given to residents.
- All visitors must check in with the staff at the gate and remain in their vehicle.
- Residents will be limited in the number of drop offs each week.
- Food/Drinks are not permitted drop off items.
- Approval by the clinical, medical or PA staff.
- A drop off that is requested to take place outside of visitation hours will need prior approval from the clinician, medical or PA staff.
- Items to be dropped off are considered needed/vital for the resident's care (e.g., clothing, medications, toiletries, etc.).

DROP OFF GUIDELINES AND CONSIDERATIONS

Drop Off Guidelines Form Signature

Items in drop off:

Drop Off Approved: YES: NO:

In order to assure that this drop off is needed to occur during non-visitation hours, reflections will determine if the potential drop off is warranted. The approval is individualized and is based on each resident's treatment. Any potential drop off that is determined to interrupt the recovery process will be denied.

Name: LIU HUI
Relationship: MUM
On: Month: DEC Day: 18 Time: 11AM
I am requesting a drop off from:

Please complete this form if you are requesting an item(s) be dropped off during non-visitation hours. Please note that only items vital to your care will be considered.

Drop Off Request Form

 RELECTIONS

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment drop off request form 12/16/2025

Title drop off request form

Date 12/16/2025

Description

Scanned Document

A handwritten signature in blue ink, appearing to read "Gisselle Arellano".

Gisselle Arellano (Staff), 12/16/2025 05:07 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Drop Off Request Form 12/27 12/26/2025

Title Drop Off Request Form 12/27

Date 12/26/2025

Description

Scanned Document

75834_Xerox-Scan-2025-12-26-03-07-45-PM.pdf, 214 KB

A handwritten signature in blue ink, appearing to read "Michael Galarneau".

Michael Galarneau, Program Assistant (Staff), 12/26/2025 09:31 PM



Drop Off Request Form

Please complete this form if you are requesting an item(s) be dropped off during non-visitation hours. Please note that only items vital to your care will be considered.

I Jessica Hull am requesting a drop off from:
 Name: Liz Curt Hull Relationship: mom/dad
 On: Month: Dec Day: 27th Time: 10am

In order to assure that this drop off is needed to occur during non-visitation hours, Reflections will determine if the potential drop off is warranted. The approval is individualized and is based on each resident's treatment. Any potential drop off that is determined to interrupt the recovery process will be denied.

Drop Off Approved: YES: X NO: _____

Items in drop off:

- ① Onesie - With a hood (its like a blanket)
- ② Ray ban glasses :

DROP OFF GUIDELINES AND CONSIDERATIONS

- Items to be dropped off are considered needed/vital for the resident's care (e.g., clothing, medications, toiletries, etc).
- A drop off that is requested to take place outside of visitation hours will need prior approval by the clinical, medical or PA staff.
- Food/Drinks are not permitted drop off items.
- Residents will be limited in the number of drop offs each week.
- All visitors must check in with the staff at the gate and remain in their vehicle.
- All packages must be cleared by staff before being given to residents.
- A drop off that is not previously approved will not be permitted to take place.

Resident:		Signature:		Date:	
Therapist:	<u>John Ford</u>	Signature:		Date:	<u>12/26/25</u>
PA on Shift:	<u>Michael G</u>	Signature:		Date:	<u>12/26/25</u>

REFLECTIONS

Visitor Request Form

I JESSICA HULL am requesting a visit from the following people on this date:

Saturday: Month Dec Day: 27th Time: 10am

Name: LIZ HULL Relationship: mom

Name: CURT HULL Relationship: dad

Name: _____ Relationship: _____

In order to assure that visiting is a safe and treatment enhancing experience for all involved Reflections will evaluate potential visitors for clinical appropriateness for each resident's treatment. Any potential visitors that pose threat to the recovery process will not be approved and the visit will be denied.

Visit Approved: YES X NO _____

Staff Comments:

VISITING RULES

(Resident must initial each to indicate understanding and agreement to all visiting rules)

- Visiting hours are every Saturday from 10am - 2pm
- If you are sick, have a fever, or have had contact with a sick person please do not enter and help keep our facility covid free (covid test and masks available upon request)
- Residents must be in treatment for 3 days and have completed detox to be eligible for visitors
- Residents are limited to three visitors at any given time
- All visitors must check in with the staff before visiting
- All visitors must sign a confidentiality agreement before visiting
- Visitors are not to bring any food/drink items for residents
- All packages must be cleared by staff before being given to residents
- Residents are responsible for the behavior of visitors
- Visitors may be asked to leave if behavior is inappropriate
- Visiting is allowed only in the following areas:**
 - The dining-room, group room, and living-Room
 - Outdoor areas on property in backyard
(visitors may not enter resident bedrooms)
- Any violation of visiting rules can result in a revocation of visiting privileges
- Do not introduce visitors to other residents unless other residents initiate contact
- Dogs have to stay on leash and outside at all times
 - Please ask for the animal visitation form if any pets will be on the property

Resident Name	<u>JESS HULL</u>	Signature	<u>Jess Hull</u>	Date	<u>12/27/25</u>
Primary Therapist	<u>John Foote</u>	Signature	<u>John Foote</u>	Date	<u>12/26/25</u>

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment JH Order request Form 12/19/2025

Title JH Order request Form

Date 12/19/2025

Description None

Scanned Document

75712_JH-Order-Request-Form-2025-12-19-03-02-44-PM.pdf, 88.5 KB

A handwritten signature in blue ink, appearing to read "Michael Whitley".

Michael Whitley (Staff), 12/19/2025 08:11 PM


Order Request Form

Please complete this form if you are requesting to order item(s) to McClay. Please note that only items vital to your care will be considered. The approval is individualized and is based on each resident's treatment. Any potential order that is determined to interrupt the recovery process will be denied.

I Jess Hull am requesting ordering:

Item: Hair extensions

From (website/vendor): Amazon Date: 12/20/25

Drop Off Approved: YES: ✓ NO: _____

ORDER GUIDELINES AND CONSIDERATIONS

- Items to be ordered are considered needed/vital for the resident's care (e.g., clothing, toiletries, etc.).
- Food/Drinks are not permitted items.
- Residents will be limited in the number of orders each week.
- All packages must be cleared by staff before being given to residents.
- An order that was not previously approved will be kept in the vault until proper procedure is exercised for approval.
- Any request to order house items (ie games, instruments, etc.) should be submitted to the suggestion box, which is checked weekly

Resident:	<u>Jess Hull</u>	Signature:	<u>M. Hull</u>	Date:	<u>12/19/25</u>
Therapist:	<u>Ann B.</u>	Signature:	<u>A. B.</u>	Date:	<u>12/19/25</u>
PA on Shift:	<u>Mirabel W.</u>	Signature:	<u>M. W.</u>	Date:	<u>12/19/25</u>

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment JH Visitor Agreement Form 12/25/2025

Title JH Visitor Agreement Form

Date 12/25/2025

Description

Scanned Document

75839_visitor-agreement-form-JH-2025-12-28-07-24-12-AM.pdf, 64.1 KB

A handwritten signature in blue ink, appearing to read "Brody Christenson".

Brody Christenson (Staff), 12/28/2025 07:25 AM

REFLECTIONS Visitor's Agreement

This form must be read and signed by all visitors to Reflections

Reflections adheres to strict policies designed to protect our residents' privacy, safety, and confidentiality. As a visitor to Reflections, it is required that you agree to all of the following statements:

- You will not bring any drugs, alcohol, or paraphernalia to this facility.
- You will not be under the influence of any drugs or alcohol.
- You will not show any signs of recent alcohol or other drug use (e.g., an odor of drugs or alcohol).
- You will not wear any clothing that advertises drugs or alcohol.
- You will not disclose the identity of any resident you see here at Reflections. Nor will you share the contents of any discussions, groups or other therapeutic sessions.
- You will not approach any resident of Reflections; any contact must be initiated by the resident.
- You will remain in the designated visiting areas as described by Reflections staff. Socializing in the residents' bedrooms is specifically prohibited.
- You will not engage in any inappropriate behavior with residents, including arguing, fighting, or sexual behavior.
- You are not currently experiencing any flu-like symptoms.
- You have not had contact with anyone that has tested positive or is being evaluated for COVID 19.
- You will give all packages to staff for inspection.
- You will leave the premises without incident if requested to do so by Reflections staff.
- To protect confidentiality photography and videography is prohibited on facility premises.

Your signature indicates that you agree to abide with the above conditions in their entirety. Failure to sign this document will result in visiting privileges being denied.

Ryan Shea

Visitor Printed Name

Ryan Shea

Visitor Signature

12-25-25

Date

BROOY CHRISTELSON

Staff Printed Name

RE

Staff Signature

12-25-25

Date

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment JH Visitor Agreements (LR & Curt Hull) 12/15/2025

Title JH Visitor Agreements (LR & Curt Hull)

Date 12/15/2025

Description None

Scanned Document

75630_JH-Visitors-Agreements--LR-and-Curt-Hull--2025-12-15-09-52-07-AM.pdf, 182 KB

A handwritten signature in blue ink, appearing to read "Michael Whitley".

Michael Whitley (Staff), 12/15/2025 09:57 AM

5X

REFLECTIONS Visitor's Agreement

This form must be read and signed by all visitors to Reflections

Reflections adheres to strict policies designed to protect our residents' privacy, safety, and confidentiality. As a visitor to Reflections, it is required that you agree to all of the following statements:

- You will not bring any drugs, alcohol, or paraphernalia to this facility.
- You will not be under the influence of any drugs or alcohol.
- You will not show any signs of recent alcohol or other drug use (e.g., an odor of drugs or alcohol).
- You will not wear any clothing that advertises drugs or alcohol.
- You will not disclose the identity of any resident you see here at Reflections. Nor will you share the contents of any discussions, groups or other therapeutic sessions.
- You will not approach any resident of Reflections; any contact must be initiated by the resident.
- You will remain in the designated visiting areas as described by Reflections staff. Socializing in the residents' bedrooms is specifically prohibited.
- You will not engage in any inappropriate behavior with residents, including arguing, fighting, or sexual behavior.
- You are not currently experiencing any flu-like symptoms.
- You have not had contact with anyone that has tested positive or is being evaluated for COVID 19.
- You will give all packages to staff for inspection.
- You will leave the premises without incident if requested to do so by Reflections staff.
- To protect confidentiality photography and videography is prohibited on facility premises.

Your signature indicates that you agree to abide with the above conditions in their entirety. Failure to sign this document will result in visiting privileges being denied.

Liz Hull

Visitor Printed Name



Visitor Signature

12-13-25

Date

Giselle A.

Staff Printed Name



Staff Signature

1213125

Date

JH

REFLECTIONS Visitor's Agreement

This form must be read and signed by all visitors to Reflections

Reflections adheres to strict policies designed to protect our residents' privacy, safety, and confidentiality. As a visitor to Reflections, it is required that you agree to all of the following statements:

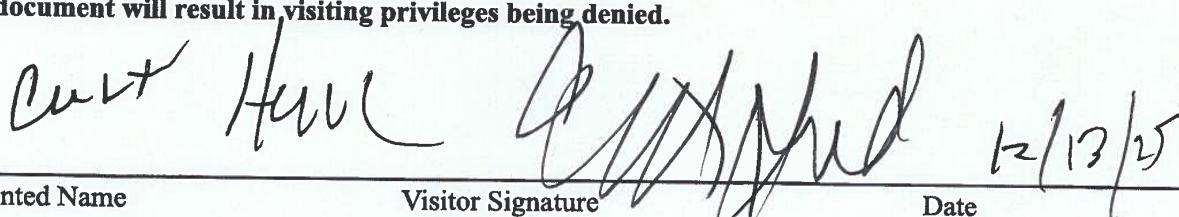
- You will not bring any drugs, alcohol, or paraphernalia to this facility.
- You will not be under the influence of any drugs or alcohol.
- You will not show any signs of recent alcohol or other drug use (e.g., an odor of drugs or alcohol).
- You will not wear any clothing that advertises drugs or alcohol.
- You will not disclose the identity of any resident you see here at Reflections. Nor will you share the contents of any discussions, groups or other therapeutic sessions.
- You will not approach any resident of Reflections; any contact must be initiated by the resident.
- You will remain in the designated visiting areas as described by Reflections staff. Socializing in the residents' bedrooms is specifically prohibited.
- You will not engage in any inappropriate behavior with residents, including arguing, fighting, or sexual behavior.
- You are not currently experiencing any flu-like symptoms.
- You have not had contact with anyone that has tested positive or is being evaluated for COVID 19.
- You will give all packages to staff for inspection.
- You will leave the premises without incident if requested to do so by Reflections staff.
- To protect confidentiality photography and videography is prohibited on facility premises.

Your signature indicates that you agree to abide with the above conditions in their entirety. Failure to sign this document will result in visiting privileges being denied.

Visitor Printed Name

Visitor Signature

Date

 12/13/25

Staff Printed Name

Staff Signature

Date





12/13/25

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment JH Visitor Request Form 12/23/2025

Title JH Visitor Request Form

Date 12/23/2025

Description

Scanned Document

75840_JH-VISITOR-REQUEST-FORM-2025-12-28-07-27-50-AM.pdf, 52.4 KB

A handwritten signature in blue ink, appearing to read "Brody Christenson".

Brody Christenson (Staff), 12/28/2025 07:29 AM

REFLECTIONS

Visitor Request Form

I JESS HULL am requesting a visit from the following people on this date:

Saturday: Month Dec. Day: _____ Time: _____

Name: JESS HULL Relationship: MUM

Name: CURT HULL Relationship: DAD

Name: _____ Relationship: _____

In order to assure that visiting is a safe and treatment enhancing experience for all involved Reflections will evaluate potential visitors for clinical appropriateness for each resident's treatment. Any potential visitors that pose threat to the recovery process will not be approved and the visit will be denied.

Visit Approved: YES X NO _____

Staff Comments:

VISITING RULES

(Resident must initial each to indicate understanding and agreement to all visiting rules)

- Visiting hours are every Saturday from 10am - 2pm
- If you are sick, have a fever, or have had contact with a sick person please do not enter and help keep our facility covid free (covid test and masks available upon request)
- Residents must be in treatment for 3 days and have completed detox to be eligible for visitors
- Residents are limited to three visitors at any given time
- All visitors must check in with the staff before visiting
- All visitors must sign a confidentiality agreement before visiting
- Visitors are not to bring any food/drink items for residents
- All packages must be cleared by staff before being given to residents
- Residents are responsible for the behavior of visitors
- Visitors may be asked to leave if behavior is inappropriate
- Visiting is allowed only in the following areas:
 - The dining-room, group room, and living-Room
 - Outdoor areas on property in backyard
(visitors may not enter resident bedrooms)
- Any violation of visiting rules can result in a revocation of visiting privileges
- Do not introduce visitors to other residents unless other residents initiate contact
- Dogs have to stay on leash and outside at all times
 - Please ask for the animal visitation form if any pets will be on the property

Resident Name	<u>JESS HULL</u>	Signature	<u>JESS HULL</u>	Date	<u>12/23/25</u>
Primary Therapist	<u>JOHN FORD</u>	Signature	<u>ZAG</u>	Date	<u>12/23/25</u>

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment order request form 12/16/2025

Title order request form

Date 12/16/2025

Description

Scanned Document

75639_Xerox-Scan-2025-12-16-09-02-34-AM.pdf, 76.9 KB

A handwritten signature in black ink, appearing to read "Gisselle Arellano".

Gisselle Arellano (Staff), 12/16/2025 05:08 PM

REFLECTIONS

Order Request Form

Please complete this form if you are requesting to order item(s) to McClay. Please note that only items vital to your care will be considered. The approval is individualized and is based on each resident's treatment. Any potential order that is determined to interrupt the recovery process will be denied.

I Degraffell (Jessica Hull) am requesting ordering:

Item: 2 packages of L-TIP hair extensions

From (website/vendor): TUMU **Date:** (ordered on 12/14/25)

Drop Off Approved: YES: X NO: _____

ORDER GUIDELINES AND CONSIDERATIONS

- Items to be ordered are considered needed/vital for the resident's care (e.g., clothing, toiletries, etc).
- Food/Drinks are not permitted items.
- Residents will be limited in the number of orders each week.
- All packages must be cleared by staff before being given to residents.
- An order that was not previously approved will be kept in the vault until proper procedure is exercised for approval.
- Any request to order house items (ie games, instruments, etc.) should be submitted to the suggestion box, which is checked weekly

Resident:	Jessica	Signature:	<u>Jessica</u>	Date:	
Therapist:	John Ford	Signature:	<u>John Ford</u>	Date:	12/16/25
PA on Shift:	Noah Allic	Signature:	<u>Noah Allic</u>	Date:	12/14/25

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Visitor agreement form 12/27/2025

Title Visitor agreement form

Date 12/27/2025

Description

Scanned Document

75837_Xerox-Scan-2025-12-27-03-40-00-PM.pdf, 105 KB

A handwritten signature in black ink, appearing to read "Gisselle Arellano".

Gisselle Arellano (Staff), 12/27/2025 03:42 PM

REFLECTIONS
Visitor's Agreement

This form must be read and signed by all visitors to Reflections

Reflections adheres to strict policies designed to protect our residents' privacy, safety, and confidentiality. As a visitor to Reflections, it is required that you agree to all of the following statements:

- You will not bring any drugs, alcohol, or paraphernalia to this facility.
- You will not be under the influence of any drugs or alcohol.
- You will not show any signs of recent alcohol or other drug use (e.g., an odor of drugs or alcohol).
- You will not wear any clothing that advertises drugs or alcohol.
- You will not disclose the identity of any resident you see here at Reflections. Nor will you share the contents of any discussions, groups or other therapeutic sessions.
- You will not approach any resident of Reflections; any contact must be initiated by the resident.
- You will remain in the designated visiting areas as described by Reflections staff. Socializing in the residents' bedrooms is specifically prohibited.
- You will not engage in any inappropriate behavior with residents, including arguing, fighting, or sexual behavior.
- You are not currently experiencing any flu-like symptoms.
- You have not had contact with anyone that has tested positive or is being evaluated for COVID 19.
- You will give all packages to staff for inspection.
- You will leave the premises without incident if requested to do so by Reflections staff.
- To protect confidentiality photography and videography is prohibited on facility premises.

Your signature indicates that you agree to abide with the above conditions in their entirety. Failure to sign this document will result in visiting privileges being denied.

Liz Hull

Visitor Printed Name



Visitor Signature

12-27-25

Date

Giselle

Staff Printed Name



Staff Signature

12/27/25

Date

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team



Attachment Visitor Request Form 12/23/2025

Title Visitor Request Form

Date 12/23/2025

Description

Scanned Document

75841_Xerox-Scan-2025-12-28-07-30-46-AM.pdf, 65.8 KB

A handwritten signature in blue ink, appearing to read "Brody Christenson".

Brody Christenson (Staff), 12/28/2025 07:31 AM

REFLECTIONS

Visitor Request Form

I JESSICA HULL am requesting a visit from the following people on this date:
Saturday: Month Dec. Day: 25 Time: 1pm
Name: Ryan Shea Relationship: friend
Name: _____ Relationship: _____
Name: _____ Relationship: _____

In order to assure that visiting is a safe and treatment enhancing experience for all involved Reflections will evaluate potential visitors for clinical appropriateness for each resident's treatment. Any potential visitors that pose threat to the recovery process will not be approved and the visit will be denied.

Visit Approved: YES _____ NO _____

Staff Comments:

VISITING RULES

(Resident must initial each to indicate understanding and agreement to all visiting rules)

- Visiting hours are every Saturday from 10am - 2pm
- If you are sick, have a fever, or have had contact with a sick person please do not enter and help keep our facility covid free (covid test and masks available upon request)
- Residents must be in treatment for 3 days and have completed detox to be eligible for visitors
- Residents are limited to three visitors at any given time
- All visitors must check in with the staff before visiting
- All visitors must sign a confidentiality agreement before visiting
- Visitors are not to bring any food/drink items for residents
- All packages must be cleared by staff before being given to residents
- Residents are responsible for the behavior of visitors
- Visitors may be asked to leave if behavior is inappropriate
- Visiting is allowed only in the following areas:**
 - The dining-room, group room, and Living-Room
 - Outdoor areas on property in backyard
(visitors may not enter resident bedrooms)
- Any violation of visiting rules can result in a revocation of visiting privileges
- Do not introduce visitors to other residents unless other residents initiate contact
- Dogs have to stay on leash and outside at all times
 - Please ask for the animal visitation form if any pets will be on the property**

Resident Name	<u>JESSICA HULL</u>	Signature	<u>Jessica Hull</u>	Date	<u>12/25</u>
Primary Therapist	<u>Jeanne Foyles</u>	Signature	<u>Jeanne Foyles</u>	Date	<u>12/25</u>

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description 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	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

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		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Alkaloids, NOS (Excluding Cotinine) Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Alkaloids, Nos (Excluding Cotinine) Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Tramadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Tramadol Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Tapentadol Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Methylendioxyphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylendioxyphetamines Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Methadone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methadone Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Ketamine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Ketamine Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Heroin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Heroin Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Gabapentin Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antiepileptic Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review		Executed At 12/28/2025 04:24 PM	
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Tricyclic Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Serotonergic Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Otherwise Not Specified Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Amphetamines Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Alcohol Biomarkers Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description	Frequency		
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	Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status	Executed At 12/28/2025 04:24 PM		
Active	Pending Order Review		
Location LAR - McClay			

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		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description	Frequency		
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	Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status	Executed At 12/28/2025 04:24 PM		
Active	Pending Order Review		
Location LAR - McClay			

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	LARC741	

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Psychedelic Substances Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Stimulants, Synthetic Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Skeletal Muscle Relaxants Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Sedative Hypnotics Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Propoxyphene Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Pregabalin Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Phencyclidine Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Oxycodone Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Opioids & Opiate Analogs Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Opiates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Opiates Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylphenidate Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Fentanyl Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Cocaine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Cocaine Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review		Executed At 12/28/2025 04:24 PM	
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Cannabinoids, Natural Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Buprenorphine Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Benzodiazepines Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Barbiturates Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antipsychotics Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Medical Test Order

Description Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/04/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/04/2025 04:44 PM	Ordered By: NP Ellen Barbieri at 12/04/2025 04:44 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/28/2025 04:24 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Anti Hypertensive Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Lab Test Requisition

Specimen K67KRPK3	Specimen Source Urine	Created By: LPT Irma Martinez at 12/28/2025 04:23 PM
Collected By: LPT Irma Martinez at 12/28/2025 04:23 PM	Requested By: LPT Irma Martinez at 12/28/2025 04:24 PM	Status Sent

**Insurance Information**

Insurance Payer California Blue Shield	Subscriber ID xed911442892	Insurance Priority N/A	
Group Number N/A	Plan Type	Insurance Phone Number N/A	Deductible Substance Abuse Benefits: Deduction = 11400, Deduction Met = 1119.20, Oop = 15000, Oop Met = 1119.20.
Subscriber Jessica Hull	Patient Relationship to Subscriber Self	SSN N/A	Date of Birth 04/24/1996
Subscriber Address USA	Subscriber Employer N/A		

Lab

Name Gnosis	Account LARC741	CLIA Code 05D2198282
Address	Phone N/A	

Requested Medical Test Orders

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical
Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

- {4} Provides objectivity to the treatment plan.
- {5} Reinforces therapeutic compliance in the patient.

Order Description**Ordered At**

Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) -
(Urine) 12/04/2025 04:44 PM

Requested Medical
Tests

Test Code	Test Description	Test Type	Compendium Version
340123	Opioids & Opiate Analogs Presumptive	toxicology	5

Medical Test: Methylphenidate Presumptive - (Gnosis) -
(Urine) 12/04/2025 04:44 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)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340122	Opiates Presumptive	toxicology	5	
Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340108	Anti-hypertensive Presumptive	toxicology	5	
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340109	Antipsychotics Presumptive	toxicology	5	
Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340110	Barbiturates Presumptive	toxicology	5	
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340111	Benzodiazepines Presumptive	toxicology	5	
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340112	Buprenorphine Presumptive	toxicology	5	
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5
Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340124	Oxycodone Presumptive	toxicology	5
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340125	Phencyclidine Presumptive	toxicology	5
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340126	Pregabalin Presumptive	toxicology	5
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340127	Propoxyphene Presumptive	toxicology	5
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340117	Heroin Presumptive	toxicology	5
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 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)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340119	Methadone Presumptive	toxicology	5	
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340120	Methylendioxyamphetamines Presumptive	toxicology	5	
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340131	Tapentadol Presumptive	toxicology	5	
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 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)				12/04/2025 04:44 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)				12/04/2025 04:44 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 use disorder, Severe,F15.20 Other or unspecified stimulant use disorder, Severe,F33.9 Major depressive disorder, recurrent, unspecified,F41.1 Generalized anxiety disorder,F41.0 Panic disorder

Medication

Hydroxyzine H Cl,Bupropion H Cl,Trazodone,Acetaminophen,Ibuprofen,Tirzepatide (Weight Loss),Pantoprazole,Tizanidine,Tums,Loperamide,Melatonin,Multivitamin,Ondansetron H Cl,Lorazepam,Gabapentin,Clonidine H Cl

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.



Jessica Hull, 12/28/2025 04:24 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Lab Test Requisition

Specimen

K67KRPJ4

Specimen Source

Urine

Collected By:

LPT Irma Martinez at 12/22/2025 11:27 AM

Created By:

LPT Irma Martinez at 12/22/2025 11:28 AM

Requested By:

LPT Irma Martinez at 12/22/2025 11:28 AM

Status

Sent

**Insurance Information**

Insurance Payer California Blue Shield	Subscriber ID xed911442892	Insurance Priority N/A	
Group Number N/A	Plan Type	Insurance Phone Number N/A	Deductible Substance Abuse Benefits: Deduction = 11400, Deduction Met = 1119.20, Oop = 15000, Oop Met = 1119.20.
Subscriber Jessica Hull	Patient Relationship to Subscriber Self	SSN N/A	Date of Birth 04/24/1996
Subscriber Address USA	Subscriber Employer N/A		

Lab

Name Gnosis	Account LARC741	CLIA Code 05D2198282
Address	Phone N/A	

Requested Medical Test Orders

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{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)	12/04/2025 04:44 PM
Requested Medical Tests	
Test Code	Test Description
340108	Anti-hypertensive Presumptive
	toxicology
	5
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)	
	12/04/2025 04:44 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)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340110	Barbiturates Presumptive	toxicology	5
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340111	Benzodiazepines Presumptive	toxicology	5
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340112	Buprenorphine Presumptive	toxicology	5
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 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)				12/04/2025 04:44 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)				12/04/2025 04:44 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)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340124	Oxycodone Presumptive	toxicology	5	
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340125	Phencyclidine Presumptive	toxicology	5	
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340126	Pregabalin Presumptive	toxicology	5	
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340127	Propoxyphene Presumptive	toxicology	5	
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 PM
Test Code	Test Description	Test Type	Compendium Version
340103	Amphetamines Presumptive	toxicology	5
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340104	Antidepressants, otherwise not specified Presumptive	toxicology	5
Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340105	Antidepressants, serotonergic Presumptive	toxicology	5
Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340117	Heroin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340118	Ketamine Presumptive	toxicology	5
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 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)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340119	Methadone Presumptive	toxicology	5	
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340120	Methylendioxyamphetamines Presumptive	toxicology	5	
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340131	Tapentadol Presumptive	toxicology	5	
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 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)				12/04/2025 04:44 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)				12/04/2025 04:44 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)

Additional Information

Temp 90-100F? : YES

Temperature is measured in celsius or fahrenheit? : Fahrenheit

Clinical Data

Diagnosis

F10.20 Alcohol use disorder, Severe,F15.20 Other or unspecified stimulant use disorder, Severe,F33.9 Major depressive disorder, recurrent, unspecified,F41.1 Generalized anxiety disorder,F41.0 Panic disorder

Medication

Hydroxyzine H Cl,Bupropion H Cl,Pantoprazole,Tizanidine,Tums,Loperamide,Melatonin,Multivitamin,Mounjaro,Ondansetron H Cl,Lorazepam,Gabapentin,Clonidine H Cl

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.



Jessica Hull, 12/22/2025 11:28 AM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Lab Test Requisition

Specimen K67KRPN	Specimen Source Urine	Created By: LPT Irma Martinez at 12/14/2025 05:22 PM
Collected By: LPT Irma Martinez at 12/14/2025 05:22 PM	Requested By: LPT Irma Martinez at 12/14/2025 05:23 PM	Status Sent

**Insurance Information**

Insurance Payer California Blue Shield	Subscriber ID xed911442892	Insurance Priority N/A	
Group Number N/A	Plan Type	Insurance Phone Number N/A	Deductible Substance Abuse Benefits: Deduction = 11400, Deduction Met = 1119.20, Oop = 15000, Oop Met = 1119.20.
Subscriber Jessica Hull	Patient Relationship to Subscriber Self	SSN N/A	Date of Birth 04/24/1996
Subscriber Address USA	Subscriber Employer N/A		

Lab

Name Gnosis	Account LARC741	CLIA Code 05D2198282
Address	Phone N/A	

Requested Medical Test Orders

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical
Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Order Description	Ordered At		
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)	12/04/2025 04:44 PM		
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340128	Sedative Hypnotics Presumptive	toxicology	5
Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine)	12/04/2025 04:44 PM		

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340124	Oxycodone Presumptive	toxicology	5	
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340125	Phencyclidine Presumptive	toxicology	5	
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340126	Pregabalin Presumptive	toxicology	5	
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340127	Propoxyphene Presumptive	toxicology	5	
Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340108	Anti-hypertensive Presumptive	toxicology	5	
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340109	Antipsychotics Presumptive	toxicology	5	
Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340110	Barbiturates Presumptive	toxicology	5	
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340111	Benzodiazepines Presumptive	toxicology	5	
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340112	Buprenorphine Presumptive	toxicology	5	
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340113	Cannabinoids, Natural Presumptive	toxicology	5	
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340114	Cocaine Presumptive	toxicology	5	
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340115	Fentanyl Presumptive	toxicology	5	
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340121	Methylphenidate Presumptive	toxicology	5	
Medical Test: Opiates Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 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)				12/04/2025 04:44 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340123	Opioids & Opiate Analogs Presumptive	toxicology	5
Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 PM
Test Code	Test Description	Test Type	Compendium Version
340103	Amphetamines Presumptive	toxicology	5
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340104	Antidepressants, otherwise not specified Presumptive	toxicology	5
Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340105	Antidepressants, serotonergic Presumptive	toxicology	5
Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340117	Heroin Presumptive	toxicology	5
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 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)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340119	Methadone Presumptive	toxicology	5	
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340120	Methylendioxyamphetamines Presumptive	toxicology	5	
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340131	Tapentadol Presumptive	toxicology	5	
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 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)				12/04/2025 04:44 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)				12/04/2025 04:44 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)

If Diagnosis and treatment for substance abuse or dependence (SUD) was selected above, document days of abstinence : 0-30

Clinical Data

Diagnosis

F10.20 Alcohol use disorder, Severe,F15.20 Other or unspecified stimulant use disorder, Severe,F33.9 Major depressive disorder, recurrent, unspecified,F41.1 Generalized anxiety disorder,F41.0 Panic disorder

Medication

Bupropion H Cl,Pantoprazole,Hydroxyzine H Cl,Tizanidine,Tums,Loperamide,Melatonin,Multivitamin,Mounjaro,Ondansetron H Cl,Lorazepam,Gabapentin,Clonidine H Cl

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.



Jessica Hull, 12/14/2025 05:23 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Lab Test Requisition

Specimen K67KRNAME	Specimen Source Urine	Created By: LPT Irma Martinez at 12/04/2025 04:45 PM
Collected By: LPT Irma Martinez at 12/04/2025 04:45 PM	Requested By: LPT Irma Martinez at 12/04/2025 04:45 PM	Status Sent

**Insurance Information**

Insurance Payer California Blue Shield	Subscriber ID xed911442892	Insurance Priority N/A	
Group Number N/A	Plan Type	Insurance Phone Number N/A	Deductible Substance Abuse Benefits: Deduction = 11400, Deduction Met = 1119.20, Oop = 15000, Oop Met = 1119.20.
Subscriber Jessica Hull	Patient Relationship to Subscriber Self	SSN N/A	Date of Birth 04/24/1996
Subscriber Address USA	Subscriber Employer N/A		

Lab

Name Gnosis	Account LARC741	CLIA Code 05D2198282
Address	Phone N/A	

Requested Medical Test Orders

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical
Necessity

29 year old female Client presenting with F10.20 Alcohol use disorder and Severe. Prescribed medications are lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, and hydroxyzine HCl.

- {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) 12/04/2025 04:44 PM

Requested Medical
Tests

Test Code	Test Description	Test Type	Compendium Version
340108	Anti-hypertensive Presumptive	toxicology	5

Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine) 12/04/2025 04:44 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)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340110	Barbiturates Presumptive	toxicology	5
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340111	Benzodiazepines Presumptive	toxicology	5
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340112	Buprenorphine Presumptive	toxicology	5
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 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)				12/04/2025 04:44 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)				12/04/2025 04:44 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)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340124	Oxycodone Presumptive	toxicology	5	
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340125	Phencyclidine Presumptive	toxicology	5	
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340126	Pregabalin Presumptive	toxicology	5	
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340127	Propoxyphene Presumptive	toxicology	5	
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 PM
Test Code	Test Description	Test Type	Compendium Version
340103	Amphetamines Presumptive	toxicology	5
Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 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)			12/04/2025 04:44 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)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340117	Heroin Presumptive	toxicology	5
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)			12/04/2025 04:44 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)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340119	Methadone Presumptive	toxicology	5	
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340120	Methylendioxyamphetamines Presumptive	toxicology	5	
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340131	Tapentadol Presumptive	toxicology	5	
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)				12/04/2025 04:44 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)				12/04/2025 04:44 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)				12/04/2025 04:44 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)

Additional Information

Temp 90-100F? : YES

Temperature is measured in celsius or fahrenheit? : Fahrenheit

Clinical Data

Diagnosis

F10.20 Alcohol use disorder, Severe

Medication

Lorazepam,Ondansetron H Cl,Tizanidine,Gabapentin,Tums,Emergen C,Folic Acid,Loperamide,Melatonin,Multivitamin,Tuberculin Purified Protein Derivative,Thiamine,Clonidine H Cl,Mounjaro,Hydroxyzine H Cl

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.



Jessica Hull, 12/04/2025 04:45 PM

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Lab Report

Specimen K67KRPK3	Accession No T2512300135
Reported At 12/31/2025 12:32 AM	
Collected At 12/28/2025 04:23 PM	Results For Review: 4
Results Summary: Normal: 44 Abnormal: 4	

**Patient**

First Name Jessica	Middle Name N/A	Last Name Hull	MR Number 2025-127
Date Of Birth 04/24/1996	Phone 530-513-7445	Address 14112 Garner Lane Chico CA , 95973 US	Birth Sex Female
Payment Method N/A	Location LAR - McClay	Current Diagnoses F10.20 Alcohol use disorder, Severe; F15.20 Other or unspecified stimulant use disorder, Severe; F33.9 Major depressive disorder, recurrent, unspecified; F41.1 Generalized anxiety disorder; F41.0 Panic disorder ⚡	
Notes N/A			

Lab

Name Gnosis - Orange	CLIA Code 05D2198282
Address 1594 N Main St Orange CA , 92867 US	Phone 888-539-0525

Highlighted Results

Result Description	Observed Result	Observed At	Cutoff / Reference		Unit	Outcome	Status	Lab
			Range	Lab				
Clonidine	Negative	12/28/2025 04:23 PM	20		ng/mL	Abnormal	Final	Gnosis - Orange
Notes:								
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl Interpretation: INCONSISTENT Remarks: Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction. Detection Window: Up tp 3 days								
Gabapentin	Negative	12/28/2025 04:23 PM	200		ng/mL	Abnormal	Final	Gnosis - Orange
Notes:								
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl Interpretation: INCONSISTENT 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								
Antidepressants, not otherwise specified	Positive	12/28/2025 04:23 PM	N/A		N/A	Abnormal	Final	Gnosis - Orange

Result Description	Cutoff / Reference						
	Observed Result	Observed At	Range	Unit	Outcome	Status	Lab
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Lorazepam	Negative	12/28/2025 04:23 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl 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							

Reported Medical Tests

Test Description Screening	Status Final Result	Specimen Source UR: Urine					
Received At 12/30/2025 10:39 AM	Completed At 12/31/2025 12:32 AM	Ordering Physician Ellen Barbieri		Lab	N/A		
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Alcohol Biomarkers	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Alkaloids, NOS (Excluding Cotinine)	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Amphetamines	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Antidepressants, not otherwise specified	Positive	12/28/2025 04:23 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Antidepressants, serotonergic	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Antidepressants, tricyclic	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Antiepileptic	Negative	12/28/2025 04:23 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: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Anti-hypertensive	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Antipsychotics	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Barbiturates	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Benzodiazepines	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Buprenorphine	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Cannabinoids, Natural	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Cocaine	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Fentanyl	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Gabapentin	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Heroin	Negative	12/28/2025 04:23 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: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl												
Ketamine	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl												
Methadone	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl												
Methylenedioxymphetamines	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl												
Methylphenidate	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl												
Opiates	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl												
Opioids & Opiate Analogs	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl												
Oxycodone	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl												
Phencyclidine	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl												
Pregabalin	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl												
Propoxyphene	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange					

Result Description	Observed Result	Observed At	Cutoff / Reference Range		Unit	Outcome	Status	Lab
			N/A					
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Psychedelic substances	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Sedative Hypnotics	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Skeletal Muscle Relaxants	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Stimulants, synthetic	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Tapentadol	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								
Tramadol	Negative	12/28/2025 04:23 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl								

Test Description	Status	Specimen Source
Anti-hypertensive Definitive	Final Result	UR: Urine
Received At 12/30/2025 10:39 AM	Completed At 12/31/2025 12:32 AM	Ordering Physician Ellen Barbieri
Results		
Result Description	Observed Result	Observed At
Clonidine	Negative	12/28/2025 04:23 PM
		20
		ng/mL
		Abnormal
		Final
		Gnosis - Orange
Notes: Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl Interpretation: INCONSISTENT Remarks: Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction. Detection Window: Up tp 3 days		

Antidepressants, not otherwise specified Definitive	Final Result	UR: Urine					
Received At 12/30/2025 10:39 AM	Completed At 12/31/2025 12:32 AM	Ordering Physician Ellen Barbieri	Lab N/A				
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Hydroxybupropion	249.949215571763	12/28/2025 04:23 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Interpretation: CONSISTENT							
Remarks: Bupropion is an antidepressant drug used for the treatment of major depressive disorder. Bupropion is primarily metabolized to hydroxybupropion, which has 50 percent of the activity of the parent drug.							
Detection Window: Up to 7 days							

Test Description Benzodiazepines Definitive	Status Final Result	Specimen Source UR: Urine					
Received At 12/30/2025 10:39 AM	Completed At 12/31/2025 12:32 AM	Ordering Physician Ellen Barbieri	Lab N/A				
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
7-Aminoclonazepam	Negative	12/28/2025 04:23 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Interpretation:							
a-Hydroxymidazolam	Negative	12/28/2025 04:23 PM	10	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Interpretation:							
Alprazolam	Negative	12/28/2025 04:23 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Interpretation:							
Bromazepam	Negative	12/28/2025 04:23 PM	3	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Interpretation:							
Diazepam	Negative	12/28/2025 04:23 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Interpretation:							
Hydroxalprazolam	Negative	12/28/2025 04:23 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,Trazodone,Acetaminophen,Ibuprofen,tirzepatide weight loss,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Interpretation:							
Lorazepam	Negative	12/28/2025 04:23 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, Trazodone, Acetaminophen, Ibuprofen, tirzepatide weight loss, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
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	12/28/2025 04:23 PM	5	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, Trazodone, Acetaminophen, Ibuprofen, tirzepatide weight loss, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Nordiazepam	Negative	12/28/2025 04:23 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, Trazodone, Acetaminophen, Ibuprofen, tirzepatide weight loss, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Oxazepam	Negative	12/28/2025 04:23 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, Trazodone, Acetaminophen, Ibuprofen, tirzepatide weight loss, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Temazepam	Negative	12/28/2025 04:23 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, Trazodone, Acetaminophen, Ibuprofen, tirzepatide weight loss, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							

Test Description Gabapentin Definitive	Status Final Result	Specimen Source UR: Urine					
Received At 12/30/2025 10:39 AM	Completed At 12/31/2025 12:32 AM	Ordering Physician Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
B-phenyl-Y-aminobutyric acid (Phenibut)	Negative	12/28/2025 04:23 PM	200	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, Trazodone, Acetaminophen, Ibuprofen, tirzepatide weight loss, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Gabapentin	Negative	12/28/2025 04:23 PM	200	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, Trazodone, Acetaminophen, Ibuprofen, tirzepatide weight loss, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation: INCONSISTENT							
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							

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Lab Report

Specimen K67KRPJ4
Accession No T2512230056

Reported At
12/24/2025 11:39 AM

Collected At Results For Review:
12/22/2025 11:27 AM 4

Results Summary:

Normal: 44 | Abnormal: 4

**Patient**

First Name Jessica	Middle Name N/A	Last Name Hull	MR Number 2025-127
Date Of Birth 04/24/1996	Phone N/A	Address 14112 Garner Lane Chico CA , 95973 US	Birth Sex Female
Payment Method N/A	Location LAR - McClay	Current Diagnoses F10.20 Alcohol use disorder, Severe; F15.20 Other or unspecified stimulant use disorder, Severe; F33.9 Major depressive disorder, recurrent, unspecified; F41.1 Generalized anxiety disorder; F41.0 Panic disorder ⚡	

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
Clonidine	Negative	12/22/2025 11:27 AM	20	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation: INCONSISTENT							
Remarks: Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction.							
Detection Window: Up to 3 days							
Gabapentin	Negative	12/22/2025 11:27 AM	200	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation: INCONSISTENT							
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							

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Antidepressants, not otherwise specified	Positive	12/22/2025 11:27 AM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Lorazepam	Negative	12/22/2025 11:27 AM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
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							

Reported Medical Tests

Test Description	Status	Specimen Source					
Screening	Final Result	UR: Urine					
Received At	Completed At	Ordering Physician					
12/23/2025 11:03 AM	12/24/2025 11:39 AM	Ellen Barbieri					
Results							
Result Description	Observed Result	Cutoff / Reference Range	Unit	Outcome	Status	Lab	
Alcohol Biomarkers	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Alkaloids, NOS (Excluding Cotinine)	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Amphetamines	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Antidepressants, not otherwise specified	Positive	12/22/2025 11:27 AM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Antidepressants, serotonergic	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange

Result Description	Observed	Cutoff / Reference		Unit	Outcome	Status	Lab
	Result	Observed At	Range				
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Antidepressants, tricyclic	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Antiepileptic	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Anti-hypertensive	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Antipsychotics	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Barbiturates	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Benzodiazepines	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Buprenorphine	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Cannabinoids, Natural	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Cocaine	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange

Result Description	Observed	Cutoff / Reference		Unit	Outcome	Status	Lab
	Result	Observed At	Range				
Notes:							
	Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl						
Fentanyl	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl						
Gabapentin	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl						
Heroin	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl						
Ketamine	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl						
Methadone	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl						
Methylenedioxymphetamines	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl						
Methylphenidate	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl						
Opiates	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
	Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl						

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Opioids & Opiate Analogs	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Oxycodone	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Phencyclidine	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Pregabalin	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Propoxyphene	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Psychedelic substances	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Sedative Hypnotics	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Skeletal Muscle Relaxants	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Stimulants, synthetic	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Tapentadol	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Tramadol	Negative	12/22/2025 11:27 AM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							

Test Description Anti-hypertensive Definitive	Status Final Result	Specimen Source UR: Urine					
Received At 12/23/2025 11:03 AM	Completed At 12/24/2025 11:39 AM	Ordering Physician Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Clonidine	Negative	12/22/2025 11:27 AM	20	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
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, not otherwise specified Definitive	Status Final Result	Specimen Source UR: Urine					
Received At 12/23/2025 11:03 AM	Completed At 12/24/2025 11:39 AM	Ordering Physician Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Hydroxybupropion	515.746476517123	12/22/2025 11:27 AM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation: CONSISTENT							
Remarks: Bupropion is an antidepressant drug used for the treatment of major depressive disorder. Bupropion is primarily metabolized to hydroxybupropion, which has 50 percent of the activity of the parent drug.							
Detection Window: Up to 7 days							

Test Description Benzodiazepines Definitive	Status Final Result	Specimen Source UR: Urine
Received At 12/23/2025 11:03 AM	Completed At 12/24/2025 11:39 AM	Ordering Physician Ellen Barbieri

Results

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
7-Aminoclonazepam	Negative	12/22/2025 11:27 AM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
a-Hydroxymidazolam	Negative	12/22/2025 11:27 AM	10	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Alprazolam	Negative	12/22/2025 11:27 AM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Bromazepam	Negative	12/22/2025 11:27 AM	3	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Diazepam	Negative	12/22/2025 11:27 AM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Hydroxyalprazolam	Negative	12/22/2025 11:27 AM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Lorazepam	Negative	12/22/2025 11:27 AM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
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							
Methyldionazepam	Negative	12/22/2025 11:27 AM	5	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl, bupropion HCl, pantoprazole, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Nordiazepam	Negative	12/22/2025 11:27 AM	50	ng/mL	Normal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Interpretation:							
Oxazepam	Negative	12/22/2025 11:27 AM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Interpretation:							
Temazepam	Negative	12/22/2025 11:27 AM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Interpretation:							

Test Description Gabapentin Definitive	Status Final Result	Specimen Source UR: Urine					
Received At 12/23/2025 11:03 AM	Completed At 12/24/2025 11:39 AM	Ordering Physician Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
B-phenyl-Y-aminobutyric acid (Phenibut)	Negative	12/22/2025 11:27 AM	200	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Interpretation:							
Gabapentin	Negative	12/22/2025 11:27 AM	200	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: hydroxyzine HCl,bupropion HCl,pantoprazole,tizanidine,Tums,Loperamide,melatonin,Multivitamin,Mounjaro,ondansetron HCl,lorazepam,gabapentin,clonidine HCl							
Interpretation: INCONSISTENT							
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							

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Lab Report

Specimen K67KR PEN	Accession No T2512160135	
Reported At 12/17/2025 01:53 AM		
Collected At 12/14/2025 05:22 PM	Results For Review: 4	
Results Summary: Normal: 44 Abnormal: 4		

**Patient**

First Name Jessica	Middle Name N/A	Last Name Hull	MR Number 2025-127
Date Of Birth 04/24/1996	Phone N/A	Address 14112 Garner Lane Chico CA , 95973 US	Birth Sex Female
Payment Method N/A	Location LAR - McClay	Current Diagnoses F10.20 Alcohol use disorder, Severe; F15.20 Other or unspecified stimulant use disorder, Severe; F33.9 Major depressive disorder, recurrent, unspecified; F41.1 Generalized anxiety disorder; F41.0 Panic disorder ⚡	
Notes N/A			

Lab

Name Gnosis - Orange	CLIA Code 05D2198282
Address 1594 N Main St Orange CA , 92867 US	Phone 888-539-0525

Highlighted Results

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Clonidine	Negative	12/14/2025 05:22 PM	20	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation: INCONSISTENT							
Remarks: Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction.							
Detection Window: Up to 3 days							
Antidepressants, not otherwise specified	Positive	12/14/2025 05:22 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Lorazepam	Negative	12/14/2025 05:22 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
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							

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
	Positive	12/14/2025 05:22 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							

Reported Medical Tests

Test Description Screening	Status Final Result	Specimen Source UR: Urine	Ordering Physician Ellen Barbieri	Lab N/A
Received At 12/16/2025 11:15 AM				
Completed At 12/17/2025 01:53 AM				
Results				
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit Outcome Status Lab
Alcohol Biomarkers	Negative	12/14/2025 05:22 PM	N/A	N/A Normal Final Gnosis - Orange
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl				
Alkaloids, NOS (Excluding Cotinine)	Negative	12/14/2025 05:22 PM	N/A	N/A Normal Final Gnosis - Orange
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl				
Amphetamines	Negative	12/14/2025 05:22 PM	N/A	N/A Normal Final Gnosis - Orange
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl				
Antidepressants, not otherwise specified	Positive	12/14/2025 05:22 PM	N/A	N/A Abnormal Final Gnosis - Orange
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl				
Antidepressants, serotonergic	Negative	12/14/2025 05:22 PM	N/A	N/A Normal Final Gnosis - Orange
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl				
Antidepressants, tricyclic	Negative	12/14/2025 05:22 PM	N/A	N/A Normal Final Gnosis - Orange
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl				
Antiepileptic	Negative	12/14/2025 05:22 PM	N/A	N/A Normal Final Gnosis - Orange
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl				
Anti-hypertensive	Negative	12/14/2025 05:22 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: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl												
Antipsychotics	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl												
Barbiturates	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl												
Benzodiazepines	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl												
Buprenorphine	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl												
Cannabinoids, Natural	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl												
Cocaine	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl												
Fentanyl	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl												
Gabapentin	Positive	12/14/2025 05:22 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl												
Heroin	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange					
Notes:												
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl												
Ketamine	Negative	12/14/2025 05:22 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: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Methadone	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Methylenedioxymphetamines	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Methylphenidate	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Opiates	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Opioids & Opiate Analogs	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Oxycodone	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Phencyclidine	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Pregabalin	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Propoxyphene	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Psychedelic substances	Negative	12/14/2025 05:22 PM	N/A	N/A	Normal	Final	Gnosis - Orange	

Result Description	Observed Result	Observed At	Cutoff / Reference Range		Unit	Outcome	Status	Lab
			N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Sedative Hypnotics	Negative	12/14/2025 05:22 PM						
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Skeletal Muscle Relaxants	Negative	12/14/2025 05:22 PM						
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Stimulants, synthetic	Negative	12/14/2025 05:22 PM						
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Tapentadol	Negative	12/14/2025 05:22 PM						
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								
Tramadol	Negative	12/14/2025 05:22 PM						
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl								

Test Description Anti-hypertensive Definitive	Status Final Result	Specimen Source UR: Urine						
Received At 12/16/2025 11:15 AM	Completed At 12/17/2025 01:53 AM	Ordering Physician Ellen Barbieri						
Results								
Result Description Observed Result Observed At Cutoff / Reference Range Unit Outcome Status Lab								
Clonidine	Negative	12/14/2025 05:22 PM	20	ng/mL	Abnormal	Final	Gnosis - Orange	
Notes: Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl Interpretation: INCONSISTENT Remarks: Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction. Detection Window: Up tp 3 days								

Test Description Antidepressants, not otherwise specified Definitive	Status Final Result	Specimen Source UR: Urine
Received At 12/16/2025 11:15 AM	Completed At 12/17/2025 01:53 AM	Ordering Physician Ellen Barbieri
Results		
Powered by Kipu Systems		

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Hydroxybupropion	168.911973914258	12/14/2025 05:22 PM	50	ng/mL	Normal	Final	Gnosis - Orange

Notes:

Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl

Interpretation: CONSISTENT

Remarks: Bupropion is an antidepressant drug used for the treatment of major depressive disorder. Bupropion is primarily metabolized to hydroxybupropion, which has 50 percent of the activity of the parent drug.

Detection Window: Up to 7 days

Test Description Benzodiazepines Definitive	Status Final Result	Specimen Source UR: Urine					
Received At 12/16/2025 11:15 AM	Completed At 12/17/2025 01:53 AM	Ordering Physician Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
7-Aminoclonazepam	Negative	12/14/2025 05:22 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
a-Hydroxymidazolam	Negative	12/14/2025 05:22 PM	10	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Alprazolam	Negative	12/14/2025 05:22 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Bromazepam	Negative	12/14/2025 05:22 PM	3	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Diazepam	Negative	12/14/2025 05:22 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Hydroxyalprazolam	Negative	12/14/2025 05:22 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
Interpretation:							
Lorazepam	Negative	12/14/2025 05:22 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl							
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							

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Methylclonazepam	Negative	12/14/2025 05:22 PM	5	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl Interpretation:							
Nordiazepam	Negative	12/14/2025 05:22 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl Interpretation:							
Oxazepam	Negative	12/14/2025 05:22 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl Interpretation:							
Temazepam	Negative	12/14/2025 05:22 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl Interpretation:							

Test Description Gabapentin Definitive	Status Final Result	Specimen Source UR: Urine					
Received At 12/16/2025 11:15 AM	Completed At 12/17/2025 01:53 AM	Ordering Physician Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
B-phenyl-Y-aminobutyric acid (Phenibut)	Negative	12/14/2025 05:22 PM	200	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl Interpretation:							
Gabapentin	1202.34514835689	12/14/2025 05:22 PM	200	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: bupropion HCl, pantoprazole, hydroxyzine HCl, tizanidine, Tums, Loperamide, melatonin, Multivitamin, Mounjaro, ondansetron HCl, lorazepam, gabapentin, clonidine HCl 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							

Jessica Hull ♀ 2025-127

Birthdate: 04/24/1996 Bed: 3

Allergies: No Known Allergies/NKA

Admission: 12/04/2025 Care Team

Lab Report

Specimen K67KRNAM	Accession No T2512060098
Reported At 12/07/2025 06:10 PM	
Collected At 12/04/2025 04:45 PM	Results For Review: 8
Results Summary: Normal: 43 Abnormal: 8 Not Classified: 2	

**Patient**

First Name Jessica	Middle Name N/A	Last Name Hull	MR Number 2025-127
Date Of Birth 04/24/1996	Phone N/A	Address 14112 Garner Lane Chico CA , 95973 US	Birth Sex Female
Payment Method N/A	Location LAR - McClay	Current Diagnoses F10.20 Alcohol use disorder, Severe; F15.20 Other or unspecified stimulant use disorder, Severe; F33.9 Major depressive disorder, recurrent, unspecified; F41.1 Generalized anxiety disorder; F41.0 Panic disorder ⚡	
Notes N/A			

Lab

Name Gnosis - Orange	CLIA Code 05D2198282
Address 1594 N Main St Orange CA , 92867 US	Phone 888-539-0525

Highlighted Results

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Amphetamine	> 2500	12/04/2025 04:45 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
Interpretation: INCONSISTENT							
Common Source: Adderall, Vyvanse, Metabolite of Methamphetamine							
Remarks: Amphetamine is not metabolized to methamphetamine. The presence of amphetamine in the absence of methamphetamine indicates primary drug abuse of amphetamine.							
Detection Window: Up to 5 days							
Clonidine	Negative	12/04/2025 04:45 PM	20	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
Interpretation: INCONSISTENT							
Remarks: Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction.							
Detection Window: Up to 3 days							
Methamphetamine	> 3000	12/04/2025 04:45 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
Interpretation: INCONSISTENT							
Common Source: Methadrine, Crystal Meth, Desoxyn							
Remarks: Methamphetamine is primarily metabolized to amphetamine in the liver.							
Detection Window: Up to 5 days							
Gabapentin	Negative	12/04/2025 04:45 PM	200	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
Interpretation: INCONSISTENT							
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							
Amphetamines	Positive	12/04/2025 04:45 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
Lorazepam	Negative	12/04/2025 04:45 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
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							
Oxazepam	947.069201399631	12/04/2025 04:45 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
Interpretation: INCONSISTENT							
Common Source: Seresta, Serax, Metabolite of Diazepam, Temazepam, and Nordiazepam							
Remarks: Oxazepam is an intermediate-acting benzodiazepine with slow onset commonly used to treat panic disorders, severe anxiety, alcohol withdrawals, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Benzodiazepines	Positive	12/04/2025 04:45 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							

Reported Medical Tests

Test Description	Status	Specimen Source					
Screening	Final Result	UR: Urine					
Received At	Completed At	Ordering Physician					
12/06/2025 11:09 AM	12/07/2025 06:10 PM	Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Alcohol Biomarkers	Negative	12/04/2025 04:45 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: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Alkaloids, NOS (Excluding Cotinine)	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Amphetamines	Positive	12/04/2025 04:45 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Antidepressants, not otherwise specified	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Antidepressants, serotonergic	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Antidepressants, tricyclic	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Antiepileptic	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Anti-hypertensive	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Antipsychotics	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Barbiturates	Negative	12/04/2025 04:45 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: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Benzodiazepines	Positive	12/04/2025 04:45 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Buprenorphine	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Cannabinoids, Natural	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Cocaine	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Fentanyl	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Gabapentin	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Heroin	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Ketamine	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Methadone	Negative	12/04/2025 04:45 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: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Methylenedioxymphetamines	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Methylphenidate	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Opiates	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Opioids & Opiate Analogs	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Oxycodone	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Phencyclidine	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Pregabalin	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								
Propoxyphene	Negative	12/04/2025 04:45 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl								

Result Description	Observed Result	Observed At	Cutoff / Reference Range		Unit	Outcome	Status	Lab
			N/A					
Psychedelic substances	Negative	12/04/2025 04:45 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Sedative Hypnotics	Negative	12/04/2025 04:45 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Skeletal Muscle Relaxants	Negative	12/04/2025 04:45 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Stimulants, synthetic	Negative	12/04/2025 04:45 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Tapentadol	Negative	12/04/2025 04:45 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								
Tramadol	Negative	12/04/2025 04:45 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl								

Test Description Amphetamines Definitive	Status Final Result	Specimen Source UR: Urine						
Received At 12/06/2025 11:09 AM	Completed At 12/07/2025 06:10 PM	Ordering Physician Ellen Barbieri						
Results								
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab	
Amphetamine	> 2500	12/04/2025 04:45 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange	

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
Interpretation: INCONSISTENT							
Common Source: Adderall, Vyvanse, Metabolite of Methamphetamine							
Remarks: Amphetamine is not metabolized to methamphetamine. The presence of amphetamine in the absence of methamphetamine indicates primary drug abuse of amphetamine.							
Detection Window: Up to 5 days							
Methamphetamine	> 3000	12/04/2025 04:45 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
Interpretation: INCONSISTENT							
Common Source: Methadrine, Crystal Meth, Desoxyn							
Remarks: Methamphetamine is primarily metabolized to amphetamine in the liver.							
Detection Window: Up to 5 days							
Phentermine	Negative	12/04/2025 04:45 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
Interpretation:							

Test Description	Status	Specimen Source					
Anti-hypertensive Definitive	Final Result	UR: Urine					
Received At	Completed At	Ordering Physician					
12/06/2025 11:09 AM	12/07/2025 06:10 PM	Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Clonidine	Negative	12/04/2025 04:45 PM	20	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
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	Status	Specimen Source					
Benzodiazepines Definitive	Final Result	UR: Urine					
Received At	Completed At	Ordering Physician					
12/06/2025 11:09 AM	12/07/2025 06:10 PM	Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
7-Aminoclonazepam	Negative	12/04/2025 04:45 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
Interpretation:							

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
a-Hydroxymidazolam	Negative	12/04/2025 04:45 PM	10	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
Interpretation:							
Alprazolam	Negative	12/04/2025 04:45 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
Interpretation:							
Bromazolam	Negative	12/04/2025 04:45 PM	3	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
Interpretation:							
Diazepam	Negative	12/04/2025 04:45 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
Interpretation:							
Hydroxyalprazolam	Negative	12/04/2025 04:45 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
Interpretation:							
Lorazepam	Negative	12/04/2025 04:45 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
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	12/04/2025 04:45 PM	5	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
Interpretation:							
Nordiazepam	Negative	12/04/2025 04:45 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam,ondansetron HCl,tizanidine,gabapentin,Tums,Emergen-C,Folic Acid,Loperamide,melatonin,Multivitamin,Tuberculin purified protein derivative,Thiamine,clonidine HCl,Mounjaro,hydroxyzine HCl							
Interpretation:							
Oxazepam	947.069201399631	12/04/2025 04:45 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
Interpretation: INCONSISTENT							
Common Source: Seresta, Serax, Metabolite of Diazepam, Temazepam, and Nordiazepam							
Remarks: Oxazepam is an intermediate-acting benzodiazepine with slow onset commonly used to treat panic disorders, severe anxiety, alcohol withdrawals, and insomnia. It is also a metabolite of diazepam.							
Detection Window: Up to 10 days							
Temazepam	Negative	12/04/2025 04:45 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
Interpretation:							

Test Description Gabapentin Definitive	Status Final Result	Specimen Source UR: Urine					
Received At 12/06/2025 11:09 AM	Completed At 12/07/2025 06:10 PM	Ordering Physician Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
B-phenyl-Y-aminobutyric acid (Phenibut)	Negative	12/04/2025 04:45 PM	200	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
Interpretation:							
Gabapentin	Negative	12/04/2025 04:45 PM	200	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
Interpretation: INCONSISTENT							
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 Methamphetamine	Status Final Result	Specimen Source UR: Urine					
Received At 12/06/2025 11:09 AM	Completed At 12/07/2025 06:10 PM	Ordering Physician Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
d-Methamphetamine	100%	12/04/2025 04:45 PM	N/A	N/A	N/A	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
Interpretation: INCONSISTENT							
Common Source:							
Remarks: Prescription methamphetamine (Desoxyn) and illicit meth is composed entirely of the d-isomer.							
I-Methamphetamine	0%	12/04/2025 04:45 PM	N/A	N/A	N/A	Final	Gnosis - Orange
Notes:							
Prescribed Medications: lorazepam, ondansetron HCl, tizanidine, gabapentin, Tums, Emergen-C, Folic Acid, Loperamide, melatonin, Multivitamin, Tuberculin purified protein derivative, Thiamine, clonidine HCl, Mounjaro, hydroxyzine HCl							
Interpretation: INCONSISTENT							
Common Source:							
Remarks: Methamphetamine detected in this sample is >80% of l-isomers which could be resulted from the use of over-the-counter (OCT) nasal decongestant like Vicks and Vapor Inhaler (levmetamfetamine) or as metabolites of prescription medications - Selegiline (Eldepryl, EMSAM, and Zelapar). Please interpret the result carefully.							

Test Description	Status	Specimen Source					
Validity Testing	Final Result	UR: Urine					
Received At	Completed At	Ordering Physician	Lab				
12/06/2025 11:09 AM	12/07/2025 06:10 PM	Ellen Barbieri	N/A				
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Creatinine	209.080239589291	12/04/2025 04:45 PM	>=20	mg/dL	Normal	Final	Gnosis - Orange