

# Lily Leo MR# 2025-130 DOB: 04/14/1985

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**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

Date 1st contact 12/18/2025	Rep on intake call Kristin Furuichi	1st contact name n/a	1st contact phone n/a	1st contact relationship n/a
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Location: LAR - Simmons

Program: Simmons - Start Date: 12/22/2025

Primary Therapist: Stewart Bryant, LMFT

Admission Date 12/21/2025 02:00 PM	Referrer Roland Williams	Contact? No	Anticipated Discharge Date 01/26/2026 05:00 PM
Discharge/Transition Date	Discharge/Transition to		

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

Lily Leo

Current Address:

227 Presidio Ave

SAN FRANCISCO, CA 94115

Phone: 415-516-8504

Email: lily@lilywrites.com

Date of Birth: 04/14/1985 SSN:

Birth Sex: Female

Pronouns:

Preferred Language:

Marital Status: Separated

Sobriety date: n/a

Race:

Ethnicity:

**Payment Method****Private Pay****Insurance Information**

Show Inactive Insurances

Insurance Payer Aetna	Subscriber ID W286110127	Effective Date	Termination Date	Status <b>Active</b>	Insurance Priority
Internal ID / External ID /	Group Name	Group Number 149302-012- 00001	Plan Type	Payer Type	Insurance Phone Number
Rx Name	Rx Group	Rx BIN 610502	Rx PCN	Rx Phone	Coverage Period
Payer Address 1	Payer Address 2	Payer City	Claims Payer State	Payer Zip	

Subscriber Austin Leo Subscriber Address 1 2000 Post St.	Subscriber Address 2	Patient Relationship to Subscriber <b>Spouse/Partner</b> Subscriber City SAN FRANCISCO	SSN	Date of Birth	Gender <b>Male</b> Subscriber Country San Francisco
Subscriber Employer Coface North America					

Precertification Company  
n/aPhone  
n/a

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**Utilization Reviews****Pharmacy**

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

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**Contacts**

Contact Type <b>Emergency</b>	Relationship <b>Other</b>
Name <b>Dr Norman</b>	Phone <b>415-377-0931</b>

## Patient Contact Consent Forms

- Emergency Authorization for Release/Request - Dr Norman - open
- Emergency Authorization for Release/Request - Dr Norman - complete

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**Allergies and Food Restrictions****Allergies**

No Known Allergies/NKA

**Diets**

- Regular Diet (no special dietary needs)

**Other Restrictions**

No restrictions

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**External Apps**

## External App

Name	Unique Patient ID	Action
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**Lab Testing**

Lab Bill To <b>Unassigned</b>	Lab Guarantor Type <b>Unassigned</b>	Lab Guarantor <b>Unassigned</b>	Lab Guardian <b>Unassigned</b>	Lab Patient Class <b>Not Applicable</b>
Lab Primary Insurance <b>Unassigned</b>	Lab Secondary Insurance <b>Unassigned</b>			

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Client Record Source: N/A

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Insurance Verification**

Lily Leo  
 Current Address:  
 227 Presidio Ave  
 SAN FRANCISCO, CA 94115

DOB: 04/14/1985  
 SSN:  
 Phone: 415-516-8504

Subscriber's name <b>Austin Leo</b> Relationship <b>Spouse/Partner</b> Insurance Company <b>Aetna</b>	Subscriber's SSN	Subscriber's DOB			
Initial coordinator <b>n/a</b>	Initial date/time <b>n/a</b>	Subscriber Employer <b>Coface North America</b>			
Group ID <b>149302-012-00001</b>	Plan type				
Rate type Effective	Active <b>NO</b>	Plan year COBRA <b>NO</b>	Confirmation # Pre-Existing <b>NO</b>		
Precert penalty <b>NO</b>	Precert penalty terms" <b>"</b>		Pre existing terms		
<b>Substance Abuse Benefits</b>		DED	DED met		
Precertification required for:		OOP	OOP met		
Amount	%	Days/Yr	Days used	Lifetime limits	Lifetime limits used
<b>Detox - UHC Benefits</b>					
<b>Residential 3.5 Benefits</b>					
<b>PHP Benefits</b>					
<b>IOP Benefits</b>					
<b>OP Benefits</b>					
<b>Mental Health Benefits</b>		DED	DED met	OOP	OOP met
Precertification required for:					
Amount	%	Days/Yr	Days used	Lifetime limits	Lifetime limits used
<b>Detox - UHC Benefits</b>					
<b>Residential 3.5 Benefits</b>					
<b>PHP Benefits</b>					
<b>IOP Benefits</b>					
<b>OP Benefits</b>					
<b>UA Benefits</b>		DED	DED met	OOP	OOP met
Precertification required for:					
Amount	%	Days/Yr	Days used	Lifetime limits	Lifetime limits used
<b>Detox - UHC Benefits</b>					
<b>Residential 3.5 Benefits</b>					
<b>PHP Benefits</b>					
<b>IOP Benefits</b>					
<b>OP Benefits</b>					

JACHO / CARF Detox &amp; Res ONLY: NO

OOP / Deductible Combined: NO

State License Sufficient: NO

Bill to name

**Aetna**

Claims Address

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License requirements

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Pharmacy Benefit

RX

**NO**

---

Comment

Payer ID

Free Standing Facility

**NO**

RX Phone

**Rounds**

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## Reflections Pre-Admission Assessment

### Initial Call Information

Date:

Lead Source:

Information Collected  
from:

Referent Name:

### Client Information

Client Name:Lily Leo DOB: 04/14/1985 Age:40 Phone #: 4155168504

Client Address: 227 Presidio Ave  
SAN FRANCISCO, CA 94115

Client Occupation:

Marital Status: Separated

Current living  
arrangements and is  
this conducive to  
sobriety:

Birth Gender:

Identified Gender:

Can you read and  
write in english?  Yes  No

Do you require  
interpretive services?

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

Name	Provider Type	Contact Information (PHONE/EMAIL)

### Presenting Information

Why are you reaching out for help now?

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

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

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

**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:**

**Social Withdrawal:**

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

### **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					

#### **Opiates**

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Fentanyl					
Heroin					
OxyContin					
Hydrocodone					
Methadone					
Suboxone					

	Substance please name	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Other						
Other						

#### **Sedatives/Benzodiazepines**

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

	Substance please name	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Other						
Other						

#### **Marijuana**

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Marijuana					

#### **Cocaine/Stimulants**

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Cocaine					
Meth					
RX					

	Substance please name	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Other						

Other					
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**Hallucinogens**

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours	
LSD						
Mushrooms						
Ecstasy						
Ketamine						
	Substance please name	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Other						
Other						

**Others**

	Substance please name	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Other						
Other						
Other						
Other						

**History of Seizure?:****Longest Period of Sobriety and When:****When you stop using, do you have a history of withdrawal symptoms?:**Yes  
No  
**If yes, explain****Have you struggled with any other forms of addiction such as gambling, spending internet, pornography, sex and love?****Do you currently smoke or use nicotine products?**

	TYPE	Amount/Frequency/Route
--	------	------------------------

**Mental Health Information****Have you ever been psychiatrically hospitalized or had psychiatric ER visit?****DEPRESSION****Have you ever experienced any of the following symptoms of Depression?****Hopelessness (Ex. Things are never going to get better):****Helplessness (Ex. No kind of treatment will make me feel better. Nothing/No one can help me):****Worthlessness:****Decreased Energy or Motivation:****Have you ever had problems with your sleep?****Have you ever had problems related to food/eating behaviors?**

**Diagnosis:**

**Date**

**Willing to continue in ED treatment as part of programming?**

---

### **ANXIETY**

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

**Panic Attacks:**

**Restlessness/Inability to sit still:**

**Obsessive Thoughts:**

**Compulsive Behaviors:**

**Phobias:**

**Hyperactivity/Concentration Issues:**

**Other Symptoms of Anxiety:**

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### **MANIA**

**Have you ever experienced mania?**

**Have you ever experienced feelings of being superior to others, being exceptional/unique, hypersexuality, or inability to slow down?**

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### **PSYCHOSIS**

**Have you ever experienced thoughts, seen or heard things, that did not seem real or that you question?**

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### **TRAUMA**

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

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

---

### **BEHAVIORAL RISK FACTORS**

**Putting self or others in dangerous situations:**

**Aggression/Violence towards others:**

### **Legal History Information**

**Any current or history of legal charges or convictions?**

**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
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### Initial Evaluation of Risk to Self/Others Information

#### Current Suicidal/Homicidal Behaviors

**Do you have any recent suicide attempts?**

**Do you currently have suicidal ideations or are making threats?**

**Do you currently have homicidal ideations or are making threats? Do you currently have homicidal ideations or are making threats?**

**Is the ideation repetitive or persistent?**

**Does the Client have a specific plan?**

**Does the ideation involve serious/lethal intent?**

**Does the ideation have delusional or hallucinatory content?**

#### History of Suicidal/Homicidal/Assaultive Behaviors

**Have you ever had suicidal thoughts:**

**Have you ever purposely inflicted harm on yourself?**

**Hospitalization or medical attention required?**

**Have you ever had thoughts about harming someone else?**

**Have you ever assaulted or been aggressive towards others?**

**Have you ever caused physical harm to self/others while in an intensive treatment setting?**

#### Current and Prior Treatment Information

**Are you currently in a hospital or medical facility?**

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

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

**Can you self-administer?**

**Have you ever taken more than prescribed of these medications or run out of medications early?**

**Are there any medical conditions you are currently being treated for?**

**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?**

**Do you have any dietary restrictions that we need to inform the chef about?**

**Do you have any issues walking up and down stairs independently without assistance?**

**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?**

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

**Do you use any special medical equipment?**

**Do you have any easily transmittable and/or untreated infectious conditions?**

**Provide details, if selected Other:**

**Are you under the care of a physician?**

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

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## Reflections Pre-Admission Assessment

### Initial Call Information

Date: 12/18/2025

Lead Source:

Information Collected  
from:

Kristin

Referent Name:

Roland Williams

### Client Information

Client Name:Lily Leo DOB: Age: Phone #: 4155168504

Client Address:

Client Occupation:

Writer, freelance

Marital Status: Separated

Current living  
arrangements and is  
this conducive to  
sobriety:

Separating with husband, any time with children is limited at this point due to her addiction.

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. Yukako Honda	PCP	CPMC
Dr Norman	Psychiatrist	SF

### Presenting Information

#### Why are you reaching out for help now?

Lily's care team is insisting on her getting treatment for her excessive use of nitrous. She was resistant to the intake, very short with her answers.

She is going through a divorce and her husband has called CPS as he is very concerned about his children's safety when they are with Lily. Recently one of the children got a hold of one of her nitrous tanks. Lily was in a wheelchair a few years ago as a result of her nitrous use, but she says she can't stop using it, that it's the only thing that helps with her anxiety and depression. She has been using a soberlink device, but it can't accurately detect nitrous.

She revealed she had a meth addiction in her teens, and was suicidal at this same time in her life.

Lily is 5'7" and 140 lbs.

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

She was in a wheelchair for a few months two years ago as a result of her abuse, she says she still has some mobility issues, she can't run, but says no issues with stairs or fears of falling, etc. She denies any affect on her children or her life otherwise.

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

Lily would like to get back into meditation and yoga. Get back to both spiritual and physical shape.

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

Treatment resistant depression and anxiety

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:

Somewhat

#### Social Withdrawal:

Somewhat

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	Wine with meals only usually		15	6 months ago due to soberlink	NA

#### Opiates

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Fentanyl	NA				
Heroin	NA				
OxyContin	Prescribed when insured in 2017, ski accident broke leg				NA
Hydrocodone	NA				
Methadone	NA				
Suboxone	NA				

None

**Sedatives/Benzodiazepines**

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Valium/Diazepam	NA				
Klonopin/Clonazepam	NA				
Xanax/Alprazolam	NA				
Ativan/Lorazepam	Has a prescription for .5mg as needed, Says she very rarely takes it		38	2 nights ago	NA
Ambien/Lunesta	NA				
Librium/Chlordiazepoxide	NA				

None

---

**Marijuana**

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Marijuana	Pot gummies for sleep when needed	2 years	38	Currently	1 gummy nightly for sleep

**Cocaine/Stimulants**

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Cocaine	Socially only a few times a year in past, before kids		20	2 years ago	NA
Meth	Daily as a teen, addicted		14	20	NA
RX	NA				

None

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**Hallucinogens**

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
LSD	Occasionally, socially only when younger		16	19	NA
Mushrooms	Micro dosing sometimes		16	2 months ago	NA
Ecstasy	NA				
Ketamine	Prescribed intramuscular once a week with Dr Norman		i year	Last week	NA

	Substance please name	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Other	DOC - Nitrous		5 years	35	Currently	1 - 2 tanks a day
Other	NA					

**Others**  None

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**History of Seizure?:**

Denies

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**Longest Period of Sobriety and When:**

1 year with each pregnancy

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

Yes

No

If yes, explain

Severe anxiety, nausea, heart palpitations

**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	

### **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?**

**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: No**

**Decreased Energy or Motivation: No**

**Have you ever had problems with your sleep? Yes**

**If admits, describe previous history and current:**

Night terrors due to anxiety, pot gummies help

**Client admits to the following sleeping problems:**

**Provide details, if selected Other:**

**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:**

Heart palpitations, night terrors.

**Restlessness/Inability to sit still: No**

**Obsessive Thoughts:** No

**Compulsive Behaviors:** No

**Phobias:** No

**Hyperactivity/Concentration Issues:** No

**Other Symptoms of Anxiety:**

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## 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:**

Childhoor dar

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

No

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## BEHAVIORAL RISK FACTORS

**Putting self or others in dangerous situations:**

Denies, but her treatment team believes her children are in danger when in her custody.

**Aggression/Violence towards others:** No

## Legal History Information

**Any current or history of legal charges or convictions?**

Denies

**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?** Yes

**Details:**

Tried to slit wrists in high school, would not go into any detail around medical treatment needed.

<b>Do you currently have suicidal ideations or are making threats?</b>	No
<b>Do you currently have homicidal ideations or are making threats? Do you currently have homicidal ideations or are making threats?</b>	No
<b>Is the ideation repetitive or persistent?</b>	No
<b>Does the Client have a specific plan?</b>	No
<b>Does the ideation involve serious/lethal intent?</b>	No
<b>Does the ideation have delusional or hallucinatory content?</b>	No

### **History of Suicidal/Homicidal/Assaultive Behaviors**

**Have you ever had suicidal thoughts:** Yes

**Details:**

Has had suicidal ideations in past, no attempts or plans in the last few years

**Have you ever purposely inflicted harm on yourself?** Yes

**Client admits to the following:**

Lily would cut herself in high school, hasn't continued the behavior as an adult

**Frequent:**

**Date of last incident:**

**Hospitalization or medical attention required?** No

**Have you ever had thoughts about harming someone else?** No

**Have you ever assaulted or been aggressive towards others?** No

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

### **Current and Prior Treatment Information**

**Are you currently in a hospital or medical facility?** No

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

TREATMENT TYPE	FACILITY	LOCATION	DATES OF TREATMENT	DAYS	PROBLEM/DIAGNOSIS/REASON
RTC	Promises	Malibu CA	2015	90	SUD - Meth addiction
RTC	Alta Mira	Sausalito CA	2023	30	SUD - Nitrous addiction
Hospitalization	CPMC	SF	2017	2 nights	Broken leg after skiing accident, required multiple surgeries

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

### **Medical History and Conditions Information**

#### **Current Prescription Medications**

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

NAME OF MEDICATION	DOSAGE	FREQUENCY	DURATION	PREScriber	REASON PRESCRIBED
Wellbutrin 300mg			2 years		
Ritalin 20 mg 3 x day			2 years		
Ativan .5mg as needed			2 years		
Ketamine injections			1 year		

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

Ketamine

**Can you self-administer?** No

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

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

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

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

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

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

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

**Do you have any history of falls?** No

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

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

Denies

**Do you use any special medical equipment?**

Denies

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

**Provide details, if selected Other:**

Denies

**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), 12/18/2025 02:15 PM

Reviewed by



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Ellen Barbieri, NP (Review), NPI Number 1134929573, DEA mb9534822, 12/18/2025 03:07 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## COVID-19 Pre-Admission Screening Questionnaire 12/21/2025 07:22 AM

Date/Time: 12/21/2025 07:22 AM

### Living at Reflections, LLC

### COVID-19 Pre-Admission Screening Questionnaire

**Client Name:** Lily Leo

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<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 2. In the last 14 days have you traveled to a high-risk area for transmission of COVID-19?       | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 3. Have you been in close contact with someone confirmed or who is being evaluated for COVID-19? | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |

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

#### Are you at risk for severe COVID-19 symptoms:

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

#### Information to Communicate:

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

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

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

No

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

No

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

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

Can't recall

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

Yes, long time ago.

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.



Alma Arenas, LPT (Staff), 12/21/2025 02:40 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Assignment of Primary Therapist 12/19/2025

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

### Primary Therapist

Primary Therapist

Stewart Bryant, LMFT

Assigned on

12/19/2025

Evaluation Date: 12/19/2025

### Comments

A handwritten signature in blue ink, appearing to read "Kris".

Kristin Furuichi (Staff), 12/19/2025 12:28 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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



Lily Leo (Client), 12/21/2025 02:19 PM  
Staff present: Michael Whitley

This form expires on 12/21/2026 02:19 PM.

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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 19:23 PM EST - 19:24 PM EST

26 of 421 pages

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



Lily Leo (Client), 12/21/2025 03:18 PM  
Staff present: Michael Whitley

This form expires on 12/21/2026 03:18 PM.

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## **Living at Reflections, LLC**

### **Client Rights**

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

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

### **COMPLAINTS**

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

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

**PO Box 997413**

**Sacramento, CA 95899-7413**

**Attention: Complaint Coordinator**

**(916) 324-4505**

**FAX (916) 322-2658**

**TDD: (916) 445-1942**

### **Acknowledgement**

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

### **Complaints / Grievances**

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

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



Lily Leo (Client), 12/21/2025 03:19 PM

Staff present: Michael Whitley

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### **Living at Reflections, LLC**

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

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

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

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

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

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

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

### **Uses and Disclosure of Health Information**

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

**PLEASE REVIEW IT CAREFULLY**

**This notice is effective as of April 15, 2003**

#### **USES AND DISCLOSURE OF HEALTH INFORMATION**

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

This notice of Health Information Privacy Practices (the "Notice") describes Living at Reflections, LLC's duties with respect to the privacy of PHI, Living at Reflections, LLC's use of and disclosure of PHI, client rights and contact information for 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/](http://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](http://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](http://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*



Lily Leo (Client), 12/21/2025 03:20 PM

Staff present: Michael Whitley

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Living at Reflections, LLC**

**Consent for Camera Surveillance & Therapeutic Photograph**

I, Lily Leo, 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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Lily Leo (Client), 12/21/2025 03:20 PM

Staff present: Michael Whitley

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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.



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Lily Leo (Client), 12/21/2025 03:21 PM

Staff present: Michael Whitley

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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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Lily Leo (Client), 12/21/2025 03:21 PM

Staff present: Michael Whitley

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### LIVING AT REFLECTIONS, LLC

#### Program and House Rules - Simmons

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

#### PROCEDURE:

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

clothes, accessories.

- Amazon and other like deliveries and drop offs, must be approved prior to ordering.
- Only non-refillable vaporizers are permitted.

#### **FOOD AND KITCHEN:**

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

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

Mealtimes are the following:

#### **Monday-Friday:**

Breakfast: 7:00am - 8:00am

Lunch: 12:30pm - 1:00pm

Dinner: 5:00pm - 5:30pm

#### **Saturday and Sunday:**

Breakfast: 8:00am - 9:00am

Lunch: 12:30pm – 1:00pm

Dinner: 5:00pm - 5:30pm

#### **VISITATION:**

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

#### **FIRE SAFETY RULES**

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

#### **GENERAL FACILITY AND SAFETY RULES:**

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

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

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

#### Drug and Alcohol Use Policy

I, Lily Leo, 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:*

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

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

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

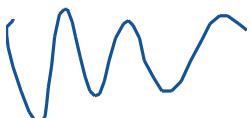
LL I agree to provide a urine drug sample (may be observed or supervised) and/or breathalyzer upon request.

LL 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.

LL 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.

LL 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.



Lily Leo (Client), 12/21/2025 03:23 PM

Staff present: Michael Whitley

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Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

41 of 421 pages



## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Living at Reflections, LLC Transportation Release and Waiver of Liability

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

**Client's Information:**

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

**Date of execution of Release and Waiver of Liability:** 12/21/2025. The undersigned agrees that this Release and Waiver of Liability agreement is valid from the date of execution through the date of discharge from Residential, Partial Hospitalization or Intensive Outpatient Programs operated by Living at Reflections, LLC.

**Name of Facility:** Living at Reflections, LLC

**Client's Full Name:** Lily Leo

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**Acknowledgements and Representations by Client:**

The undersigned Client, Lily Leo, 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, Lily Leo (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, Lily Leo, (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, Lily Leo, have read and fully understand the contents herein.

Executed this 12/21/2025.

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Lily Leo (Client), 12/21/2025 03:23 PM

Staff present: Michael Whitley

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## **Living at Reflections, LLC**

### **Safety Contract**

I, Lily Leo, 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:

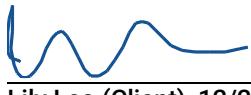
- I will take my medication as prescribed.
- I will inform an appropriate professional to call 911 (or transport me to the hospital) if I am in crisis.
- I will go to an appropriate professional to discuss any dangerous thoughts or feelings; such as suicidal ideations or thoughts to self-harm.
- At this 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.



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Lily Leo (Client), 12/21/2025 03:23 PM  
Staff present: Michael Whitley

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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, Lily Leo, 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



Lily Leo (Client), 12/21/2025 03:24 PM  
Staff present: Michael Whitley

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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.**



Lily Leo (Client), 12/21/2025 03:24 PM

Staff present: Michael Whitley

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### REFLECTIONS GROUP RULES AND EXPECTATIONS

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

### Tips for Giving Feedback Constructively

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

**Tips for Taking Feedback Constructively:**

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



Lily Leo (Client), 12/21/2025 03:24 PM

Staff present: Michael Whitley

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Vape/ e- cig policy

I, Lily Leo agree to the following terms.

1. LL 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. LL 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. LL 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. LL 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. LL 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.



Lily Leo (Client), 12/21/2025 03:25 PM

Staff present: Michael Whitley

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Search Completion Sign OFF**

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



Michael Del Carlo, Program Assistant (Staff), 12/21/2025 05:01 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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.



Lily Leo (Client), 12/21/2025 03:25 PM

Staff present: Michael Whitley

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Belongings Placed in Staff Vault 12/21/2025

Evaluation Date: 12/21/2025

Locker #

Additional luggage in storage  Yes  No

---

Driver's license Yes , Issued by: CA

---

Other IDs

---

Insurance Card(s) No

Cash Yes , Amount: \$160

Checks (blank) No

Checks (written) No

Wallet Yes

Credit or debit cards

---

2 Silver AMEX 17000; 2 Red Visa 6615;

---

Phones and electronic devices

---

Sharps

---

Razor, nail clippers, sharp ring, crochet/knitting needles

---

Other items

---

Pearl necklace; Gold colored watch; 2 gold colored rings; Black sunglasses, candle, hand sanitizer (purell), alcohol hand wipes, 3 nicotine vapes, and nicotine gum.

---

Attachments

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

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



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Lily Leo (Client), 12/21/2025 05:13 PM

Staff present: Michael Del Carlo, Program Assistant



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Michael Del Carlo, Program Assistant (Staff), 12/21/2025 05:13 PM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Reflections Initial Treatment Plan 12/21/2025**

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

**Date Established** 12/21/2025

**PROBLEM:** Client is in need of orientation to program.

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

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

Objectives	Intervention/Plan			Time/Frequency
I will receive orientation to facility policies, rules and standards.	In 1:1 session staff will provide orientation to Client and provide necessary details within 24 hours of admission.			1 time in 1:1 session for 60 minutes.
	Target date	Status	Date/Comment	By
	12/21/2025	Completed		MDC 12/21/2025
I will attend all assessment appointments. I will complete all initial assessments, screenings, and questionnaires for assessing my substance use, mental health, and physical health problems.	In 1:1 session the staff will provide the questionnaire and structured interviews to recommendations for client care, medication needs and follow-up care.			1-3 sessions in three days of care.
	Target date	Status	Date/Comment	By
	12/26/2025	Open		MDC 12/21/2025
I will meet with primary therapist and start the process of developing an individualized Master Treatment Plan.	Clinical Staff will provide 1:1 sessions to gain appropriate background information, and begin the process of developing goals of treatment with the client.			1 to 2 Ind sessions within 1 st 3 days of Tx
	Target date	Status	Date/Comment	By
	12/26/2025	Open		MDC 12/21/2025

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

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

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

Target date	Status	Date/Comment	By
12/24/2025	Completed		MDC 12/21/2025

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

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

Target date	Status	Date/Comment	By
12/21/2025	Completed		MDC 12/21/2025

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

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

Target date	Status	Date/Comment	By
12/24/2025	Completed		MDC 12/21/2025

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

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

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

Target date	Status	Date/Comment	By
12/21/2025	Completed		MDC 12/21/2025

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



Lily Leo (Client), 12/21/2025 03:26 PM  
Staff present: Michael Whitley



Michael Del Carlo, Program Assistant (Staff), 12/21/2025 05:16 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Orientation Checklist (Residential) 12/21/2025

Evaluation Date: 12/21/2025

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

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

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



Lily Leo (Client), 12/21/2025 03:27 PM  
Staff present: Michael Whitley



Michael Del Carlo, Program Assistant (Staff), 12/21/2025 05:15 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Patient Personal Items And Valuables 12/21/2025

Evaluation Date: 12/21/2025

Locker #

Additional luggage in storage  Yes  No

---

Driver's license Yes , Issued by: CA

---

Other IDs

---

Passport

Insurance Card(s) Yes

Cash Yes , Amount: \$160

Checks (blank) No

Checks (written) No

Wallet Yes

Credit or debit cards

---

2 Silver AMEX 17000; 2 Red Visa 6615;

---

Phones and electronic devices

---

Sharps

---

nail clippers, razor, sharp ring, crochet/knitting needles

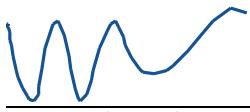
---

Other items

Pearl necklace; Gold colored watch; 2 gold colored rings; Black sunglasses, candle, hand sanitizer (purell), alcohol hand wipes, 3 nicotine vapes, and nicotine gum.

**Attachments**

The above detailed items will be kept in my possession or living quarters during my stay at Reflections. I understand that Reflections is not liable for damaged or lost goods during my stay. I understand that I may send these items home or request they be stored under lock during my stay at Reflections if I choose.



Lily Leo (Client), 12/21/2025 05:14 PM  
Staff present: Michael Del Carlo, Program Assistant



Michael Del Carlo, Program Assistant (Staff), 12/21/2025 05:14 PM

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## **Ancillary Charges**

**Name**

Lily Leo

**Date of Birth**

04/14/1985

## **CLIENT OR GUARANTOR CREDIT CARD INFORMATION**

**Name on Credit Card**

Lily M Bowles

**Email**

lily@lilywrites.com

**Billing Street Address**

227 Presidio Ave.

**Billing City, State ZIP**

San Francisco, CA 94115

**Home Phone**

**Cell Phone**

415-516-8504

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**Credit Card Type** AMEX

**Credit Card Number**

371248781718008

**Expiration Date**

09/30

**3 Digit Security Code on Back or 4 Digit**

**Security Code if American Express**

7715

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

**Guarantor Signature (If applicable):**

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Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

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Date (If applicable): \_\_\_\_\_



Lily Leo (Client), 12/21/2025 03:15 PM  
Staff present: Michael Whitley

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## Financial Fee Schedule/Financial Agreement 12/21/2025 02:02 PM

Today's Date 12/21/2025

I understand that the daily rate of treatment is \$3,400.00 per day for Detoxification, \$2,800.00 per day for Residential, \$2,200.00 per day for Partial Hospitalization (PHP), and \$1,800.00 per day for Intensive Outpatient (IOP).

(Check appropriate Box either Insurance or Private Pay)

**I understand that all fees incurred may not be covered by my insurance company and that I will be responsible for copays and deductible listed below.**

**Co-Pay**

**Deductible**

---

### Private Pay

Amount per day	For
Total	
<b>Paid on Account</b>	
<b>Payment Schedule</b>	
Amount Due	Due Date
Amount Due	Due Date
Amount Due	Due Date

By signing this agreement I understand that verification of benefits as quoted by the insurance company is not a guarantee of payment. A determination of eligibility of an individual and/or the amount of a benefit to be paid can only be made after a claim is submitted and reviewed. I agree that if the claim is denied I will take full responsibility of the bill for Living at Reflections, LLC. If I fail to take responsibility for the bill or fail to abide by the payment schedule agreed upon above, the account will be in arrears and will be turned over to a collection agency. I may also be subject to finance charges, legal fees, and any other fee(s) incurred attempting to collect a debt.

**Living at Reflections, LLC will NOT refund monies paid on account for days not completed as a result of any of the following reasons:**

1. The client is uncooperative and fails to participate in treatment program as outlined in the "Consent for Treatment" signed by the client.
2. The client fails to abide by guidelines as outlined in the "Program Rules" resulting in a staff-directed immediate discharge.
3. The client leaves the facility prior to completion of treatment – Against Clinical or Medical Advice (ACA, AMA).
4. The client leaves the facility for ANY reason without staff's permission.

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## **Statement of Financial Responsibility 12/21/2025**

### **Today's Date**

12/21/2025

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

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

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

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



Lily Leo (Client), 12/21/2025 03:16 PM  
Staff present: Michael Whitley

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## **Authorized Representative Request**

**FAX Number:** 8609007247

**Member Name:** Lily Leo

**Aetna ID Number:** W286110127

**Provider of Service:** Living at Reflections, LLC

**Name and Dates of Service or Proposed Service:** \_\_\_\_\_

I, Lily Leo, do hereby name \_\_\_\_\_ to act as my authorized representative in requesting (check one)  a complaint or  an appeal from Aetna regarding the above-noted service or proposed service.

**IMPORTANT: Your signature below means that you understand and agree to the following:**

- In conjunction with this (check one)  complaint or  appeal, Aetna may disclose Protected Health Information ("PHI") to the above-named authorized representative ("Representative").
- The PHI disclosed pursuant to this authorization may include diagnosis and treatment information, including information pertaining to chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, sexually-transmitted diseases, HIV/AIDS, and/or genetic marker information.
- Information disclosed pursuant to this authorization may be redislosed by the Representative and may no longer be protected by federal or state privacy regulations.
- If you would like to pursue (check one)  a complaint or  an appeal, at the Representative's request, but do not want the Representative to receive any PHI or other information related to the (check one)  complaint  or appeal, including the (check one)  complaint or  appeal, decision, you may indicate that choice by checking the box on the signature line below.
- Your ability to enroll in an Aetna plan, and your eligibility for benefits and payment for services, will not be affected if you do not sign this form. However, without your signature, we cannot process the (check one)  complaint or  appeal, initiated by the Representative.
- This authorization is only valid for the duration of the (check one)  complaint or  appeal. If you sign this form, you may revoke the authorization at any time by notifying Aetna in writing at the address above. Revoking this authorization will not have any effect on actions that Aetna took in reliance on the authorization before we received the notification.

Please accept this (check one)  complaint or  appeal, from my representative on my behalf; however, forward all information related to this (check one)  complaint or  appeal, including the (check one)  complaint or  appeal decision and any request you may have for additional information, to my attention only.

If person signing this Authorization is not the Member, describe relationship to the Member (i.e. Parent, Legal Representative)

n/a

Lily Leo (Client), 12/21/2025 05:17 PM

Staff present: Michael Del Carlo, Program Assistant

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## **Fee Agreement 12/18/2025**

**Today's Date** 12/18/2025

**Fee Agreement between Living at  
Reflections, LLC and**

Lily Leo

**Guarantor for:**

**Date of Admit** 01/26/2026

**Date of Discharge** 01/25/2026

### **Fee Agreement**

#### **Due before or on day of admit**

	<b>Total Amount Due</b>	<b>Deposit Paid</b>	<b>Balance Due</b>
	\$90,000	\$0	\$90,000

#### **Notes**

\$90,000 private pay discount due for up to 5 nights medically assisted detox services followed by 30 nights dual diagnosis residential treatment services at Reflections Simmons facility (1191 Simmons Lane, Novato CA).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Date

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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.



Lily Leo (Client), 12/21/2025 02:20 PM

Staff present: Alma Arenas, LPT

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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.



Lily Leo (Client), 12/21/2025 02:20 PM

Staff present: Alma Arenas, LPT

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Living at Reflections, LLC

#### Authorization for Release of Confidential Information

I, Lily Leo, SS# , DOB: 04/14/1985,

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: Dr Norman Phone: 415-377-0931

Relationship: Other

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.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Living at Reflections, LLC**

**Authorization for Release of Confidential Information**

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Authorization for:  RELEASE OF INFORMATION  REQUEST FOR INFORMATION

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Name: Dr Norman Phone: 415-377-0931

Relationship: Other

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**Lily Leo (Client), 12/21/2025 03:28 PM**

**Staff present: Michael Whitley**

**This form expires on 12/21/2026 03:28 PM.**

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: Sara Leung

Relationship: Lawyer

Address: n/a

Phone number: (415) 982-7311

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>LL</u> Assessments	<u>LL</u> Cooperation/Motivation
<u>LL</u> Discharge/Transfer Summary	<u>LL</u> Financial Information
<u>LL</u> Medication	<u>LL</u> Nursing/Medical Assessment
<u>LL</u> Presence in Treatment	<u>LL</u> Prognosis
<u>LL</u> Progress in Treatment	<u>LL</u> Psychiatric Evaluation
<u>LL</u> Psychosocial Evaluation	<u>LL</u> Toxicological Reports/Drug Screen
<u>LL</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).

---

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Lily Leo (Client), 12/22/2025 03:43 PM

Staff present: Scheria Smith, LVN

This form expires on 12/22/2026 03:43 PM.

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: Jaimie Bowles

Relationship: mother

Address: n/a

Phone number: cell 415-516-0801 home 415-931-7150

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>LL</u> Assessments	<u>LL</u> Cooperation/Motivation
<u>LL</u> Discharge/Transfer Summary	<u>LL</u> Financial Information
<u>LL</u> Medication	<u>LL</u> Nursing/Medical Assessment
<u>LL</u> Presence in Treatment	<u>LL</u> Prognosis
<u>LL</u> Progress in Treatment	<u>LL</u> Psychiatric Evaluation
<u>LL</u> Psychosocial Evaluation	<u>LL</u> Toxicological Reports/Drug Screen
<u>LL</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.

---

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Lily Leo (Client), 12/22/2025 10:48 AM  
Staff present: Daniel Rouquette, Program Assistant

This form expires on 12/22/2026 10:48 AM.

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: Phillip Bowles

Relationship: Father

Address: n/a

Phone number: 415-203-1498

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

#### Purpose

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n/a

#### Expiration

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#### Conditions

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Lily Leo (Client), 12/22/2025 10:48 AM

Staff present: Daniel Rouquette, Program Assistant

This form expires on 12/22/2026 10:48 AM.

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: Kim Norman  
Relationship: Family Friend  
Address: n/a  
Phone number: 415-377-0931  
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>LL</u> Assessments	<u>LL</u> Cooperation/Motivation
<u>LL</u> Discharge/Transfer Summary	<u>LL</u> Financial Information
<u>LL</u> Medication	<u>LL</u> Nursing/Medical Assessment
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<u>LL</u> Progress in Treatment	<u>LL</u> Psychiatric Evaluation
<u>LL</u> Psychosocial Evaluation	<u>LL</u> Toxicological Reports/Drug Screen
<u>LL</u> Treatment Plan or Summary	<u>n/a</u> Other: <u>n/a</u>

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Lily Leo (Client), 12/21/2025 03:29 PM

Staff present: Michael Whitley

This form expires on 12/21/2026 03:29 PM.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Attachment Admission Email 12/21/2025**

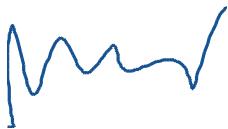
**Title** Admission Email

**Date** 12/21/2025

**Description** None

**Scanned Document**

75716\_Admit-Email---LL.docx, 13.3 KB



Alma Arenas, LPT (Staff), 12/21/2025 04:33 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## Attachment Physical assessment 12/21/2025

**Title** Physical assessment

**Date** 12/21/2025

### Description

Lily has an old scar at her back and a healing abrasion on her left knee.

Scanned Document



Alma Arenas, LPT (Staff), 12/21/2025 05:36 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Attachment Pregnancy test 12/21/2025

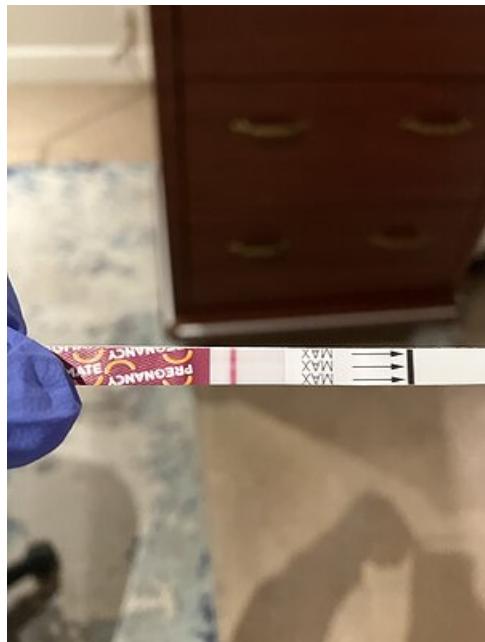
**Title**                   Pregnancy test

**Date**                   12/21/2025

#### Description

Pregnancy test was negative.

Scanned Document



Alma Arenas, LPT (Staff), 12/21/2025 05:34 PM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Initial Abbreviated Treatment Plan (Includes Detox) 12/21/2025 07:22 AM**

Date Established: 12/21/2025

**PRESENTING PROBLEM:****Patient Needs to Be Detoxed from:****AS EVIDENCED BY (History and Patient Statement):**

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

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

Target date	Status	Date/Comment	By

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

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

Clinical Staff

Target date	Status	Date/Comment	By
-------------	--------	--------------	----

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

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

Aftercare Coordinators

Target date	Status	Date/Comment	By
-------------	--------	--------------	----

#### Problem #6

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

Target date	Status	Date/Comment	By
-------------	--------	--------------	----

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

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Review Self Administration of Medication Assessment

1. Does patient currently administer their own medication? Yes

2. Is patient confused? No , Comments:: However, she appeared sickly & tired

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

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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Alma Arenas, LPT (Staff), 12/21/2025 03:22 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Self Preservation Statement 12/21/2025

Evaluation Date: 12/21/2025

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

Alma Arenas, LPT (Staff), 12/21/2025 03:22 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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.



---

Lily Leo (Client), 12/21/2025 03:36 PM  
Staff present: Alma Arenas, LPT

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Client Health Questionnaire & Initial Screening 12/21/2025**

Date: 12/21/2025

Vital Signs	Blood Pressure (systolic/diastolic) 97 / 72	Temperature 96.2	Pulse 83	Respirations 18	O2 Saturation 99
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Comments

-

Admission BAC and UA Screen: Breathalyzer: 0.00 , UA Screen: +THC

**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: 155.4 lbs BMI: 24.34 Target Body Weight: n/a

BMI 24.34

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

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

**Gastrointestinal Problems:**

Chronic Diarrhea No Problem (0) (0)

Chronic Constipation No Problem (0) (0)

Nausea/Vomiting No Problem (0) (0)

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

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

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

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

Appetite: Good (0) (0)

**TOTAL SCORE: Add all scores (0)****Score:**

0's &amp; 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: No

**Mental Status Exam**

Appearance Sickly

Behavior Calm , Cooperative , Tense , Guarded

Orientation Oriented x 4 , Person , Place , Time , Situation

Speech Slowed

Mood Depressed

Affect Anxious , Flat

Attention/ Concentration Attentive , Short Attention Span

Thought Processes: Goal directed , Pressured

Thought content WNL

Judgement Good

Insight Good

Memory Intact

Fund of information Average

**PHYSICAL SCREENING**

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Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

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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:

---

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:

Concussion was 4 weeks ago due to fall from a scooter and a leg injury on the 4th of July.

---

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

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

---

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

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

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

---

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:

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:

---

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 assesment" Updates

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

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

---

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: Few months ago.

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  
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the past.

Concussion 4 weeks ago due to a fall from scooter and leg injury last thanksgiving 2025.

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

What was the purpose of the visit?

He has to bring me (My Psychiatrist) here. I meet with him every week.

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	Denies				
Opiates	Denies				
Benzodiazepines	Ativan	1 mg	as needed	2 days ago	0
Cocaine/Stimulants	Denies				
THC	Oral	Gummies, just one.		Yesterday	0
Hallucinogens/Club Drugs				Yestrday	
Inhalants	Nitrous	2 cans	Sometimes daily	Yesterday	Denies cravings when asked.

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	2 glasses of wine	A month ago	Thanksgiving, 2025	0
Opiates	Denies				
Benzodiazepines	Ativan		As needed	2 days ago	0
Cocaine/Stimulants	Denies				
THC	Oral	Gummies, just one	Every once in a while.	Occasionally	0
Hallucinogens/Club Drugs	Nitrous			On and off for couple of years	
Inhalants					

#### MENTAL & EMOTIONAL

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

If yes, describe:

"I had depression my whole life."

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

If yes, for what are you being treated?

"Treatment resistant depression. I am on Ketamine treatment for a year."

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

Low Risk

Moderate Risk

High Risk

**Recommended response to C-SSRS Screening:***If client is moderate to high risk for suicidality, the clinician MUST complete a full suicide risk assessment protocol*Did you feel like you were unable to stop or control your worrying?  Yes  No

If yes, describe:

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

**If yes, describe:**

"Fixation of hanging myself."

<b>Do you have any cultural, religious or other beliefs that prohibit/discourage suicide?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Do you have strong coping and problem-solving skills or are you optimistic?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Do you have a strong therapeutic relationship?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Are you positively motivated for treatment?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**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:**

"Yes with my ex husband, but I don't want to about it."

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)
Rehab	Alti Mira Recovery program	Can't recall	Yes
Rehab	Promise	When I was a Teenager	Yes

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:

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

Parents and my boyfriend.

44. How is this effecting your work life?

"It's not good, I don't want to discuss it."

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 12/21/2025 07:23 AM:

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Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

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**46. Current Nicotine Use:** No

**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):**

**RISK PROFILE**

Are you current with all immunizations?  Yes  No

Specify year/type of immunizations:

	Year	Where Given
Pneumonia	I don't know	
Flu	Yes, but can't recall	
Tetanus	Yes, but can't recall	
Hepatitis	Yes, but can't recall	

**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:

Ketamine via injection asa treatmernt

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

Fever or night sweats for more than a week

**9. Education Provided Re: Infection Prevention and Control**

Client verbalized understanding? Yes

Infection Prevention and Control Pamphlet received by client?

Additional Medical Notes:



Lily Leo (Client), 12/21/2025 02:38 PM

Staff present: Alma Arenas, LPT



Alma Arenas, LPT (Staff), 12/21/2025 05:09 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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, Lily Leo, 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:

n/a

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



*Verbalized an understanding*



*Needs further education*

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Lily Leo (Client), 12/21/2025 03:37 PM

Staff present: Alma Arenas, LPT

This form expires on 12/21/2026 03:37 PM.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Search Completion Sign OFF**

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



Alma Arenas, LPT (Staff), 12/21/2025 03:23 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Attachment - CP CURES 12/21/2025

**Title** CURES

**Date** 12/21/2025

**Description**

Scanned Document

75714\_LL-CURES.pdf, 50.2 KB

John C. O'Neil, MD (Staff), NPI Number 1952573826, DEA F07577147, 12/21/2025 03:11 PM



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

# CURES

Patient Identities Selected: 1

Patient Name	Date of Birth	Gender	Address	City	State	ZIP Code	# of Rx
LEO, LILY BOWLES	04/14/1985	F	227 PRESIDIO AVE	SAN FRANCISCO	CA	94115	13

Query Date Range: 12/21/2024 - 12/21/2025

Sum of Daily MME<sup>M</sup> for Active Prescriptions on 12/21/2025: 0.0

Total Number of Prescriptions: 13

†Total Number of Active Prescriptions: 1

Patient Details	Patient Address	Dates and Payment	Prescription Information	MME <sup>M</sup>	Prescriber Details	Pharmacy Details	Prescription Numbers
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 12/17/2025 Filled: 12/17/2025 Payment Type: Private Pay	KETAMINE HYDROCHLORIDE Strength:500 MG Form:INJ SOL Days Supply: 90 Quantity: 50 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	PARNASSUS HEIGHTS PHARMACY Pharmacy #: PHY4641 350 PARNASSUS AVE #100 SAN FRANCISCO, CA 94117	Serial Rx #: NOT REPORTED Pharmacy Rx #: 1029713
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 10/07/2025 Filled: 09/26/2025 Payment Type: Com.Insurance	METHYLPHENIDATE HYDROCHLORIDE Strength:20 MG Form:TAB Days Supply: 30 Quantity: 90 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	WALGREENS #00896 Pharmacy #: PHY60962 3601 CALIFORNIA ST SAN FRANCISCO, CA 94118	Serial Rx #: NOT REPORTED Pharmacy Rx #: 3995569
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 09/19/2025 Filled: 09/18/2025 Payment Type: Private Pay	KETAMINE HYDROCHLORIDE Strength:500 MG Form:INJ SOL Days Supply: 90 Quantity: 50 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	PARNASSUS HEIGHTS PHARMACY Pharmacy #: PHY4641 350 PARNASSUS AVE #100 SAN FRANCISCO, CA 94117	Serial Rx #: NOT REPORTED Pharmacy Rx #: 1024965
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 06/18/2025 Filled: 06/18/2025 Payment Type: Private Pay	KETAMINE HYDROCHLORIDE Strength:500 MG Form:INJ SOL Days Supply: 90 Quantity: 50 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	PARNASSUS HEIGHTS PHARMACY Pharmacy #: PHY4641 350 PARNASSUS AVE #100 SAN FRANCISCO, CA 94117	Serial Rx #: NOT REPORTED Pharmacy Rx #: 1020303
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 05/15/2025 Filled: 05/13/2025 Payment Type: Com.Insurance	METHYLPHENIDATE HYDROCHLORIDE Strength:20 MG Form:TAB Days Supply: 30 Quantity: 90 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	WALGREENS #00896 Pharmacy #: PHY52769 3601 CALIFORNIA ST SAN FRANCISCO, CA 94118	Serial Rx #: NOT REPORTED Pharmacy Rx #: 3960339
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 05/07/2025 Filled: 05/07/2025 Payment Type: Com.Insurance	LORAZEPAM Strength:0.5 MG Form:TAB Days Supply: 30 Quantity: 30 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	WALGREENS #00896 Pharmacy #: PHY52769 3601 CALIFORNIA ST SAN FRANCISCO, CA 94118	Serial Rx #: NOT REPORTED Pharmacy Rx #: 3957977
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 05/07/2025 Filled: 05/07/2025 Payment Type: Com.Insurance	LORAZEPAM Strength:0.5 MG Form:TAB Days Supply: 30 Quantity: 30 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	WALGREENS #00896 Pharmacy #: PHY52769 3601 CALIFORNIA ST SAN FRANCISCO, CA 94118	Serial Rx #: NOT REPORTED Pharmacy Rx #: 3945328

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

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

O'NEIL, JOHN (Prescriber)

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12/21/2025 03:10:16 PM



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

# CURES

Patient Details	Patient Address	Dates and Payment	Prescription Information	MME <sup>M</sup>	Prescriber Details	Pharmacy Details	Prescription Numbers
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 04/10/2025 Filled: 04/08/2025 Payment Type: Com.Insurance	METHYLPHENIDATE HYDROCHLORIDE Strength:20 MG Form:TAB Days Supply: 30 Quantity: 90 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	WALGREENS #00896 Pharmacy #: PHY52769 3601 CALIFORNIA ST SAN FRANCISCO, CA 94118	Serial Rx #: NOT REPORTED Pharmacy Rx #: 3934571
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 04/10/2025 Filled: 04/08/2025 Payment Type: Com.Insurance	LORAZEPAM Strength:0.5 MG Form:TAB Days Supply: 30 Quantity: 30 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	WALGREENS #00896 Pharmacy #: PHY52769 3601 CALIFORNIA ST SAN FRANCISCO, CA 94118	Serial Rx #: NOT REPORTED Pharmacy Rx #: 3934569
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 03/24/2025 Filled: 03/24/2025 Payment Type: Private Pay	KETAMINE HYDROCHLORIDE Strength:500 MG Form:INJ SOL Days Supply: 90 Quantity: 50 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	PARNASSUS HEIGHTS PHARMACY Pharmacy #: PHY46641 350 PARNASSUS AVE #100 SAN FRANCISCO, CA 94117	Serial Rx #: NOT REPORTED Pharmacy Rx #: 1015742
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 02/27/2025 Filled: 02/25/2025 Payment Type: Com.Insurance	LORAZEPAM Strength:0.5 MG Form:TAB Days Supply: 30 Quantity: 30 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	WALGREENS #00896 Pharmacy #: PHY52769 3601 CALIFORNIA ST SAN FRANCISCO, CA 94118	Serial Rx #: NOT REPORTED Pharmacy Rx #: 3917623
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 02/27/2025 Filled: 02/25/2025 Payment Type: Com.Insurance	METHYLPHENIDATE HYDROCHLORIDE Strength:20 MG Form:TAB Days Supply: 30 Quantity: 90 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	WALGREENS #00896 Pharmacy #: PHY52769 3601 CALIFORNIA ST SAN FRANCISCO, CA 94118	Serial Rx #: NOT REPORTED Pharmacy Rx #: 3917621
LEO, LILY BOWLES DOB: 04/14/1985 Gender: F	227 PRESIDIO AVE SAN FRANCISCO, CA 94115	Sold: 01/29/2025 Filled: 01/29/2025 Payment Type: Com.Insurance	METHYLPHENIDATE HYDROCHLORIDE Strength:20 MG Form:TAB Days Supply: 30 Quantity: 90 Refill:0 of 0	Daily: N/A Total: N/A	NORMAN, KIM DEA #: AN8345781 City: SAN FRANCISCO	WALGREENS #00896 Pharmacy #: PHY52769 3601 CALIFORNIA ST SAN FRANCISCO, CA 94118	Serial Rx #: NOT REPORTED Pharmacy Rx #: 3906612

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

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

O'NEIL, JOHN (Prescriber)

Page 2 of 2

12/21/2025 03:10:16 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



### Attachment - CP Edema 12/23/2025

**Title** Edema

**Date** 12/23/2025

#### Description

late entry

Bilateral edema present in feet. Nurse Practitioner made aware.

#### Scanned Document





Scheria Smith

Scheria Smith, LVN (Staff), 12/29/2025 04:14 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



### Attachment - CP Edema update 12/29/2025

**Title** Edema update

**Date** 12/29/2025

#### Description

Bilateral edema in feet updated

Scanned Document



*Scheria Smith*

Scheria Smith, LVN (Staff), 12/29/2025 04:07 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Attachment - CP Emergency Room discharge paperwork | NCH 12/23/2025

**Title** Emergency Room discharge paperwork | NCH

**Date** 12/23/2025

**Description**

Nurse Practitioner made aware via text.

**Scanned Document**

75800\_CCF-000258.pdf, 2.23 MB

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

Scheria Smith, LVN (Staff), 12/23/2025 01:42 PM



## AFTER VISIT SUMMARY

**Lily M. Leo** MRN: 51589113 DoB: 4/14/1985  
CEID: ST1-S6CZ-5QMR-CJWD

12/23/2025

Novato Community Hospital Emergency  
415-209-1350

### Instructions



#### Read the attached information

Swelling in the Legs or Feet Caused by Extra Fluid (Peripheral Edema): What It Means (English)



#### Schedule an appointment with Yukako Honda, MD as soon as possible for a visit

Specialty: Internal Medicine  
Contact: 2100 WEBSTER ST  
STE 423  
San Francisco CA 94115  
415-923-3878



#### Follow up with Novato Community Hospital Emergency

Why: For any concerning or worsening symptoms  
Specialty: Emergency Medicine  
Contact: 180 Rowland Way  
Novato California 94945  
415-209-1350

### What's Next

You currently have no upcoming appointments scheduled.

### Allergies (Fully Reviewed on: 12/23/25)

No Known Allergies

You were seen by: Andrade, Aaron Joaquin

### ED Disposition

ED	Condition	Comment
Disposition	--	--
Discharge		

### Today's Visit

#### Reason for Visit

Foot pain

#### Diagnoses

- Peripheral edema
- Mild anemia
- Nitrous oxide user

#### Lab Tests Completed

COMPLETE BLOOD CELL COUNT  
COMPREHENSIVE METABOLIC PANEL  
URINALYSIS WITH CULTURE IF INDICATED

#### Lab Tests in Progress

URINE CULTURE

### My Health Online

Your discharge instructions, test results, and other information is available electronically on Sutter's online patient portal, My Health Online (MHO). Our records show that you have an active My Health Online account, which you can use at [myhealthonline.sutterhealth.org](https://myhealthonline.sutterhealth.org) to view this information.

If you forgot your password or Online ID for your My Health Online account, you can easily reset them online by visiting the links below.

Password: <https://myhealthonline.sutterhealth.org/password>

Online ID: <https://myhealthonline.sutterhealth.org/onlinelID>

**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 WORSENERD 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](http://www.drugabuse.gov)
- Substance Abuse and Mental Health Services Administration: [www.samhsa.gov](http://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](http://humantraffickinghotline.org)

## Changes to Your Medication List

You have not been prescribed any medications.

## 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

### Swelling in the Legs or Feet Caused by Extra Fluid (Peripheral Edema): What It Means (English)

## Swelling in the Legs or Feet Caused by Extra Fluid (Peripheral Edema): What It Means



Peripheral edema is swelling caused by extra fluid in your body. It most often happens in your lower legs, ankles, and feet. It can also happen in your arms, hands, and face.

The swollen area may feel heavy or warm. Your clothes or shoes may feel tight. If you press on the swollen spot, it may leave a small dent. This is called pitting edema. You might find it hard to move your swollen leg or arm.

Many things can cause peripheral edema, such as:

- Heart failure.
- Kidney disease.
- Problems with blood flow.
- Side effects from medicines.
- Infections.
- Pregnancy.

Follow these instructions at home:

#### **Managing pain, stiffness, and swelling**



- Raise your legs above the level of your heart while you're sitting or lying down. Use pillows as needed.
- Move your toes often to reduce stiffness and swelling.
- **Do not** sit or stand for a long time.
- **Do not** wear tight clothing, like leg garters.

- Exercise as told. This can help with swelling.
- You may be told to wear compression stockings. These help reduce swelling and prevent blood clots.

### Medicines

- Take your medicines only as told.
- Your health care provider may give you a medicine called a diuretic. This helps your body get rid of extra water.

### General instructions

- Your provider may tell you to eat a diet that's low in salt.
- Watch your symptoms for any changes.
- Use moisturizer, like lotion, on your skin to prevent cracks and fluid drainage.

### Contact a health care provider if:

- You have a fever.
- You have swelling in only one leg.
- Your symptoms get worse or you have pain.
- You have a sore or fluid draining in the swollen area.

### Get help right away if:

- Your swelling is suddenly worse, especially if you're pregnant or have other health problems.
- You have trouble breathing.
- You have chest pain or belly pain.
- You feel weak or feel like you will faint.

**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: 08/29/2025 Document Reviewed: 08/29/2025

Elsevier Patient Education © 2025 Elsevier Inc.

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Attachment - CP History & Physical 12/21/2025

**Title** History & Physical

**Date** 12/21/2025

### Description

#### Reflections

ID: This is a 40 year old female with other psychoactive substance use disorder(s), admitted to Reflections for acute withdrawal management and residential treatment.

#### HPI:

Reason for seeking treatment at present: "I'm going to die if I don't stop using. My body is falling apart."

Brief synopsis of current use: 1-2 tanks daily for the last 1.5 years

Last drink/Use: 12/21/25

Past treatment attempts: Yes

Residential: 2015 Promises – Meth, 2023 Alta Mira Nitrous

Outpatient: Denies

#### Substance Use History

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

# Inhalants: 12/21/25, 1-2 tanks daily, age of first use 35 yr, problem 38

Nicotine: continuous, declines cessation at this time

Occasional use, does not identify as a problem

Alcohol:

Cannabis:

Cocaine:

Hallucinogens

#### Past History of Abuse

Stimulants

#### DENIES

Opioids (Fent):

Sedative: (Xanax):

Over the Counter

Prescriptions

Other

**Negative consequences**

Legal: CPS case with client's children, custody battle with children

Employment/School: Denies

Financial: "a lot of money on substances"

Family/Relationships: "can't see kids, separated from husband, parents very upset"

Health: Severe neurological damage, couldn't walk for six months, currently has a limp/impaired gate, fall with concussion

Risky Behavior: blackouts

**Trauma**

Physical: YES

Social/domestic abuse: YES

Mental/psychological: YES

Sexual: YES

Sober Time: 1 year

Factors that helped: fear after losing ability to walk

Detox History: Denies

History of Seizures or DT's: Denies

**Current Physical Symptoms**

POSITIVE

Depression

Anxiety

Shakes

Nausea

DENIES

Seizures

DTs

Hallucinations/Delusions

Blackouts

Cramping

Paranoia Suspiciousness

Achy Joints

Current Cravings: Denies

Any history of IV drug use: Denies

Overdose history: Denies

**Medical History:**

Primary care provider name and last visit: Dr. Yukato Handa, last seen a year ago

Recent ED: 1 week ago for SUD symptoms, lab work done – high B12

Chronic/Acute Illnesses: Neuropathy, impaired gate

Hx seizures, epilepsy, kidney, liver: Denies

Head/Fall/Brain Hemorrhage: 2 months ago concussion, cleared by CT scan

Surgeries: 7 years ago surgery on right leg after ski accident

Diet: Regular

**Psychiatric History:**

Hx bipolar, schizo, eating dx, mania: Denies

Hx anxiety, depression: treatment resistant depression, ADHD, occasional panic

Therapist/psychiatrist: Dr. Norman, current, "brought me to treatment"

Hx SI/SA: hx and current SI with no plan

Hx self-harm: hx self harm in high school, none current

Hix 5150 holds: Denies

Allergies: Denies

**Medications:**

- 1) Ritalin (holding while in treatment)
- 2) Ketamine (weekly, holding while in treatment)
- 3) Ativan 0.5mg, PRN, takes "a few times a month"
- 4) Wellbutrin 300mg once daily, depression

**Social History:**

Sexual orientation: prefers males

Relationships Status: has a boyfriend

Housing, persons in home: lives alone

substance use in home: Denies

Employment, Career, Certification, License, Ed level: PhD in behavioral neuro science, free lance writer on neuroplasticity

Military service: Denies

**Family History:**

Medical: Father - Cancer

Substance: Father AUD, Brother – "drugs"

Psychiatric, including suicides: Father & Brother - depression

Recent Loss/Grief: Loss of visitation with children

**Physical**

Mood: impaired/distracted

Hallucinations: Denies

SI/HI: Denies

General: Client was brought to treatment by her psychiatrist. She has treatment resistant depression and feels using nitrous is the only way to stop the anxiety and depression. However her use has had devastating consequences on her body and mind. The B-12 deficiency from nitrous inhalation caused client to lose her ability to walk for six months. Currently she has a limp in her left leg, bilateral edema and a general unsteady gate. Client fell and suffered a concussion two months ago. One week ago she went to the emergency room for physical and cognitive symptoms of abusing substances. Client had a CPS case with her 6 and 8 year old, that client claims has been dropped. She is in a custody battle with her ex-partner. She was overheard talking to her father who is supporting the ex-partner in protecting her children from her. She is in denial and feels entitled to having time with her children, despite being so impaired. She has a boyfriend that doesn't appear inducive to sobriety. She shows signs of significant physical impairment and cognitive processing impairment. She endorsed all forms of trauma.

**Review of Systems**

**GENERAL:** impaired, 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, chest pains or irregular heartbeat, bilateral ankle/foot edema, pitting +1

**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:** Denies insomnia. Denies weakness, seizures, loss of consciousness, numbness, dizziness, confusion, memory loss, tremor, syncope, and stroke. Endorses head injury two months ago, CT scan done, neuropathy in both feet and difficulty walking.

**PSYCH:** Endorses depression and anxiety. Current suicide ideation, with no plan.

#### Physical Exam

**General:** Impaired, no acute distress. Appears stated age. Casual dress. Poorly groomed.

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

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

**Lymph:** No cervical lymphadenopathy appreciated.

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

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

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

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

**Extremities:** No deformity noted in any extremity. No tenderness to palpation in any extremity. Good ROM in all four extremities. Bilateral edema in both ankles and feet, +1. No erythema noted.

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

**Neuro:** Alert/awake, oriented to person, place, time and situation. No tremor, no asterixis. Impaired gait. 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, some distraction; mood described as "anxious"; affect flat and depressed; 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, current SI with no plan. Denies homicidal ideation.

Height: 5' 7" Weight: 155lbs BMI: 24 B/P: 97/72 P: 83 O2: 99 R: 18 T: 96.2 CIWA: 9 BAC: 0.00 UDS: THC

#### Substance Use Diagnoses:

F19.20 Other psychoactive substance dependence, uncomplicated

#### Assessment:

This is a 40 year old male with severe other psychoactive use disorder, presenting to Reflections Dual Diagnosis Treatment Center for acute withdrawal management and residential treatment.

There is no recognized withdrawal protocol for other psychoactive use disorder therefore, the patient is placed in ASAM LOC 3.5.

**Initial Goals**

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

**Scanned Document**



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Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/22/2025 10:44 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



### Attachment - CP PPD 12/23/2025

**Title** PPD

**Date** 12/23/2025

#### Description

Negative with zero induration, Nurse Practitioner made aware via text.

#### Scanned Document

75801\_CCF-000259.pdf, 496 KB

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

Scheria Smith, LVN (Staff), 12/23/2025 06:19 PM

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

Yes  
 Yes

No  
 No

If positive by history, do not administer PPD.

The patient must provide a clear chest X-ray.

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

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

**Has patient received PPD in the past 90 days?**

Yes  
 No

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

The employee must obtain the record within 5 days.

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

Lot # 90878  
 Exp. 6/2027

**Purified Protein Derivative****0.1 ml intradermally administered:**Date: 12/21/2025 C 1600Site: (L) forearmBy: Arlma ARENASTitle: LPT**Read within 48-72 hours of administration**Date Read: 12/23/25 By: Sherin SmithTime Read 1630 Title: LVN

Result:

Negative Positive 

Measurement of induration:



mm If no reaction document 0 mm

**Positive result immediately reported to:**

Physician: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name Lily LEO MR# 2025-130

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## Doctor's Admitting Order 12/21/2025

Date 12/21/2025

### Allergies

No Known Allergies/NKA

Admit To Dual Diagnosis  
Program

Detox Level  
(attach detox orders)

Level 1

Diagnosis Diagnoses F19.20 Other psychoactive substance dependence,  
uncomplicated

Activity No Gym Activities until further Notice by Order

### Diet

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

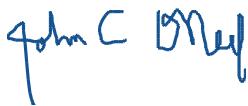
Other Restrictions: No restrictions

- Vitamin D 800IU Daily
- Thiamine 100 mg PO Daily X 3days
- Folate 1 mg PO Daily X 5 days
- Multivitamin 1 tab PO Daily
- Tylenol 650 mg PO Q 4 hours PRN Pain-NTE 6 doses in 24 Hrs - #30
- Naprosyn 500 mg PO BID PRN pain or Temp > 101 - #60
- Docusate Sodium 100mg PO TID PRN constipation, MRx1 if ineffective - # 30
- Zofran 4mg PO Q6H PRN Nausea/Vomiting - #15
- Benadryl 25mg tab PO Q 4 hours PRN s/s of Allergy - #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



John C. O'Neil, MD (Staff), NPI Number 1952573826, DEA F07577147, 12/21/2025 03:37 PM

### Reviewed by

Powered by Kipu Systems

Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

126 of 421 pages

John C O'Neil

John C. O'Neil, MD (Review), NPI Number 1952573826, DEA F07577147, 12/21/2025 03:38 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Physician Progress Note 12/29/2025 03:52 PM

Date & Time 12/29/2025 03:52 PM

### Progress Notes

#### Subjective:

Client reports "doing much better, with a steadier gate." She has committed to rehab for a month, and is committing to abstinence from substances. She talked about doing an IOP and continuing with AA/NA after she leaves. Client reports trouble staying asleep but admits she needs to improve her sleep hygiene, overall she reports feeling rested. Client reports a normal appetite. She hasn't felt much craving but is willing to start acamprosate to give herself the best chance of staying sober. Client has made her father her duel power of attorney, admitting that she needs help to take care of her responsibilities, and that asking for and accepting help with is good for recovery. Client wants to start supplements including B12.

MAT: Client will start acamprosate

#### Objective:

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

#### PAWS: CIWA 3

Client is presenting much more clear cognitively, holding a conversation well, with defined thoughts, asking questions and appears to be remembering what we covered. Client is presenting much more emotionally regulated. Client continues to have unsteady gate with decreased sensation in her right foot. She is on every hour observation, wears a call bell, and is regularly encouraged to wear sneakers, not sandals or slippers. Client went to the emergency room on 12-23-25 for bilateral edema, especially on her right foot and ankle. Client was discharged with instructions that include wearing compression stockings and making a follow up appointment with her primary care provider. Since then client has been wearing compression stocking, monitored by nursing, and her edema has significantly improved. Photos are in her chart for reference. She has made an appointment for this week with her PCP.

#### Assessment:

F19.20 Other psychoactive substance dependence, uncomplicated

F33.9 Major depressive disorder, recurrent, unspecified

F90.9 Unspecified attention-deficit/hyperactivity disorder

#### Plan

- 1) Continue treatment plan with psychotherapy and prevention.
- 2) Support client on attending appointment with her PCP/internal medicine specialist.
- 3) Start acamprosate on 12/30/25

4) Support client in taking safe supplements, including B12

**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 03:52 PM:

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain  
Colace (docusate sodium), 100 mg x 1 Capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Constipation  
Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement  
 gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), until further notice, indication:  
 Anxiety/Neuropathy  
 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, 2x a day schedule (BID) PRN, until further notice, PRN, indication: anxiety, Dea  
 Class: C-IV  
 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  
 Ondansetron, 4 mg x 1 Tablet , SL, tablet, every 6 hours, until further notice, PRN, indication: Nausea / Vomiting  
 Senokot (sennosides), 8.6 mg x 1 Tablet , oral, tablet, once a day (AM) PRN, until further notice, PRN, indication:  
 Constipation  
 Wellbutrin XL (bupropion HCl), 300 mg x 1 tablet , oral, Tablet, Extended Release 24 hr, once a day (AM), until further notice,  
 indication: depression



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/29/2025 05:32 PM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

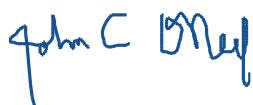
Admission: 12/21/2025 Care Team

**Statement of Medical Clearance 12/21/2025 10:13 AM**

**Date of Exam:** 12/21/2025 10:13 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. None



---

John C. O'Neil, MD (Staff), NPI Number 1952573826, DEA F07577147, 12/21/2025 03:38 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## Incidental Medical Services Certification Form 12/21/2025

Date of Certification: 12/21/2025

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:

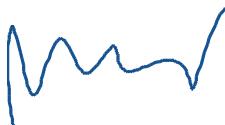
I also understand a copy of this form must be placed in the client's chart prior to receiving incidental medical services. I further understand that I may receive treatment services by another healthcare practitioner associated with the above licensed residential facility.

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.



Lily Leo (Client), 12/21/2025 02:20 PM

Staff present: Alma Arenas, LPT



Alma Arenas, LPT (Staff), 12/21/2025 04:36 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Manage Diagnosis Code 12/21/2025 10:13 AM

Date 12/21/2025 10:13 AM

#### Diagnosis Code

Diagnoses

#### Comments



---

John C. O'Neil, MD (Staff), NPI Number 1952573826, DEA F07577147, 12/21/2025 03:40 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN**

Justification: Pain

**Warnings: NTE - 4 Doses in 24 hours**

PRN, Duration: Until further notice, start date: 12/21/2025 02:15 PM

Dispense Amount: 325 mg tablet x 8 tablets

Number of Refills: 1

Medication	Route	Dosage Form
Acetaminophen	oral	tablet

Frequency

**every 6 hours**

Amount	Strength	Unit
2	325 mg	tablets

---

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

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

**Pending Review**

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Colace (docusate sodium), 100 mg x 1 Capsule , oral, capsule, 3x a day  
schedule (TID) PRN, until further notice, PRN**

Justification: Constipation

PRN, Duration: Until further notice, start date: 12/21/2025 02:15 PM

Dispense Amount: 100 mg capsule x 3 Capsules

Number of Refills: 1

Medication	Route	Dosage Form
Colace	oral	capsule

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	100 mg	Capsule

---

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

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), until further notice**

Justification: Supplement

Duration: Until further notice, start date: 12/21/2025 02:15 PM

Dispense Amount: 1 mg tablet x 1 Tablet

Number of Refills: 1

Medication	Route	Dosage Form
Folic Acid	oral	tablet

Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	1 mg	Tablet

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

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: 12/21/2025 02:15 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 John C. O'Neil, MD, NPI Number: 1952573826, DEA: F07577147 via phone, read back and verified

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: 12/21/2025 02:15 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 John C. O'Neil, MD, NPI Number: 1952573826, DEA: F07577147 via phone, read back and verified

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: 12/21/2025 02:15 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 John C. O'Neil, MD, NPI Number: 1952573826, DEA: F07577147 via phone, read back and verified

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Ondansetron, 4 mg x 1 Tablet , SL, tablet, every 6 hours, until further notice,**

**PRN**

Justification: Nausea / Vomiting

PRN, Duration: Until further notice, start date: 12/21/2025 02:15 PM

Dispense Amount: 4 mg tablet x 4 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Ondansetron	SL	tablet

Frequency

every 6 hours

Amount	Strength	Unit
1	4 mg	Tablet

---

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

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

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

Justification: TB Screening

Duration: 1 day, start date: 12/21/2025 02:15 PM, end date: 12/21/2025 11:59 PM

Dispense Amount: .1ml Liquid x 2 Sols

Number of Refills: n/a

Day 1 to Day 2	Medication	Route	Dosage Form
12/21/2025 02:15 PM to 12/22/2025	Tuberculin purified protein derivative	Intradermal	Liquid

Frequency

Once

Amount	Strength	Unit
1	.1ml	Sol

---

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

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Senokot (sennosides), 8.6 mg x 1 Tablet , oral, tablet, once a day (AM) PRN,  
until further notice, PRN**

Justification: Constipation

PRN, Duration: Until further notice, start date: 12/21/2025 02:15 PM

Dispense Amount: 8.6 mg tablet x 2 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Senokot	oral	tablet

Frequency

once a day (AM) PRN

Amount	Strength	Unit
1	8.6 mg	Tablet

---

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

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: 12/21/2025 02:15 PM, end date: 12/23/2025 11:59 PM

Dispense Amount: 100 mg tablet x 3 Tablets

Number of Refills: 1

Day 2 to Day 3 12/21/2025 02:15 PM to 12/22/2025	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 John C. O'Neil, MD, NPI Number: 1952573826, DEA: F07577147 via phone, read back and verified

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

72 Hour Q 30



min.Observation Detox Simmons, Once , for 3 days

Justification: Detox Observation

Duration: 3 days, start date: 12/21/2025 02:15 PM, end date: 12/23/2025 11:59 PM

Show in MARs: YES

Discontinued: 12/22/2025 03:00 PM

Day 1 to Day 4	Action
12/21/2025	72 Hour Q 30
02:15 PM to	min.Observation
12/24/2025	Detox Simmons

Frequency  
Once

---

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

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

### Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/22/2025 03:00 PM

### Discontinued Order Review

Ellen Barbieri, NP, NPI: 1134929573, DEAmb9534822, 12/22/2025 03:00 PM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/22/2025 03:00 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

Detox 1

Protocol, Once  
, until further  
notice

Justification:

Appropriate Level of Care

Duration: Until further notice, start date: 12/21/2025 02:15 PM

Show in MARs: YES

Discontinued: 12/22/2025 03:00 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 John C. O'Neil, MD, NPI Number: 1952573826, DEA: F07577147 via phone, read back and verified

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

### Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/22/2025 03:00 PM

### Discontinued Order Review



Ellen Barbieri, NP, NPI: 1134929573, DEAmb9534822, 12/22/2025 03:00 PM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/22/2025 03:00 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: 12/21/2025 02:15 PM

Show in MARs: YES

Discontinued: 12/22/2025 03:00 PM

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

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

### Order Review



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Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/22/2025 03:00 PM

### Discontinued Order Review



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Ellen Barbieri, NP, NPI: 1134929573, DEAmb9534822, 12/22/2025 03:00 PM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/22/2025 03:00 PM

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: 12/21/2025 02:15 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 John C. O'Neil, MD, NPI Number: 1952573826, DEA: F07577147 via phone, read back and verified

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: 12/21/2025 02:15 PM, end date: 01/29/2026 11:59 PM

Show in MARs: YES

Day 2 to Day 3	Action
12/21/2025 02:15 PM to 12/22/2025	Weekly Weight every Monday morning and on admission

Frequency

Weekly

Hours	Minutes	Meridian
At 08	00	AM

---

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

Entered by Irma Martinez, LPT 12/21/2025 02:19 PM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### PRESCRIPTION

gabapentin,  
300 mg x 1  
capsule , oral,  
capsule, three  
times a day,  
for 7 days, PRN



Take 1 capsule by mouth three times a day as needed for anxiety for 7 days

PRN, Duration: 7 days, start date: 12/21/2025 03:00 PM, end date: 12/27/2025 11:59 PM

Dispense Amount: 300 mg capsule x 21 capsules

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/22/2025 02:44 PM

Day 1 to Day 8 12/21/2025 03:00 PM to 12/28/2025	Medication gabapentin	Route oral	Dosage Form capsule
---	--------------------------	---------------	------------------------

Frequency

three times a day

Amount	Strength	Unit
1	300 mg	capsule

---

Ordered by John C. O'Neil, MD, NPI Number: 1952573826, DEA: F07577147 via eRx

Entered by John C. O'Neil, MD 12/21/2025 03:08 PM

Discontinued Due to Change Order by Ellen Barbieri, NP 12/22/2025 02:44 PM: gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), for 7 days

Signed electronically 12/21/2025 03:08 PM

Pharmacy: CVS/pharmacy #9947, 2035 Novato Blvd, Novato, CA, 94947

**Completed (Faxed or Printed)**

- eRx ID: 71229856969

### Discontinued Order Review

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Ellen Barbieri, NP, NPI: 1134929573, DEAMb9534822, 12/22/2025 02:44 PM

Discontinued Ordered by Ellen Barbieri, NP via self

Discontinued Entered by Ellen Barbieri, NP at 12/22/2025 02:44 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

PPD /  
Tuberculin  
test to be read  
on 12/23/25  
after 1600 or  
on 12/24/25 before 1600., Once , until further notice

Duration: Until further notice, start date: 12/21/2025 04:45 PM

Show in MARs: YES

Discontinued: 12/26/2025 07:19 PM

Action

PPD / Tuberculin test  
to be read on  
12/23/25 after 1600  
or on 12/24/25 before  
1600.

Frequency

Once

**DISCONTINUED**

12/26/2025 07:19 PM

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

Entered by Alma Arenas, LPT 12/21/2025 04:48 PM

Pending Review

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

Discontinued Entered by Alma Arenas, LPT at 12/26/2025 07:19 PM

Discontinue Reason: Completed

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: 12/21/2025 04:45 PM

Show in MARs: NO

Action

Lab Work Fasting:

Comprehensive

Metabolic Panel, CBC,

Lipid Panel, HIV, TSH

Frequency

Once

---

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

Entered by Ellen Barbieri, NP 12/21/2025 04:53 PM

### Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/21/2025 04:53 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

Once a Week  
Blind Weight  
Check,  
Weekly, until  
further notice

Justification: Weight Management

Duration: Until further notice, start date: 12/21/2025 04:45 PM

Show in MARs: YES

Discontinued: 12/22/2025 03:00 PM

Action

Once a Week Blind  
Weight Check

Frequency

Weekly

Hours	Minutes	Meridian
At 08	00	AM

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

Entered by Ellen Barbieri, NP 12/21/2025 04:53 PM

### Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/21/2025 04:53 PM

### Discontinued Order Review



Ellen Barbieri, NP, NPI: 1134929573, DEAmb9534822, 12/22/2025 03:00 PM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/22/2025 03:00 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: 12/21/2025 04:45 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

Entered by Ellen Barbieri, NP 12/21/2025 04:53 PM

### Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/21/2025 04:53 PM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), for 7 days**

Justification: anxiety/neuropathy

Duration: 7 days, start date: 12/22/2025 02:30 PM, end date: 12/28/2025 11:59 PM

Dispense Amount: 300 mg capsule x 21 capsules

Number of Refills: 0

Day 1 to Day 5 12/22/2025 02:30 PM to 12/26/2025	Medication gabapentin	Route oral	Dosage Form capsule
---	--------------------------	---------------	------------------------

Frequency

three times a day schedule (TID)

Hours	Minutes	Meridian	Amount	Strength	Unit
At 03	00	PM	1	300 mg	capsule
At 09	00	PM	1	300 mg	capsule

Day 2 to Day 3 12/22/2025 to 12/23/2025	Medication gabapentin	Route oral	Dosage Form capsule
---	--------------------------	---------------	------------------------

Frequency

three times a day schedule (TID)

Hours	Minutes	Meridian	Amount	Strength	Unit
At 09	00	AM	1	300 mg	capsule
At 03	00	PM	1	300 mg	capsule
At 09	00	PM	1	300 mg	capsule

Change Prescription: gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day, for 7 days, PRN

Change Reason:

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

Entered by Ellen Barbieri, NP 12/22/2025 02:44 PM

**Order Review**

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/22/2025 02:44 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

72 Hour  
Residential  
Care  
Observation  
LEVEL 2, 24-

**DISCONTINUED**  
12/23/2025 12:52 PM

72 hrs, Every 12 hrs, until further notice

Duration: Until further notice, start date: 12/22/2025 03:00 PM

Show in MARs: YES

Discontinued: 12/23/2025 12:52 PM

Action

72 Hour Residential

Care Observation

LEVEL 2, 24-72 hrs

Frequency

Every 12 hrs

- 
- 1) Vital Signs three times daily
  - 2) 1 hour safety checks
  - 3) CIWA/COWS three times daily
  - 4) May go offsite with NP approval
  - 5) May attend group, not required
  - 6) Must be on Observation for Day #2 #3 of stay, until 72 hrs

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

Entered by Ellen Barbieri, NP 12/22/2025 03:10 PM

Discontinued Due to Change Order by Scheria Smith, LVN 12/23/2025 12:52 PM: 72 Hour Residential Care Observation LEVEL 2, 24-72 hrs, two times a day schedule (BID), until further notice

### Order Review



---

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/22/2025 03:10 PM

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

Discontinued Entered by Scheria Smith, LVN at 12/23/2025 12:52 PM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**PRESCRIPTION**

C-IV

◆  
 lorazepam,  
 0.5 mg x 1  
 tablet , oral,

tablet, twice a day, until further notice, PRN

Take 1 tablet by mouth twice a day as needed for anxiety

PRN, Duration: Until further notice, start date: 12/22/2025 03:45 PM

Dispense Amount: 0.5 mg tablet x 6 tablets

Number of Refills: 0

Additional Notes to Pharmacist: USE Rx DISCOUNT CARD: \$11.99, BIN:019876,

PCN:CHIPPO, Group:EMR, ID:DF00316114

Comments for Office Use Only: n/a

Discontinued: 12/22/2025 03:51 PM

Medication  
 lorazepam

Route  
 oral

Dosage Form  
 tablet

Frequency

twice a day

Amount	Strength	Unit
1	0.5 mg	tablet

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

Entered by Ellen Barbieri, NP 12/22/2025 03:49 PM

Discontinued Due to Change Order by Ellen Barbieri, NP 12/22/2025 03:51 PM: lorazepam, 0.5 mg x 1 tablet , oral, tablet, 2x a day schedule (BID) PRN, until further notice, PRN

Signed electronically 12/22/2025 03:48 PM

Pharmacy: WALGREENS #13584, 155 NORTHGATE ONE, SAN RAFAEL, CA, 949033417

**Completed (Faxed or Printed)**

- eRx ID: 71230122071

**Discontinued Order Review**

Ellen Barbieri, NP, NPI: 1134929573, DEAMb9534822, 12/22/2025 03:51 PM

Discontinued Ordered by Ellen Barbieri, NP via self

Discontinued Entered by Ellen Barbieri, NP at 12/22/2025 03:51 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

C-IV



**lorazepam, 0.5 mg x 1 tablet , oral, tablet, 2x a day schedule (BID) PRN,  
until further notice, PRN**

Justification: anxiety

PRN, Duration: Until further notice, start date: 12/22/2025 03:45 PM

Dispense Amount: 0.5 mg tablet x 6 tablets

Number of Refills: 0

Medication	Route	Dosage Form
lorazepam	oral	tablet

Frequency

**2x a day schedule (BID) PRN**

Amount	Strength	Unit
1	0.5 mg	tablet

Change Prescription: lorazepam, 0.5 mg x 1 tablet , oral, tablet, twice a day, until further notice, PRN

Change Reason:

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

Entered by Ellen Barbieri, NP 12/22/2025 03:51 PM

### Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/22/2025 03:51 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Wellbutrin XL (bupropion HCl), 300 mg x 1 tablet , oral, Tablet, Extended**

**Release 24 hr, once a day (AM), until further notice**

Justification: depression

Duration: Until further notice, start date: 12/22/2025 09:15 PM

Dispense Amount: 300 mg Tablet, Extended Release 24 hr x 1 tablet

Number of Refills: n/a

Medication  
Wellbutrin XL

Route  
oral

Dosage Form  
Tablet, Extended  
Release 24 hr

Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	300 mg	tablet

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

Entered by Ellen Barbieri, NP 12/22/2025 09:27 PM

### Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/22/2025 09:27 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Send out to Emergency Room for MD evaluation of +3 bilateral edema in feet, Stat, for 1 day**

Duration: 1 day, start date: 12/23/2025 10:30 AM, end date: 12/23/2025 11:59 PM

Show in MARs: YES

Day 1	Action
12/23/2025	Send out to
10:30 AM	Emergency Room for MD evaluation of +3 bilateral edema in feet

Frequency

Stat

Hours	Minutes	Meridian
At 10	41	AM

---

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

Entered by Scheria Smith, LVN 12/23/2025 10:41 AM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

72 Hour  
Residential  
Care  
Observation  
LEVEL 2, 24-

**DISCONTINUED**  
12/24/2025 01:48 PM

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

Duration: Until further notice, start date: 12/23/2025 12:45 PM

Show in MARs: YES

Discontinued: 12/24/2025 01:48 PM

Action

72 Hour Residential

Care Observation

LEVEL 2, 24-72 hrs

Frequency

two times a day schedule (BID)

	Hours	Minutes	Meridian
At	09	00	AM
At	09	00	PM

- 
- 1) Vital Signs three times daily
  - 2) 1 hour safety checks
  - 3) CIWA/COWS three times daily
  - 4) May go offsite with NP approval
  - 5) May attend group, not required
  - 6) Must be on Observation for Day #2 #3 of stay, until 72 hrs

Change Order: 72 Hour Residential Care Observation LEVEL 2, 24-72 hrs, Every 12 hrs, 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 Scheria Smith, LVN 12/23/2025 12:52 PM

### Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/24/2025 01:48 PM

### Discontinued Order Review



Ellen Barbieri, NP, NPI: 1134929573, DEAm9534822, 12/24/2025 01:48 PM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/24/2025 01:48 PM



## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### **Q1 Hours Observation , two times a day schedule (BID), until further notice**

Justification: Fall risk & edema

Duration: Until further notice, start date: 12/24/2025 01:30 PM

Show in MARs: YES

Action

#### **Q1 Hours Observation**

Frequency

**two times a day schedule (BID)**

	Hours	Minutes	Meridian
At	09	00	AM
At	09	00	PM

---

1) Make sure client is wearing proper shoes

2) NO SANDELS

3) CALL BELL ON PERSON

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

Entered by Ellen Barbieri, NP 12/24/2025 01:45 PM

#### **Order Review**



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Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/24/2025 01:45 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### **Compression Stockings, two times a day schedule (BID), until further notice**

Duration: Until further notice, start date: 12/24/2025 01:45 PM

Show in MARs: YES

Action

**Compression  
Stockings**

Frequency

**two times a day schedule (BID)**

	Hours	Minutes	Meridian
At	09	00	AM
At	09	00	PM

---

1) Please check compression stockings ON in the AM

2) Please check compression stockings OFF in the PM

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

Entered by Ellen Barbieri, NP 12/24/2025 01:51 PM

### Order Review



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Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/24/2025 01:51 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved, two times a day schedule (BID), until further notice**

Justification: Fall risk

Duration: Until further notice, start date: 12/24/2025 06:00 PM

Show in MARs: YES

Action

Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved

Frequency

two times a day schedule (BID)

	Hours	Minutes	Meridian
At	09	00	AM
At	09	00	PM

---

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

Entered by Scheria Smith, LVN 12/24/2025 06:14 PM

Pending Review

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule  
(TID), until further notice**

Justification: Anxiety/Neuropathy

Duration: Until further notice, start date: 12/29/2025 03:00 PM

Dispense Amount: 300 mg capsule x 3 capsules

Number of Refills: n/a

Medication	Route	Dosage Form
gabapentin	oral	capsule

Frequency

**three times a day schedule (TID)**

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	300 mg	capsule
At	03	00	PM	1	300 mg	capsule
At	09	00	PM	1	300 mg	capsule

---

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via previously prescribed medication approved by doctor

Entered by Scheria Smith, LVN 12/29/2025 03:15 PM

**Pending Review**

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### PRESCRIPTION

acamprosate  
(acamprosate calcium), 333 mg x 2 tablets , oral, tablet, delayed release (enteric coated), three times a day, until further notice

Take 2 tablet by mouth three times a day as directed for MAT

Duration: Until further notice, start date: 12/29/2025 05:30 PM

Dispense Amount: 333 mg tablet, delayed release (enteric coated) x 180 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/29/2025 05:35 PM

**DISCONTINUED**  
12/29/2025 05:35 PM

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

Frequency

three times a day

Amount	Strength	Unit
2	333 mg	tablets

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

Entered by Ellen Barbieri, NP 12/29/2025 05:33 PM

Discontinued Due to Change Order by Ellen Barbieri, NP 12/29/2025 05:35 PM: acamprosate (acamprosate calcium), 333 mg x 1 tablet , oral, tablet, delayed release (enteric coated), three times a day schedule (TID), until further notice

Signed electronically 12/29/2025 05:33 PM

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

**Completed (Faxed or Printed)**

- eRx ID: 71231091406

### Discontinued Order Review



Ellen Barbieri, NP, NPI: 1134929573, DEAMb9534822, 12/29/2025 05:35 PM

Discontinued Ordered by Ellen Barbieri, NP via self

Discontinued Entered by Ellen Barbieri, NP at 12/29/2025 05:35 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**acamprostate (acamprostate calcium), 333 mg x 1 tablet , oral, tablet,  
delayed release (enteric coated), three times a day schedule (TID), until  
further notice**

Justification: MAT

Duration: Until further notice, start date: 12/29/2025 05:30 PM

Dispense Amount: 333 mg tablet, delayed release (enteric coated) x 3 tablets

Number of Refills: 0

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

Frequency

**three times a day schedule (TID)**

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	333 mg	tablet
At	03	00	PM	1	333 mg	tablet
At	09	00	PM	1	333 mg	tablet

Change Prescription: acamprostate (acamprostate calcium), 333 mg x 2 tablets , oral, tablet, delayed release (enteric coated),  
three times a day, until further notice

Change Reason:

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

Entered by Ellen Barbieri, NP 12/29/2025 05:35 PM

### Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/29/2025 05:35 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/31/2025

12/31/2025

Date/Time: 0721 , Detox Level: Obs , Location: D , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 0822 , Detox Level: Obs , Location: D , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 0914 , Detox Level: Obs , Location: I , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1003 , Detox Level: Obs , Location: N , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1105 , Detox Level: Obs , Location: G , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1202 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1305 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1404 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: Knitting , Staff Initials: ML

Date/Time: 1506 , Detox Level: Obs , Location: G , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1605 , Detox Level: Obs , Location: Hot tub , Orientation: 1 , Complaints: N , Staff Initials: ML

---

### 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

Powered by Kipu Systems

Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

167 of 421 pages

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

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/30/2025

12/30/2025

Date/Time: 1930 , Detox Level: OBS , Location: WATCHING TV IN LIVING ROOM , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2029 , Detox Level: OBS , Location: WATCHING TV IN THE LIVING ROOM , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2128 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2227 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2326 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0025 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0124 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0223 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0322 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0421 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0520 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0619 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0701 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , 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), 12/31/2025 07:38 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/30/2025

12/30/2025

Date/Time: 0719 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Care: 3 , See Notes: introduced self , Staff Initials: ML

Date/Time: 0812 , Detox Level: Obs , Location: N , Orientation: 1 , Complaints: N , Care: 1,2,3,4 , Staff Initials: ML

Date/Time: 0914 , Detox Level: Obs , Location: I , Orientation: 1 , Complaints: N , See Notes: Therapy , Staff Initials: ML

Date/Time: 1017 , Detox Level: Obs , Location: G , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1105 , Detox Level: Obs , Location: Restroom , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1211 , Detox Level: Obs , Location: D , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1312 , Detox Level: Obs , Location: I , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1417 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1518 , Detox Level: Obs , Location: G , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1613 , Detox Level: Obs , Location: Restroom , Orientation: 1 , Complaints: N , Staff Initials: ML

Date/Time: 1719 , Detox Level: Obs , Location: D , Orientation: 1 , Complaints: N , Care: 5 , Staff Initials: ML

Date/Time: 1814 , Detox Level: Obs , Location: living room , Orientation: 1 , Complaints: N , See Notes: Knitting , Staff Initials: ML

Date/Time: 1901 , Detox Level: Obs , Location: Living room , Orientation: 1 , Complaints: N , Staff Initials: ML

---

### 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



Monika Lopez, LVN (Staff), 12/30/2025 06:59 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/29/2025

12/29/2025

Date/Time: 1915 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: Received client seated on her bed, putting on her eye care. , Staff Initials: AA

Date/Time: 2015 , Detox Level: Obs , Location: N , Orientation: 1 , Complaints: N , Care: 2, 3, 4 , Staff Initials: AA

Date/Time: 2115 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Care: 2, 3 , Staff Initials: AA

Date/Time: 2215 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Care: 2, 3 , Staff Initials: AA

Date/Time: 2315 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Care: 3 , See Notes: Remained awake. , Staff Initials: AA

Date/Time: 12/30/25 @0010 , Detox Level: Obs , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0110 , Detox Level: Obs , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0215 , Detox Level: Obs , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0311 , Detox Level: Obs , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0415 , Detox Level: Obs , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0515 , Detox Level: Obs , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0615 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: Awake and used the restroom. , Staff Initials: AA

---

### Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

**Location Codes**

A: Room Awake  
D: Dining  
G: group  
I: Ind. Session  
N: Nursing Station  
P: Patio  
S: Sleeping

**Orientation Codes**

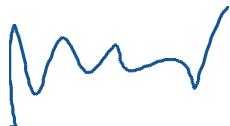
1: Awake alert, oriented x3  
2: Sedated, oriented x3  
3: Sleeping

**Complaints**

N: No complaints  
Y: Has complaints

**Care Codes**

1: CIWA or COW  
2: Fluids  
3: Encouragement  
4: Medications  
5: Nourishment  
6: Sleeping



Alma Arenas, LPT (Staff), 12/30/2025 06:08 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/29/2025

12/29/2025

Date/Time: 0829 , Detox Level: obs , Location: G , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Mindfulness , Staff Initials: SS

Date/Time: 0928 , Detox Level: obs , Location: I , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Primary Therapist , Staff Initials: SS

Date/Time: 1025 , Detox Level: obs , Location: G , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Politics of D & A , Staff Initials: SS

Date/Time: 1124 , Detox Level: obs , Location: G , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Process , Staff Initials: SS

Date/Time: 1220 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: lunch with peers , Staff Initials: SS

Date/Time: 1319 , Detox Level: obs , Location: S , Orientation: 3 , Complaints: n , Care: 6 , See Notes: napping , Staff Initials: SS

Date/Time: 1418 , Detox Level: obs , Location: S , Orientation: 3 , Complaints: n , Care: 6 , See Notes: napping , Staff Initials: SS

Date/Time: 1517 , Detox Level: obs , Location: G , Orientation: 1 , Complaints: n , Care: 3 , See Notes: DBT orientation , Staff Initials: SS

Date/Time: 1615 , Detox Level: obs , Location: A , Orientation: 1 , Complaints: n , Care: 3 , See Notes: quiet activities , Staff Initials: SS

Date/Time: 1714 , Detox Level: obs , Location: A , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1813 , Detox Level: obs , Location: S , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: SS

**Detox Level**

- I: every 30 minutes
- II: every hour
- III every 2 hours.

**Location Codes**

- A: Room Awake
- D: Dining
- G: group
- I: Ind. Session
- N: Nursing Station
- P: Patio
- S: Sleeping

**Orientation Codes**

- 1: Awake alert, oriented x3
- 2: Sedated, oriented x3
- 3: Sleeping

**Complaints**

- N: No complaints
- Y: Has complaints

**Care Codes**

- 1: CIWA or COW
- 2: Fluids
- 3: Encouragement
- 4: Medications
- 5: Nourishment
- 6: Sleeping

*Scheria Smith*

Scheria Smith, LVN (Staff), 12/29/2025 10:40 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/29/2025

12/29/2025

Date/Time: 00:37 , Detox Level: 2 , Location: a , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: RW

Date/Time: 01:36 , Detox Level: 2 , Location: a , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: RW

Date/Time: 02:35 , Detox Level: 2 , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: RW

Date/Time: 03:34 , Detox Level: 2 , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: RW

Date/Time: 04:33 , Detox Level: 2 , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: RW

Date/Time: 05:32 , Detox Level: 2 , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: RW

Date/Time: 06:31 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: RW

Date/Time: 07:30 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: RW

---

### 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



Richard Williamson (Staff), 12/29/2025 07:34 AM

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## **24 Hour Observation Sheet 12/28/2025**

12/28/2025

Date/Time: 0740 , Detox Level: Obs , Location: Bathroom , Orientation: 1 , Complaints: N , See Notes: Currently in the bathroom,taking a shower. , Staff Initials: AA

Date/Time: 0845 , Detox Level: Obs , Location: D , Orientation: 1 , Complaints: N , Care: 2, 3, 5 , Staff Initials: AA

Date/Time: 0940 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Care: 2, 3 , Staff Initials: AA

Date/Time: 1046 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Care: 2 , Staff Initials: AA

Date/Time: 1155 , Detox Level: Obs , Location: D , Orientation: 1 , Complaints: N , Care: 3, 5 , Staff Initials: AA

Date/Time: 1300 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Care: Getting ready for the outing , Staff Initials: AA

Date/Time: 1400 , Detox Level: Obs , Location: Outing with PA , Staff Initials: AA

Date/Time: 1500 , Detox Level: Obs , Location: Outing with the PA , Staff Initials: AA

Date/Time: 1555 , Detox Level: Obs , Location: Outing , Staff Initials: AA

Date/Time: 1650 , Detox Level: Obs , Staff Initials: AA

---

### **Detox Level**

I: every 30 minutes

II: every hour

III every 2 hours.

### **Location Codes**

A: Room Awake

D: Dining

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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), 12/28/2025 04:26 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/28/2025

12/28/2025

Date/Time: 1630 , Detox Level: 2 , Location: G , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: MDC

Date/Time: 1728 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: N , Care: 2,3,5 , Staff Initials: MDC

Date/Time: 1827 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: MDC

Date/Time: 1925 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: MDC

Date/Time: 2020 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: MDC

Date/Time: 2119 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: MDC

Date/Time: 2218 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: MDC

Date/Time: 2317 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: MDC

Date/Time: 0002 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: MDC

---

### 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

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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

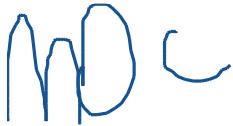
2: Fluids

3: Encouragement

4: Medications

5: Nourishment

6: Sleeping



Michael Del Carlo, Program Assistant (Staff), 12/29/2025 12:05 AM

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## **24 Hour Observation Sheet 12/27/2025**

12/27/2025

Date/Time: 0730 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: no , Care: 2 , Staff Initials: ls

Date/Time: 0829 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: no , Care: 2,5 , Staff Initials: ls

Date/Time: 0928 , Detox Level: 2 , Location: G , Orientation: 1 , Complaints: no , Care: 2,5 , Staff Initials: ls

Date/Time: 1028 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: no , Care: 2,5 , Staff Initials: ls

Date/Time: 11:25 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: no , Care: 2,5 , Staff Initials: ls

---

### **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



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LuAnna Satterwhite Orleans, Program Assistant (Staff), 12/27/2025 11:41 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/27/2025

12/27/2025

Date/Time: 1940 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: SA

Date/Time: 2039 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: SA

Date/Time: 2140 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: SA

Date/Time: 2239 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 2338 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0040 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0139 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: SA

Date/Time: 0238 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0339 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0438 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0540 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0639 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: SA

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### Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

### Location Codes

A: Room Awake

D: Dining

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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), 12/28/2025 06:33 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/27/2025

12/27/2025

Date/Time: 12/27/2025 12:00 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: JH

Date/Time: 13:50 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: JH

Date/Time: 14:45 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: JH

Date/Time: 15:00 , Detox Level: 2 , Location: Massage , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: JH

Date/Time: 16:59 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: JH

Date/Time: 17:00 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: JH

Date/Time: 17:55 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: JH

Date/Time: 18:40 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: JH

---

### 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



James A. Hayes,, Program Assistant (Staff), 12/27/2025 07:10 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/26/2025

12/26/2025

Date/Time: 1905 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Care: 3 , See Notes: Received client organizing her room. , Staff Initials: AA

Date/Time: 2003 , Detox Level: Obs , Location: D , Orientation: 1 , Complaints: N , Care: 2, 3, 5 , Staff Initials: AA

Date/Time: 2100 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , Care: 2 , Staff Initials: AA

Date/Time: 2200 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: Reading. , Staff Initials: AA

Date/Time: 2305 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: Reading , Staff Initials: AA

Date/Time: 12/27/25@0001 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: On her laptop , Staff Initials: AA

Date/Time: 0100 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: On her laptop , Staff Initials: AA

Date/Time: 0200 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: On her Laptop , Staff Initials: AA

Date/Time: 0300 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: On her phone , Staff Initials: AA

Date/Time: 0405 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: On her phone , Staff Initials: AA

Date/Time: 0505 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: On her phone , Staff Initials: AA

Date/Time: 0600 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: Putting on eye care , Staff Initials: AA

Date/Time: 0700 , Detox Level: Obs , Location: A , Orientation: 1 , Complaints: N , See Notes: Watching on her laptop. , Staff Initials: AA

---

### Detox Level

I: every 30 minutes

II: every hour  
III every 2 hours.

**Location Codes**

A: Room Awake  
D: Dining  
G: group  
I: Ind. Session  
N: Nursing Station  
P: Patio  
S: Sleeping

**Orientation Codes**

1: Awake alert, oriented x3  
2: Sedated, oriented x3  
3: Sleeping

**Complaints**

N: No complaints  
Y: Has complaints

**Care Codes**

1: CIWA or COW  
2: Fluids  
3: Encouragement  
4: Medications  
5: Nourishment  
6: Sleeping



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Alma Arenas, LPT (Staff), 12/27/2025 07:01 AM

## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## **24 Hour Observation Sheet 12/25/2025**

12/25/2025

Date/Time: 11:04 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: MC

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### **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**

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N: No complaints  
Y: Has complaints

**Care Codes**

- 1: CIWA or COW
- 2: Fluids
- 3: Encouragement
- 4: Medications
- 5: Nourishment
- 6: Sleeping



Michael Crowe (Staff), 12/25/2025 11:46 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/25/2025

12/25/2025

Date/Time: 0026 , Detox Level: i , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

Date/Time: 0040 , Detox Level: i , Location: s , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RR

Date/Time: 0110 , Detox Level: i , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

Date/Time: 0130 , Detox Level: i , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

Date/Time: 0155 , Detox Level: i , Location: s , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RR

Date/Time: 0225 , Detox Level: I , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RR

Date/Time: 0250 , Detox Level: I , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RR

Date/Time: 0325 , Detox Level: I , Location: S , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

Date/Time: 0350 , Detox Level: i , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

Date/Time: 0415 , Detox Level: i , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

Date/Time: 0440 , Detox Level: i , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

Date/Time: 0505 , Detox Level: i , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

Date/Time: 0520 , Detox Level: i , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

Date/Time: 0550 , Detox Level: i , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

Date/Time: 0615 , Detox Level: i , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

Date/Time: 0640 , Detox Level: i , Location: s , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RR

Date/Time: 0705 , Detox Level: i , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

Date/Time: 0719 , Detox Level: i , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: rr

See Notes: /.

**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



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Raphael Ray (Staff), 12/26/2025 07:45 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/25/2025

12/25/2025

Date/Time: 0720 , Detox Level: OBS , Location: DINING TABLE , Orientation: 1 , Complaints: N , Care: WORKING ON HER COMPUTER , Staff Initials: KK

Date/Time: 0819 , Detox Level: OBS , Location: G , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 0918 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 1017 , Detox Level: OBS , Location: G , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 1116 , Detox Level: OBS , Location: G , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 1215 , Detox Level: OBS , Location: D , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 1314 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 1413 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 1512 , Detox Level: OBS , Location: G , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 1611 , Detox Level: OBS , Location: D , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 1710 , Detox Level: OBS , Location: LIVING ROOM , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 1809 , Detox Level: OBS , Location: OFFSITE TO WATCH A MOVIE WITH PEERS & STAFF , Staff Initials: KK

Date/Time: 1908 , Detox Level: OBS , Location: OFFSITE , Staff Initials: KK

Date/Time: 2007 , Detox Level: OBS , Location: OFFSITE , Staff Initials: KK

Date/Time: 2106 , Detox Level: OBS , Location: OFFSITE , Staff Initials: KK

Date/Time: 2205 , Detox Level: OBS , Location: RETURNS FROM MOVIES AT 2145 , Orientation: 1 , Complaints: N , 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



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Kiran Kaur, MA (Staff), 12/25/2025 10:16 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/24/2025

12/24/2025

Date/Time: 1917 , Detox Level: OBS , Location: G , Orientation: 1 , Complaints: N , Care: G , Staff Initials: AS

Date/Time: 2015 , Detox Level: OBS , Location: living room , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

Date/Time: 2112 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

Date/Time: 2211 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

Date/Time: 2309 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

Date/Time: 12/25/25 @ 2408 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0107 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0206 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0305 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0404 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0505 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0602 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AS

Date/Time: 0655 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: AS

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### Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

### Location Codes

A: Room Awake

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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



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Anita Salanga, LPT (Staff), 12/25/2025 07:14 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/24/2025

12/24/2025

Date/Time: 0740 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: on her laptop at dinning room table , Staff Initials: SS

Date/Time: 0839 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: delivery , Staff Initials: SS

Date/Time: 0938 , Detox Level: obs , Location: G , Orientation: 1 , Complaints: n , Care: 3 , See Notes: delivery , Staff Initials: SS

Date/Time: 1037 , Detox Level: obs , Location: G , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1136 , Detox Level: obs , Location: G , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Fall risk , Staff Initials: SS

Date/Time: 1235 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1334 , Detox Level: obs , Location: I , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Primary therapist , Staff Initials: SS

Date/Time: 1433 , Detox Level: obs , Location: I , Orientation: 1 , Complaints: n , Care: 3 , See Notes: primary therapist , Staff Initials: SS

Date/Time: 1532 , Location: S , Orientation: 3 , Complaints: n , Care: 3 , See Notes: napping , Staff Initials: SS

Date/Time: 1631 , Location: S , Orientation: 3 , Complaints: n , Care: 3 , See Notes: napping , Staff Initials: SS

Date/Time: 1730 , Location: A , Orientation: 1 , Complaints: n , Care: 3 , See Notes: awake in bed , Staff Initials: SS

Date/Time: 1759 , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: dinner , Staff Initials: SS

Date/Time: 1845 , Location: G , See Notes: group , Staff Initials: SS

**Detox Level**

- I: every 30 minutes
- II: every hour
- III every 2 hours.

**Location Codes**

- A: Room Awake
- D: Dining
- G: group
- I: Ind. Session
- N: Nursing Station
- P: Patio
- S: Sleeping

**Orientation Codes**

- 1: Awake alert, oriented x3
- 2: Sedated, oriented x3
- 3: Sleeping

**Complaints**

- N: No complaints
- Y: Has complaints

**Care Codes**

- 1: CIWA or COW
- 2: Fluids
- 3: Encouragement
- 4: Medications
- 5: Nourishment
- 6: Sleeping

*Scheria Smith*

Scheria Smith, LVN (Staff), 12/24/2025 06:45 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/23/2025

12/23/2025

Date/Time: 0714 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: breakfast , Staff Initials: SS

Date/Time: 0813 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: breakfast , Staff Initials: SS

Date/Time: 0913 , Detox Level: obs , Location: G , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1012 , Detox Level: obs , Location: I , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Primary Therapist , Staff Initials: SS

Date/Time: 1110 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: sitting near PA desk , Staff Initials: SS

Date/Time: 1209 , Detox Level: obs , Location: sent out to ER , Staff Initials: SS

Date/Time: 1308 , Detox Level: obs , Location: sent out to ER , Staff Initials: SS

Date/Time: 1407 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: eating lunch , Staff Initials: SS

Date/Time: 1506 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1605 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1704 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: dinner with peers , Staff Initials: SS

Date/Time: 1803 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1854 , Detox Level: obs , Location: D , Orientation: 1 , Complaints: n , Care: 3

**Detox Level**

- I: every 30 minutes
- II: every hour
- III every 2 hours.

**Location Codes**

- A: Room Awake
- D: Dining
- G: group
- I: Ind. Session
- N: Nursing Station
- P: Patio
- S: Sleeping

**Orientation Codes**

- 1: Awake alert, oriented x3
- 2: Sedated, oriented x3
- 3: Sleeping

**Complaints**

- N: No complaints
- Y: Has complaints

**Care Codes**

- 1: CIWA or COW
- 2: Fluids
- 3: Encouragement
- 4: Medications
- 5: Nourishment
- 6: Sleeping

*Scheria Smith*

Scheria Smith, LVN (Staff), 12/23/2025 06:55 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/23/2025

12/23/2025

Date/Time: 1953 , Detox Level: OBS , Location: LIVING ROOM , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 2052 , Detox Level: OBS , Location: G , Orientation: 1 , Complaints: N , Care: 2,3 , See Notes: CLOSING GROUP , Staff Initials: KK

Date/Time: 2151 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 2250 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2349 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0048 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0147 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0246 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0345 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0444 , Detox Level: OBS , Location: DINING TABLE , Orientation: 1 , Complaints: N , Care: 2,3 , See Notes: WORKING ON HER COMPUTER , Staff Initials: KK

Date/Time: 0543 , Detox Level: OBS , Location: DINING TABLE , Orientation: 1 , Complaints: N , Care: 2,3 , See Notes: WORKING ON HER COMPUTER , Staff Initials: KK

Date/Time: 0642 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

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### 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), 12/24/2025 06:44 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/22/2025

12/22/2025

Date/Time: 1956 , Detox Level: OBS , Location: LIVING ROOM , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 2055 , Detox Level: OBS , Location: G , Orientation: 1 , Complaints: N , Care: 3 , See Notes: CLOSING GROUP , Staff Initials: KK

Date/Time: 2154 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 2253 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 2352 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0051 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0150 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0249 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0348 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0447 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0546 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 0645 , Detox Level: OBS , Location: DINING TABLE , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

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### Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

### Location Codes

A: Room Awake

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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



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Kiran Kaur, MA (Staff), 12/23/2025 06:45 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/22/2025

12/22/2025

Date/Time: 0717 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: SS

Date/Time: 0746 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: SS

Date/Time: 0815 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: SS

Date/Time: 0844 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 0913 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: breakfast , Staff Initials: SS

Date/Time: 0942 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: chatting with staff , Staff Initials: SS

Date/Time: 1011 , Detox Level: 1 , Location: G , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Resiliency , Staff Initials: SS

Date/Time: 1040 , Detox Level: 1 , Location: G , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Resiliency , Staff Initials: SS

Date/Time: 1109 , Detox Level: 1 , Location: G , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Process , Staff Initials: SS

Date/Time: 1138 , Detox Level: 1 , Location: G , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Process , Staff Initials: SS

Date/Time: 1207 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: lunch with peers , Staff Initials: SS

Date/Time: 1236 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: n , Care: 3 , See Notes: lunch with peers , Staff Initials: SS

Date/Time: 1305 , Detox Level: 1 , Location: I , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Primary Therapist , Staff Initials: SS

Date/Time: 1334 , Detox Level: 1 , Location: I , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Primary Therapist , Staff Initials: SS

Date/Time: 1403 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: crying , Care: 3 , Staff Initials: SS

Date/Time: 1432 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1501 , Detox Level: obs with hourly checks , Location: D , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1600 , Detox Level: obs with hourly checks , Location: N , Orientation: 1 , Complaints: n , Care: 3 , See Notes: on phone with lawyer/ROI signed , Staff Initials: SS

Date/Time: 1659 , Detox Level: obs with hourly checks , Location: D , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1758 , Detox Level: obs with hourly checks , Location: D , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1857 , Detox Level: obs with hourly checks , Location: A , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

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**Detox Level**

- I: every 30 minutes
- II: every hour
- III every 2 hours.

**Location Codes**

- A: Room Awake
- D: Dining
- G: group
- I: Ind. Session
- N: Nursing Station
- P: Patio
- S: Sleeping

**Orientation Codes**

- 1: Awake alert, oriented x3
- 2: Sedated, oriented x3
- 3: Sleeping

**Complaints**

- N: No complaints
- Y: Has complaints

**Care Codes**

- 1: CIWA or COW
- 2: Fluids
- 3: Encouragement
- 4: Medications
- 5: Nourishment
- 6: Sleeping



Scheria Smith, LVN (Staff), 12/22/2025 07:04 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/21/2025

12/21/2025

Date/Time: 1430 , Detox Level: 1 , Location: N , Orientation: 1 , Complaints: N , Care: Intake process. , See Notes: New admission. , Staff Initials: AA

Date/Time: 1500 , Detox Level: 1 , Location: N , Orientation: 1 , Complaints: N , Care: Currently talking to the MD. , Staff Initials: AA

Date/Time: 1530 , Detox Level: 1 , Location: With the PA , Orientation: 1 , Complaints: N , Care: 2, 3, 4 , See Notes: Continue with the remaining intake process with PA. , Staff Initials: AA

Date/Time: 1600 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 2, 3 , See Notes: Property search. , Staff Initials: AA

Date/Time: 1630 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 2, 3, 4 , Staff Initials: AA

Date/Time: 1700 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: Taking a shower. , Staff Initials: AA

Date/Time: 1730 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: Resting in bed. , Staff Initials: AA

Date/Time: 1801 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: Resting , Staff Initials: AA

Date/Time: 1830 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: Resting in her room. , Staff Initials: AA

Date/Time: 1900 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

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### Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

### Location Codes

Powered by Kipu Systems

Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

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A: Room Awake

D: Dining

G: group

I: Ind. Session

N: Nursing Station

P: Patio

S: Sleeping

**Orientation Codes**

1: Awake alert, oriented x3

2: Sedated, oriented x3

3: Sleeping

**Complaints**

N: No complaints

Y: Has complaints

**Care Codes**

1: CIWA or COW

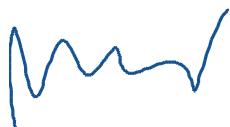
2: Fluids

3: Encouragement

4: Medications

5: Nourishment

6: Sleeping



Alma Arenas, LPT (Staff), 12/21/2025 06:36 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## 24 Hour Observation Sheet 12/21/2025

12/21/2025

Date/Time: 1945 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

Date/Time: 2014 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

Date/Time: 2052 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

Date/Time: 2120 , Detox Level: 1 , Location: N , Orientation: 1 , Complaints: N , Care: 1, 2, 3, 4 , Staff Initials: RF

Date/Time: 2149 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: N , Care: 2, 3, 5 , Staff Initials: RF

Date/Time: 2218 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 2, 3 , Staff Initials: RF

Date/Time: 2247 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: RF

Date/Time: 2316 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

Date/Time: 2345 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

Date/Time: 0014 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

Date/Time: 0043 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

Date/Time: 0112 , Detox Level: 1 , Location: s , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

Date/Time: 0141 , Detox Level: 1 , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: RF

Date/Time: 0210 , Detox Level: 1 , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: RF

Date/Time: 0238 , Detox Level: 1 , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: RF

Date/Time: 0307 , Detox Level: 1 , Location: S , Orientation: 2 , Complaints: N , Care: 1, 2, 3 , Staff Initials: RF

Date/Time: 0336 , Detox Level: 1 , Location: s , Orientation: 2 , Complaints: n , Care: 6 , Staff Initials: RF

Date/Time: 0405 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: RF

Date/Time: 0434 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: RF

Date/Time: 0503 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

Date/Time: 0532 , Detox Level: 1 , Location: s , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

Date/Time: 0601 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

Date/Time: 0629 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

Date/Time: 0648 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: RF

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**Detox Level**

I: every 30 minutes  
II: every hour  
III every 2 hours.

**Location Codes**

A: Room Awake  
D: Dining  
G: group  
I: Ind. Session  
N: Nursing Station  
P: Patio  
S: Sleeping

**Orientation Codes**

1: Awake alert, oriented x3  
2: Sedated, oriented x3  
3: Sleeping

**Complaints**

N: No complaints  
Y: Has complaints

**Care Codes**

1: CIWA or COW  
2: Fluids  
3: Encouragement  
4: Medications  
5: Nourishment  
6: Sleeping



Russell Flores, LVN (Staff), 12/22/2025 06:49 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



### Attachment Anxiety 12/22/2025

**Title** Anxiety

**Date** 12/22/2025

**Description**

Late entry

PRN Gabapentin 300mg given for reported increasing anxiety 5-6/10, effective. Will continue to monitor

Scanned Document

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

Scheria Smith, LVN (Staff), 12/23/2025 12:17 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Attachment B12 for Nitrous Oxide 12/22/2025

**Title** B12 for Nitrous Oxide

**Date** 12/22/2025

### Description

Per Nurse Practitioner Lily's most recent labs reflect highly elevated B12 levels. No additional B12 is needed at this time. Will continue to monitor.

### Scanned Document

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

Scheria Smith, LVN (Staff), 12/23/2025 11:48 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Attachment Contrabands 12/21/2025

**Title** Contrabands

**Date** 12/21/2025

### Description

During the property search conducted by the PA, found in her purse the ff:

1. 1 used joint (no weed)
2. 1 joint (marijuana) packaged
3. Marijuana wax in a small container
4. Loose pills and nicotine gums

### Scanned Document



A handwritten signature in blue ink, which appears to read "Alma Arenas, LPT (Staff)".

Alma Arenas, LPT (Staff), 12/21/2025 05:32 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



### Attachment Depression 12/22/2025

**Title** Depression

**Date** 12/22/2025

**Description**

Late entry

Lily reports she forgot her antidepressant medication at home and has not taken it since last Saturday. Per her request, this writer calls the local Walgreens pharmacist to confirm the Wellbutrin prescription and order a refill of this medication. It was picked up by staff and placed inside her medbox. Will continue to monitor.

**Scanned Document**



Scheria Smith, LVN (Staff), 12/23/2025 12:13 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



### Attachment Fall Risk Present 12/24/2025

**Title** Fall Risk Present

**Date** 12/24/2025

#### Description

Please check in with Nursing BEFORE taking her offsite. Please reminder her to use her cane while walking around the facility and to press her call bell to summon help if she feels dizzy or light headed.

#### Scanned Document

A handwritten signature in blue ink that reads "Scheria Smith".

Scheria Smith, LVN (Staff), 12/24/2025 05:54 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Attachment MAT 12/29/2025

**Title** MAT

**Date** 12/29/2025

### Description

Nurse Practitioner prescribed Acamprosate 333mg x2 tablets three times per day. This order was faxed to GGP via eRX for delivery. She is aware and has agreed to take this as part of her relapse prevention plan. Will continue to monitor.

### Scanned Document

*Scheria Smith*

Scheria Smith, LVN (Staff), 12/29/2025 06:27 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Attachment Medical Appointment 12/29/2025

**Title** Medical Appointment

**Date** 12/29/2025

### Description

Lily has a follow up medical appoint with her PCP Dr. Honda at 0930. She will need transportation to/from 2100 Webster Street Suite 423, SF, CA, 94115, 415-923-3878. Transportation pending.

### Scanned Document

*Scheria Smith*

Scheria Smith, LVN (Staff), 12/29/2025 09:57 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



### Attachment Memory 12/22/2025

**Title** Memory

**Date** 12/22/2025

**Description**

Late entry

Lilly presents with neurological deficit r/t her other psychoactive substance (nitrous oxide) dependence manifested by frequent forgetting as well as slowed, staggered walking.. This requires very frequent verbal reminders and or redirects to stay on task. Will continue to monitor.

**Scanned Document**



Scheria Smith, LVN (Staff), 12/23/2025 01:25 AM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**BAC/UDS 12/31/2025**

**Date** 12/31/2025

**Breathalyzer**

N/A

**Time**

1000

**Drug Screen Result**

THC



Monika Lopez, LVN (Staff), 12/31/2025 10:02 AM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**BAC/UDS 12/21/2025**

Date 12/21/2025

**Breathalyzer**

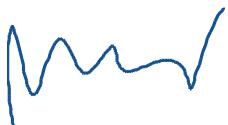
0.00

**Time**

1430

**Drug Screen Result**

THC



Alma Arenas, LPT (Staff), 12/21/2025 04:25 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/31/2025

12/31/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Kiran Kaur, MA, 12/31/2025 06:51 AM

Detox/OBS/RES Status: RES

Allergies: NKA

Detox Meds if applicable: Gabapentin 300 mg TID as needed

PRN Meds for PAWS: None

C/O: None

CIWA: 2

Daily Vital Signs: BP 101/71 P 78 See KIPU

Appearance (ADLs): Moderate

Mental status/mood: Lily was med compliant and VS were WNL. Observed ambulation and proper use of cane. She looks steadier and more careful while walking. She stated she rescheduled her PCP follow up for next week Thursday at 01:30pm. She seems to be walking better tonight. Will continue to monitor this and make sure she is safe. Compression stockings used. Observed engaging with peers and watching TV with them. Attended the closing group without any issues. She reports feeling tired and ready for bed. She went to her room right after closing group. No concerns were noted or reported during this shift. Will cont plan of care.

Did the Client Participate in Groups/Meetings? Yes, attended the closing group

Sleeping: Slept

Nutrition: Ate 100% of her meals and had snacks in between. Encouraged hydration as well.

Discharge Date: 1/26/26

Daily Temps: WNL

---

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Kiran Kaur, MA (Staff), 12/31/2025 06:52 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/30/2025

12/30/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Monika Lopez, LVN, 12/30/2025 03:50 PM

Allergies: NKA

Detox Meds if applicable: Gabapentin 300 mg TID as needed

PRN Meds for PAWS: None

C/O: None

CIWA:

Daily Vital Signs: See KIPU

Appearance (ADLs): Moderate

Mental status/mood: Lily was sitting up in bed knitting when this writer began shift. She was pleasant and stated she was going to get up shortly to come take her meds. Writer observed ambulation and proper use of cane. She looked slow, but steady and careful while walking. She stated she would be rescheduling her PCP follow up that was originally tomorrow and will let staff know when this will be. Fall assessment completed. She seems to be walking better than what was previously reported. Will continue to monitor this and make sure she is safe. Compression stockings used. This afternoon, she soaked in the hot tub. She attended her session and talked openly about trauma with her therapist. She is social and engaging well with peers. Will cont plan of care.

Did the Client Participate in Groups/Meetings? Yes

Sleeping: Slept at around 0130 AM and slept ok. Woke up around 0600 AM and used the restroom. Went back to bed afterwards.

Nutrition: Ate 100% of her meals and had snacks in between. Encouraged hydration as well.

Discharge Date: 1/26/26

Daily Temps: WNL

---

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Monika Lopez, LVN (Staff), 12/30/2025 03:51 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/29/2025

12/29/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Alma Arenas, LPT, 12/30/2025 05:50 AM (last update: 12/30/2025 06:10 AM)

Detox/OBS/RES Status: Q1hour obs.

Allergies: NKA

Detox Meds if applicable: Gabapentin 300 mg TID as needed

PRN Meds for PAWS: None

C/O: None

CIWA: 1

Daily Vital Signs: See KIPU

Appearance (ADLs): Moderate

Mental status/mood: During this shift, Lily remained primarily in her room where she was awake and using her typewriter. She declined to attend the closing meeting, stating that she preferred to sleep. She was compliant with all medications, vital sign checks, and assessments without requiring prompting. Lily was observed ambulating without the aid of her cane, reporting that she feels her mobility is improving. She was reminded that she remains on fall risk status and must continue using her cane for safety. A physical assessment of her legs and feet was performed; while she did not utilize her compression socks during this shift, her edema has improved significantly. A follow-up appointment with her Primary Care Physician has been scheduled this week. There were no falls during this shift, and her fall assessment score was recorded as two. Consequently, the current plan of care regarding fall prevention remains in place. Lily continues to be on Q1 hour observations. She received a PRN dose of 10 mg of Melatonin, which was noted as effective, and she fell asleep at approximately 01:30 AM. We will continue to monitor her closely.

Did the Client Participate in Groups/Meetings? No.

Sleeping: Slept at around 0130 AM and slept ok. Woke up around 0600 AM and used the restroom. Went back to bed afterwards.

Nutrition: Ate 100% of her meals and had snacks in between. Encouraged hydration as well.

Discharge Date: 1/26/26

Daily Temps: WNL

---

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Alma Arenas, LPT (Staff), 12/30/2025 05:51 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/29/2025

12/29/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Scheria Smith, LVN, 12/29/2025 06:49 PM

Lily L

Age: 40 y/o

Allergies: NKA

Admit: 12/21/25

RTC, Room: 1

F19.20 Other psychoactive substance dependence, uncomplicated

F33.9 Major depressive disorder, recurrent, unspecified

F90.9 Unspecified attention-deficit/hyperactivity disorder

VS: 108/80, 73

Mental Status/Mood/Activities: Lily was medication compliant. Her routine Gabapentin was put back. She remains on q1h checks for safety. Bilateral edema in feet has gone down significantly (please see pics in KIPU or phone). Please help her put on/take off compression socks until bilateral pitting edema on feet is resolved. Call bell remains in place for safety support. Fall assessment completed in KIPU. No falls today. She took all her meals at the dining room table with peers. Self hydration is encouraged. She was observed in the milieu reading her kindle, on her laptop and phone. She took a long nap in the late afternoon. She saw the Nurse Practitioner onsite, approved for her to order magnesium and calcium gummies, Acamprosate for relapse prevention sent to GGP for delivery. No other issues or concerns were reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedure.

Fall risk treatment plan continues:

1) Call bell in place for use to summon help for safety when walking around the facility

2) Lights/night lights on in her room and bathroom

3) Throw rugs removed from bathroom to avoid trip and falls

4) Patient teaching on wearing proper shoes. No sandals

5) Patient teaching on use of cane and or 4 point walker while walking around the facility

6) 1-hour checks continue for safety

MAT: Acamprosate 333mg x2 tablets three times per day to start 12/30/25

Diagnostics: send when gait is more stable

Discharge Plan: 01/26/26

---

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Scheria Smith, LVN (Staff), 12/29/2025 06:49 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/28/2025

12/28/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Steve Athens, LPT, 12/28/2025 05:57 AM

Allergies: NKA

Detox Meds if applicable: Gabapentin 300 mg TID as needed

PRN Meds for PAWS: None

C/O: None

CIWA: 1

Daily Vital Signs: See KIPU

Appearance (ADLs): Moderate

Mental status/mood: Lily spent a little time in her room while all peers were off site, then watched tv by herself for the remainder of the evening before going to bed @ 2130. She was ambulating with the assistance of a cane while wearing sneakers and compression socks. Lily has remained on Q1 hour observations. Was awake at 0130 to use the bathroom, had dropped her cane which she explained as the noise made in the bathroom when checking on her.

Did the Client Participate in Groups/Meetings? None required, nor reported

Sleeping: Appeared to have slept through the noc.

Nutrition: All meals reported consumed, observed eating snacks while watching tv.

Discharge Date: 1/26/26

Daily Temps: WNL

---

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Steve Athens, LPT (Staff), 12/28/2025 05:57 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/28/2025

12/28/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Alma Arenas, LPT, 12/28/2025 02:13 PM

Detox/OBS/RES Status: Q1hour obs.

Allergies: NKA

Detox Meds if applicable: Gabapentin 300 mg TID as needed

PRN Meds for PAWS: None

C/O: None

CIWA: 1

Daily Vital Signs: See KIPU

Appearance (ADLs): Moderate

Mental status/mood: Lily was visible and engaging well in conversations with both peers and staff in the milieu. She continues to use a cane for ambulation and appears to be more stable.

A physical assessment of her legs and feet was completed:

- Lily did not utilize compression socks, and the edema has improved.
- She reported no complaints of pain on either side.

Regarding compliance and monitoring:

- Her fall assessment score today is 2, and the fall plan remains in place.

- The CIWA score is 3.

- Lily remains on Q1 hour observations.

- She was compliant with all scheduled medication, vital signs (VSs), weekly weights, and assessments during this shift.

She reported sleeping well last night without issue. Today, Lily joined the sound bath session and the outing with other peers. She also spent time in the hot tub today without any issues. No behavioral issues or discomfort were noted today. She will continue to follow the plan of care, and we will continue to monitor her closely.

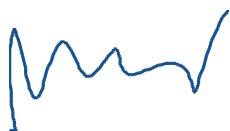
Did the Client Participate in Groups/Meetings? She joined the sound bath session this morning and went to the outing as well with peers.

Sleeping: Staff reported that she slept ok last night.

Nutrition: Ate 100% of her meals and had snacks in between. Encouraged hydration as well.

Discharge Date: 1/26/26

Daily Temps: WNL

A handwritten signature in blue ink, appearing to be "Lily Leo".

Alma Arenas, LPT (Staff), 12/28/2025 04:07 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/26/2025

12/26/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Alma Arenas, LPT, 12/27/2025 05:39 AM

Detox/OBS/RES Status: Q1hour obs.

Allergies: NKA

Detox Meds if applicable: Gabapentin 300 mg TID as needed

PRN Meds for PAWS: None

C/O: None

CIWA: 1

Daily Vital Signs: See KIPU

Appearance (ADLs): Moderate

Mental status/mood: Lily was observed organizing her belongings in her room before spending approximately one hour in the dining area for snacks. She was ambulating with the assistance of a cane while wearing sneakers and compression socks.

During this time, she was reminded to refrain from eating in bed to mitigate choking risks, which she acknowledged.

Following her snack, she returned to her room to rest. During vital signs (VS) monitoring, assessment, and medication administration, Lily was cooperative. However, she required reminders that these clinical tasks must be completed in the medication room. She expressed that she understood the requirement but noted she was finding the frequent movement back and forth difficult. Clinically, her fall assessment score is currently 2. Her blood pressure was noted to be low at 89/57; the NP has been notified of this reading. Upon assessment of her feet, a decrease in edema was noted, and she reported no pain at the site. She was encouraged to keep both feet elevated to continue reducing the swelling. Lily has remained on Q1 hour observations. While she reported having slept, she was observed to be awake on her phone or laptop throughout the shift. She declined a PRN for sleep, stating she was "okay," despite being encouraged to rest. We will continue to monitor her closely.

Did the Client Participate in Groups/Meetings? No. She declined and preferred to stay in her room.

Sleeping: Awake during this shift.

Nutrition: Ate 100% of her dinner and had snacks. Encouraged hydration as well.

Discharge Date: 1/26/26

Daily Temps: WNL

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Alma Arenas, LPT (Staff), 12/27/2025 05:39 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/25/2025

12/25/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Anita Salanga, LPT, 12/25/2025 05:29 AM

Allergies: NKA

Admit: 12/21/25

Residential with q 1 Hour observations for safety

F19.20 Other psychoactive substance dependence, uncomplicated

F33.9 Major depressive disorder, recurrent, unspecified

F90.9 Unspecified attention-deficit/hyperactivity disorder

VS: BP 101/68, P 76

CIWA: 4

Mental Status/Mood/Activities: Lily was medication compliant and VS were WNL. Client is using the cane to walk around and has call bell in place if assistant needed. Client spent the evening in the living room watching TV with peers. Client attended the In house speaker meeting and the closing group without any issues. Cont plan of care as ordered.

MAT: TBD

Diagnostics: send when gait stable

Discharge Plan: 01/26/26

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Anita Salanga, LPT (Staff), 12/25/2025 05:29 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/25/2025

12/25/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Kiran Kaur, MA, 12/25/2025 06:56 PM

Lily L

Age: 40 y/o

Allergies: NKA

Admit: 12/21/25

RTC, Room: 1

F19.20 Other psychoactive substance dependence, uncomplicated

F33.9 Major depressive disorder, recurrent, unspecified

F90.9 Unspecified attention-deficit/hyperactivity disorder

VS: BP 99/66 P 75

CIWA: 3

Mental Status/Mood/Activities: Lily was medication compliant and vitals were WNL. Client observed in milieu, attended all groups. Observed eating all her meals at the dining table with peers. Client walked out of her room dressed up without her compression socks, when client was asked to put those on, client states it does not look good with the Christmas dress she has on. The writer explained the benefits of putting those socks on and client agrees and put them on right away and observed remained for rest of the shift. Client has a call bell around her neck for assistance for safety support if needed. Continue with 1 hr OBS for safety per NP. Client is currently offsite to watch a movie with peers accompanied by PA. PA calls the writer at 1805 to report a minor fall that Lily had while entering the room of the theater. She denies any pain or hitting her head, Nurse Practitioner notified. Clients are currently at the movie theater and left at 1730. No other concerns were noted or reported during this shift. Cont plan of care as ordered.

MAT: TBD

Diagnostics: send when gait is more stable

Discharge Plan: 01/26/26

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Kiran Kaur, MA (Staff), 12/25/2025 06:56 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/24/2025

12/24/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Kiran Kaur, MA, 12/24/2025 06:30 AM

Lily L

Age: 40 y/o

Allergies: NKA

Admit: 12/21/25

Residential with 72-hour observation, Room: 1

F19.20 Other psychoactive substance dependence, uncomplicated

F33.9 Major depressive disorder, recurrent, unspecified

F90.9 Unspecified attention-deficit/hyperactivity disorder

VS: 108/73, 74

CIWA: 6

Mental Status/Mood/Activities: Lily was medication compliant and VS were WNL. Client is using the cane to walk around and has call bell in place if assistant needed. Call bell was replaced because the one she had was not working. Client spent the evening in the living room working on her computer. Client attended the closing group without any issues. Client is placing an order for shoes to help with walking and assistance instead of sandals that she currently has. Client is encouraged to elevate her foot for edema. Cont plan of care as ordered.

MAT: TBD

Diagnostics: send when gait stable

Discharge Plan: 01/26/26

---

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Kiran Kaur, MA (Staff), 12/24/2025 06:30 AM  
Powered by Kipu Systems

Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

235 of 421 pages



## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/24/2025

12/24/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Scheria Smith, LVN, 12/24/2025 06:46 PM

Lily L

Age: 40 y/o

Allergies: NKA

Admit: 12/21/25

RTC, Room: 1

F19.20 Other psychoactive substance dependence, uncomplicated

F33.9 Major depressive disorder, recurrent, unspecified

F90.9 Unspecified attention-deficit/hyperactivity disorder

VS: 97/81 , 78

Mental Status/Mood/Activities: Lily was medication compliant, late. PRN Ativan 0.5mg for anxiety. She completed her state mandated 72-hour observation, however Nurse Practitioner has decided to keep 1-hour checks in place for safety. Please help her put on/take off compression socks until bilateral pitting edema on feet is resolved. Call bell remains in place for safety support. She received multiple deliveries during the morning hours. Provided encouragement and support during emotional dysregulation episodes r/t missing her children. She fell while walking from the group room near the kitchen area, and denied hitting her head, VS WNL, bilateral sapes to knee areas, Nurse Practitioner made aware. She took all her meals at the dining room table with peers. Self hydration is encouraged. She was observed in the milieu reading her kindle, on her laptop and phone. She took a long nap in the late afternoon. No other issues or concerns were reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedure.

Fall risk treatment plan initiated:

1) Call bell in place for use to summon help for safety when walking around the facility

2) Lights/night lights on in her room and bathroom

3) Throw rugs removed from bathroom to avoid trip and falls

4) Patient teaching on wearing proper shoes. No sandals

5) Patient teaching on use of cane and or 4 point walker while walking around the facility

6) 1-hour checks continue for safety

MAT: TBD

Diagnostics: send when gait is more stable

Discharge Plan: 01/26/26

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Scheria Smith, LVN (Staff), 12/24/2025 06:47 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/23/2025

12/23/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Kiran Kaur, MA, 12/23/2025 06:34 AM

Detox/OBS/RES Status: RES

Allergies? NKA

Detox Meds if applicable/on time/cooperative? None

PRN Meds for PAWS (post-acute withdrawal symptoms): Gabapentin

C/O – None

CIWA/COWS Range: 10

Daily Vital Signs: BP 106/71 P 66

Appearance (ADLs): Disheveled.

Mental status/mood: Lily has been off detox now, OBS Q 1 hour for 72 hrs. Lily was compliant with meds & VS. She got upset about not getting her electronics back. She stated she just needs her Nintendo game which does not need/have Internet access. Client explained all the rules of the house. Client utilized 300 mg Gabapentin, 10 mg of Melatonin and Lorazepam 0.5 mg so she can have restful night. Client went to her room right after closing group. The meds were effective and client slept majority of the night. No other concerns were noted or reported during this shift.

Sleeping: Pt slept through majority of the night.

Did the Client Attend Groups/Meetings? Yes, attended the closing group.

Nutrition: Ate 100% of meals and maintained hydration

Anticipated Discharge Date 1/26/26

NOTE: Temps all WNL.

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Kiran Kaur, MA (Staff), 12/23/2025 06:34 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/23/2025

12/23/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Scheria Smith, LVN, 12/23/2025 06:09 PM

Lily L

Age: 40 y/o

Allergies: NKA

Admit: 12/21/25

Residential with 72-hour observation, Room: 1

F19.20 Other psychoactive substance dependence, uncomplicated

F33.9 Major depressive disorder, recurrent, unspecified

F90.9 Unspecified attention-deficit/hyperactivity disorder

VS: 106/74, 72

Mental Status/Mood/Activities: Lily was medication compliant. Received report she fell onto her bottom in the staff bathroom, denied hitting her head, VS WNL, Nurse Practitioner made aware. Call bell put into place with patient teaching after receiving several reports of increasing unsteady gait in the milieu. Please see pics of bilateral edema present in feet, sent out for MD evaluation. Returned from ER with referral to PCP for follow up, discharge paperwork uploaded to KIPU consulting physician for review. She took all her meals at the dining room table with peers. Self hydration is encouraged with waterboy packs. She was observed in the milieu talking on the phone and reading her kindle. Showered and changed outfits x2. No other issues or concerns were reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedure.

MAT: TBD

Diagnostics: send when gait stable

Discharge Plan: 01/26/26

Scheria Smith

Scheria Smith, LVN (Staff), 12/23/2025 06:10 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/22/2025

12/22/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Russell Flores, LVN, 12/22/2025 05:43 AM (last update: 12/22/2025 06:50 AM)

Detox/OBS/RES Status: Detox 1

Allergies? NKA

Detox Meds if applicable/on time/cooperative?: None

PRN Meds for PAWS (post acute withdrawal symptoms): Gabapentin

C/O – None

CIWA/COWS Range: 9-18

Daily Vital Signs: 12/22/2025 at 0308 - BP 80/53, T96.8, HR98, RR18, SPO2 98%

Appearance (ADLs): Disheveled.

Mental status/mood: Pt. reports feeling moderately anxious. Pt was very kind and respectful to staff.

Sleeping: Pt slept through majority of the night.

Did the Client Attend Groups/Meetings?: Client did not attend group meeting.

Nutrition: Client ate 100% of meal.

Anticipated Discharge Date 1/26/26

NOTE: Temps all WNL.

---

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Russell Flores, LVN (Staff), 12/22/2025 06:51 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/22/2025

12/22/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Scheria Smith, LVN, 12/22/2025 07:04 PM

Lily L

Age: 40 y/o

Allergies: NKA

Admit: 12/21/25

Detox 1 to residential with 72-hour observation, Room: 1

F19.20 Other psychoactive substance dependence, uncomplicated

F33.9 Major depressive disorder, recurrent, unspecified

F90.9 Unspecified attention-deficit/hyperactivity disorder

Mental Status/Mood/Activities: Lily was medication compliant, late. PRN Gabapentin for anxiety. She reported that her Wellbutrin was left at home. This writer called Walgreens to have this medication refilled then picked up by staff. She presents with neurological deficit r/t other psychoactive substance dependence manifested with very forgetful memory plus slow/staggered gait. She has multiple crying episodes r/t missing her children over Christmas. Provided encouragement and support as tolerated. She took all her meals at the dining room table with peers. Self hydration is encouraged with waterboy packs. She was observed in the milieu talking on the phone and reading her kindle. She signed the ROI for her lawyer. She was seen onsite by the Nurse Practitioner, new orders received and carried out. She placed a Target order that was delivered/received. No other issues or concerns were reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedure.

MAT: TBD

Diagnostics: send when stable

Discharge Plan: 01/26/26

Scheria Smith

Scheria Smith, LVN (Staff), 12/22/2025 07:04 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Nursing Progress Notes (Daily) 12/21/2025

12/21/2025

DETOX  RESIDENTIAL  PHP  IOP

### Nursing Progress Notes

Alma Arenas, LPT, 12/21/2025 06:13 PM (last update: 12/21/2025 06:32 PM)

Detox/OBS/RES Status: Detox 1, 72 hour q 30 min obs.

Allergies: NKA

Detox Meds if applicable: Gabapentin 300 mg TID as needed

PRN Meds for PAWS: None

C/O: None

CIWA: 9

Daily Vital Signs: BP 97/72, P 83, T 96.2, R 18, O2 99

Appearance (ADLs): Unkempt & disheveled

Mental status/mood: Lily arrived at the facility today at 1415 accompanied by her psychiatrist. Upon arrival, she was taken to the medication room for an initial intake and physical assessment. During the assessment, Lily was noticeably limping but denied experiencing any pain. She appeared slow and sickly in the presentation, though she stated she was feeling fine. Her vital signs were within normal limits. While she was cooperative, her communication was limited to brief responses of yes and no, and she declined to discuss certain topics during the intake process. Regarding her suicide assessment, Lily disclosed a fixation on hanging herself but denied having any current plans or means to carry this out. She also noted that she is being treated for treatment-resistant depression and receives weekly ketamine injections. Both the MD and NP have been notified of these details. Additionally, she mentioned a fall from a scooter four weeks ago and a leg injury sustained over Thanksgiving, though she did not provide further elaboration. During the property check, staff located several contraband items in her purse, including a used joint, a container with marijuana, wax marijuana, and various loose pills. Lily was informed that these items will be disposed of according to facility policy. Following her intake, she expressed that she was hungry and was provided with a sandwich and snacks; she was also encouraged to maintain hydration. A PPD test was administered via her left forearm, with results scheduled to be read on either 12/23/25 or 12/24/25 before 1600. Edema were noted on both feet, I was not able to assess or perform pitting on both, notified NP about. We'll be assessed further on Monday per NP. Please find the attached photos for the record.

Her current diagnoses include:

- F19.20 Other psychoactive substance dependence, uncomplicated
- F33.9 Major depressive disorder, recurrent, unspecified
- F90.9 Attention-deficit/hyperactivity disorder, unspecified

Lily has been placed on Detox Protocol 1 and is currently under 72-hour observation with checks every 30 minutes. She has since showered and is resting in her room. She currently shows no signs of distress or discomfort, and we will continue to monitor her closely.

Did the Client Participate in Groups/Meetings? New admission

Sleeping: Currently resting in her room.

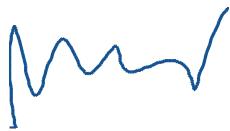
Nutrition: Ate 100% of her sandwich and snacks. Encouraged hydration as well.

Discharge Date: TBD

Daily Temps: WNL

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

Alma Arenas, LPT (Staff), 12/21/2025 06:13 PM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

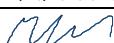
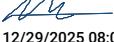
Admission: 12/21/2025 Care Team

Legacy MARs

New MARs

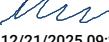
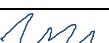
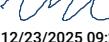
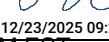
**Actions**

Occurred	Action	Scheduled	Type	Comment	Staff	Notes
Yes	Detox 1 Protocol	2:15 PM	ACTION		<i>lls</i>	12/21/2025 09:24 PM
Yes	72 Hour Q 30 min.Observation Detox Simmons	2:15 PM	ACTION		<i>lls</i>	12/21/2025 09:24 PM
No	PPD / Tuberculin test to be read on 12/23/25 after 1600 or on 12/24/25 before 1600.	4:45 PM	ACTION		<i>lls</i>	12/21/2025 09:24 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION		<i>lls</i>	12/21/2025 09:24 PM
No	Once a Week Blind Weight Check	8:00 AM	ACTION		<i>lls</i>	12/22/2025 09:12 PM
No	Weekly Weight every Monday morning and on admission	8:00 AM	ACTION		<i>lls</i>	12/22/2025 09:12 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION		<i>lls</i>	12/22/2025 09:12 PM
Yes	Detox 1 Protocol	2:00 PM	ACTION		<i>lls</i>	12/22/2025 09:12 PM
Yes	72 Hour Q 30 min.Observation Detox Simmons	2:00 PM	ACTION		<i>lls</i>	12/22/2025 09:12 PM
Yes	72 Hour Residential Care Observation LEVEL 2, 24- 72 hrs	3:00 PM	ACTION		<i>lls</i>	12/22/2025 09:12 PM
n/a	PPD / Tuberculin test to be read on 12/23/25 after 1600 or on 12/24/25 before 1600.	4:30 PM	ACTION			
Yes	72 Hour Residential Care Observation LEVEL 2, 24- 72 hrs	3:00 AM	ACTION		<i>lls</i>	12/23/2025 05:07 AM
Yes	Send out to Emergency Room for MD evaluation of +3 bilateral edema in feet	10:41 AM	ACTION		<i>lls</i>	12/23/2025 09:24 PM
Yes	PPD / Tuberculin test to be read on 12/23/25 after 1600 or on 12/24/25 before 1600.	4:15 PM	ACTION	negative	<i>lls</i>	12/23/2025 09:24 PM
Yes	72 Hour Residential Care Observation LEVEL 2, 24- 72 hrs	9:00 PM	ACTION		<i>lls</i>	12/23/2025 09:24 PM
Yes	72 Hour Residential Care Observation LEVEL 2, 24- 72 hrs	9:00 AM	ACTION		<i>lls</i>	12/24/2025 10:57 AM
No	PPD / Tuberculin test to be read on 12/23/25 after 1600 or on 12/24/25 before 1600.	4:00 PM	ACTION	done yesterday	<i>lls</i>	12/24/2025 11:18 PM
Yes	Q1 Hours Observation	9:00 PM	ACTION		<i>lls</i>	12/24/2025 11:18 PM

Occurred	Action	Scheduled	Type	Comment	Staff	Notes
Yes	Compression Stockings	9:00 PM	ACTION			
						12/24/2025 11:18 PM
No	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 PM	ACTION	completed on dayshift		
						12/24/2025 11:18 PM
Yes	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 AM	ACTION			
						12/25/2025 09:57 AM
Yes	Compression Stockings	9:00 AM	ACTION			
						12/25/2025 09:57 AM
Yes	Q1 Hours Observation	9:00 AM	ACTION			
						12/25/2025 09:57 AM
n/a	PPD / Tuberculin test to be read on 12/23/25 after 1600 or on 12/24/25 before 1600.	3:45 PM	ACTION			
Yes	Q1 Hours Observation	9:00 PM	ACTION			
Yes	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 PM	ACTION			
Yes	Compression Stockings	9:00 PM	ACTION			
n/a	Compression Stockings	9:00 AM	ACTION			
n/a	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 AM	ACTION			
n/a	Q1 Hours Observation	9:00 AM	ACTION			
No	PPD / Tuberculin test to be read on 12/23/25 after 1600 or on 12/24/25 before 1600.	3:30 PM	ACTION	Completed on 12/23/25		
Yes	Compression Stockings	9:00 PM	ACTION			
Yes	Q1 Hours Observation	9:00 PM	ACTION			
Yes	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 PM	ACTION			
n/a	Q1 Hours Observation	9:00 AM	ACTION			
n/a	Compression Stockings	9:00 AM	ACTION			
n/a	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 AM	ACTION			
Yes	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 PM	ACTION			
Yes	Compression Stockings	9:00 PM	ACTION			
Yes	Q1 Hours Observation	9:00 PM	ACTION			
Yes	Q1 Hours Observation	9:00 AM	ACTION			
						12/28/2025 08:13 AM
No	Compression Stockings	9:00 AM	ACTION			
						12/28/2025 08:13 AM
Yes	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 AM	ACTION			
						12/28/2025 08:13 AM
n/a	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 PM	ACTION			
n/a	Compression Stockings	9:00 PM	ACTION			
n/a	Q1 Hours Observation	9:00 PM	ACTION			
No	Weekly Weight every Monday morning and on admission	8:00 AM	ACTION	done yesterday		
						12/29/2025 08:04 AM
Yes	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 AM	ACTION			
						12/29/2025 08:04 AM
Yes	Compression Stockings	9:00 AM	ACTION			
						Scheria Smith, LVN, Dec 29, 2025 at 10:53 AM
						No, I don't think I need them anymore because the swelling has gone down"
						12/29/2025 08:04 AM
Yes	Q1 Hours Observation	9:00 AM	ACTION			
						12/29/2025 08:04 AM
No	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 PM	ACTION	completed		
Yes	Q1 Hours Observation	9:00 PM	ACTION			
No	Compression Stockings	9:00 PM	ACTION			
Yes	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 AM	ACTION			
Yes	Q1 Hours Observation	9:00 AM	ACTION			
Yes	Compression Stockings	9:00 AM	ACTION			

Occurred	Action	Scheduled	Type	Comment	Staff	Notes
Yes	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 PM	ACTION			
Yes	Q1 Hours Observation	9:00 PM	ACTION			
Yes	Compression Stockings	9:00 PM	ACTION			
Yes	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 AM	ACTION			
Yes	Q1 Hours Observation	9:00 AM	ACTION			
No	Compression Stockings	9:00 AM	ACTION	declined		
n/a	Compression Stockings	9:00 PM	ACTION			
n/a	Please complete falls assessment daily in KIPU under Assessment tab until fall risk is resolved	9:00 PM	ACTION			
n/a	Q1 Hours Observation	9:00 PM	ACTION			

## Medications

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/21/2025 02:15 PM	Yes	Tuberculin purified protein derivative	.1ml Liquid, Intradermal	1 Sol	MED	Observed by Alma Arenas, LPT 12/21/2025 04:44 PM		12/21/2025 09:24 PM	Alma Arenas, LPT, Dec 21, 2025 at 04:45 PM	Administered on 12/21/25 at 1600 via Left forearm.			
12/22/2025 09:00 AM	Yes	Thiamine	100 mg tablet, oral	1	Tablet	Observed by Scheria Smith, LVN 12/22/2025 10:51 AM		12/22/2025 10:52 AM	Scheria Smith, LVN, Dec 22, 2025 at 02:36 PM	she took this later in the day			
12/22/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1	Tablet	Observed by Scheria Smith, LVN 12/22/2025 10:51 AM		12/22/2025 10:52 AM	Scheria Smith, LVN, Dec 22, 2025 at 02:36 PM	she took this later in the day			
12/22/2025 09:00 AM	No	Folic Acid	1 mg tablet, oral	1	Tablet	Charted by Scheria Smith, LVN 12/22/2025 10:51 AM		12/22/2025 10:52 AM	Scheria Smith, LVN, Dec 22, 2025 at 02:36 PM	she took this later in the day			
12/22/2025 03:00 PM	No	gabapentin	300 mg capsule, oral	1	Capsule	Charted by Ellen Barbieri, NP 12/22/2025 02:46 PM		12/22/2025 09:12 PM	Ellen Barbieri, NP, Dec 22, 2025 at 02:47 PM	Given at 2:32pm, changed from PRN to scheduled			
12/22/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1	Capsule	Observed by Kiran Kaur, MA 12/22/2025 09:10 PM		12/22/2025 09:12 PM					
12/23/2025 08:00 AM	Yes	Wellbutrin XL (bupropion HCl)	300 mg Tablet, Extended Release 24 hr, oral	1	Tablet	Observed by Scheria Smith, LVN 12/23/2025 10:12 AM		12/23/2025 09:24 PM					
12/23/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1	Tablet	Observed by Scheria Smith, LVN 12/23/2025 10:13 AM		12/23/2025 09:24 PM					
12/23/2025 09:00 AM	No	gabapentin	300 mg capsule, oral	1	Capsule	Charted by Scheria Smith, LVN 12/23/2025 12:52 PM		12/23/2025 09:24 PM					
12/23/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1	Tablet	Observed by Scheria Smith, LVN 12/23/2025 10:12 AM		12/23/2025 09:24 PM					
12/23/2025 09:00 AM	Yes	Thiamine	100 mg tablet, oral	1	Tablet	Observed by Scheria Smith, LVN 12/23/2025 10:12 AM		12/23/2025 09:24 PM					
12/23/2025 03:00 PM	No	gabapentin	300 mg capsule, oral	1	Capsule	"no Im ok right now"	Charted by Scheria Smith, LVN 12/23/2025 03:56 PM		12/23/2025 09:24 PM				

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response Reaction	Staff
12/23/2025 09:00 PM	No	gabapentin	300 mg capsule, oral	1 capsule	MED	refused	Charted by Kiran Kaur, MA 12/23/2025 09:22 PM		12/23/2025 09:24 PM			
12/24/2025 08:00 AM	Yes	Wellbutrin XL (bupropion HCl)	300 mg Tablet, Extended Release 24 hr, oral	1 tablet	MED		Observed by Scheria Smith, LVN 12/24/2025 10:55 AM		12/24/2025 10:57 AM			
12/24/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1 Tablet	MED		Observed by Scheria Smith, LVN 12/24/2025 10:55 AM		12/24/2025 10:57 AM			
12/24/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED		Observed by Scheria Smith, LVN 12/24/2025 10:55 AM		12/24/2025 10:57 AM			
12/24/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Scheria Smith, LVN 12/24/2025 10:55 AM		12/24/2025 10:57 AM			
12/24/2025 03:00 PM	No	gabapentin	300 mg capsule, oral	1 capsule	MED	did not come	Charted by Scheria Smith, LVN 12/24/2025 05:01 PM		12/24/2025 11:18 PM			
12/24/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED		Observed by Anita Salanga, LPT 12/24/2025 11:18 PM		12/24/2025 11:18 PM			
12/25/2025 08:00 AM	Yes	Wellbutrin XL (bupropion HCl)	300 mg Tablet, Extended Release 24 hr, oral	1 tablet	MED		Observed by Kiran Kaur, MA 12/25/2025 09:55 AM		12/25/2025 09:57 AM			
12/25/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED		Observed by Kiran Kaur, MA 12/25/2025 09:55 AM		12/25/2025 09:57 AM			
12/25/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1 Tablet	MED		Observed by Kiran Kaur, MA 12/25/2025 09:55 AM		12/25/2025 09:57 AM			
12/25/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Kiran Kaur, MA 12/25/2025 09:55 AM		12/25/2025 09:57 AM			
12/25/2025 03:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED		Observed by Kiran Kaur, MA 12/25/2025 03:54 PM		12/25/2025 03:55 PM			
12/25/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED		Observed by Kiran Kaur, MA 12/25/2025 10:25 PM					
12/26/2025 08:00 AM	n/a	Wellbutrin XL (bupropion HCl)	300 mg Tablet, Extended Release 24 hr, oral	1 tablet	MED							
12/26/2025 09:00 AM	n/a	Folic Acid	1 mg tablet, oral	1 Tablet	MED							
12/26/2025 09:00 AM	n/a	gabapentin	300 mg capsule, oral	1 capsule	MED							
12/26/2025 09:00 AM	n/a	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED							
12/26/2025 03:00 PM	n/a	gabapentin	300 mg capsule, oral	1 capsule	MED							
12/26/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED		Observed by Alma Arenas, LPT 12/26/2025 08:55 PM					
12/27/2025 08:00 AM	Yes	Wellbutrin XL (bupropion HCl)	300 mg Tablet, Extended Release 24 hr, oral	1 tablet	MED		Observed by Michael Crowe 12/27/2025 05:44 PM					
12/27/2025 09:00 AM	n/a	Folic Acid	1 mg tablet, oral	1 Tablet	MED							
12/27/2025 09:00 AM	n/a	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED							
12/27/2025 09:00 AM	n/a	gabapentin	300 mg capsule, oral	1 capsule	MED							
12/27/2025 03:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED		Observed by Michael Crowe 12/27/2025 05:44 PM					

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response Reaction	Staff
12/27/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1	MED	Observed by Steve Athens, LPT						
						12/27/2025 11:23 PM						
12/28/2025 08:00 AM	Yes	Wellbutrin XL (bupropion HCl)	300 mg Tablet, Extended Release 24 hr, oral	1 tablet	MED	Observed by Alma Arenas, LPT						
						12/28/2025 08:12 AM						12/28/2025 08:13 AM
12/28/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1	MED	Observed by Alma Arenas, LPT						
						12/28/2025 08:13 AM						12/28/2025 08:13 AM
12/28/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1	MED	Observed by Alma Arenas, LPT						
						12/28/2025 08:13 AM						12/28/2025 08:13 AM
12/28/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1	MED	Observed by Alma Arenas, LPT						
						12/28/2025 08:13 AM						12/28/2025 08:13 AM
12/28/2025 03:00 PM	n/a	gabapentin	300 mg capsule, oral	1	MED							
12/28/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1	MED	Observed by Michael Del Carlo, Program Assistant						
						12/28/2025 08:09 PM						12/28/2025 08:10 PM
12/29/2025 08:00 AM	Yes	Wellbutrin XL (bupropion HCl)	300 mg Tablet, Extended Release 24 hr, oral	1 tablet	MED	Observed by Scheria Smith, LVN						
						12/29/2025 08:02 AM						12/29/2025 08:04 AM
12/29/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1	MED	Observed by Scheria Smith, LVN						
						12/29/2025 08:02 AM						12/29/2025 08:04 AM
12/29/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1	MED	Observed by Scheria Smith, LVN						
						12/29/2025 08:02 AM						12/29/2025 08:04 AM
12/29/2025 03:00 PM	Yes	gabapentin	300 mg capsule, oral	1	MED	Observed by Alma Arenas, LPT						
						12/29/2025 08:01 PM						
12/29/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1	MED	Observed by Alma Arenas, LPT						
						12/29/2025 08:01 PM						
12/29/2025 09:00 PM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Charted by Alma Arenas, LPT						
						12/29/2025 08:02 PM						Alma Arenas, LPT, Dec 29, 2025 at 08:02 PM
												Medication not available yet at this time.
12/30/2025 08:00 AM	Yes	Wellbutrin XL (bupropion HCl)	300 mg Tablet, Extended Release 24 hr, oral	1 tablet	MED	Observed by Monika Lopez, LVN						
						12/30/2025 08:08 AM						
12/30/2025 09:00 AM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	ordered	Charted by Monika Lopez, LVN					
							12/30/2025 08:11 AM					
12/30/2025 09:00 AM	No	Multivitamin	multiple vitamins tablet, oral	1	MED	Declined	Charted by Monika Lopez, LVN					
							12/30/2025 08:11 AM					
12/30/2025 09:00 AM	No	Folic Acid	1 mg tablet, oral	1	MED	Declined	Charted by Monika Lopez, LVN					
							12/30/2025 08:11 AM					
12/30/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1	MED	Observed by Monika Lopez, LVN						
						12/30/2025 08:08 AM						
12/30/2025 03:00 PM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	pharmacy did not have	Charted by Monika Lopez, LVN					
							12/30/2025 06:30 PM					
12/30/2025 03:00 PM	No	gabapentin	300 mg capsule, oral	1	MED	did not come for this, will remind	Charted by Monika Lopez, LVN					
							12/30/2025 06:30 PM					

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response Reaction	Response Staff
12/30/2025 09:00 PM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	not here yet	Charted by Kiran Kaur, MA 12/30/2025 09:11 PM					
12/30/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1	MED		Observed by Kiran Kaur, MA 12/30/2025 09:11 PM					
12/31/2025 08:00 AM	Yes	Wellbutrin XL (bupropion HCl)	300 mg Tablet, Extended Release 24 hr, oral	1 tablet	MED		Observed by Monika Lopez, LVN 12/31/2025 08:55 AM					
12/31/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1	MED		Observed by Monika Lopez, LVN 12/31/2025 08:56 AM					
12/31/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1	MED		Observed by Monika Lopez, LVN 12/31/2025 08:56 AM					
12/31/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1	Tablet	MED	Observed by Monika Lopez, LVN 12/31/2025 08:56 AM					
12/31/2025 09:00 AM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED		Charted by Monika Lopez, LVN 12/31/2025 08:55 AM					
12/31/2025 03:00 PM	n/a	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED							
12/31/2025 03:00 PM	n/a	gabapentin	300 mg capsule, oral	1	MED							
12/31/2025 09:00 PM	n/a	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED							
12/31/2025 09:00 PM	n/a	gabapentin	300 mg capsule, oral	1	MED							

## PRN Medications

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response Reaction	Response Staff
12/21/2025 09:17 PM	Yes	gabapentin	300 mg capsule, oral	1	eRx	eRx	Observed by Russell Flores, LVN 12/21/2025 09:23 PM					
12/21/2025 09:23 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Russell Flores, LVN 12/21/2025 09:23 PM					
12/22/2025 02:32 PM	Yes	gabapentin	300 mg capsule, oral	1	eRx	eRx	Observed by Scheria Smith, LVN 12/22/2025 02:32 PM					
12/22/2025 09:08 PM	Yes	lorazepam	0.5 mg tablet, oral	1 tablet	PRN	anxiety	Observed by Kiran Kaur, MA 12/22/2025 09:10 PM					
12/22/2025 09:10 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Kiran Kaur, MA 12/22/2025 09:11 PM					
12/23/2025 05:03 AM	Yes	lorazepam	0.5 mg tablet, oral	1 tablet	PRN	anxiety	Observed by Kiran Kaur, MA 12/23/2025 05:06 AM					

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Reaction	Adverse Response	Response Staff
12/23/2025 09:20 PM	Yes	lorazepam	0.5 mg tablet, oral	1 tablet	PRN	anxiety	Observed by Kiran Kaur, MA 12/23/2025 09:22 PM		12/23/2025 09:24 PM				
12/23/2025 09:22 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Kiran Kaur, MA 12/23/2025 09:22 PM		12/23/2025 09:24 PM				
12/24/2025 10:54 AM	Yes	lorazepam	0.5 mg tablet, oral	1 tablet	PRN	anxiety	Observed by Scheria Smith, LVN 12/24/2025 10:55 AM		12/24/2025 10:57 AM				
12/24/2025 11:12 PM	Yes	lorazepam	0.5 mg tablet, oral	1 tablet	PRN	anxiety	Observed by Anita Salanga, LPT 12/24/2025 11:18 PM		12/24/2025 11:18 PM				
12/24/2025 11:18 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Anita Salanga, LPT 12/24/2025 11:18 PM		12/24/2025 11:18 PM				
12/25/2025 10:17 PM	Yes	lorazepam	0.5 mg tablet, oral	1 tablet	PRN	anxiety	Observed by Kiran Kaur, MA 12/25/2025 10:26 PM						
12/25/2025 10:26 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Kiran Kaur, MA 12/25/2025 10:26 PM						
12/27/2025 05:02 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Michael Crowe 12/27/2025 05:45 PM						
12/28/2025 08:09 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Michael Del Carlo, Program Assistant 12/28/2025 08:09 PM		12/28/2025 08:10 PM				
12/29/2025 07:58 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Alma Arenas, LPT 12/29/2025 08:01 PM						
12/30/2025 09:09 PM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Kiran Kaur, MA 12/30/2025 09:11 PM						

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Biopsychosocial Assessment 12/22/2025 12:17 PM**

**Place of Service:** Residential  
 Substance Abuse Treatment  
 Facility

<b>Date of Assessment</b>	Start time	End time
	12/22/2025 12:17	
	PM	

**I. Presenting Problem****II. SOCIAL AREA****A. Family of Origin****1. Where were you raised and by whom?****2. Do you have any siblings?**

	Name	Age	Grew Up Together? Y/N

**3. How did the family get along / relate to one another?****4. Is there any family history of the following****Mother****Father****Step-Parent****Siblings****Other****If YES to any of the above, please elaborate****B. Family of Choice****1. Have you ever been or are you currently married?****If yes, please describe your relationship with your spouse or ex-spouses****2. Are you involved in a significant relationship?****3. Do you have any children?**

	Name	Age	Gender	Participatory Parent	With whom do they live?

**4. Describe your relationships with your children?****5. Is there any history of the following**

**Partner****Past Partner****Children****If YES to any of the above, elaborate****6. How has your family members drug/alcohol, mental health, or legal issues effected you?****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	Wine with meals only usually		15	6 months ago due to soberlink	NA

**OPIATES**

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Fentanyl	NA				
Heroin	NA				
OxyContin	Prescribed when insured in 2017, ski accident broke leg				NA
Hydrocodone	NA				
Methadone	NA				
Suboxone	NA				

**HALLUCINOGENS**

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
LSD	Occasionally, socially only when younger		16	19	NA
Mushrooms	Micro dosing sometimes		16	2 months ago	NA
Ecstasy	NA				
Ketamine	Prescribed intramuscular once a week with Dr Norman		i year	Last week	NA

**DESIGNER DRUGS**

	AGE BEGAN FIRST USE	LAST TIME USED	FREQUENCY of Use	AMOUNT OF USE / PATTERN OF USE	ROUTE
PCP/Angel Dust					
Ecstasy					
Other					

**Cocaine/Stimulants**

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Cocaine	Socially only a few times a year in past, before kids		20	2 years ago	NA
Meth	Daily as a teen, addicted		14	20	NA
RX	NA				

**Do you want help to quit smoking?** No Yes

**Sedatives/Benzodiazepines**

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Valium/Diazepam	NA				
Klonopin/Clonazepam	NA				
Xanax/Alprazolam	NA				
Ativan/Lorazepam	Has a prescription for .5mg as needed, Says she very rarely takes it		38	2 nights ago	NA
Ambien/Lunesta	NA				
Librium/Chlordiazepoxide	NA				

**TRANQUILIZERS**

	AGE BEGAN FIRST USE	LAST TIME USED	FREQUENCY of Use	AMOUNT OF USE / PATTERN OF USE	ROUTE
Valium / Ativan					
Librium / Klonopin					
Other					

**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

**List Drugs of Choice**1.  
3.2.  
4.**a. What and how long has the Client been using "Drug of Choice" #1?****b. How much have you been using "Drug of Choice" #1?****c. What is length of time of the last "Run"?****What, when, and how much was the last drug used? (In the past twenty-four hours)****e. What, when, and how much was the last drug used? (In the past seventy two hours)****f. How much have you used in the past 7 days on a daily basis.****3. Age of Onset of drug use (age of 1st Use of any drug)****4. How have you been supporting your alcohol/drug usage?****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

**2. Previous 12 Step or other community support group Involvement****3. Describe client's Addiction & Relapse History and the consequences of addiction (include legal, social, emotional, and behavioral)****4. Do you believe that your substance use is a problem?**

5. What efforts have you made to control or limit your use?

6. What is your longest Period of Recovery/Abstinence?

7. What precipitating events led to previous relapses (i.e. Triggers)

## 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?
- b. Have you ever received treatment for an Eating Disorder?
- c. Do you believe you have any problems with your relationships with food, your weight, or your body image?

#### 2. Spending

- a. Has anyone ever expressed concern about your shopping or spending patterns?
- b. Do you feel you have a problem in the area of shopping or your spending patterns?

#### 3. Sexual Behavior

- a. Has anyone ever expressed concern about your sexual behavior?
- b. Are you concerned about your sexual behavior?

#### 4. Gambling

- a. Has anyone ever expressed concern about your gambling?
- b. Do you believe gambling is an issue for you?

#### 5. Exercise

- a. Has anyone ever expressed concern about you over-exercising?
- b. Do you believe over-exercising is an issue for you?

6. Are there other addictive or compulsive behaviors (work, caffeine) that the Client has a problem with?

g. Are there any other addictive disorders that will need to be addressed in this treatment?

## ASAM DIMENSION 2 - Biomedical Conditions

## VI. MEDICAL HISTORY

#### 1. Name of Primary Care Physician

#### 2. Date last seen

#### 3. History of Medical Problems and/or hospitalizations

#### 4. Current Medical Problems

**5. Allergies****No Known Allergies/NKA****6. Does the client have any medical problems as a result of their alcohol/drug use?****ASAM DIMENSION 3 - Emotional, Behavioral, Cognitive Conditions****VII. MENTAL HEALTH/PSYCHIATRIC HISTORY****1. Have you ever been diagnosed with a mental illness?****2. Previous Psychiatric Hospitalizations, treatment, or therapy****3. Are you currently being followed by a psychiatrist, therapist and/or other mental health treatment provider?****Current Medical and Psychiatric Medications****4. Current Medical Medications**

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

Current as of 12/22/2025 12:17 PM:

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain

Colace (docusate sodium), 100 mg x 1 Capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Constipation

Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement

gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day, for 7 days, PRN, indication: eRx

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

Ondansetron, 4 mg x 1 Tablet , SL, tablet, every 6 hours, until further notice, PRN, indication: Nausea / Vomiting

Senokot (sennosides), 8.6 mg x 1 Tablet , oral, tablet, once a day (AM) PRN, until further notice, PRN, indication: Constipation

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

**5. What other medications have you tried in the past?**

Medication	Dosage	For What Condition
------------	--------	--------------------

**6. Do you take your medication as prescribed?****7. Have you ever experienced any cognitive impairment (memory problems, difficulty thinking clearly)?****8. What current symptoms do you feel need to be addressed while in treatment?****VIII. Sexual/Trauma History Assessment****1. Sexual History****a. What is your current sexual orientation****b. Have you always had this same sexual orientation** No Yes**2. Trauma Assessment**

**a. Have you experienced any of the following types of trauma?**

<b>Significant death of family member or friend</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Witnessing an accident</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Domestic Violence</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Childhood Trauma</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Natural Disaster</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Family Violence</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Neglectful or scary Caregivers</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Any type of physical, sexual, or emotional abuse</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Have you ever felt that you were exploited in exchange for using substances?</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**b. For any yes above, please elaborate****c. How do the above events impact you?****d. Do you feel any of the above events may interfere with treatment and/or has led to past relapses****IX. Safety Assessment****1. Suicidality Screen and History****a. Past suicidal thoughts or attempts?****b. History of Family or Friend suicide?****c. Current suicidal thoughts?****d. Current or past thoughts or attempts of self-harm?****e. What successful strategies have you used to curb this behavior****f. Protective Factors-Check all that apply****g. Based on the above information, the client's current risk of suicide is considered****2. Violence Risk Assessment****a.. Have others ever told you they are worried about your anger?****b. Current or past violent thoughts or actions?****c. Current or past thoughts or attempts of homicide?****d. What happens when you get angry with your spouse, family member or significant other?**

- e. Do you ever frightened your family members, friends or children?
- f. Have the police ever been called to your house because of your behavior?
- g. Have you ever been in a relationship with somebody who hurt, threatened, or controlled you?

## X. Cultural Assessment

1. Were you raised in any specific culture?
2. Do you identify with any specific cultural group?
3. Do you currently practice any specific cultural rituals?
4. Do you identify with any specific cultural/ethnic issues?

## XI. LEGAL HISTORY

1. Have you ever been arrested?

If Yes, list incidents

	Date	Charges	Outcome

2. Are you currently involved in any ongoing legal proceedings

## XII. EDUCATIONAL / VOCATIONAL / MILITARY ISSUES

### 1. Educational History

- a. What is the highest grade completed / degree or certificate obtained?
- b. How did you perform in school?
- c. Are you currently enrolled and attending school?
- d. Have you ever been suspended or expelled from school
- e. Have you ever attended any special classes or schools or have any learning challenges?

### 2. Employment History

- a. Have you ever been employed?



If yes, list most employment history (most recent first)

Job/Position	Employment Dates	Reasons for Leaving

- b. How would you describe your current financial situation

- c. How is the client paying for treatment?

### 3. Military Service

- a. Have you ever served in the Military?



If Yes

Branch	Length of Service	Type of Discharge	Benefits Received

### XIII. LEISURE ACTIVITIES

1. List any hobbies, recreational interests, sports, games, or other leisure activities you enjoy.
2. What effect has your substance use or mental illness symptoms had on their leisure time?

### ASAM DIMENSION 6 - Recovery/Living Environment

### XIV. CURRENT SOCIAL, WORK, AND LIVING ENVIRONMENT

#### 1. Current Social Situation/Environment

2. What changes in your behavior have your family and friends noticed recently?
3. Are there any drugs, alcohol, or prescription medications left in your home/previous living environment?

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?

7. Is your family member or friend willing to participate in your treatment?

8. What potential challenges to your recovery do you anticipate your friends and/or family members posing?

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?

### XV. SPIRITUALITY ASSESSMENT

1. Were you raised with any religious or spiritual affiliation?
2. Do you currently practice any specific religious denomination or have any significant religious or spiritual beliefs/practices?
3. Do you believe in a higher power?
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.)

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?
2. What are your thoughts and feelings about making changes in your life related to substances
3. What is your current level of hope for sobriety?
4. What are you looking forward to most about sobriety?
5. What are your goals for your treatment at Reflections?

### XVII. Clinical Impressions

#### A. ASSESSMENT OF MENTAL STATUS DURING INTERVIEW

**Appearance**

---

**Affect**

---

**Mood**

---

**Behavior**

---

**Insight**

---

**Judgment**

---

**2. Integrated Diagnostic Summary**

**3. Rationale for Current Level of Care**

**4. Problems Identified in Bio-Psychosocial**

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

**5. Problems to be addressed in treatment**

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

**XVIII. Strengths, Abilities, Needs, and Preferences**

Strengths	Abilities	Needs	Preferences
-----------	-----------	-------	-------------

**DIAGNOSIS**

**Diagnoses**

F19.20 Other psychoactive substance dependence, uncomplicated,F33.9 Major depressive disorder, recurrent, unspecified,F90.9 Unspecified attention-deficit/hyperactivity disorder

Is there anything else you want the Reflections staff to know about you that I did not ask you?

b. For any yes above, please elaborate

---

Dimension I: Acute Intoxication/withdrawal Potential- Rating Level: ()

Dimension II: Biomedical Conditions/Complications Rating Level: ()

Dimension III: Emotional, Behavioral or Cognitive Conditions and Complications: Rating Level: ()

Dimension IV: Readiness to Change Rating Level: ()

Dimension V: Relapse Risk, Continued Use or Continued Problem Potential Rating Level: ()

Dimension VI: Recovery Environment Rating Level: ()

---

The above six dimensions have a rating scale as follows:

0-No Problem

1-Mild

2-Moderate

3-Substantial

4-Severe

**Total Score:** (0)

---

### **ASAM LOC Assignment**

#### **ASAM LOC Assignment**

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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? After 60 minutes (0)

(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? No (0)

(No=0; Yes=1)

3. Which cigarette would you hate most to give up? The first one in the morning (1)

(The first one in the morning=1; Any other than the first one in the morning=0)

4. How many cigarettes per day do you smoke? 10 or less (0)

(10 or less=0; 11 to 20=1; 21 to 30=2; 31 or more=4)

5. Do you smoke more frequently during the first hours after awakening then during the rest of the day? Yes (1)

(No=0; Yes=1)

6. Do you smoke even if you are so ill that you are in bed most of the day? No (0)

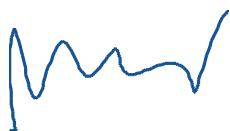
(No=0; Yes=1)

Total Score: (2)

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

A handwritten signature in blue ink, appearing to be "Lily Leo".

Alma Arenas, LPT (Staff), 12/21/2025 04:56 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Falls Assessment (Detox/Res) 01/01/2026

Evaluation Date: 01/01/2026

---

### Modified Schmid Fall Risk Assessment Tool

**Mobility**              0

**Mentation**              0

**Medication**              0

**Elimination**              0

**Medical**              0

**Prior Fall History**      0

-> If prior fall during this admission, date of fall:

**Acute Intoxication**      0

**Impaired Hearing**        0

**Impaired Vision**        0

**Language Difficulty**    0

**Inability or Unwillingness to Follow Instruction**    0

**Acute Pain**              0

**Distinct Negative Change in Mental Status**      0

**Total Score:**              (0)

**3 or greater = fall risk prevention plan to be indicated and initiate treatment plan.**

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**Risk Score Assessment**

0: None

1-2: Low

3-5: Moderate

Over 5: Severe

---

**Comments****Precautions Taken****Nursing Assessment:**

---

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## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Falls Assessment (Detox/Res) 12/31/2025

Evaluation Date: 12/31/2025

### Modified Schmid Fall Risk Assessment Tool

Mobility	Ambulates or transfers with assertive devices or assistance/unsteady gait (1)
Mentation	Alert, oriented X 3 (0)
Medication	Anticonvulsants, tranquilizers, psychotropics, hypnotics, diuretics, antihypertensives, opiates, antihistamines, sedatives, insulin (1)
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: N/A

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: (3)

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268 of 421 pages

**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**

Client is getting around facility using cane better each day

Client takes her time from sitting to standing

Observed safely navigating property to group and session

**Precautions Taken**

**Nursing Assessment:**

---

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Monika Lopez, LVN (Staff), 12/31/2025 09:17 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Falls Assessment (Detox/Res) 12/30/2025

Evaluation Date: 12/30/2025

### Modified Schmid Fall Risk Assessment Tool

Mobility	Ambulates or transfers with assertive devices or assistance/unsteady gait (1)
Mentation	Alert, oriented X 3 (0)
Medication	Anticonvulsants, tranquilizers, psychotropics, hypnotics, diuretics, antihypertensives, opiates, antihistamines, sedatives, insulin (1)
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: N/A

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: (3)

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Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

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**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**

Client was in a bubbly mood and spoke of her upcoming MD appt  
She used her cane properly and appears to ambulate carefully  
compression stockings on  
vitals were WNL and she ate breakfast

**Precautions Taken**

- Other: continue plan of care as ordered

**Nursing Assessment:**

Continue fall assessments and q1 hour observations.

---

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Monika Lopez, LVN (Staff), 12/30/2025 08:19 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Falls Assessment (Detox/Res) 12/29/2025

Evaluation Date: 12/29/2025

### Modified Schmid Fall Risk Assessment Tool

Mobility	Ambulates or transfers with assertive devices or assistance/unsteady gait (1)
Mentation	Confused at times (1)
Medication	Anticonvulsants, tranquilizers, psychotropics, hypnotics, diuretics, antihypertensives, opiates, antihistamines, sedatives, insulin (1)
Elimination	Independent in elimination (0)
Medical	No contributing medical history (0)
Prior Fall History	Yes, during this admission. (2)

-> If prior fall during this admission, date of fall:

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: (5)  
Powered by Kipu Systems

Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

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**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

Fall risk still present

Mobility: Ambulates with cane

Mentation: Confused at times requiring verbal redirects

Medication = gabapentin/psychotropic

Prior fall history: x3 during this treatment episode

### Precautions Taken

- Physician notified
- Fall precautions initiated
- Other: q1h checks continue

### Nursing Assessment:

Will continue fall risk treatment plan as follows:

- 1) Call bell in place for use to summon help for safety when walking around the facility
- 2) Lights/night lights on in her room and bathroom
- 3) Throw rugs removed from bathroom to avoid trip and falls
- 4) Patient teaching on wearing proper shoes. No sandals.
- 5) Patient teaching on use of cane and or 4 point walker while walking around the facility
- 6) 1-hour checks continue for safety

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Scheria Smith, LVN (Staff), 12/29/2025 08:37 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Falls Assessment (Detox/Res) 12/28/2025

Evaluation Date: 12/28/2025

### Modified Schmid Fall Risk Assessment Tool

Mobility	Ambulates or transfers with assertive devices or assistance/unsteady gait (1)
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: N/A

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: (2)

Powered by Kipu Systems

Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

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**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**

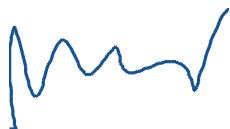
**Precautions Taken**

**Nursing Assessment:**

Currently has an existing fall plan in place.

---

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Alma Arenas, LPT (Staff), 12/28/2025 12:19 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Falls Assessment (Detox/Res) 12/27/2025

Evaluation Date: 12/27/2025

### Modified Schmid Fall Risk Assessment Tool

Mobility	Ambulates or transfers with assertive devices or assistance/unsteady gait (1)
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, during this admission. (2)

-> If prior fall during this admission, date of fall: N/A

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: (3)  
Powered by Kipu Systems

Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

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**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**

Continue plan as prescribed by NP

Proper shoes worn, remains on 1 hour observations

**Precautions Taken**

- Fall precautions initiated

**Nursing Assessment:**

Has not displayed any issues during this shift. Has quietly watched tv until 2130, then ambulated to bed without issues.

---

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Steve Athens, LPT (Staff), 12/27/2025 11:32 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Falls Assessment (Detox/Res) 12/26/2025

Evaluation Date: 12/26/2025

### Modified Schmid Fall Risk Assessment Tool

Mobility	Ambulates or transfers with assertive devices or assistance/unsteady gait (1)
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:

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: (2)  
Powered by Kipu Systems

Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

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**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

---

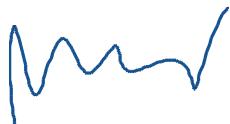
**Comments**

**Precautions Taken**

**Nursing Assessment:**

---

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

Alma Arenas, LPT (Staff), 12/26/2025 09:32 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Falls Assessment (Detox/Res) 12/25/2025

Evaluation Date: 12/25/2025

### Modified Schmid Fall Risk Assessment Tool

Mobility	Ambulates or transfers with assertive devices or assistance/unsteady gait (1)
Mentation	Confused at times (1)
Medication	Anticonvulsants, tranquilizers, psychotropics, hypnotics, diuretics, antihypertensives, opiates, antihistamines, sedatives, insulin (1)
Elimination	Independent in elimination (0)
Medical	No contributing medical history (0)
Prior Fall History	Yes, during this admission. (2)

-> If prior fall during this admission, date of fall:

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: (5)  
Powered by Kipu Systems

Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

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**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**      None

**Precautions Taken**

- Physician notified
- Fall precautions initiated
- Treatment plan initiated

**Nursing Assessment:**

- 1) Call bell in place for use to summon help for safety when walking around the facility
- 2) Lights/night lights on in her room and bathroom
- 3) Throw rugs removed from bathroom to avoid trip and falls
- 4) Patient teaching on wearing proper shoes. No sandals. Client is currently wearing shoes.
- 5) Patient teaching on use of cane and or 4 point walker while walking around the facility
- 6) 1-hour checks continue for safety

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Kiran Kaur, MA (Staff), 12/25/2025 10:11 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Falls Assessment (Detox/Res) 12/24/2025

Evaluation Date: 12/24/2025

### Modified Schmid Fall Risk Assessment Tool

Mobility	Ambulates or transfers with assertive devices or assistance/unsteady gait (1)
Mentation	Confused at times (1)
Medication	Anticonvulsants, tranquilizers, psychotropics, hypnotics, diuretics, antihypertensives, opiates, antihistamines, sedatives, insulin (1)
Elimination	Independent in elimination (0)
Medical	No contributing medical history (0)
Prior Fall History	Yes, during this admission. (2)

-> If prior fall during this admission, date of fall:

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: (5)  
Powered by Kipu Systems

Created on: 12/31/2025 19:23 PM EST - 19:24 PM EST

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**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**

Fall risk still present

**Precautions Taken**

- Physician notified
- Fall precautions initiated
- Treatment plan initiated

**Nursing Assessment:**

- 1) Call bell in place for use to summon help for safety when walking around the facility
  - 2) Lights/night lights on in her room and bathroom
  - 3) Throw rugs removed from bathroom to avoid trip and falls
  - 4) Patient teaching on wearing proper shoes. No sandals
  - 5) Patient teaching on use of cane and or 4 point walker while walking around the facility
  - 6) 1-hour checks continue for safety
- 

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Scheria Smith, LVN (Staff), 12/24/2025 06:09 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Falls Assessment (Detox/Res) 12/23/2025

Evaluation Date: 12/23/2025

### Modified Schmid Fall Risk Assessment Tool

**Mobility** Ambulates with an unsteady gait and no assistance (1)

**Mentation** Confused at times (1)

**Medication** Anticonvulsants, tranquilizers, psychotropics, hypnotics, diuretics, antihypertensives, opiates, antihistamines, sedatives, insulin (1)

**Elimination** Independent in elimination (0)

**Medical** No contributing medical history (0)

**Prior Fall History** No prior history (0)

-> If prior fall during this admission, date of fall:

**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:** (3)

**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
- Fall precautions initiated
- Other: Call bell in use until fall risk resolved

**Nursing Assessment:**

It was reported Lily had a unwitnessed fall in the staff bathroom onto her bottom. Denied hitting her head. VS WNL. Nurse Practitioner made aware. She was observed more unsteady on her feet around the milieu, swelling in both feet present. Lights on in her room. Call bell in place with patient teaching on proper use and when to push the button to summons for help. Stand by assist as needed until fall risk resolved.

---

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*Scheria Smith*

Scheria Smith, LVN (Staff), 12/23/2025 10:35 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team



## Falls Assessment (Detox/Res) 12/21/2025

Evaluation Date: 12/21/2025

### Modified Schmid Fall Risk Assessment Tool

**Mobility** Ambulates with an unsteady gait and no assistance (1)

**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: 4 weeks ago

**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:** (2)

**3 or greater = fall risk prevention plan to be indicated and initiate treatment plan.**

**Risk Score Assessment**

0: None

1-2: Low

3-5: Moderate

Over 5: Severe

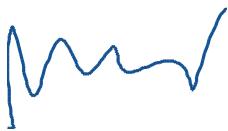
**Comments**

**Precautions Taken**

- Physician notified

**Nursing Assessment:**

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Alma Arenas, LPT (Staff), 12/21/2025 05:01 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

**Sunday, Dec 21, 2025**

**Res Closing Group 08:45 PM PST by James A. Hayes,, Program Assistant**

**Patient Status:** Absent

Start: 12/21/2025 08:45 PM PST - End: 12/21/2025 09:00 PM PST Duration: 00:15

Topic

Meditation/silent reflection/self inventory

Individual Assessment/Intervention

Client is on detox status

Group Description

Clients are invited into a therapeutic safe environment and encouraged to participate in a self inventory and self reflection.



James A. Hayes,, Program Assistant (Staff), 12/21/2025 11:20 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

**Monday, Dec 22, 2025**

**Res Closing Group 08:45 PM PST by Michael Del Carlo, Program Assistant**

Patient Status: Attended

Start: 12/22/2025 08:45 PM PST - End: 12/22/2025 09:00 PM PST Duration: 00:15

Topic

Closing Group (Nightly Reflection)

Individual Assessment/Intervention

Lily attended closing group for the first time tonight. She did not attend an outside recovery support meeting this evening. Mentioned that she has been getting adjusted. Filled out her nightly reflection form, and she meditated for the remainder of the time.

Group Description

Clients gathered in the foyer to do the closing group. Clients will check in about whether or not they attended an outside recovery support meeting. If not, they will check in about their evening. Afterwards, all of the clients will then fill out their nightly reflection forms to meditation music playing in the background. If they are finished with their forms before the end of the group, they are encouraged to meditate for the remainder of the time.



Michael Del Carlo, Program Assistant (Staff), 12/22/2025 09:37 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

Tuesday, Dec 23, 2025

Res Closing Group 08:45 PM PST by Michael Crowe

Patient Status: Attended

Start: 12/23/2025 08:45 PM PST - End: 12/23/2025 09:00 PM PST Duration: 00:15

Topic

Check In/Self Inventory/Meditation

Individual Assessment/Intervention

The client did not attend an outside support meeting, but did attend the Closing Group. The client filled out their self inventory, then spent the remaining time period in a state of quiet meditation.

Group Description

The clients check in with one positive experience from the outside support meeting that they attended earlier, write their self-inventories, then attempt to meditate.



Michael Crowe (Staff), 12/23/2025 09:24 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

**Wednesday, Dec 24, 2025**

**Res Morning Meeting 08:15 AM PST by Stewart Bryant, LMFT**

Patient Status: Attended

Start: 12/24/2025 08:15 AM PST - End: 12/24/2025 08:45 AM PST Duration: 00:30

Topic

**Morning Mindfulness**

Individual Assessment/Intervention

Lily shared that she experienced night terrors and interrupted sleep. Client discussed going to the ER for edema, and has ordered more suitable footwear. Client stated her intention to stay for 30 days.

Group Description

Group begins with a grounding meditation followed by brief client check-ins of their overnight experience and daily intention setting.



Stewart Bryant, LMFT (Staff), 12/24/2025 11:13 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

**Wednesday, Dec 24, 2025**

**Res Didactic Group 10:00 AM PST by Stewart Bryant, LMFT**

Patient Status: Attended

Start: 12/24/2025 10:00 AM PST - End: 12/24/2025 10:45 AM PST Duration: 00:45

Topic

Adapting to change

Individual Assessment/Intervention

Lily shared her common struggle of craving despite serious physical and mental side effects from her Nitrous use. She also discussed a desire to drink socially again because she states alcohol was never a problem. The group shared the risks of substitution.

Group Description

Psycho-ed group focused on developing strategies of resiliency in adapting to change.



Stewart Bryant, LMFT (Staff), 12/24/2025 11:24 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

Tuesday, Dec 23, 2025

Res Didactic Group 03:00 PM PST by Lori Sparrow, LMFT

Patient Status: Attended

Start: 12/23/2025 03:00 PM PST - End: 12/23/2025 03:45 PM PST Duration: 00:45

Topic

DBT--Interpersonal Communication

Individual Assessment/Intervention

Client was very slow and tired. She did read and related appropriately to some of the skills regarding her children. She was not able to get up by herself from her chair and needed assistance.

Group Description

We reviewed GIVE--technique of having a conversation. We discussed validation and what it sounds like to give validation and what it feels like to receive it. We discussed I statements and emotional acre concept.



Lori Sparrow, LMFT (Staff), 12/24/2025 03:43 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

**Wednesday, Dec 24, 2025**

**Res Closing Group 08:45 PM PST by Michael Crowe**

Patient Status: Attended

Start: 12/24/2025 08:45 PM PST - End: 12/24/2025 09:00 PM PST Duration: 00:15

Topic

Check in / Self Inventory / Meditation

Individual Assessment/Intervention

The client shared one positive thing from the earlier In House Speaker Meeting, filled out their self inventory, then spent the remaining time period in a state of quiet meditation.

Group Description

The clients check in with one positive experience from the outside support meeting that they attended earlier, write their self-inventories, then attempt to meditate.



Michael Crowe (Staff), 12/24/2025 11:14 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## Group Sessions

**Wednesday, Dec 24, 2025**

**Res Process Group 11:00 AM PST by Sharon Johnson, LCSW**

**Patient Status: Absent**

Start: 12/24/2025 11:00 AM PST - End: 12/24/2025 12:15 PM PST Duration: 01:15

---

Topic

Process Group

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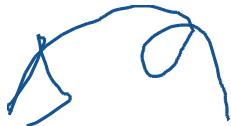
Individual Assessment/Intervention

**Medically excused**

---

Group Description

Clients were led in a process group to facilitate self-expression, thought processing, personal growth and peer connection. The purpose is to explore thoughts, feelings and behaviors in a safe and supportive environment, which can enhance their recovery journey and assist with learning positive communication tools.



---

Sharon Johnson, LCSW (Staff), 12/25/2025 11:31 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## Group Sessions

**Wednesday, Dec 24, 2025**

**Res Didactic Group 03:00 PM PST by Sharon Johnson, LCSW**

**Patient Status:** Absent

Start: 12/24/2025 03:00 PM PST - End: 12/24/2025 03:45 PM PST Duration: 00:45

Topic

Sober Fun Activities

Individual Assessment/Intervention

Medically excused from group

Group Description

Group created and shared fun activates to do in recovery. Clients all live in the Bay Area. their interaction enhanced their and expanded their lists. They also recognized their warm connection with each other in the group activity.



Sharon Johnson, LCSW (Staff), 12/25/2025 02:35 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

**Friday, Dec 26, 2025**

**Res Process Group 11:00 AM PST by Sharon Johnson, LCSW**

Patient Status: Attended

Start: 12/26/2025 11:00 AM PST - End: 12/26/2025 12:15 PM PST Duration: 01:15

---

Topic

**Process Group**

---

Individual Assessment/Intervention

The client arrived to group late, unsteady gait and using her cane. She reported feeling anxious, angry and hopeful. She reported no cravings and that she felt 60% present with her attention in group. The client needed gentle reminders to not interrupt others and received positive feedback from the group regarding her clearer thinking. The client said she is feeling more connected to the group members.

---

Group Description

Clients were led in a process group to facilitate self-expression, thought processing, personal growth and peer connection. The purpose is to explore thoughts, feelings and behaviors in a safe and supportive environment, which can enhance their recovery journey and assist with learning positive communication tools.

---



Sharon Johnson, LCSW (Staff), 12/26/2025 01:20 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

**Friday, Dec 26, 2025**

**Res Closing Group 08:45 PM PST by Michael Crowe**

**Patient Status: Absent**

Start: 12/26/2025 08:45 PM PST - End: 12/26/2025 09:00 PM PST Duration: 00:15

Topic

Check In/Self Inventory/Meditation

Individual Assessment/Intervention

The client did not attend an outside support meeting or the Closing Group.

Group Description

The clients check in with one positive experience from the outside support meeting that they attended earlier, write their self-inventories, then attempt to meditate.



Michael Crowe (Staff), 12/26/2025 09:20 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

Saturday, Dec 27, 2025

Res Morning Meeting 09:00 AM PST by Ablert Teixeira

Patient Status: Attended

Start: 12/27/2025 09:00 AM PST - End: 12/27/2025 09:45 AM PST Duration: 00:45

Topic

Morning Meditation and Check In

Individual Assessment/Intervention

Client reported feeling excited as she will be having her children visit today. Did not sleep well, only 2 hours sleep. No cravings or using dreams. Intention for the day is to have a good visit with her children.

Group Description

Group begins with a 5 minute guided meditation followed by a check in with feelings, sleep quality, if they are experiencing any cravings or had any using dreams and their intention or goal for the day.



Ablert Teixeira (Staff), 12/27/2025 10:53 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

**Friday, Dec 26, 2025**

**Res Didactic Group 03:00 PM PST by Abler Teixeira**

Patient Status: Attended

Start: 12/26/2025 03:00 PM PST - End: 12/26/2025 03:45 PM PST Duration: 00:45

---

Topic

**End of Week Reflection**

---

Individual Assessment/Intervention

2 Skills/Ideas Learned: WISE mind, GIVE techniques

Weekend Self-Care: Massage, crocheted and legos

2 Positives from the week: Caviar for Christmas and her partner coming to visit this weekend.

Validation: Peers sharing and having good continuing care plans.

1 Thing Proud of: Holiday outfits

1 Thing Grateful for: Peers

---

Group Description

Reflection of the past week reviewing 2 skills learned this week, self-care activities for the weekend, some good news or something positive that happened and one validation of one of their peers.

---



Abler Teixeira (Staff), 12/27/2025 11:43 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

Friday, Dec 26, 2025

Res Didactic Group 10:00 AM PST by Abler Teixeira

Patient Status: Attended

Start: 12/26/2025 10:00 AM PST - End: 12/26/2025 10:45 AM PST Duration: 00:45

Topic

Self-Sabotage

Individual Assessment/Intervention

Client actively participated in the group discussion, sharing insight into how negative self-talk and people-pleasing behaviors have contributed to her addiction. She identified these patterns as areas she will need to address and improve while in treatment to support her recovery.

Group Description

This group focused on exploring the concept of self-sabotage and how it commonly appears in addiction and early recovery. Clients discussed the thoughts, emotions, and behaviors that undermine their progress, as well as the underlying fear, shame, and avoidance that often drive these patterns. Group members identified their personal self-sabotaging behaviors, examined how these actions can increase relapse risk, and learned practical strategies to interrupt the cycle, including emotional regulation skills, cognitive reframing, and seeking support.



Abler Teixeira (Staff), 12/27/2025 12:01 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

Friday, Dec 26, 2025

Res Morning Meeting 08:15 AM PST by Ablert Teixeira

Patient Status: Attended

Start: 12/26/2025 08:15 AM PST - End: 12/26/2025 08:45 AM PST Duration: 00:30

Topic

Morning Meditation and Check In

Individual Assessment/Intervention

Client reported feeling stressed. Slept pretty well. No cravings or using dreams. Intention for the day is to do some writing on her typewriter.

Group Description

Group begins with a 5 minute guided meditation followed by a check in with feelings, sleep quality, if they are experiencing any cravings or had any using dreams and their intention or goal for the day.



Ablert Teixeira (Staff), 12/27/2025 12:08 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

Thursday, Dec 25, 2025

Res Didactic Group 10:00 AM PST by Ablert Teixeira

Patient Status: Attended

Start: 12/25/2025 10:00 AM PST - End: 12/25/2025 10:45 AM PST Duration: 00:45

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Topic

Emotional Sobriety

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Individual Assessment/Intervention

Client was present for group and actively engaged in the discussion following the educational video, offering reflections and participating throughout the session.

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Group Description

Group focused on the topic of emotional sobriety and included an educational video to introduce key concepts. Following the video, clients participated in a facilitated discussion exploring how emotional regulation, self-awareness, and acceptance contribute to long-term recovery.

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Ablert Teixeira (Staff), 12/27/2025 02:47 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

Thursday, Dec 25, 2025

Res Didactic Group 03:00 PM PST by Abler Teixeira

Patient Status: Attended

Start: 12/25/2025 03:00 PM PST - End: 12/25/2025 03:45 PM PST Duration: 00:45

Topic

Holiday Survival Guide

Individual Assessment/Intervention

Client was present for group, actively participated in the discussion, and shared that the handout was very helpful and will support them during future holiday seasons.

Group Description

This group focused on developing a Holiday Survival Guide to support recovery during the holiday season. The session provided education on common holiday-related triggers, stressors, and emotional challenges, and distributed a handout with practical coping skills and relapse prevention strategies to help clients navigate these situations successfully.



Abler Teixeira (Staff), 12/27/2025 02:56 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

Sunday, Dec 28, 2025

Res Closing Group 08:45 PM PST by Michael Del Carlo, Program Assistant

Patient Status: Attended

Start: 12/28/2025 08:45 PM PST - End: 12/28/2025 09:00 PM PST Duration: 00:15

Topic

Closing Group (Nightly Reflection)

Individual Assessment/Intervention

Lily attended the closing group tonight. She reflected on her time at the Sunday Express meeting, and says that she is happy she got a chip. She filled out her nightly reflection form, and she meditated for the remainder of the time.

Group Description

Clients gather in the foyer to do the closing group. All of them will begin by explaining how their experience was at the recovery support meeting that evening. Afterwards, all will then fill out their nightly reflection form to meditation music playing in the background. If the client is finished with their nightly reflection form early, they are encouraged to meditate until the group ends.



Michael Del Carlo, Program Assistant (Staff), 12/28/2025 08:35 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## Group Sessions

Monday, Dec 29, 2025

Res Morning Meeting 08:15 AM PST by Sharon Johnson, LCSW

Patient Status: Attended

Start: 12/29/2025 08:15 AM PST - End: 12/29/2025 08:45 AM PST Duration: 00:30

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Topic

Morning Mindfulness

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Individual Assessment/Intervention

The client arrived to group with a positive demeanor. She presented art that her daughter drew when visiting this weekend. She reported feeling anxious and happy that her boyfriend and children visited this weekend. She was proud to include that she didn't have any falls. Goal for today is to take the step to allow her father to be power of attorney and call her MD to make an appt. Client shared that it will be "humbling" to have her MD know that she "paralyzed herself again".

---

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

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Sharon Johnson, LCSW (Staff), 12/29/2025 11:19 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

**Monday, Dec 29, 2025**

**Res Didactic Group 03:00 PM PST by Sharon Johnson, LCSW**

Patient Status: Attended

Start: 12/29/2025 03:00 PM PST - End: 12/29/2025 03:45 PM PST Duration: 00:45

Topic

DBT Orientation

Individual Assessment/Intervention

The client arrived with a willing and open demeanor. She appeared engaged with the presentation and discussion with specifically her fear of "humility" when she lets her PCP know that she relapsed and is facing physical challenges.

Group Description

Supportive space is designed to help develop a balanced approach to managing your emotions and behaviors. Dialectical thinking involves recognizing and integrating seemingly contradictory ideas, perspectives, or emotions to achieve a more nuanced and comprehensive understanding of a situation or problem. It's a way of thinking that acknowledges that things can be both x and x, rather than forcing a rigid all or nothing perspective



Sharon Johnson, LCSW (Staff), 12/30/2025 08:51 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

**Monday, Dec 29, 2025**

**Res Closing Group 08:45 PM PST by Michael Del Carlo, Program Assistant**

**Patient Status:** Absent

Start: 12/29/2025 08:45 PM PST - End: 12/29/2025 09:00 PM PST Duration: 00:15

Topic

Closing Group (Nightly Reflection)

Individual Assessment/Intervention

Lily was excused from the closing group tonight, and she did not attend a recovery support meeting this evening.

Group Description

Clients gather in the foyer to do the closing group. They will check in about their evenings, and whether or not they went to a recovery support meeting that day. After they checked in, all clients will then fill out their nightly reflection forms to meditation music playing in the background. After the clients have filled out their forms, they are encouraged to meditate for the rest of the time.



Michael Del Carlo, Program Assistant (Staff), 12/29/2025 09:01 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

Tuesday, Dec 30, 2025

Res Didactic Group 03:00 PM PST by Sharon Johnson, LCSW

Patient Status: Attended

Start: 12/30/2025 03:00 PM PST - End: 12/30/2025 03:45 PM PST Duration: 00:45

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Topic

Didactic - Check in

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Individual Assessment/Intervention

The client appeared on time and with a positive demeanor. She shared how proud she is for beginning to process trauma from 25 years ago in individual therapy. Client was supported by her peer and therapist.

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Group Description

Check in - Two group members

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Sharon Johnson, LCSW (Staff), 12/30/2025 03:40 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

Tuesday, Dec 30, 2025

Res Closing Group 08:45 PM PST by Michael Crowe

Patient Status: Attended

Start: 12/30/2025 08:45 PM PST - End: 12/30/2025 09:00 PM PST Duration: 00:15

Topic

Check In/Self Inventory/Meditation

Individual Assessment/Intervention

The client did not attend an outside support meeting, but did attend the Closing Group. The client filled out their self inventory, then spent the remaining time period in a state of quiet meditation.

Group Description

The clients check in with one positive experience from the outside support meeting that they attended earlier, write their self-inventories, then attempt to meditate.



Michael Crowe (Staff), 12/30/2025 11:27 PM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

**Wednesday, Dec 31, 2025**

**Res Morning Meeting 08:15 AM PST by Sharon Johnson, LCSW**

Patient Status: Attended

Start: 12/31/2025 08:15 AM PST - End: 12/31/2025 08:45 AM PST Duration: 00:30

Topic

**Morning Mindfulness**

Individual Assessment/Intervention

The client was on time for group. She participated in the meditation. She reported that she feels hopeful and stable, therapist asked for clarification and the client reported that she is stable physically and emotionally. She spoke in a loud voice and stated she was also feeling impatient "bratty". Client's goal is to write today. Non recovery related. Writing a story for her children., She reported no craving or using related dreams.

Group Description

Group is designed to foster a supportive environment where individuals can begin their day with focus, intention and clarity. Session starts with a mindfulness practice tool like meditation, breathing or grounding. Clients have an opportunity to check in with peers and staff using a structured format



Sharon Johnson, LCSW (Staff), 12/31/2025 10:16 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

### Group Sessions

**Wednesday, Dec 31, 2025**

**Res Process Group 11:00 AM PST by Sharon Johnson, LCSW**

Patient Status: Attended

Start: 12/31/2025 11:00 AM PST - End: 12/31/2025 12:15 PM PST Duration: 01:15

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Topic

Graduation - Check in

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Individual Assessment/Intervention

The client shared how connected she felt to the two peers who are leaving during their coin ceremonies. Therapist prompted her to update the group during her check in and she reported wanting to focus on the story she is writing for her children. Therapist encouraged her to be an example to expressing her vulnerability for new group members when they arrive.

---

Group Description

Coins presented to two clients followed by a brief check in group. This special group is dedicated to honoring and acknowledging the dedication, resilience, and achievements of our clients as they reach this important milestone in their recovery journey. Together, we celebrate their hard work, perseverance, and commitment to a healthier, brighter future. Each group member shares the impact that the graduation client has on them and practices healthy closure as modeled by group leader.

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Sharon Johnson, LCSW (Staff), 12/31/2025 01:46 PM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Clinical Progress Note Individual 12/31/2025 09:00 AM**

Session Start/End Time	Start time	End time	Duration
	12/31/2025 09:00 AM	12/31/2025 10:00 AM	60 Minutes
Type of Session	Individual		

**MSE**

Appearance: well groomed

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Circumstantial

Mood: Sad

Affect: Labile

Judgement: Fair

Dangerousness: No SI Risk , No HI or Aggression Risk

**Information/Behavior:**

Client presented with depressed and overwhelmed affect following trauma processing session with therapist the previous day. Mood appeared low and labile; client verbalized emotional exhaustion and difficulty regulating affect. Client discussed a long-standing history of depression and multiple attempts to self-treat symptoms through substance use and alternative methods. Client expressed belief that Nitrous Oxide alleviates her depressive symptoms despite acknowledging severe physical consequences, including significant neuropathy. No acute safety concerns reported during session.

**Interventions:**

Clinician provided supportive counseling and reflective listening to validate client's emotional response to trauma work. Psychoeducation was provided regarding post-trauma emotional flooding and the risks of using substances to manage mood symptoms. Clinician gently challenged cognitive distortions related to perceived benefits of Nitrous Oxide use while reinforcing harm-reduction and recovery-oriented perspectives. Client was encouraged to engage in grounding techniques and to intentionally identify positive aspects of her current environment and recovery progress. Strengths-based interventions were used to highlight protective factors, including family relationships and treatment engagement.

**Response:**

Client was engaged and receptive to interventions, though tearful at times. Client acknowledged the physical harm caused by Nitrous Oxide use and demonstrated some ambivalence regarding continued belief in its antidepressant effects. Client was able to identify sources of meaning and support, including her children, her parents, and her progress in treatment, and reported feeling slightly more grounded by the end of the session.

**Plan:**

Client will continue trauma-focused therapy with attention to pacing and emotional regulation. Clinician will continue to address mood symptoms, substance-related coping patterns, and cognitive distortions related to substance use. Client encouraged to practice daily grounding exercises and intentional gratitude-based reflection. Treatment team will continue to monitor mood, trauma responses, and relapse risk. Follow-up scheduled per program structure.

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STB

Stewart Bryant, LMFT (Staff), 12/31/2025 10:14 AM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: well groomed

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Appropriate

Mood: Sad

Affect: Labile

Judgement: Fair

Dangerousness: No SI Risk , No HI or Aggression Risk

**Information/Behavior:**

Client presents as cooperative and engaged, with appropriate eye contact. Their affect is congruent with session content, shifting from stable to tearful when discussing family and trauma. Speech is clear and of normal rate and volume. Client is forthcoming about substance use, family conflict, and personal struggles, reporting feeling "good. Stable" initially but later expressing shame and self-hatred.

**Interventions:**

Therapist provided psychoeducation on the link between fear and anger to reframe the client's father's behavior. Therapist normalized the client's feelings of being misunderstood and validated their experiences of shame and neglect. An interpretation was offered connecting self-destructive behaviors to a history of emotional neglect. Therapist gently confronted the self-destructive pattern and empowered the client to take responsibility for their own change.

**Response:**

Client responded receptively, stating the therapist's interpretations "make a lot of sense."

Client connected their substance use to avoiding painful feelings and past actions.

The discussion of family history and trauma elicited a strong emotional response.

Client expressed a core belief of self-hatred, questioning, "why I hate myself so much."

Client showed ambivalence but accepted the necessity of confronting their past to progress.

**Plan:**

Continue exploring the link between self-destructive behaviors and past trauma and neglect.

Support client in processing shame and building self-worth through self-compassion techniques.

Explore client's interest in EMDR for processing past traumas and complex family dynamics.

Provide referral information for a specialist in somatic therapy and EMDR.

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Stewart Bryant, LMFT (Staff), 12/31/2025 10:18 AM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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: well groomed

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Circumstantial

Mood: Sad

Affect: Labile

Judgement: Poor

Dangerousness: No SI Risk , No HI or Aggression Risk

**Information/Behavior:**

Client presents as cooperative and engaged, maintaining good eye contact. Their affect is congruent with the topics discussed, ranging from proud to anxious. Speech is clear and at a normal rate. Client is forthcoming about their substance use, cognitive deficits, and stressors. They report feeling "okay" but also describe recent cravings and irritability. Client initiated discussion about logistical needs.

**Interventions:**

Therapist provided psychoeducation on the neurotoxic effects of nitrous oxide and normalized the client's experience of cravings. Therapist reframed the client's self-perception of suicidal ideation and facilitated an exploration of healthy coping skills. Motivational interviewing was used to explore ambivalence about sobriety. Therapist also explored the client's history of suicidal ideation and assessed current risk.

**Response:**

Client actively engaged and responded thoughtfully to therapist's questions and prompts.

Client acknowledged the accuracy of psychoeducation regarding substance effects and their concussion.

Client expressed pride in their community roles and interest in healthy coping mechanisms.

Client was candid about ongoing struggles, including cravings, memory loss, and suicidal ideation.

Client expressed significant shame and fear regarding the consequences of their addiction.

**Plan:**

Continue to monitor for suicidal ideation, mood changes, and substance cravings.

Support client in scheduling healthy, prosocial activities to build coping mechanisms.

Follow up with clinical director regarding client's firearms instructor certification course.

Explore finding an on-site physical therapist to address neuropathy and balance issues.

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A handwritten signature consisting of the letters "SB" in blue ink.

Stewart Bryant, LMFT (Staff), 12/31/2025 10:21 AM

## Lily Leo ♀ 2025-130

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## Clinical Progress Note Individual 12/24/2025 09:00 AM

Session Start/End Time	Start time	End time
	12/24/2025 09:00	
	AM	
Type of Session	Individual	

### MSE

**Appearance:** casual appearance

**Oriented To:** All Spheres-personal, place, time, and situation

**Speech:** tangential

**Thought process:** Circumstantial

**Mood:** Sad , Anxious

**Affect:** Labile

**Judgement:** Poor

**Dangerousness:** No SI Risk , No HI or Aggression Risk

### Information/Behavior:

### Interventions:

### Response:

### Plan:

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## **Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

## **Continuing Care Consultation 12/22/2025**

12/22/2025

### **Subject**

CCP #1 - very lite intro

### **Summary of Discussion**

Client was at the dinner table, so This writer introduced himself to the client and explained my role and resources and goals of continuing care planning. Very superficial - no deeper conversation other than "Nice to see you"

This writer shared a very small bit about his history and experience and how we will work together as a team with Clinical and outside support.



Darren Davis (Staff), 12/22/2025 10:27 AM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Aftercare Plan/Discharge Instruction Form 12/22/2025**

Today's Date 12/22/2025

Date of Admission 12/21/2025 02:00 PM

Date of Discharge

Discharge Position

	Place	Address	With Whom	Phone
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Discharge Status

Transportation

**Aftercare Appointments & Recommendations:**

	Discipline	Name	Address	Phone #	Appointment Date/Time
Psychiatrist		Dr Norman Psychiatrist			
Physician		Dr. Yukako Honda			
Therapist					
Living Arrangement					
PHP					
IOP					
Community Support					
Alumni Group	Alumni Zoom Meeting	7p = 2nd Tues each Month	Zoom.Com	ID: 840 8850 5720 Passcode: 322896	Hosted by Reflections Staff
Sober Coach	Recovery Coach	Roland Williams	415-845-1174	rolandwms@mac.com	<a href="https://rolandwilliamsconsulting.com/">https://rolandwilliamsconsulting.com/</a>
Other					

**Additional Notes****Inform your treating professionals and/or your personal support system if you experience****In case of emergency dial 911 or proceed to your nearest highest emergency room.****Special Instructions:** Client is to call and confirm all above appointments upon returning home. Bring ID, Insurance information, and a list of current medications to initial meetings. It is recommended that you share this form with your treatment providers.**The above Aftercare Plan and Discharge Instructions have been discussed with me. I understand them and have been given a copy.**

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description	Frequency		
Medical Test: If any of the presumptive tests are negative, and the result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status	Executed At 12/31/2025 10:04 AM		
Active	Pending Order Review		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Negative, And The Result Is Inconsistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Alkaloids, NOS (Excluding Cotinine) Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff9900; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Alkaloids, Nos (Excluding Cotinine) Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Tramadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Tramadol Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Tapentadol Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Methylendioxyphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylendioxyphetamines Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Methadone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methadone Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Ketamine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Ketamine Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Heroin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Heroin Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Gabapentin Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antiepileptic Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>		Executed At 12/31/2025 10:04 AM	
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Tricyclic Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Serotonergic Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Otherwise Not Specified Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Amphetamines Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description	Frequency		
Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status	Executed At 12/31/2025 10:04 AM		
Active	Pending Order Review		
Location	LAR - Simmons		

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Alcohol Biomarkers Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: If any of the presumptive tests are positive, and the result is consistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status Active   Pending Order Review		Executed At 12/31/2025 10:04 AM	
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Positive, And The Result Is Consistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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 12/31/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status	Executed At 12/31/2025 10:04 AM		
Active	Pending Order Review		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Positive, And The Positive Result Is Inconsistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Psychedelic Substances Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description	Frequency		
Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status	Executed At 12/31/2025 10:04 AM		
<span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>			
Location	LAR - Simmons		

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Stimulants, Synthetic Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Skeletal Muscle Relaxants Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Sedative Hypnotics Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Propoxyphene Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Pregabalin Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Phencyclidine Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Oxycodone Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Opioids & Opiate Analogs Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Opiates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Opiates Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff7f0e; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylphenidate Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Fentanyl Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Cocaine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Cocaine Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Cannabinoids, Natural Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Buprenorphine Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Benzodiazepines Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Barbiturates Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #f0ad4e; color: black; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antipsychotics Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/31/2025	Duration Until Discharge	End Date N/A	On Admission <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>
On Discharge <span style="background-color: #2e7131; color: white; padding: 2px;">Yes</span>	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM	Ordered By: NP Ellen Barbieri at 12/31/2025 10:03 AM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px;">Active</span> <span style="background-color: #ff8c00; color: white; padding: 2px;">Pending Order Review</span>	Executed At 12/31/2025 10:04 AM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Anti Hypertensive Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description	Frequency		
Medical Test: If any of the presumptive tests are negative, and the result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status	Executed At 12/21/2025 04:23 PM		
Active	Pending Order Review		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Negative, And The Result Is Inconsistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Alkaloids, NOS (Excluding Cotinine) Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Alkaloids, Nos (Excluding Cotinine) Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Tramadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Tramadol Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Tapentadol Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Methylendioxyphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylendioxyphetamines Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Methadone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methadone Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Ketamine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Ketamine Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Heroin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Heroin Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Gabapentin Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antiepileptic Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Tricyclic Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Serotonergic Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Otherwise Not Specified Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Amphetamines Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description	Frequency		
Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status	Executed At		
Active   Pending Order Review	12/21/2025 04:23 PM		
Location			
LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Alcohol Biomarkers Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status	Executed At 12/21/2025 04:23 PM		
Active	Pending Order Review		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Positive, And The Result Is Consistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 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 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status	Executed At 12/21/2025 04:23 PM		
Active	Pending Order Review		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Positive, And The Positive Result Is Inconsistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Psychedelic Substances Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description	Frequency		
Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status	Executed At		
Active   Pending Order Review	12/21/2025 04:23 PM		
Location			
LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Stimulants, Synthetic Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Skeletal Muscle Relaxants Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Sedative Hypnotics Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Propoxyphene Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Pregabalin Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Phencyclidine Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Oxycodone Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status <span style="background-color: #2e7131; color: white; padding: 2px 5px;">Active</span> <span style="background-color: #f0ad6e; color: black; padding: 2px 5px;">Pending Order Review</span>		Executed At 12/21/2025 04:23 PM	
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Opioids & Opiate Analogs Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Opiates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Opiates Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylphenidate Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Fentanyl Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Cocaine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Cocaine Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Cannabinoids, Natural Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Buprenorphine Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Benzodiazepines Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Barbiturates Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antipsychotics Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Medical Test Order**

Description Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Random		
Start Date 12/21/2025	Duration One Week	End Date 12/28/2025	On Admission Yes
On Discharge Yes	Created By: LPT Alma Arenas at 12/21/2025 04:20 PM	Ordered By: NP Ellen Barbieri at 12/21/2025 04:20 PM via Phone	Discontinued By: N/A
Status Active   Pending Order Review	Executed At 12/21/2025 04:23 PM		
Location LAR - Simmons			

**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Anti Hypertensive Presumptive	Urine	Toxicology		LAR1191

**Statement Of Medical Necessity**

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Lab Test Requisition**

Specimen KN3PJ3CM	Specimen Source Urine	Created By: LVN Monika Lopez at 12/31/2025 10:03 AM
Collected By: LVN Monika Lopez at 12/31/2025 10:04 AM	Requested By: LVN Monika Lopez at 12/31/2025 10:04 AM	Status <span style="background-color: #2e6b2e; color: white; padding: 2px;">Sent</span>

**Insurance Information**

Insurance Payer Aetna	Subscriber ID W286110127	Insurance Priority N/A	
Group Number 149302-012-00001	Plan Type	Insurance Phone Number N/A	Deductible N/A
Subscriber Austin Leo	Patient Relationship to Subscriber Spouse/Partner	SSN N/A	Date of Birth N/A
Subscriber Address USA	Subscriber Employer Coface North America		

**Lab**

Name Gnosis	Account LAR1191	CLIA Code 05D2198282
Address	Phone N/A	

**Requested Medical Test Orders**

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical  
Necessity

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Senokot, lorazepam, Wellbutrin XL, gabapentin, and acamprosate.

{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)	12/31/2025 10:03 AM		
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340108	Anti-hypertensive Presumptive	toxicology	5
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)			
12/31/2025 10:03 AM			

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)			12/31/2025 10:03 AM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340110	Barbiturates Presumptive	toxicology	5
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340111	Benzodiazepines Presumptive	toxicology	5
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340112	Buprenorphine Presumptive	toxicology	5
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM

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)				12/31/2025 10:03 AM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340122	Opiates Presumptive	toxicology	5	
Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) - (Urine)				12/31/2025 10:03 AM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340123	Opioids & Opiate Analogs Presumptive	toxicology	5	
Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine)				12/31/2025 10:03 AM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340124	Oxycodone Presumptive	toxicology	5	
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)				12/31/2025 10:03 AM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340125	Phencyclidine Presumptive	toxicology	5	
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)				12/31/2025 10:03 AM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340126	Pregabalin Presumptive	toxicology	5	
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)				12/31/2025 10:03 AM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340127	Propoxyphene Presumptive	toxicology	5	
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)				12/31/2025 10:03 AM

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)			12/31/2025 10:03 AM
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)			12/31/2025 10:03 AM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340130	Stimulants, synthetic Presumptive	toxicology	5
Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM
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)			12/31/2025 10:03 AM
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)			12/31/2025 10:03 AM
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)			12/31/2025 10:03 AM
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)			12/31/2025 10:03 AM
Test Code	Test Description	Test Type	Compendium Version
340103	Amphetamines Presumptive	toxicology	5
Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM
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)			12/31/2025 10:03 AM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340105	Antidepressants, serotonergic Presumptive	toxicology	5
Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340117	Heroin Presumptive	toxicology	5
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)			12/31/2025 10:03 AM

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)				12/31/2025 10:03 AM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340119	Methadone Presumptive	toxicology	5	
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)				12/31/2025 10:03 AM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340120	Methylendioxyamphetamines Presumptive	toxicology	5	
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)				12/31/2025 10:03 AM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340131	Tapentadol Presumptive	toxicology	5	
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)				12/31/2025 10:03 AM
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)				12/31/2025 10:03 AM
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)				12/31/2025 10:03 AM
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

**Additional Information**

Temp 90-100F? :	YES
Temperature is measured in celsius or fahrenheit? :	Fahrenheit

**Clinical Data**

Diagnosis

F19.20 Other psychoactive substance dependence, uncomplicated,F33.9 Major depressive disorder, recurrent, unspecified,F90.9 Unspecified attention-deficit/hyperactivity disorder

Medication

Acetaminophen,Colace,Folic Acid,Loperamide,Melatonin,Multivitamin,Ondansetron,Senokot,Lorazepam,Wellbutrin XL,Gabapentin,Acamprosate

**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.

  
Lily Leo, 12/31/2025 10:04 AM

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Lab Test Requisition**

Specimen	Specimen Source
KKFF3HKH	Urine
Collected By:	Created By:
LPT Alma Arenas at 12/21/2025 03:30 PM	LPT Alma Arenas at 12/21/2025 04:23 PM
Requested By:	Status
LPT Alma Arenas at 12/21/2025 04:23 PM	Sent

**Insurance Information**

Insurance Payer Aetna	Subscriber ID W286110127	Insurance Priority N/A	
Group Number 149302-012-00001	Plan Type	Insurance Phone Number N/A	Deductible N/A
Subscriber Austin Leo	Patient Relationship to Subscriber Spouse/Partner	SSN N/A	Date of Birth N/A
Subscriber Address	Subscriber Employer Coface North America		

**Lab**

Name Gnosis	Account LAR1191	CLIA Code 05D2198282
Address	Phone N/A	

**Requested Medical Test Orders**

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical  
Necessity

40 year old female Client presenting with F19.20 Other psychoactive substance dependence, uncomplicated, F33.9 Major depressive disorder, recurrent, unspecified, and F90.9 Unspecified attention-deficit/hyperactivity disorder. Prescribed medications are Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, and gabapentin.

- {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)12/21/2025 04:20  
PMRequested Medical  
Tests

Test Code	Test Description	Test Type	Compendium Version
340108	Anti-hypertensive Presumptive	toxicology	5

Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)

12/21/2025 04:20  
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)			12/21/2025 04:20 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340110	Barbiturates Presumptive	toxicology	5
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)			12/21/2025 04:20 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340111	Benzodiazepines Presumptive	toxicology	5
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)			12/21/2025 04:20 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340112	Buprenorphine Presumptive	toxicology	5
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)			12/21/2025 04:20 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/21/2025 04:20 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)			12/21/2025 04:20 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)			12/21/2025 04:20 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)				12/21/2025 04:20 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)				12/21/2025 04:20 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)				12/21/2025 04:20 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340124	Oxycodone Presumptive	toxicology	5	
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)				12/21/2025 04:20 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340125	Phencyclidine Presumptive	toxicology	5	
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)				12/21/2025 04:20 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340126	Pregabalin Presumptive	toxicology	5	
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)				12/21/2025 04:20 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340127	Propoxyphene Presumptive	toxicology	5	
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)				12/21/2025 04:20 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)			12/21/2025 04:20 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)			12/21/2025 04:20 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)			12/21/2025 04:20 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)			12/21/2025 04:20 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)			12/21/2025 04:20 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)			12/21/2025 04:20 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)			12/21/2025 04:20 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)			12/21/2025 04:20 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)			12/21/2025 04:20 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)			12/21/2025 04:20 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/21/2025 04:20 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/21/2025 04:20 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/21/2025 04:20 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340117	Heroin Presumptive	toxicology	5
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)			12/21/2025 04:20 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)				12/21/2025 04:20 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340119	Methadone Presumptive	toxicology	5	
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)				12/21/2025 04:20 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340120	Methylendioxyamphetamines Presumptive	toxicology	5	
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)				12/21/2025 04:20 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340131	Tapentadol Presumptive	toxicology	5	
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)				12/21/2025 04:20 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)				12/21/2025 04:20 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)				12/21/2025 04:20 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

F19.20 Other psychoactive substance dependence, uncomplicated,F33.9 Major depressive disorder, recurrent, unspecified,F90.9 Unspecified attention-deficit/hyperactivity disorder

Medication

Acetaminophen,Colace,Folic Acid,Loperamide,Melatonin,Multivitamin,Ondansetron,Tuberculin Purified Protein Derivative,Senokot,Thiamine,Gabapentin

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**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.

*Signature on  
VDS ap 08*

Lily Leo, 12/21/2025 04:23 PM

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**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Lab Report**

Specimen KKFF3HKH  
Accession No T2512230100

Reported At  
12/24/2025 06:02 PM

Collected At 12/21/2025 03:30 PM  
Results For Review: 6

Results Summary:  
Normal: 32 | Abnormal: 6

**Patient**

First Name Lily	Middle Name N/A	Last Name Leo	MR Number 2025-130
Date Of Birth 04/14/1985	Phone 415-516-8504	Address 227 Presidio Ave SAN FRANCISCO CA , 94115 US	Birth Sex Female
Payment Method N/A	Location LAR - Simmons	Current Diagnoses F19.20 Other psychoactive substance dependence, uncomplicated; F33.9 Major depressive disorder, recurrent, unspecified; F90.9 Unspecified attention-deficit/hyperactivity 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
THC-COOH	1137.91701748308	12/21/2025 03:30 PM	15	ng/mL	Abnormal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Marinol, Medical Marijuana (THC)							
Remarks: THC-COOH is a major metabolite of tetrahydrocannabinol (THC), which is the active agent in marijuana. This method measures but does not differentiate between delta-8 and delta-9 THC.							
Detection Window: Single use up to 7 days. Long-term use up to 30 days.							
Ritalinic Acid	350.190161727225	12/21/2025 03:30 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Ritalin, Methylphenidate							
Remarks: Methylphenidate is extensively metabolized to Ritalinic acid, which is an inactive metabolite. The presence of methylphenidate or Ritalinic acid in the urine indicates the patient has taken methylphenidate in the last 1 to 2 days.							
Detection Window: Up to 3 days							
Gabapentin	Negative	12/21/2025 03:30 PM	200	ng/mL	Abnormal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
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							
Anti-hypertensive	Positive	12/21/2025 03:30 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Cannabinoids, Natural	Positive	12/21/2025 03:30 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Methylphenidate	Positive	12/21/2025 03:30 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
<b>Reported Medical Tests</b>							
Test Description	Status	Specimen Source					
Screening	Final Result	UR: Urine					
Received At	Completed At	Ordering Physician	Lab				
12/23/2025 02:27 PM	12/24/2025 06:02 PM	Ellen Barbieri	N/A				
<b>Results</b>							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Alcohol Biomarkers	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Alkaloids, NOS (Excluding Cotinine)	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Amphetamines	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Antidepressants, not otherwise specified	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Antidepressants, serotonergic	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange

Result Description	Observed	Cutoff / Reference			Unit	Outcome	Status	Lab
	Result	Observed At	Range					
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Antidepressants, tricyclic</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Antiepileptic</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Anti-hypertensive</b>	Positive	12/21/2025 03:30 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Antipsychotics</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Barbiturates</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Benzodiazepines</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Buprenorphine</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Cannabinoids, Natural</b>	Positive	12/21/2025 03:30 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Cocaine</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Fentanyl</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	

Result Description	Observed	Cutoff / Reference			Unit	Outcome	Status	Lab
	Result	Observed At	Range					
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Gabapentin</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Heroin</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Ketamine</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Methadone</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Methylenedioxymphetamines</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Methylphenidate</b>	Positive	12/21/2025 03:30 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Opiates</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Opioids &amp; Opiate Analogs</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Oxycodone</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Phencyclidine</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	

Result Description	Observed	Cutoff / Reference		Unit	Outcome	Status	Lab
	Result	Observed At	Range				
<b>Notes:</b> Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Pregabalin	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b> Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Propoxyphene	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b> Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Psychedelic substances	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b> Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Sedative Hypnotics	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b> Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Skeletal Muscle Relaxants	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b> Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Stimulants, synthetic	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b> Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Tapentadol	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b> Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Tramadol	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b> Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							

Test Description	Status	Specimen Source
Anti-hypertensive Definitive	Final Result	UR: Urine
Received At	Completed At	Ordering Physician
12/23/2025 02:27 PM	12/24/2025 06:02 PM	Ellen Barbieri
Results		Lab N/A

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Clonidine	Negative	12/21/2025 03:30 PM	20	ng/mL	Normal	Final	Gnosis - Orange

**Notes:**

Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin

Interpretation:

Test Description <b>Cannabinoids, Natural Definitive</b>	Status <b>Final Result</b>	Specimen Source UR: Urine
Received At 12/23/2025 02:27 PM	Completed At 12/24/2025 06:02 PM	Ordering Physician Ellen Barbieri

**Results**

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
THC-COOH	1137.91701748308	12/21/2025 03:30 PM	15	ng/mL	Abnormal	Final	Gnosis - Orange

**Notes:**

Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin

Interpretation: INCONSISTENT

Common Source: Marinol, Medical Marijuana (THC)

Remarks: THC-COOH is a major metabolite of tetrahydrocannabinol (THC), which is the active agent in marijuana. This method measures but does not differentiate between delta-8 and delta-9 THC.

Detection Window: Single use up to 7 days. Long-term use up to 30 days.

Test Description <b>Gabapentin Definitive</b>	Status <b>Final Result</b>	Specimen Source UR: Urine
Received At 12/23/2025 02:27 PM	Completed At 12/24/2025 06:02 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	12/21/2025 03:30 PM	200	ng/mL	Normal	Final	Gnosis - Orange

**Notes:**

Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin

Interpretation:

<b>Gabapentin</b>	Negative	12/21/2025 03:30 PM	200	ng/mL	Abnormal	Final	Gnosis - Orange
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**Notes:**

Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin

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 <b>Methylphenidate Definitive</b>	Status <b>Final Result</b>	Specimen Source UR: Urine
Received At 12/23/2025 02:27 PM	Completed At 12/24/2025 06:02 PM	Ordering Physician Ellen Barbieri

**Results**

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Ritalinic Acid	350.190161727225	12/21/2025 03:30 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange

**Notes:**

Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin

Interpretation: INCONSISTENT

Common Source: Ritalin, Methylphenidate

Remarks: Methylphenidate is extensively metabolized to Ritalinic acid, which is an inactive metabolite. The presence of methylphenidate or Ritalinic acid in the urine indicates the patient has taken methylphenidate in the last 1 to 2 days.

Detection Window: Up to 3 days

**Lily Leo ♀ 2025-130**

Birthdate: 04/14/1985 Bed: Res Room 1 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/21/2025 Care Team

**Lab Report**

Specimen KKFF3HKH  
Accession No T2512230100

Reported At  
12/24/2025 06:01 PM

Collected At 12/21/2025 03:30 PM  
Results For Review: 6

Results Summary:  
Normal: 32 | Abnormal: 6

**Patient**

First Name Lily	Middle Name N/A	Last Name Leo	MR Number 2025-130
Date Of Birth 04/14/1985	Phone 415-516-8504	Address 227 Presidio Ave SAN FRANCISCO CA , 94115 US	Birth Sex Female
Payment Method N/A	Location LAR - Simmons	Current Diagnoses F19.20 Other psychoactive substance dependence, uncomplicated; F33.9 Major depressive disorder, recurrent, unspecified; F90.9 Unspecified attention-deficit/hyperactivity 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
THC-COOH	1137.91701748308	12/21/2025 03:30 PM	15	ng/mL	Abnormal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Marinol, Medical Marijuana (THC)							
Remarks: THC-COOH is a major metabolite of tetrahydrocannabinol (THC), which is the active agent in marijuana. This method measures but does not differentiate between delta-8 and delta-9 THC.							
Detection Window: Single use up to 7 days. Long-term use up to 30 days.							
Ritalinic Acid	350.190161727225	12/21/2025 03:30 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Interpretation: INCONSISTENT							
Common Source: Ritalin, Methylphenidate							
Remarks: Methylphenidate is extensively metabolized to Ritalinic acid, which is an inactive metabolite. The presence of methylphenidate or Ritalinic acid in the urine indicates the patient has taken methylphenidate in the last 1 to 2 days.							
Detection Window: Up to 3 days							
Gabapentin	Negative	12/21/2025 03:30 PM	200	ng/mL	Abnormal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
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							
Anti-hypertensive	Positive	12/21/2025 03:30 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Cannabinoids, Natural	Positive	12/21/2025 03:30 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Methylphenidate	Positive	12/21/2025 03:30 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							

## Reported Medical Tests

Test Description	Status	Specimen Source					
Screening	Final Result	UR: Urine					
Received At 12/23/2025 02:27 PM	Completed At 12/24/2025 06:01 PM	Ordering Physician Ellen Barbieri					
<b>Results</b>							
Result Description	Observed Result	Cutoff / Reference Range					
Result Description	Observed Result	Observed At	Range	Unit	Outcome	Status	Lab
Alcohol Biomarkers	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Alkaloids, NOS (Excluding Cotinine)	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Amphetamines	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Antidepressants, not otherwise specified	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
Antidepressants, serotonergic	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange

Result Description	Observed	Cutoff / Reference			Unit	Outcome	Status	Lab
	Result	Observed At	Range					
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Antidepressants, tricyclic</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Antiepileptic</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Anti-hypertensive</b>	Positive	12/21/2025 03:30 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Antipsychotics</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Barbiturates</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Benzodiazepines</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Buprenorphine</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Cannabinoids, Natural</b>	Positive	12/21/2025 03:30 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Cocaine</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Fentanyl</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	

Result Description	Observed	Cutoff / Reference			Unit	Outcome	Status	Lab
	Result	Observed At	Range					
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Gabapentin</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Heroin</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Ketamine</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Methadone</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Methylenedioxymphetamines</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Methylphenidate</b>	Positive	12/21/2025 03:30 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Opiates</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Opioids &amp; Opiate Analogs</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Oxycodone</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
<b>Notes:</b>								
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin								
<b>Phencyclidine</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange	

Result Description	Observed	Cutoff / Reference		Unit	Outcome	Status	Lab
	Result	Observed At	Range				
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
<b>Pregabalin</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
<b>Propoxyphene</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
<b>Psychedelic substances</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
<b>Sedative Hypnotics</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
<b>Skeletal Muscle Relaxants</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
<b>Stimulants, synthetic</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
<b>Tapentadol</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							
<b>Tramadol</b>	Negative	12/21/2025 03:30 PM	N/A	N/A	Normal	Final	Gnosis - Orange
<b>Notes:</b>							
Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin							

Test Description	Status	Specimen Source
<b>Anti-hypertensive Definitive</b>	Final Result	UR: Urine
Received At	Completed At	Ordering Physician
12/23/2025 02:27 PM	12/24/2025 06:01 PM	Ellen Barbieri
Results		Lab N/A

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Clonidine	Negative	12/21/2025 03:30 PM	20	ng/mL	Normal	Final	Gnosis - Orange

**Notes:**

Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin

Interpretation:

Test Description <b>Cannabinoids, Natural Definitive</b>	Status <b>Final Result</b>	Specimen Source UR: Urine
Received At 12/23/2025 02:27 PM	Completed At 12/24/2025 06:01 PM	Ordering Physician Ellen Barbieri

**Results**

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
THC-COOH	1137.91701748308	12/21/2025 03:30 PM	15	ng/mL	Abnormal	Final	Gnosis - Orange

**Notes:**

Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin

Interpretation: INCONSISTENT

Common Source: Marinol, Medical Marijuana (THC)

Remarks: THC-COOH is a major metabolite of tetrahydrocannabinol (THC), which is the active agent in marijuana. This method measures but does not differentiate between delta-8 and delta-9 THC.

Detection Window: Single use up to 7 days. Long-term use up to 30 days.

Test Description <b>Gabapentin Definitive</b>	Status <b>Final Result</b>	Specimen Source UR: Urine
Received At 12/23/2025 02:27 PM	Completed At 12/24/2025 06:01 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	12/21/2025 03:30 PM	200	ng/mL	Normal	Final	Gnosis - Orange

**Notes:**

Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin

Interpretation:

<b>Gabapentin</b>	Negative	12/21/2025 03:30 PM	200	ng/mL	Abnormal	Final	Gnosis - Orange
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**Notes:**

Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin

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 <b>Methylphenidate Definitive</b>	Status <b>Final Result</b>	Specimen Source UR: Urine
Received At 12/23/2025 02:27 PM	Completed At 12/24/2025 06:01 PM	Ordering Physician Ellen Barbieri

**Results**

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Ritalinic Acid	350.190161727225	12/21/2025 03:30 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange

**Notes:**

Prescribed Medications: Acetaminophen, Colace, Folic Acid, Loperamide, melatonin, Multivitamin, Ondansetron, Tuberculin purified protein derivative, Senokot, Thiamine, gabapentin

Interpretation: INCONSISTENT

Common Source: Ritalin, Methylphenidate

Remarks: Methylphenidate is extensively metabolized to Ritalinic acid, which is an inactive metabolite. The presence of methylphenidate or Ritalinic acid in the urine indicates the patient has taken methylphenidate in the last 1 to 2 days.

Detection Window: Up to 3 days