

Carson Sheaffer MR# 2025-132 DOB: 03/07/1985

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Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, Monday, Dec 29, 2025	100
Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, Monday, Dec 29, 2025	101
Colace (docusate sodium), 100 mg x 1 Capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, Monday, Dec 29, 2025	102
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Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, Monday, Dec 29, 2025	105
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Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Date 1st contact 11/14/2025	Rep on intake call Vanessa Snug	1st contact name n/a	1st contact phone n/a	1st contact relationship n/a
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Location: LAR - McClay

Program: Detox- McClay - Start Date: 12/29/2025

Primary Therapist: John Foord, LMFT

Admission Date 12/29/2025 03:00 PM	Referrer	Contact? No	Anticipated Discharge Date 02/03/2026 05:00 PM
Discharge/Transition Date	Discharge/Transition to		

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

Carson Sheaffer

Current Address:

1745 DRAGON TAIL PL
Medford, OR 97504

Date of Birth: 03/07/1985 SSN:

Birth Sex: Male

Pronouns:

Preferred Language:

Marital Status: Married

Sobriety date: n/a

Race:

Ethnicity:

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

Show Inactive Insurances

Insurance Payer California Blue Shield	Subscriber ID TIM170086952	Effective Date 01/01/2025	Termination Date	Status Active	Insurance Priority
Internal ID / External ID 12377 / 12564987	Group Name	Group Number	Plan Type	Payer Type	Insurance Phone Number
Rx Name	Rx Group	Rx BIN	Rx PCN	Rx Phone	Coverage Period

Claims

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

Subscriber Carson Sheaffer Subscriber Address 1 1745 DRAGON TAIL PL	Subscriber Address 2	Patient Relationship to Subscriber Self Subscriber City Medford	SSN	Date of Birth 03/07/1985 Subscriber Zip 97504	Gender Male Subscriber Country
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Precertification Company
n/aPhone
n/a

Utilization Reviews

Pharmacy

Pharmacy Name CVS/pharmacy #9947	Address 2035 Novato Blvd, Novato, CA, 94947
Phone (415) 897-9917	Fax (415) 898-4251

Contacts

Contact Type Emergency	Relationship Spouse
Name Lakesha Sheaffer	Phone 850-867-0353
	Email lakesha@yahoo.com

Patient Contact Consent Forms

No patient contact forms

Allergies and Food Restrictions

Allergies

No Known Allergies/NKA

Diets

- Regular Diet (no special dietary needs)

External Apps

External App			
Name	Unique Patient ID	Action	

Lab Testing

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

Client Record Source: N/A

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Insurance Verification

Carson Sheaffer
 Current Address:
 1745 DRAGON TAIL PL
 Medford, OR 97504

DOB: 03/07/1985
 SSN:

Subscriber's name	Subscriber's SSN	Subscriber's DOB
Carson Sheaffer		03/07/1985
Relationship	Subscriber Employer	
Self	Insurance Company	
Insurance Phone	California Blue Shield	
	Policy No.	Group ID
	TIM170086952	
Plan type		
Initial coordinator	Initial date/time	
n/a	n/a	
Rate type	Plan year	Confirmation #
Effective	COBRA	Pre-existing terms
NO	NO	NO
Precert penalty	Precert penalty terms"	
NO		
Substance Abuse Benefits		DED
		750
		DED met
		0
		OOP
		6750
		OOP met
		0
Mental Health Benefits		DED
Precertification required for:		DED met
		OOP
		OOP met

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

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

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

JACHO / CARF Detox & Res ONLY: NO

OOP / Deductible Combined: NO

State License Sufficient: NO

Precertification Company

Bill to name

California Blue Shield

Claims Address

License requirements

Pharmacy Benefit

RX

NO

Phone

Payer ID

Free Standing Facility

NO

RX Phone

Comment

DETOX 2300-1500 RTC 2000-1200 PHP 1000-700 IOP 700-300

Rounds

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Reflections Pre-Admission Assessment

Initial Call Information

Date: 12/17/2025

Lead Source:

Information Collected
from:

Kristin

Referent Name:

Client Information

Client Name: Carson Sheaffer DOB: 03/07/1985 Age: 40 Phone #:

Client Address: 1745 DRAGON TAIL PL
Medford, OR 97504

Client Occupation:

Fork Lift Operator

Marital Status: Married

Current living
arrangements and is
this conducive to
sobriety:

Live with family, conducive to sobriety

Birth Gender:

Male

Identified Gender:

Male

Can you read and
write in english? Yes No

Do you require
interpretive services?

No

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

Name	Provider Type	Contact Information (PHONE/EMAIL)
NA		

Presenting Information

Why are you reaching out for help now?

Carson is ready to get help to stop drinking. He says during Covid alcohol took over his life. He has been hiding his drinking from his family, but he says they know enough to be affected by his moods, etc. He'll get panic attacks sometimes and that scares his wife too. Carson was intoxicated at the time of this pre admission, and he was tearful when he admitted to recent trouble with the law. He would only tell me he has not been involved with any kind of sex crime, but wouldn't tell me any more. He said this incident has scared him straight into seeking help. As a kid he had a few arrests for shop lifting, and he has had DUIs in the past.

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

Past 5 years intense drinking has affected his relationships with his wife and two kids (son 12 daughter 15).

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

Unsure at this time, just wants to get healthy and stop being dishonest.

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

OCD, undiagnosed. Just started taking Fluoxetine last month. Not supposed to drink while taking, but he is.

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	1 - 2 pints of Gin on work days, more when not.		8th grade	Currently	2 x 1.75 bottles of gin over last 24 hours.

Opiates None

None

Sedatives/Benzodiazepines None

None

Marijuana

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Marijuana	Smoke a few hits joint or an edible daily. Usually before bed.		8th grade	Currently	2 hits last night

Cocaine/Stimulants None

NoneHallucinogens None NoneOthers None**History of Seizure?:**

No

Longest Period of Sobriety and When:

28 days 4 years ago

When you stop using, do you have a history of withdrawal symptoms?:Yes
No
If yes, explain

Drinks enough to not have hangovers, but has had the shakes, sweats, nausea before

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

Probably pornography, uses daily

Do you currently smoke or use nicotine products?

	TYPE	Amount/Frequency/Route
	NA	

Mental Health Information**Have you ever been psychiatrically hospitalized or had psychiatric ER visit? No****DEPRESSION****Have you ever experienced any of the following symptoms of Depression?****Hopelessness (Ex. Things are never going to get better):**

No

Helplessness (Ex. No kind of treatment will make me feel better. Nothing/No one can help me):**Worthlessness:**

No

Decreased Energy or Motivation:

No

Have you ever had problems with your sleep?

Yes

If admits, describe previous history and current:

Wakes up throughout the night, has difficulty staying asleep

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 races, feels like he can't breathe.

Restlessness/Inability to sit still: No

Obsessive Thoughts: Yes

If admits, describe previous history and current:

Carson says he needs order, that things have to be in specific spots, keys, check locks constantly. Gets angry when things are not in their designated spots.

Compulsive Behaviors: Yes

If admits, describe previous history and current:

Carson says he needs order, that things have to be in specific spots, keys, check locks constantly. Gets angry when things are not in their designated spots.

Phobias: Yes

If admits, describe previous history and current:

Congestion. If his ears or his nose get congested he spins into a panic attack. Recently on a car trip with his children his ears got congested and he had to pull over due to extreme anxiety.

Hyperactivity/Concentration Issues: No

Other Symptoms of Anxiety:

MANIA

Have you ever experienced mania? No

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

PSYCHOSIS

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

TRAUMA

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

Describe previous history and current:

He says he has "minor troubles with the law" as a kid. He and his wife split up for about a year in 2018.

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

No

BEHAVIORAL RISK FACTORS

Putting self or others in dangerous situations:

Denies

Aggression/Violence towards others: No

Legal History Information

Any current or history of legal charges or convictions?

Multiple DUIs, last one 2021. Burglary charges at 16, accomplice, all charges dropped. Something has happened recently that he could not bring himself to tell me about, he denies any sex crimes ever.

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

LEGAL CHARGES	DATE ADJUDICATED	EXPLANATION
---------------	------------------	-------------

Initial Evaluation of Risk to Self/Others Information

Current Suicidal/Homicidal Behaviors

Do you have any recent suicide attempts? No

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

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

Is the ideation repetitive or persistent? No

Does the Client have a specific plan? No

Does the ideation involve serious/lethal intent? No

Does the ideation have delusional or hallucinatory content? No

History of Suicidal/Homicidal/Assaultive Behaviors

Have you ever had suicidal thoughts? No

Have you ever purposely inflicted harm on yourself? No

Hospitalization or medical attention required? No

Have you ever had thoughts about harming someone else? No

Have you ever assaulted or been aggressive towards others? No

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

Current and Prior Treatment Information

Are you currently in a hospital or medical facility? No

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

TREATMENT TYPE	FACILITY	LOCATION	DATES OF TREATMENT	DAYS	PROBLEM/DIAGNOSIS/REASON
Under 18 he says he went to a few programs, could not recall them now.					
IOP	On Track	OR	2021	28 days	SUD

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
Fluoxetine	Can't recall	Daiy	one month		OCD

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

NA

Can you self-administer?

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

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

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

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

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

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

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

Do you have any history of falls? No

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

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

No

Do you use any special medical equipment?

No

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

Provide details, if selected Other:

Are you under the care of a physician? No

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



Kristin Furuichi (Staff), 12/17/2025 01:02 PM

Reviewed by



Ellen Barbieri, NP (Review), NPI Number 1134929573, DEA mb9534822, 12/17/2025 01:36 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

COVID-19 Pre-Admission Screening Questionnaire 12/29/2025 05:40 PM

Date/Time: 12/29/2025 05:40 PM

Living at Reflections, LLC**COVID-19 Pre-Admission Screening Questionnaire****Client Name:** Carson Sheaffer

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

Pre-Admission Screening for Clients Scheduled to Admit:

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

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

Are you at risk for severe COVID-19 symptoms:

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

Information to Communicate:

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

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

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

Denies

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

Denies

- C) Have you been fully vaccinated for COVID-19?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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- D) What vaccine did you receive and on what date?

Pfizer, client can provide proof

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

Denies

1. Client should also be informed:

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

What to Expect When arriving for Admission:

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

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



Irma Martinez, LPT (Staff), 12/29/2025 06:41 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Assignment of Primary Therapist 12/29/2025

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

Primary Therapist

Primary Therapist
John Foord, LMFT

Assigned on
12/29/2025

Evaluation Date: 12/29/2025

Comments

Kristin Furuichi (Staff), 12/29/2025 08:20 AM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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.

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Carson Sheaffer (Client), 12/29/2025 05:35 PM

Staff present: Michael Whitley

This form expires on 12/29/2026 05:35 PM.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Living at Reflections, LLC Activities Release and Waiver of Liability

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

Date of Execution of Release and Waiver of Liability:

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

Acknowledgments and Representations by Client:

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

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

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

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

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

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

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

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

Two handwritten signatures in blue ink, one on the left and one on the right, likely belonging to Carson Sheaffer and Michael Whitley.

Carson Sheaffer (Client), 12/29/2025 05:49 PM

Staff present: Michael Whitley

This form expires on 12/29/2026 05:49 PM.

Carson Sheaffer Ⓛ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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
- 7) To remain in treatment for as long as the treatment provider is authorized to treat the client
- 8) To receive support, education, and treatment for their families and loved ones, if the treatment provider is authorized to provide these services
- 9) To receive care in a treatment setting that is safe and ethical
- 10) To be free from mental and physical abuse, exploitation, coercion, and physical restraint
- 11) To be informed of these rights once enrolled to receive treatment, as evidenced by written acknowledgment or by documentation by staff in the clinical record that a written copy of these rights were given
- 12) To be informed by the treatment provider of the law regarding complaints, including, but not limited to, to be informed of the address and telephone number of DHCS
- 13) To receive ethical care that covers and ensures full compliance with the requirements set forth in Chapter 5 (commencing with Section 10500) of Division 4 of Title 9 of the California Code of Regulations and the alcohol and other drug program certification standards adopted in accordance with Section 11830.1, if applicable

COMPLAINTS

In accordance with Title 9, Chapter 5, Section 10569, of the California Code of Regulations, any individual may request an inspection of an alcoholism or drug abuse recovery or treatment facility. Complaints should be directed to:

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

PO BOX 997413, Sacramento CA, 95899-7413

Attention: Complaint Coordinator

(916) 324-4505 - Fax: (916) 322-2658 - TDD: (916) 445-1942

Acknowledgement

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

Complaints / Grievances

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

- The client will be enabled to discuss their concerns / issues with their primary therapist.
- If not resolved, the client will be enabled to request, in writing, a meeting with the Clinical Director.
- The Clinical Director must meet with the client within three business days of receipt of the written request, and must

respond within two business days of the meeting.

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


Carson Sheaffer (Client), 12/29/2025 05:50 PM

Staff present: Michael Whitley

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Living at Reflections, LLC

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

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

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

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

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

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

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

Uses and Disclosure of Health Information

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

PLEASE REVIEW IT CAREFULLY

This notice is effective as of April 15, 2003

USES AND DISCLOSURE OF HEALTH INFORMATION

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

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

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comments, questions, and complaints.

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

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

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

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

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

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

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

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

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

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

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

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

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

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

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

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

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

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

YOUR RIGHTS CONCERNING PRIVACY

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

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

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

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

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

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

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

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

against for filing a complaint.

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

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

RESTRICTION REQUEST:

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

n/a

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

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

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

Get an electronic or paper copy of your medical record

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

Ask us to correct your medical record

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

Request confidential communications

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

Ask us to limit what we use or share

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

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

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

Get a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

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

Your Choices

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

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

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

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

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

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

In the case of fundraising:

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

Our Uses and Disclosures

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

Treat you

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

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

Run our organization

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

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

Bill for your services

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

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

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

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

Help with public health and safety issues

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

Do research

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

Comply with the law

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

Respond to organ and tissue donation requests

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

Work with a medical examiner or funeral director

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

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

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

Respond to lawsuits and legal actions

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

Our Responsibilities

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

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

Changes to the Terms of This Notice

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

Effective Date: October 11, 2013



Carson Sheaffer (Client), 12/29/2025 05:59 PM

Staff present: Michael Whitley

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

**Belongings Placed in Staff Vault 12/28/2025****Evaluation Date:** 12/28/2025**Locker #** 5**Additional luggage in storage** Yes No**Driver's license** No**Other IDs** None**Insurance Card(s)** No**Cash** No**Checks (blank)** No**Checks (written)** No**Wallet** No**Credit or debit cards** None**Phones and electronic devices**

Item	Charger	Condition	Condition
airpods	Charger included		
Iphone 15	Charger included		
macbook air	Charger included		

Sharps

tweezers

Other items

3 colognes, cleaners wipes

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.



Carson Sheaffer (Client), 12/29/2025 07:44 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Living at Reflections, LLC

Consent for Camera Surveillance & Therapeutic Photograph

I, Carson Sheaffer, 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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Carson Sheaffer (Client), 12/29/2025 06:23 PM

Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

**Reflections Initial Treatment Plan 12/28/2025**

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

Date Established 12/28/2025

PROBLEM: Client is in need of orientation to program.

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

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

Objectives	Intervention/Plan	Time/Frequency								
I will receive orientation to facility policies, rules and standards.	In 1:1 session staff will provide orientation to Client and provide necessary details within 24 hours of admission.	1 time in 1:1 session for 60 minutes.								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>12/29/2025</td><td>Open</td><td></td><td>GA 12/28/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	12/29/2025	Open		GA 12/28/2025	
Target date	Status	Date/Comment	By							
12/29/2025	Open		GA 12/28/2025							
I will attend all assessment appointments. I will complete all initial assessments, screenings, and questionnaires for assessing my substance use, mental health, and physical health problems.	In 1:1 session the staff will provide the questionnaire and structured interviews to recommendations for client care, medication needs and follow-up care.	1-3 sessions in three days of care.								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>01/01/2026</td><td>Open</td><td></td><td>GA 12/28/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	01/01/2026	Open		GA 12/28/2025	
Target date	Status	Date/Comment	By							
01/01/2026	Open		GA 12/28/2025							
I will meet with primary therapist and start the process of developing an individualized Master Treatment Plan.	Clinical Staff will provide 1:1 sessions to gain appropriate background information, and begin the process of developing goals of treatment with the client.	1 to 2 Ind sessions within 1 st 3 days of Tx								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>01/01/2026</td><td>Open</td><td></td><td>GA 12/28/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	01/01/2026	Open		GA 12/28/2025	
Target date	Status	Date/Comment	By							
01/01/2026	Open		GA 12/28/2025							

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
12/29/2025	Open		GA 12/28/2025

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
12/29/2025	Open		GA 12/28/2025

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
01/01/2026	Open		GA 12/28/2025

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
12/29/2025	Open		GA 12/28/2025

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.


Carson Sheaffer (Client), 12/29/2025 07:44 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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.

Carson Sheaffer (Client), 12/29/2025 06:23 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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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Carson Sheaffer (Client), 12/29/2025 06:23 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

LIVING AT REFLECTIONS, LLC

Program and House Rules – McClay Residential

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

PROCEDURE:

- Clients are to always remain within the grounds of Reflections unless accompanied by a staff member or given a pass to go off premises. Please DO NOT LEAVE the property without clinical permission.
- Cell phone use is permitted during non-program times. That is, before 9:00 am; during breaks from group and individual sessions, and after 4pm.
- Please refrain from using your cell phone in group. You are encouraged to either leave your phone outside the group room or turned it off completely prior to the start of group. Looking at your phone during group is disrespectful and distracting.
- Living Room TV is restricted to hours 5:00am to 8:00am and 5:00pm until lights out Monday through Friday, and 5:00am to lights out Saturday and Sunday.
- Appropriateness of TV/media content will be monitored by staff. Inappropriate content includes, but is not limited to pornography, excessive profanity, negative drug/alcohol influence, inappropriate violence, racial propaganda, and glamorizing of eating disorders.
- Medication is made available during the following times or when medically indicated:
 - 7:00am-9am
 - 11am-1:00pm
 - 4pm-6:00pm
 - 8pm-10:00pm
- Clients are expected to do meds outside of group hours except when medically necessary.
- As part of the clinical program, all clients are required to attend a minimum of three (3) outside recovery-based support meetings per week. Acceptable meetings include, but are not limited to: 12 Step (AA, NA), SMART Recovery, Celebrate Recovery, Recovery Dharma, Refuge Recovery, LifeRing, or other approved peer-support groups.
- Clients are responsible for personal valuables and are provided with personal safes in their individual bedrooms. Living at Reflections, LLC will maintain the combination codes to the safes. Safes are subject to search for the safety of clients and staff.
- Living at Reflections, LLC is not responsible for ANY LOST OR STOLEN PROPERTY.
- Items left at Reflections after 30 days will be disposed.
- Clients are required to keep beds made and bedrooms neat and orderly, maintaining a clean and safe living space within their bedroom area. Beds shall be made when unoccupied.
- Clients may be subject to room changes during their stay to accommodate census changes at the facility.
- Clients may not bring alcohol, drugs, paraphernalia, or mind- or mood-altering substances into the facility.
- Clients may not bring weapons of any kind into the facility.
- Clients must provide a urine sample when requested (sample may or may not be observed).
- Clients may be subject to room and person searches.
- Clients may not have energy drinks on site.
- Other contraband may be confiscated and stored in client med box at staff discretion
- No sexual, romantic or exclusive relationships with other residents will be permitted.
- No verbal or physical violence against clients, staff, or property of Living at Reflections, LLC. Physical violence includes pushing, shoving, or hitting others. Verbal violence includes making threats, yelling, using profanity, and name-calling.
- Clients are required to participate in all groups, unless excused by the Primary Therapist.
- Clients are expected to maintain basic hygienic practices.
- Clients are required to always maintain a respectful attitude toward staff. Clients are expected to remain respectful to other clients.

- Clients are to treat any on-site animals with respect and care. Animals have been pre-authorized to be at Living at Reflections, LLC and have passed health/safety/training requirements and are to be treated as a therapeutic asset.
- Guests visiting for any reason need to sign the visitor agreement and are not allowed in any client's bedrooms for any reason.
- Clients are not to enter other clients' bedroom or restrooms for any reason.
- Reflections does not allow online food orders.
- Clients are not to share personal items. This includes but is not limited to: phones, money, cigarettes/vape, clothes, accessories.
- Amazon, other like deliveries and drop offs must be approved prior to order/ Drop off.
- Only nonrefillable vaporizers are permitted.

FOOD AND KITCHEN:

- Living at Reflections, LLC provides well-balanced and nutritious meals.
- The Executive Chef will discuss any dietary needs/requirements with the resident to ensure the client's diet is reflective of the appropriate foods they should eat.
 - No clients are allowed in the Kitchen.
 - Clients are responsible for clearing their place settings (dishes) from the table and putting these in the designated area.
 - Any kitchen utensils or dishes needed, will be provided.
 - Coffee is available until 1pm only.
 - All snacks are provided.
- All meals are provided.
 - Meals will be served at the following times:

Monday-Friday:

Breakfast: 7:00am - 8:00am

Lunch: 12:30pm - 1:00pm

Dinner: 6:00pm - 6:30pm

Saturday and Sunday:

Breakfast: 8:00am - 9:00am

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

Dinner: 5:30pm - 6:00pm

VISITATION:

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

FIRE SAFETY RULES

- There is NO SMOKING/ Vaping allowed anywhere in the house. Smoking outside is permitted in designated areas. Ashtray receptacles are provided at these designated smoking areas and are to be used at all times.
- Unplug any appliances not in use (phone chargers, hair dryers, curling irons, hair straighteners, etc.)
- Never run cords under rugs. If a cord is hot or frayed, don't use it. Report anything that you might feel is a fire hazard or dangerous, to a staff member immediately.
- All residents should know proper use and location of fire extinguishers. Fire extinguishers are checked monthly by the Program Manager.
- Do not tamper with any of the alarms, NEVER remove the batteries. Staff is responsible for checking alarms and replacing batteries if needed.
- If the fire alarm goes off in the middle of the night and you smell smoke or see evidence of a fire, leave the house immediately-do not go back in. Stay close to the ground and crawl to the door-NEVER open a hot door.
- If there is a fire, yell 'FIRE', so that others can get out of the facility.
- Know escape routes. An evacuation location has been established so everyone knows all are O.K.
- Call 911 to report a fire.

- Never try to be the hero and save a person; that is the responsibility of the Fire Department's.
- Never attack a large fire on your own.
- Do use an extinguisher on small fires.

GENERAL FACILITY AND SAFETY RULES:

- Each resident is responsible for the windows in their assigned bed area. Never leave windows open when you leave.
- Never let someone into the house you don't know--tell them to wait and get staff to the door. Never allow an ex-resident into the house without staff permission.
- Never give out information about another client. If there are any questions asked, refer them to Reflections staff.
- Dress Code: Shirts, Pants, Shoes required in all common areas (outside of bedrooms).
- Appropriate non-revealing attire is expected by all residents when in common areas (outside of bedrooms).
- Unacceptable attire includes, but is not limited to micro-miniskirts, cut-off shorts, midriff tops, tube tops, see-through clothing, provocative attire, string bikinis, thongs, and clothing with drug, alcohol and gang motifs.
- No pornography.
- Headphones and audio players are to be used in bedrooms and at poolside.
- In order to preserve confidentiality of all residents, there is to be no use of cameras, no taking photos, no "Facetime" in the common areas.
- Pool rules are posted, please adhere.
- Television viewing is allowed during non-program hours, on evenings and weekends.
- Quiet time is after 10:00pm, Sunday through Thursday.
- Lights out is at 11:30p daily.

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

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

Drug and Alcohol Use Policy

I, Carson Sheaffer, 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:

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

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

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

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

CS 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.

CS 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.

CS 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.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Living at Reflections, LLC Transportation Release and Waiver of Liability

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

Client's Information:

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

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

Name of Facility: Living at Reflections, LLC

Client's Full Name: Carson Sheaffer

Acknowledgements and Representations by Client:

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

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

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

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

I, Carson Sheaffer, have read and fully understand the contents herein.

Executed this n/a.

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Carson Sheaffer (Client), 12/29/2025 06:27 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Living at Reflections, LLC Safety Contract

I, Carson Sheaffer, 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:

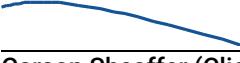
- I will take my medication as prescribed.
- I will inform an appropriate professional to call 911 (or transport me to the hospital) if I am in crisis.
- I will go to an appropriate professional to discuss any dangerous thoughts or feelings; such as suicidal ideations or thoughts to self-harm.
- At this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


Carson Sheaffer (Client), 12/29/2025 06:27 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

**Patient Personal Items And Valuables 12/28/2025****Evaluation Date:** 12/28/2025**Locker #** 5**Additional luggage in storage** Yes No**Driver's license** No , Issued by: Oregon**Other IDs**

passport

Insurance Card(s) Yes**Cash** Yes , Amount: 102**Checks (blank)** No**Checks (written)** No**Wallet** Yes**Credit or debit cards**

care credit (5960), citi bank visa (1451), wells fargo 2769, wells fargo (9686)

Phones and electronic devices

Item	Charger	Condition	Condition
airpods	Charger included		
Iphone 15	Charger included		
macbook air	Charger included		

Sharps None

Other items None

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.


Carson Sheaffer (Client), 12/29/2025 07:39 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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, Carson Sheaffer, test positive for COVID-19, I understand that this will require an immediate discharge from the program.
- I will preemptively make arrangements for a safe place to quarantine in the event of a discharge resulting from a positive COVID-19 test. Those arrangements are as follows.

n/a

Carson Sheaffer (Client), 12/29/2025 06:28 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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:

City: State: ZIP Code:

Phone:

E-mail address:

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.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Vape/ e- cig policy

I, Carson Sheaffer agree to the following terms.

1. CS 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. CS 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. CS 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. CS 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. CS 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.

Carson Sheaffer (Client), 12/29/2025 06:32 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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 Galarneau, Program Assistant (Staff), 12/29/2025 07:51 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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.



Carson Sheaffer (Client), 12/29/2025 06:33 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

MCCLAY RESIDENTIAL- GROUP RULES AND EXPECTATIONS

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

Tips for Giving Feedback Constructively

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

- Give feedback as soon as possible
- End with a request for a future change in behavior

Tips for Taking Feedback Constructively:

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

Carson Sheaffer (Client), 12/29/2025 06:34 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Ancillary Charges

Name

Carson Sheaffer

Date of Birth

03/07/1985

CLIENT OR GUARANTOR CREDIT CARD INFORMATION

Name on Credit Card

Carson Sheaffer

Email

Billing Street Address

1745 DRAGON TAIL PL

Billing City, State ZIP

Medford OR 97504

Home Phone

Cell Phone

Credit Card Type

Credit Card Number

Expiration Date

3 Digit Security Code on Back or 4 Digit

Security Code if American Express

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

Guarantor Signature (If applicable): _____

Date (If applicable): _____

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

(INS) Assignment of Benefits / Release of Medical Information 12/29/2025

Today's Date 12/29/2025

Client's Insurance Name

Blue Cross blue shield

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

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

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

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

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

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

Carson Sheaffer (Client), 12/29/2025 06:35 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

(INS) Coordination of Benefits and Pre-existing Conditions

Date of Admission 12/29/2025 03:00 PM

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

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

Employer
Timber Products Company
Name of Subscriber
Carson Sheaffer

Insurance Name
Blue Cross Blue Shield
Relationship to Subscriber
Self

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


Carson Sheaffer (Client), 12/29/2025 06:37 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Statement of Financial Responsibility 12/29/2025

Today's Date

12/29/2025

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.

Carson Sheaffer (Client), 12/29/2025 06:38 PM
Staff present: Michael Galarneau, Program Assistant

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Fee Agreement 12/17/2025

Today's Date 12/17/2025

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

Carson Sheaffer

Guarantor for:

Date of Admit 12/29/2025

Date of Discharge 02/03/2026

Fee Agreement**Due before or on day of admit**

	Total Amount Due	Deposit Paid	Balance Due
	\$6,750	\$6,750	\$0

Notes

\$6750 due upon admission for up to 5 nights medically assisted detox services followed by 30 nights dual diagnosis residential treatment services at Reflections McClay facility (741 McClay Road, Novato CA) Insurance to be billed for remaining amount. This fee agreement is dependent on medical necessity for detox as approved by insurance.

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

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

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

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

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

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

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

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

Executive Director and could be grounds for discharge.

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

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

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

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

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

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

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

Date

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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.



Carson Sheaffer (Client), 12/29/2025 06:17 PM
Staff present: Irma Martinez, LPT

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Attachment Admission EMAIL 12/29/2025

Title Admission EMAIL

Date 12/29/2025

Description

Date: 12/29/25

Time: 1737

New Admit to: McClay - Detox 1 - 72 Hour Obs

Initials: CS Age: 40 y/o Gender: Male

Here for:

Alcohol use disorder, Severe

UDS: (+) EtG, THC BAC: 0.21

Residing in room number: 5

Medication Allergies/Reaction if any: NKA

Food Allergies/Reaction if any: NONE

Type of Diet: Regular diet

Cleared for all activities? No

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

Suicide: Denies, Pain: 0/10, Nutritional Assessment - No , Cravings: 9 /10

Clinical will follow up.

Let's all help him feel welcome!

Scanned Document



Irma Martinez, LPT (Staff), 12/29/2025 06:42 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Initial Abbreviated Treatment Plan (Includes Detox) 12/29/2025

Date Established: 12/29/2025

PRESENTING PROBLEM:

Patient Needs to Be Detoxed from:

Alcohol Dependence

AS EVIDENCED BY (History and Patient Statement):

" I have been drinking a lot and I need help"

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

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

Target date	Status	Date/Comment	By
01/05/2026	Open		IM 12/29/2025

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

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

Clinical Staff

Target date	Status	Date/Comment	By
01/12/2026	Open		IM 12/29/2025

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

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

Aftercare Coordinators

Target date	Status	Date/Comment	By
01/19/2026	Open		IM 12/29/2025

Problem #6

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

Target date	Status	Date/Comment	By

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

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Review Self Administration of Medication Assessment

1. Does patient currently administer their own medication? Yes

2. Is patient confused? No

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

4. Can patient read labels? Yes

5. Can patient open bottles/blister packs? Yes

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

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

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Irma Martinez, LPT (Staff), 12/29/2025 05:59 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Self Preservation Statement 12/29/2025

Evaluation Date: 12/29/2025

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

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

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Irma Martinez, LPT (Staff), 12/29/2025 05:59 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medication Education

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



Carson Sheaffer (Client), 12/29/2025 06:45 PM
Staff present: Irma Martinez, LPT

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Client Health Questionnaire & Initial Screening 12/29/2025**Date:** 12/29/2025

Vital Signs	Blood Pressure (systolic/diastolic) 186 / 103	Temperature 98.5	Pulse 126	Respirations 20	O2 Saturation 98
--------------------	--	---------------------	--------------	--------------------	---------------------

Comments

No pain.

Client was given
Clonidine
Per NP
order.

Admission BAC and UA Screen: Breathalyzer: 0.20 , UA Screen: (+) THC,EtG**No Known Allergies/NKA**

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

Nutritional Screen

Height/Weight Height: 6' 0" Weight: 200 lbs BMI: 27.12 Target Body Weight: n/a

BMI 27.12

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: Fair (1) (1)**TOTAL SCORE:** Add all scores (1)

Score:

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

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

Document referral in Progress Notes.

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

Dental Hygiene

Are their teeth sensitive to hot or cold temperatures?

No



Yes



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

No



Yes



Referral to Nutritionist or Physician: No

Mental Status Exam

Appearance Well nourished , Unkempt

Behavior Agitated , Uncooperative

Orientation Person , Place , Situation

Speech Disorganized , Hyper-verbal

Mood Desperate , Anxious , Angry

Affect Anxious , Agitated

Attention/ Concentration Preoccupied , Easily Distracted

Thought Processes: Racing , Pressured

Thought content WNL

Judgement Moderately impaired

Insight Moderately impaired

Memory Moderately impaired

Fund of information	Average
---------------------	---------

PHYSICAL SCREENING

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

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

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 may be contagious to others around you? Yes No

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:

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
(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:

Client uses THC for sleep. Wakes up throughout the night, has difficulty staying asleep.

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: NA

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:

Client has hx of HTN no meds taken

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: Can't recall

Are you in need of dental care? Yes No

If yes, please give details:

28. Do you wear or need to wear dentures or other dental appliances that may require dental care?

Yes No

If yes, please give details:

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

Denies

30. When was the last time you saw a physician and/or psychiatrist? Date: Can't recall

What was the purpose of the visit?

Saw PCP 08/2025 for a physical

31. In the past seven days what types of drugs, including alcohol, have you used?

	Route	Amounts	Time Frame	Last Use	Cravings 1-10
ETOH	Oral	up to 2 - 1.75 of gin in 24hrs	For the last 5 years, client gradually increase intake within the last year	12/29/25	10/10
Opiates	Denies				
Benzodiazepines	Denies				
Cocaine/Stimulants	Denies				
THC	Oral/Inhalation	"few hits joint" and edible at bedtime unable to state dosage.	Since 8th grade daily use	12/29/25	10/10
Hallucinogens/Club Drugs	Denies				
Inhalants	Denies				

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

	Route	Amounts	Time Frame	Last Use	Cravings 1-10
ETOH		up to 2 - 1.75 of gin in 24hrs	Client first use was during his 8th grade, he has been daily drinking for the last 5 years and gradually increased for the last year up to 2- 1.75lts of gin	12/29/25	10/10
Opiates	Denies				
Benzodiazepines	Denies				
Cocaine/Stimulants	Denies				
THC	Oral/Inhalation	"few hits joint" and edible at bedtime unable to state dosage.	Since 8th grade daily use	12/29/25	10/10
Hallucinogens/Club Drugs	Denies				
Inhalants	Denies				

MENTAL & EMOTIONAL

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

If yes, describe:

"I need help, yes, I am depress"

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

If yes, for what are you being treated?

"I take medications for OCD" "fluoxetine"

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

SUICIDE IDEATION DEFINITIONS AND PROMPTS

Ask questions that are bolded and underlined.

Ask Questions 1 and 2

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

Past Month:	YES	NO
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Past Month:	YES	NO
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

Past Month:	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Past Month:	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Past Month:	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

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

Past Month:	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

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

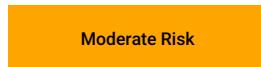
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

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

YES	NO
-----	----

N/A

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

Client states no SI plan or intent

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

If yes, describe:

" I over think too much but I know how to mask it "

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

If yes, describe:

"No, I want to live "

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

Yes
No

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

Yes
No

Do you have a strong therapeutic relationship?

Yes
No

Are you positively motivated for treatment?

Yes
No
If moderate or high immediately notify treatment team (Primary Therapist, Medical Providers, Clinical Directors, RA and Detox Manager) for further risk assessment.**ANY PROTECTIVE FACTORS:**40. Have you ever been in a relationship where your partner has pushed or slapped you? Yes No

If yes, describe:

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

Type of Treatment (Outpatient, Residential, Detoxification)	Name of Facility	Dates Attended	Treatment Completed (Yes/No)
Client has been in few programs, can't recall places	Can't recall	Can't recall	No
IOP, Oregon	On Track	2021, 28 days	No

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

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

"No, I try to keep drinking so I can avoid withdrawals"

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

"My parents"

44. How is this effecting your work life?

"I am a high function person when I work"

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 12/28/2025 11:32 AM:

**46. Current Nicotine No
Use:**

Smoking Cessation Program/Education	No
--	----

If Yes, what program?

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

Superficial small scars on the chest

RISK PROFILE

Are you current with all immunizations? Yes No

Specify year/type of immunizations:

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

Infectious Diseases:

Please check YES or NO in response to the following questions

1. Have you been in recent contact to an infectious case of tuberculosis? Yes No

2. Have you ever had an organ transplant? Yes No

3. Are you a recent (Within the last 5 years) immigrant from a country with a high rate of TB? Yes No

4. Have you ever injected drugs? Yes No

5. Have you been in jail, prison, or a nursing home? Yes No

Please explain:

Client has been in jail.

6. Have you ever worked in a lab that processed TB specimens? Yes No

7. Have you ever been told you have an abnormal chest x-ray? Yes No

8. Have you had any of the following symptoms recently? Yes No

Client denies

9. Education Provided Re: Infection Prevention and Control

Client verbalized understanding? Yes

Infection Prevention and Control Pamphlet received by client?

Refused

Additional Medical Notes:

Carson Sheaffer (Client), 12/29/2025 06:17 PM

Staff present: Irma Martinez, LPT

Irma Martinez, LPT (Staff), 12/29/2025 06:52 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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, Carson Sheaffer, 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:

Diazepam
Clonidine
Gabapentin

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

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

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

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

+++++

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

Verbalized an understanding **Needs further education**



Carson Sheaffer (Client), 12/29/2025 06:45 PM
Staff present: Irma Martinez, LPT

This form expires on 12/29/2026 06:45 PM.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Search Completion Sign OFF

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



Irma Martinez, LPT (Staff), 12/29/2025 07:14 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Attachment - CP CURES 12/29/2025

Title CURES

Date 12/29/2025

Description

Scanned Document

75844_Carson-Cures.pdf, 245 KB

Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/29/2025 01:18 PM

ROB BONTA
State of California
Attorney General
DEPARTMENT OF JUSTICE



JUSTICE DATA AND INVESTIGATIVE SERVICES BUREAU
 CURES PROGRAM
 P.O. BOX 160447
 SACRAMENTO, CA 95816
 Telephone: (916) 210-3187

CURES SEARCH SUMMARY

The below-identified subject or subjects were searched against the California Department of Justice (CA DOJ), Controlled Substance Utilization Review and Evaluation System (CURES) for reported transactions of dispensed controlled substance prescriptions.

CURES was searched on December 29, 2025, for the period of December 29, 2024 to December 29, 2025. The following search criteria were queried for partial matches in CURES:

Patient Information	Patient Address
First Name: Carson Last Name: Sheaffer DOB: 03/07/1985 Gender:	Address: City: State: Zip Code:

No records matching the above-identified search criteria were found.

The CURES database contains Schedule II, Schedule III, Schedule IV, and Schedule V prescription dispensation information for patients, as reported by California-licensed dispensers. The CA DOJ CURES does not independently verify the accuracy of the information reported by dispensers.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Attachment - CP Detox F/U via Phone 12/31/2025

Title Detox F/U via Phone

Date 12/31/2025

Description

11:20 am - Spoke with client Carson by phone x 20 min - he was cooperative, conversant and coherent.

S:

40 year old male with severe alcohol and cannabis use disorders admitted 12/29/25, now on day 3 of standard diazepam taper.

O:

Vital signs WNL with exception of mildly elevated BP 142/87 - he reports, "I've always had high blood pressure but never did anything about it."

When questioned by me on phone today, client denies withdrawal symptoms - tremor, sweats, nausea, anxiety - but according to his nurse, "he still has some tremors, light sensitivity, anxiety, mild agitation about being here and is uncertain about the date"

CIWA = 10 at 4:18 am today

(anxiety 4, headache 1, mild nausea 1, paroxysmal sweats 3, tremor felt but not seen 1)

CIWA = 13 at 11:12 am today

(agitation 2, anxiety 3, clouding of sensorium 1, paroxysmal sweats 2, tremor 3, visual disturbances 2)

Sleeping well, with only one brief interruption.

Appetite - "Great, more than I've eaten in a long time"

Mood - "I feel good, 7-8/10, missing the family. I'd be a 10 - perfect - if I was with them. I'm glad to be back on Fluoxetine, it seemed to help me."

Anxiety - denies "except with going into large group settings; I'm feeling better, pretty comfortable here, meeting people."

Ambulation - "steady on my feet" Denies feeling over sedated.

Client is participating in groups, starting last night and again this morning. Meeting with counselor and therapist later today.

Discussed naltrexone with client - he is interested and will research it further before agreeing. "I know I need something"

A:

40 year old male with severe alcohol and cannabis use disorders admitted 12/29/25, is stable / making progress on day 3 of standard diazepam taper. Mildly elevated BP and CIWA scores are noted.

Substance Use Diagnoses:

F10.20 Alcohol use disorder, Severe

F12.10 Cannabis abuse, uncomplicated

Rule out untreated hypertension

P:

Continue ASAM LOC 3.7.

Progress to Step 2 at 2pm today.

Plan another phone f/u with client tomorrow.

Initiate Naltrexone once detox is completed /client agrees / labs are completed & WNL (labs to be drawn 1/2/26 in am)

Continue monitoring BP, assess baseline BP once off detox - if BP remains elevated, consider starting low dose Amlodipine.

Scanned Document



Ann Goforth, Nurse Practitioner, ANP-BC, MSN, BSN, RN (Staff), NPI Number 1912344631, DEA MG6200074, 12/31/2025
12:40 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Attachment - CP History & Physical 12/29/2025

Title History & Physical

Date 12/29/2025

Description

Reflections

ID: This is a 40 year old male with severe alcohol and cannabis use disorder(s), admitted to Reflections for acute withdrawal management and residential treatment.

HPI:

Reason for seeking treatment at present: "I want to get well. My drinking is ruining my life."

Brief synopsis of current use: 2 pints to 2 liters daily, cannabis daily

Last drink/Use: 12/29/25

Past treatment attempts: Yes

Residential: Denies

Outpatient: IOP in 2021, AA for DUIs

Substance Use History

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

#1 Alcohol: 12/29/25, 2 pint to 2 liters daily, age of first use 14, problem 36

#2 Cannabis: 12/29/25, smokes daily to "try and reduce my drinking", age of first 14, problem 36

DENIES

Nicotine

Cocaine:

Opioids (Fent):

Sedative: (Xanax):

Stimulants

Hallucinogens

Inhalants:

Over the Counter

Prescriptions

Other

Negative consequences

Legal: "several DUIs", last one in 2025

Employment/School: work is concerned

Financial: spending money on substances

Family/Relationships: Wife and kids very upset, parents concerned

Health: unknown

Risky Behavior: regular blackouts, pornography addiction

Trauma

Physical: YES

Social/domestic abuse: YES

Mental/psychological: YES

Sexual: unsure

Sober Time: 28 days

Factors that helped: 2021 during IOP

Detox History: no medical detox

History of Seizures or DT's: Denies

Current Physical Symptoms

POSTIVE

Depression

Anxiety

Shakes

Paranoia Suspiciousness

Blackout

DENIES

Seizures

DTs

Hallucinations/Delusions

Cramping

Nausea

Achy Joints

Current Cravings: YES

Any history of IV drug use: Denies

Overdose history: Denies

Medical History:

Primary care provider name and last visit: "I don't go to the doctor, my wife is a nurse practitioner. The last time I went was before Covid."

Recent ED: Denies

Chronic/Acute Illnesses: high blood pressure with no diagnosis, GERD

Hx seizures, epilepsy, kidney, liver: Denies

Head/Fall/Brain Hemorrhage: Denies

Surgeries: Cyst removal

Diet: Regular

Psychiatric History:

Hx bipolar, schizo, eating dx, mania: Denies

Hx anxiety, depression: undiagnosed OCD, depression, insomnia

Therapist/psychiatrist: Denies

Hx SI/SA: Denies

Hx self-harm: Denies

Hix 5150 holds: Denies

Allergies: Denies

Medications:

1) famotidine 20mg GERD

2) Fluoxetine 20mg OCD

Social History:

Sexual orientation: prefers females

Relationships Status: married

Housing, persons in home: wife, son 12, daughter 15

substance use in home: Denies

Employment, Career, Certification, License, Ed level: 2 years of college, fork lift operator for timber products for over 10 years

Military service: Denies

Family History:

Medical: Father HTN

Substance: Father ETOH

Psychiatric, including suicides: can't answer

Recent Loss/Grief: can't answer

Physical

Mood: highly intoxicated, paranoid, over sexualized

Hallucinations: Denies

SI/HI: Denies

General: client came in highly intoxicated and in a black out. He made inappropriate comments to staff and flashed his penis during his search. He has no recollection of his behavior and is ashamed and embarrassed. He is a heavy alcohol user. His wife is a nurse practitioner and has tried to help him. In the past he's been resistant to medical help, and is a self described "loner". He wants to be a good father to his teenagers and a good husband to his wife. He has pending legal charges that he won't disclose.

Review of Systems

GENERAL: Good, no acute distress, highly intoxicated

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

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

EYES: Denies vision loss, blurring.

EARS: Hearing good, denies tinnitus, denies otalgia.

NOSE: Denies sinus pain, rhinorrhea, congestion

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

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

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

BREASTS: Denies pain, discharge, masses.

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

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

BLOOD: Denies bruising/bleeding, history of anemia.

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

NEURO: Endorses long term insomnia. Denies weakness, seizures, loss of consciousness, head trauma, numbness, tingling, dizziness, confusion, memory loss, difficulty walking, tremor, syncope, and stroke.

PSYCH: Endorses OCD and panic attacks. Denies anxiety or depression. Denies current suicide ideation.

Physical Exam

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

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

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

Lymph: No cervical lymphadenopathy appreciated.

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

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

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

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

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

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

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

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

Height: 6' 0" Weight: 200lbs BMI: 27 B/P: 186/103 P: 128 O2: 98 R: 20 T: 98 CIWA: 14 BAC: 0.21 UDS: Etg, THC

Substance Use Diagnoses:

F10.20 Alcohol use disorder, Severe

F12.10 Cannabis abuse, uncomplicated

Assessment:

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

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

Initial Goals

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

that come up during treatment.

Scanned Document



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/30/2025 04:58 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Attachment - CP Standard Diazepam Taper 12/29/2025

Title Standard Diazepam Taper

Date 12/29/2025

Description

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

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

Step 1: Diazepam, 5 mg tablets, 4 tablets (20 mg) by mouth every six hours for 4 doses

Followed by:

Step 2: Diazepam, 5 mg tablets, 4 tablets (20 mg) by mouth every eight hours for 3 doses, to start eight hours after the last scheduled diazepam dose in Step 1

Followed by:

Step 3: Diazepam, 5 mg tablets, 4 tablets (20 mg) by mouth every twelve hours for 2 doses, to start six - twelve hours* after the last scheduled diazepam dose given in Step 2

Followed by:

Step 4: Diazepam, 5 mg tablets, 2 tablets (10 mg) by mouth every twelve hours for 2 doses, to start twelve hours after the last scheduled diazepam dose given in Step 3

For presenting CIWA score of greater than or equal to 19, consider "Front Loading" of diazepam, by increasing dosing frequency in Step 1 to every 3 hours.

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

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

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

40 tablets are required for this taper.

Discontinue diazepam after taper is finished.

CURES database reviewed, please see chart for report.

Scanned Document



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/29/2025 02:01 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Doctor's Admitting Order 12/29/2025

Date 12/29/2025

Allergies

No Known Allergies/NKA

Admit To Dual Diagnosis
Program

Detox Level
(attach detox orders)

1

Diagnosis F10.20 Alcohol use disorder, Severe,F12.10 Cannabis abuse,
uncomplicated

Activity No Gym Activities until further Notice by Order

Diet

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

Other Restrictions: none

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

LAB WORK (FASTING)

- Comprehensive metabolic panel, CBC, GGT, Lipid Panel, HEP Panels, A, B, and C, HIV TSH
- Urine Drug Screen upon admission and randomly thereafter

Ordered By



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/29/2025 07:05 PM

Marked Closed by: Scheria Smith, LVN, 12/30/2025 07:34 AM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Physician Progress Note 12/30/2025 05:39 PM

Date & Time 12/30/2025 05:39 PM

Progress Notes

DETOX DAY # 2

No SI/SA.

Mood: "tired"

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

Cravings: "mild"

Eating/Hydrating: "eating a little"

Sleeping: "sleeping a lot"

MAT Medications: continue on detox medications, will discuss MAT after detox

Attending Group: not yet

General: Client is reserved. He is nervous about starting groups. He does feel the detox medication is managing his symptoms. He's been taking gabapentin and hydroxyzine for anxiety.

Physical: sweating, light sensitivity

Tremors: mild

Objective

CIWA-14

Physical Exam:

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

Affect: appropriate and full

Head: normocephalic and atraumatic

Eyes: PERRL with EOMI and no icterus

Neuro: Normal

Gait: Normal

Neck: Supple without masses or jugular venous distension

Assessment

The patient is stabilizing CIWA/COWS remains the same, but different symptoms are being managed. Given the length of time in observation, there is still a low probability of a withdrawal seizure or other acute medical problem from withdrawal. Will continue ASAM LOC 3.7.

Plan

Continue on ASAM LOC 3.7.

Continue to assess for transition to ASAM LOC 3.5.

Continue on diazepam taper.

Continue OTCs, clonidine and ondansetron as needed for withdrawal symptoms and comfort.

Current Meds

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

Current as of 12/30/2025 05:39 PM:

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, twice a day, until further notice, PRN, indication: eRx

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

diazepam, 5 mg x 4 tablets , oral, tablet, every 8 hours, for 2 days, indication: Standard Diazepam Taper ~ Step #2, Dea Class: C-IV

famotidine, 20 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: GERD

fluoxetine (fluoxetine HCl), 20 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: depression

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

gabapentin, 300 mg x 1 capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, indication: Anxiety

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

Ibuprofen, 200 mg x 2 Tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Headache or Pain

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

Diarrhea/Loose Stool

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

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

Ondansetron, 4 mg x 1 Tablet , SL, tablet, every 6 hours, until further notice, PRN, indication: Nausea / Vomiting

ondansetron HCl, 4 mg x 1 or 2 tablets , oral, tablet, every eight hours, until further notice, PRN, indication: eRx

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

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



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/30/2025 05:47 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Statement of Medical Clearance 12/29/2025 03:10 PM

Date of Exam: 12/29/2025 03:10 PM

I have examined this client and have found him/her free of communicable diseases and any other illnesses which require acute medical intervention.

If No, document reasons, and the interventions needed.



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/29/2025 07:08 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Incidental Medical Services Certification Form 12/29/2025

Date of Certification: 12/29/2025

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.



Carson Sheaffer (Client), 12/29/2025 06:18 PM

Staff present: Irma Martinez, LPT



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/29/2025 07:09 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Manage Diagnosis Code 12/29/2025 03:11 PM

Date 12/29/2025 03:11 PM

Diagnosis Code

Diagnoses

Comments

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

PRESCRIPTION

C-IV

◆
diazepam, 5 mg x 4 tablets , oral, tablet,
every six hours, until further notice

Take 4 tablet by mouth every six hours as directed for detox

Duration: Until further notice, start date: 12/29/2025 02:00 PM

Dispense Amount: 5 mg tablet x 40 tablets

Number of Refills: 0

Additional Notes to Pharmacist: USE Rx DISCOUNT CARD: \$6.23, BIN:019876,

PCN:CHIPPO, Group:EMR, ID:DF664F8E2C

Comments for Office Use Only: n/a

Discontinued: 12/29/2025 06:21 PM

Medication	Route	Dosage Form
diazepam	oral	tablet

Frequency

every six hours

Amount	Strength	Unit
4	5 mg	tablets

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

Entered by Ellen Barbieri, NP 12/29/2025 01:33 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/29/2025 06:21 PM: diazepam, 5 mg x 4 tablets , oral, tablet, every 6 hours, until further notice

Signed electronically 12/29/2025 02:00 PM

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

Received by Pharmacy

- eRx ID: 71231040181

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

Discontinued Entered by Irma Martinez, LPT at 12/29/2025 06:21 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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: 12/29/2025 01:30 PM

Dispense Amount: 325 mg tablet x 8 tablets

Number of Refills: 1

Medication	Route	Dosage Form
Acetaminophen	oral	tablet

Frequency

every 6 hours

Amount	Strength	Unit
2	325 mg	tablets

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

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

Justification: GERD

Warnings: NTE 15 tablets in 24hrs

PRN, Duration: Until further notice, start date: 12/29/2025 01:30 PM

Dispense Amount: 500 mg tablet, chewable x 12 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Tums	oral	tablet, chewable

Frequency

every 4 hours

Amount	Strength	Unit
2	500 mg	Tablets

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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: 12/29/2025 01:30 PM

Dispense Amount: 100 mg capsule x 3 Capsules

Number of Refills: 1

Medication	Route	Dosage Form
Colace	oral	capsule

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	100 mg	Capsule

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

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

Justification: Supplement

Duration: 5 days, start date: 12/29/2025 01:30 PM, end date: 01/02/2026 11:59 PM

Dispense Amount: 1 mg tablet x 5 Tablets

Number of Refills: 1

Day 2 to Day 3
12/29/2025
01:30 PM to
12/30/2025

Medication
Folic Acid

Route

oral

Dosage Form
tablet

Frequency

once a day (AM)

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

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

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

Justification: Headache or Pain

PRN, Duration: Until further notice, start date: 12/29/2025 01:30 PM

Dispense Amount: 200 mg tablet x 8 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Ibuprofen	oral	tablet

Frequency

every 6 hours

Amount	Strength	Unit
2	200 mg	Tablets

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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: 12/29/2025 01:30 PM

Dispense Amount: 2 mg tablet x 12 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Loperamide	oral	tablet

Frequency

every 2 hours

Amount	Strength	Unit
1	2 mg	Tablet

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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: 12/29/2025 01:30 PM

Dispense Amount: 10 mg Tablet, Sublingual x 2 tablets

Number of Refills: 1

Medication	Route	Dosage Form
melatonin	sublingual	Tablet, Sublingual

Frequency

once a day (HS) PRN

Amount	Strength	Unit
1	10 mg	tablet

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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: 12/29/2025 01:30 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 Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Tuberculin purified protein derivative, .1ml x 1 Sol , Intradermal, Liquid,

Once , for 1 day

Justification: TB Screening

Duration: 1 day, start date: 12/29/2025 01:30 PM, end date: 12/29/2025 11:59 PM

Dispense Amount: .1ml Liquid x 2 Sols

Number of Refills: n/a

Day 1 to Day 2	Medication	Route	Dosage Form
12/29/2025	Tuberculin purified	Intradermal	Liquid
01:30 PM to	protein derivative		
12/30/2025			

Frequency

Once

Amount	Strength	Unit
1	.1ml	Sol

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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: 12/29/2025 01:30 PM, end date: 12/31/2025 11:59 PM

Dispense Amount: 100 mg tablet x 3 Tablets

Number of Refills: 1

Day 2 to Day 3 12/29/2025 01:30 PM to 12/30/2025	Medication Thiamine	Route oral	Dosage Form tablet
---	------------------------	---------------	-----------------------

Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	100 mg	Tablet

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

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

Justification: Observation as new Client

Duration: Until further notice, start date: 12/29/2025 01:30 PM

Show in MARs: NO

Action

72 Hour Q 30
min.Observation
Detox McClay

Frequency

Once

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Detox 1

**Protocol, Once
, until further
notice**

Justification:

Appropriate Level of Care

Duration: Until further notice, start date: 12/29/2025 01:30 PM

Show in MARs: YES

Discontinued: 12/31/2025 02:18 PM

Action

Detox 1 Protocol

Frequency

Once

-
- 1) Vital Signs Q6 hours, even while asleep
 - 2) Vital Signs before administration of detox medication
 - 3) 30 minute safety checks
 - 4) CIWA/COWS Q6 hours
 - 5) CIWA/COWS prior to detox medication administration
 - 6) No offsite outing
 - 7) May attend group, not required
 - 8) No pool/gym
 - 9) Must be on Detox Level 1 for a min of 24 hrs.

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Discontinued Ordered by Ann Goforth, Nurse Practitioner, ANP-BC, MSN, BSN, RN via phone, read back and verified

Discontinued Entered by Scheria Smith, LVN at 12/31/2025 02:18 PM

Discontinue Reason: Nurse Practitioner advanced to detox level 2



Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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: 12/29/2025 01:30 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 via phone, read back and verified

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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: 12/29/2025 01:30 PM

Show in MARs: YES

Action

Twice Daily Blood
Pressure, Heart Rate,
CIWA/COWS and
Oxygen Level

Frequency

two times a day schedule (BID)

	Hours	Minutes	Meridian
At	09	00	AM
At	09	00	PM

Document all abnormal results on MD Board if >150/90 or HR is >95

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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: 12/29/2025 01:30 PM

Show in MARs: NO

Action

**Urine Drug Screen
upon admission and
Weekly thereafter**

Frequency

Weekly

	Hours	Minutes	Meridian
At	08	00	AM

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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: 12/29/2025 01:30 PM, end date: 02/06/2026 11:59 PM

Show in MARs: YES

Day 2 to Day 3
12/29/2025 Action
01:30 PM to Weekly Weight every
12/30/2025 Monday morning and
 on admission

Frequency

Weekly

	Hours	Minutes	Meridian
At	08	00	AM

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

Entered by Irma Martinez, LPT 12/29/2025 01:44 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

PRESCRIPTION

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, twice a day, until further notice, PRN

Take 1 tablet by mouth twice a day as needed as directed For blood pressure

PRN, Duration: Until further notice, start date: 12/29/2025 01:45 PM

Dispense Amount: 0.1 mg tablet x 10 tablets

Number of Refills: 0

Additional Notes to Pharmacist: USE Rx DISCOUNT CARD: \$5.25, BIN:019876,
PCN:CHIPPO, Group:EMR, ID:DF4244E8C9

Comments for Office Use Only: n/a

Medication	Route	Dosage Form
clonidine HCl	oral	tablet

Frequency

twice a day

Amount	Strength	Unit
1	0.1 mg	tablet

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

Entered by Ellen Barbieri, NP 12/29/2025 01:58 PM

Signed electronically 12/29/2025 01:58 PM

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

Completed (Faxed or Printed)

- eRx ID: 71231040728

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

PRESCRIPTION

ondansetron HCl, 4 mg x 1 or 2 tablets , oral, tablet, every eight hours, until further notice, PRN

Take 1-2 tablet by mouth every eight hours as needed for nausea/vomiting

PRN, Duration: Until further notice, start date: 12/29/2025 01:45 PM

Dispense Amount: 4 mg tablet x 10 tablets

Number of Refills: 0

Additional Notes to Pharmacist: USE Rx DISCOUNT CARD: \$5.69, BIN:019876,
PCN:CHIPPO, Group:EMR, ID:DF8CAD76E4

Comments for Office Use Only: n/a

Medication	Route	Dosage Form
ondansetron HCl	oral	tablet

Frequency

every eight hours

Amount	Strength	Unit
1 or 2	4 mg	tablets

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

Entered by Ellen Barbieri, NP 12/29/2025 01:58 PM

Signed electronically 12/29/2025 01:58 PM

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

Completed (Faxed or Printed)

- eRx ID: 71231049677

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

PRESCRIPTION

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

DISCONTINUED

12/29/2025 07:11 PM

Take 1 capsule by mouth three times a day for anxiety

Duration: Until further notice, start date: 12/29/2025 01:45 PM

Dispense Amount: 300 mg capsule x 30 capsules

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/29/2025 07:11 PM

Medication
gabapentin

Route
oral

Dosage Form
capsule

Frequency

three times a day

<u>Amount</u>	<u>Strength</u>	<u>Unit</u>
1	300 mg	capsule

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

Entered by Ellen Barbieri, NP 12/29/2025 01:58 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/29/2025 07:11 PM: gabapentin, 300 mg x 1 capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice

Signed electronically 12/29/2025 01:58 PM

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

Completed (Faxed or Printed)

- eRx ID: 71231049994

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

Discontinued Entered by Irma Martinez, LPT at 12/29/2025 07:11 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

PRESCRIPTION

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

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

PRN, Duration: Until further notice, start date: 12/29/2025 01:45 PM

Dispense Amount: 25 mg tablet x 30 tablets

Number of Refills: 0

Additional Notes to Pharmacist: USE Rx DISCOUNT CARD: \$6.05, BIN:019876,
PCN:CHIPPO, Group:EMR, ID:DFC4CCED94

Comments for Office Use Only: n/a

Medication	Route	Dosage Form
hydroxyzine HCl	oral	tablet

Frequency

three times a day

Amount	Strength	Unit
1 or 2	25 mg	tablets

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

Entered by Ellen Barbieri, NP 12/29/2025 01:58 PM

Signed electronically 12/29/2025 01:58 PM

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

Completed (Faxed or Printed)

- eRx ID: 71231050183

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

C-IV

diazepam, 5
mg x 4 tablets
, oral, tablet,
every 6 hours, until further notice

Justification: Detox

Duration: Until further notice, start date: 12/29/2025 06:00 PM

Dispense Amount: 5 mg tablet x 40 tablets

Number of Refills: 0

Discontinued: 12/30/2025 12:22 PM

Medication
diazepam

Route
oral

Dosage Form
tablet

Frequency

every 6 hours

Amount	Strength	Unit
4	5 mg	tablets

Change Prescription: diazepam, 5 mg x 4 tablets , oral, tablet, every six hours, until further notice

Change Reason:

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

Entered by Irma Martinez, LPT 12/29/2025 06:21 PM

Pending Review

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

Discontinued Entered by Scheria Smith, LVN at 12/30/2025 12:22 PM

Discontinue Reason: Advanced to step 2 by Nurse Practitioner

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

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

DISCONTINUED

12/31/2025 07:33 AM

(TID) PRN, until further notice

Justification: Anxiety

Duration: Until further notice, start date: 12/29/2025 06:00 PM

Dispense Amount: 300 mg capsule x 30 capsules

Number of Refills: 0

Discontinued: 12/31/2025 07:33 AM

Medication
gabapentin

Route
oral

Dosage Form
capsule

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	300 mg	capsule

Change Prescription: gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day, until further notice
Change Reason:

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

Entered by Irma Martinez, LPT 12/29/2025 07:11 PM

Discontinued Due to Change Order by Scheria Smith, LVN 12/31/2025 07:33 AM: gabapentin, 300 mg x 1 capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN

Pending Review

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

Discontinued Entered by Scheria Smith, LVN at 12/31/2025 07:33 AM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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: 12/30/2025 10:15 AM

Dispense Amount: multiple vitamins tablet x 1 Tablet

Number of Refills: 1

Medication Multivitamin	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	multiple vitamins	Tablet

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

Entered by Scheria Smith, LVN 12/30/2025 10:17 AM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

famotidine, 20
mg x 1 tablet ,
oral, tablet,
once a day
(AM), until
further notice

DISCONTINUED

12/31/2025 11:23 AM

Justification: GERD

Duration: Until further notice, start date: 12/30/2025 10:15 AM

Dispense Amount: 20 mg tablet x 30 tablets

Number of Refills: n/a

Discontinued: 12/31/2025 11:23 AM

Medication
famotidine

Route
oral

Dosage Form
tablet

Frequency

once a day (AM)

Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	20 mg tablet

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

Entered by Scheria Smith, LVN 12/30/2025 10:21 AM

Discontinued Due to Change Order by Scheria Smith, LVN 12/31/2025 11:23 AM: famotidine, 20 mg x 1 tablet , oral, tablet, once a day (HS), until further notice

Pending Review

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

Discontinued Entered by Scheria Smith, LVN at 12/31/2025 11:23 AM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

**fluoxetine (fluoxetine HCl), 20 mg x 1 tablet , oral, tablet, once a day (AM),
until further notice**

Justification: depression

Duration: Until further notice, start date: 12/30/2025 10:15 AM

Dispense Amount: 20 mg tablet x 36 tablets

Number of Refills: n/a

Medication fluoxetine	Route oral	Dosage Form tablet
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Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	20 mg	tablet

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

Entered by Scheria Smith, LVN 12/30/2025 10:21 AM

Original Prescriber: Dr. Strides

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

C-IV

❖
**Valium, 3 day
taper**

Justification:
Standard
Diazepam Taper

Duration: 3 day taper, start date: 12/30/2025 08:15 PM, end date: 01/01/2026 11:59 PM

Dispense Amount: 5 mg tablet x 28 tablets

Number of Refills: n/a

Discontinued: 12/30/2025 12:34 PM

Day 1 12/30/2025 08:15 PM	Medication Valium	Route oral	Dosage Form tablet
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Frequency

every 8 hours

Amount	Strength	Unit	PRN
4	5 mg	tablets	

Day 2 12/31/2025	Medication Valium	Route oral	Dosage Form tablet
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Frequency

Every 12 hrs

Amount	Strength	Unit	PRN
4	5 mg	tablets	

Day 3 01/01/2026	Medication Valium	Route oral	Dosage Form tablet
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Frequency

Every 12 hrs

Amount	Strength	Unit	PRN
2	5 mg	tablets	

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

Entered by Scheria Smith, LVN 12/30/2025 12:32 PM

Pending Review

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

Discontinued Entered by Scheria Smith, LVN at 12/30/2025 12:34 PM

Discontinue Reason: KIPU timing error

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

C-IV

diazepam, 5 mg x 4 tablets , oral, tablet, every 8 hours, for 1 day

DISCONTINUED
12/30/2025 12:40 PM

Justification: Standard Diazepam Taper ~ Step #2

Duration: 1 day, start date: 12/30/2025 08:15 PM, end date: 12/31/2025 08:15 PM

Dispense Amount: 5 mg tablet x 12 tablets

Number of Refills: n/a

Discontinued: 12/30/2025 12:40 PM

Day 1 to Day 2 12/30/2025 08:15 PM to 12/31/2025	Medication diazepam	Route oral	Dosage Form tablet
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Frequency

every 8 hours

Amount	Strength	Unit
4	5 mg	tablets

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

Entered by Scheria Smith, LVN 12/30/2025 12:37 PM

Discontinued Due to Change Order by Scheria Smith, LVN 12/30/2025 12:40 PM: diazepam, 5 mg x 4 tablets , oral, tablet, every 8 hours, for 2 days

Pending Review

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

Discontinued Entered by Scheria Smith, LVN at 12/30/2025 12:40 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

C-IV

◆
diazepam, 5 mg x 4 tablets , oral, tablet, every 8 hours, for 2 days

DISCONTINUED
 12/31/2025 11:16 AM

Justification: Standard Diazepam Taper ~ Step #2

Duration: 2 days, start date: 12/30/2025 08:15 PM, end date: 12/31/2025 11:59 PM

Dispense Amount: 5 mg tablet x 12 tablets

Number of Refills: n/a

Discontinued: 12/31/2025 11:16 AM

Day 1 to Day 3 12/30/2025 08:15 PM to 01/01/2026	Medication diazepam	Route oral	Dosage Form tablet
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Frequency

every 8 hours

Amount	Strength	Unit
4	5 mg	tablets

Change Order: diazepam, 5 mg x 4 tablets , oral, tablet, every 8 hours, for 1 day

Change Reason: adjusting time

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

Entered by Scheria Smith, LVN 12/30/2025 12:40 PM

Pending Review

Discontinued Ordered by Ann Goforth, Nurse Practitioner, ANP-BC, MSN, BSN, RN via phone, read back and verified

Discontinued Entered by Scheria Smith, LVN at 12/31/2025 11:16 AM

Discontinue Reason: Advanced to step 3 by Nurse Practitioner

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, Once , for 1 day

Justification: Elevated bp

Duration: 1 day, start date: 12/30/2025 06:00 PM, end date: 12/30/2025 11:59 PM

Dispense Amount: 0.1 mg tablet x 2 tablets

Number of Refills: n/a

Day 1 to Day 2 12/30/2025 06:00 PM to 12/31/2025	Medication clonidine HCl	Route oral	Dosage Form tablet
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Frequency

Once

Amount	Strength	Unit
1	0.1 mg	tablet

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

Entered by Scheria Smith, LVN 12/30/2025 06:06 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

gabapentin, 300 mg x 1 capsule , oral, capsule, 3x a day schedule (TID)

PRN, until further notice, PRN

Justification: Anxiety

PRN, Duration: Until further notice, start date: 12/31/2025 07:30 AM

Dispense Amount: 300 mg capsule x 30 capsules

Number of Refills: 0

Medication gabapentin	Route oral	Dosage Form capsule
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Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	300 mg	capsule

Change Order: gabapentin, 300 mg x 1 capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice

Change Reason: as needed

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

Entered by Scheria Smith, LVN 12/31/2025 07:33 AM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

C-IV



diazepam, 5 mg x 4 tablets , oral, tablet, Every 12 hrs, until further notice

Justification: Step #3 Standard Diazepam Taper

Duration: Until further notice, start date: 12/31/2025 11:15 PM

Dispense Amount: 5 mg tablet x 8 tablets

Number of Refills: n/a

Medication diazepam	Route oral	Dosage Form tablet
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Frequency

Every 12 hrs

Amount	Strength	Unit
4	5 mg	tablets

Ordered by Ann Goforth, Nurse Practitioner, ANP-BC, MSN, BSN, RN, NPI Number: 1912344631, DEA: MG6200074 via previously prescribed medication approved by doctor

Entered by Scheria Smith, LVN 12/31/2025 11:20 AM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

famotidine, 20 mg x 1 tablet , oral, tablet, once a day (HS), until further notice

Justification: GERD

Duration: Until further notice, start date: 12/31/2025 11:15 AM

Dispense Amount: 20 mg tablet x 1 tablet

Number of Refills: n/a

Medication famotidine	Route oral	Dosage Form tablet			
Frequency					
once a day (HS)					
Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	PM	1	20 mg tablet

Change Order: famotidine, 20 mg x 1 tablet , oral, tablet, once a day (AM), until further notice

Change Reason: Per client request changed to bedtime

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

Entered by Scheria Smith, LVN 12/31/2025 11:23 AM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Detox 2 Protocol , Once , until further notice

Duration: Until further notice, start date: 12/31/2025 02:15 PM

Show in MARs: YES

Action

Detox 2 Protocol

Frequency

Once

-
- 1) Vital Signs TID, while awake
 - 2) CIWA/COWS TID, while awake
 - 3) Vital Signs & CIWA/COWS prior to detox medication administration
 - 4) Safety checks every hour
 - 5) Must attend groups
 - 6) offsite outings case by case
 - 7) No gym/pool

Ordered by Ann Goforth, Nurse Practitioner, ANP-BC, MSN, BSN, RN, NPI Number: 1912344631, DEA: MG6200074 via phone, read back and verified

Entered by Scheria Smith, LVN 12/31/2025 02:18 PM

Pending Review

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

24 Hour Observation Sheet 12/31/2025 02:23 PM

12/31/2025

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**

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

24 Hour Observation Sheet 12/31/2025

12/31/2025

Date/Time: 0744 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: no , Care: 6 , See Notes: asleep in bed , Staff Initials: SS

Date/Time: 0813 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: no , Care: 3 , See Notes: breakfast at dining room table , Staff Initials: SS

Date/Time: 0842 , Detox Level: 1 , Location: G , Orientation: 1 , Complaints: no , Care: 3 , See Notes: Mindfulness , Staff Initials: SS

Date/Time: 0911 , Detox Level: 1 , Location: I , Orientation: 1 , Complaints: no , Care: 3 , See Notes: Drug Counselor , Staff Initials: SS

Date/Time: 0940 , Detox Level: 1 , Location: I , Orientation: 1 , Complaints: no , Care: 3 , See Notes: Drug counselor , Staff Initials: SS

Date/Time: 1009 , Detox Level: 1 , Location: G , Orientation: 1 , Complaints: no , Care: 3 , See Notes: Art Group , Staff Initials: SS

Date/Time: 1038 , Detox Level: 1 , Location: G , Orientation: 1 , Complaints: no , Care: 3 , See Notes: Art Group , Staff Initials: SS

Date/Time: 1107 , Detox Level: 1 , Location: N , Orientation: 1 , Complaints: no , Care: 1,2,3,4 , See Notes: Spoke with on-call Nurse Practitioner by phone , Staff Initials: SS

Date/Time: 1136 , Detox Level: 1 , Location: G , Orientation: 1 , Complaints: no , Care: 3 , See Notes: Process , Staff Initials: SS

Date/Time: 1205 , Detox Level: 1 , Location: G , Orientation: 1 , Complaints: no , Care: 3 , See Notes: Process , Staff Initials: SS

Date/Time: 1234 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: no , Care: 3 , See Notes: lunch with peers , Staff Initials: SS

Date/Time: 1303 , Detox Level: 1 , Location: I , Orientation: 1 , Complaints: no , Care: 3 , See Notes: primary therapist , Staff Initials: SS

Date/Time: 1332 , Detox Level: 1 , Location: I , Orientation: 1 , Complaints: no , Care: 3 , See Notes: primary therapist , Staff Initials: SS

Date/Time: 1401 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: no , Care: 3 , See Notes: watching sports on tv , Staff Initials: SS

Date/Time: 1500 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: no , Care: 3 , Staff Initials: SS

Date/Time: 15 , Detox Level: 2 , Staff Initials: SS

Date/Time: 16 , Detox Level: 2 , Staff Initials: SS

Date/Time: 17 , Detox Level: 2 , Staff Initials: SS

Date/Time: 18 , Staff Initials: SS

Staff Initials: SS

Staff Initials: SS

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

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

24 Hour Observation Sheet 12/30/2025

12/30/2025

Date/Time: 0706 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: no , Care: 6 , See Notes: snoring , Staff Initials: SS

Date/Time: 0735 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: no , Care: 6 , See Notes: snoring , Staff Initials: SS

Date/Time: 0804 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: no , Care: 6 , See Notes: snoring , Staff Initials: SS

Date/Time: 0833 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: no , Care: 6 , See Notes: snoring , Staff Initials: SS

Date/Time: 0902 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: no , Care: 6 , See Notes: right side , Staff Initials: SS

Date/Time: 0931 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: no , Care: 6 , See Notes: right side , Staff Initials: SS

Date/Time: 1000 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: no , Care: 3 , See Notes: awake in bed , Staff Initials: SS

Date/Time: 1029 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: no , Care: 3 , See Notes: awake in bed , Staff Initials: SS

Date/Time: 1058 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: no , Care: 3 , See Notes: resting in bed , Staff Initials: SS

Date/Time: 1127 , Detox Level: 1 , Location: S , Orientation: 1 , Complaints: no , Care: 6 , See Notes: snoring , Staff Initials: SS

Date/Time: 1156 , Detox Level: 1 , Location: N , Orientation: 1 , Complaints: no , Care: 1,2,3,4 , See Notes: talked with Nurse Practitioner by phone , Staff Initials: SS

Date/Time: 1225 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: no , Care: 1 , See Notes: lunch with peers , Staff Initials: SS

Date/Time: 1254 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: no , Care: 3 , See Notes: living room area , Staff Initials: SS

Date/Time: 1323 , Detox Level: 1 , Location: I , Orientation: 1 , Complaints: no , Care: 3 , See Notes: BPS with PT , Staff Initials: SS

Date/Time: 1352 , Detox Level: 1 , Location: I , Orientation: 1 , Complaints: no , Care: 3 , See Notes: BPS with PT , Staff Initials: SS

Date/Time: 1421 , Detox Level: 1 , Location: I , Orientation: 1 , Complaints: no , Care: 3 , See Notes: BPS with PT , Staff Initials: SS

Date/Time: 1450 , Detox Level: 1 , Location: bathroom , Orientation: 1 , Complaints: no , Care: 3 , See Notes: showering , Staff Initials: SS

Date/Time: 1519 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: no , Care: 6 , See Notes: snoring , Staff Initials: SS

Date/Time: 1548 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: no , Care: 6 , See Notes: snoring , Staff Initials: SS

Date/Time: 1617 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: no , Care: 6 , See Notes: snoring , Staff Initials: SS

Date/Time: 1646 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: no , Care: 6 , See Notes: snoring , Staff Initials: SS

Date/Time: 1715 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: no , Care: 6 , See Notes: snoring , Staff Initials: SS

Date/Time: 1744 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: no , Care: 3 , See Notes: dinner at dinign room table , Staff Initials: SS

Date/Time: 1813 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: no , Care: 3 , See Notes: living room watching TV , Staff Initials: SS

Date/Time: 1842 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: No , Care: 3 , See Notes: Watching tv , 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), 12/30/2025 07:42 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

24 Hour Observation Sheet 12/30/2025

12/30/2025

Date/Time: 1915 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: SA

Date/Time: 1944 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: SA

Date/Time: 2014 , Detox Level: 1 , Location: N , Orientation: 1 , Complaints: N , Care: 4 , Staff Initials: SA

Date/Time: 2043 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: SA

Date/Time: 2115 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: SA

Date/Time: 2144 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: SA

Date/Time: 2215 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: SA

Date/Time: 2245 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 2314 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 2344 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0014 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0044 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0115 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0143 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0214 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0243 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0314 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0344 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0414 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 4 , Staff Initials: SA

Date/Time: 0443 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0514 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0545 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0614 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0644 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0715 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Detox Level

- I: every 30 minutes
- II: every hour
- III every 2 hours.

Location Codes

- A: Room Awake
- D: Dining
- G: group
- I: Ind. Session
- N: Nursing Station
- P: Patio
- S: Sleeping

Orientation Codes

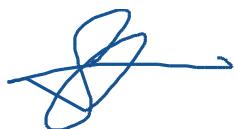
- 1: Awake alert, oriented x3
- 2: Sedated, oriented x3
- 3: Sleeping

Complaints

- N: No complaints
- Y: Has complaints

Care Codes

- 1: CIWA or COW
- 2: Fluids
- 3: Encouragement
- 4: Medications
- 5: Nourishment
- 6: Sleeping



Steve Athens, LPT (Staff), 12/31/2025 07:01 AM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

24 Hour Observation Sheet 12/29/2025

12/29/2025

Date/Time: 1931 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 1959 , Detox Level: 1 , Location: LIVING ROOM , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 2028 , Detox Level: 1 , Location: LIVING ROOM , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 2057 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 2,3 , Staff Initials: KK

Date/Time: 2126 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2155 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2224 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2253 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2322 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 2351 , Detox Level: 1 , Location: WOKEN UP FOR VS & MEDS , Orientation: 1 , Complaints: N , Care: 1,2,3,4 , Staff Initials: KK

Date/Time: 0020 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0049 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0118 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0147 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0216 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0245 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0314 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0343 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0412 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0441 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0510 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0539 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0608 , Detox Level: 1 , Location: WOKEN UP FOR VS & MEDS , Orientation: 1 , Complaints: N , Care: 1,2,3,4 , Staff Initials: KK

Date/Time: 0637 , Detox Level: 1 , 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), 12/30/2025 07:19 AM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

24 Hour Observation Sheet 12/29/2025

12/29/2025

Date/Time: 1737 , Detox Level: 1 , Location: PARKING LOT , Orientation: 1 , Complaints: N , Care: 1,2,3,5 , Staff Initials: IM

Date/Time: 1806 , Detox Level: 1 , Location: ADMISSIONS , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1834 , Detox Level: 1 , Location: ADMISSIONS , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1902 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

Location Codes

A: Room Awake

D: Dining

G: group

I: Ind. Session

N: Nursing Station

P: Patio

S: Sleeping

Orientation Codes

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Created on: 12/31/2025 19:12 PM EST - 19:13 PM EST

143 of 222 pages

1: Awake alert, oriented x3

2: Sedated, oriented x3

3: Sleeping

Complaints

N: No complaints

Y: Has complaints

Care Codes

1: CIWA or COW

2: Fluids

3: Encouragement

4: Medications

5: Nourishment

6: Sleeping



LPT

Irma Martinez, LPT (Staff), 12/29/2025 07:16 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Attachment Anxiety 12/30/2025

Title Anxiety

Date 12/30/2025

Description

Carson endorsed his anxiety moving from 3 to 4 during medication/CIWA assessment. Provided patient teaching on requesting as needed antianxiety medication when anxiety moves from 2 to 3 and most definitely from a 3 to 4 to give medications time to work into his system. He verbalized understanding this. He took hydroxyzine 25mg x1tablet, effective. Will continue to monitor

Scanned Document

Scheria Smith, LVN (Staff), 12/30/2025 03:46 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Attachment Depression 12/30/2025

Title Depression

Date 12/30/2025

Description

Carson's Fluoxetine 20mg daily he brought with him for depression has been approved by our Nurse Practitioner. He agreed to continue to take this while here. He took his morning dose earlier today. Will continue to monitor.

Scanned Document

Scheria Smith, LVN (Staff), 12/30/2025 11:30 AM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

BAC/UDS 12/29/2025

Date 12/29/2025

Breathalyzer

0.21

Time

1737

Drug Screen Result

THC



Irma Martinez, LPT (Staff), 12/29/2025 07:18 PM

Annotations

Created By: LPT Irma Martinez at 12/29/2025 07:17
PM

(+) EtG NP NOTIFIED

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Nursing Progress Notes (Daily) 12/31/2025

12/31/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/31/2025 06:05 AM

Initials: CS Age: 40 y/o Gender: Male

VS: BP 148/100 P 88; BP 142/87 P 66

CIWA: 10; 10

Mental Status/Mood? Activities: currently on Detox 1 on Valium taper. Client was compliant with medication and vitals. Client watched TV while peers were engaged in table games nearby. His behavior was courteous and respectful. No inappropriate behavior observed or reported during this shift. Asking appropriate questions regarding schedules and expectations of daily routines. Cont plan of care as ordered.

Residing in room number: 5

Medication Allergies/Reaction if any: NKA

Food Allergies/Reaction if any: NONE

Type of Diet: Regular diet

Cleared for all activities? Yes

PPD placed due on 12/31 @1820 on R forearm

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Steve Athens, LPT (Staff), 12/31/2025 06:05 AM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Nursing Progress Notes (Daily) 12/30/2025

12/30/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/30/2025 06:58 AM

Time: 1737

New Admit to: McClay - Detox 1 - 72 Hour Obs

Initials: CS Age: 40 y/o Gender: Male

Here for: Alcohol use disorder, Severe

UDS: (+) EtG, THC BAC: 0.21

VS: BP 148/95 P 88; BP 130/68 P 77

CIWA: 13; 12

Mental Status/Mood? Activities: Carson is new admit who is here for alcohol and currently on Detox 1 on Valium taper. Client took Dose 2,3 total of 40 mg Valium during this shift. Client will be taking Dose 4 at noon. Client watched TV with peers and telling them he will not be sleeping the whole night tonight. Client was asked to go to his room and rest. Client went to his room at 2030 and fall asleep soon shortly. Client was compliant with VS & meds. Client was appropriate with staff during this shift; no inappropriate behavior was noted during this shift. Client's BP was elevated, clonidine was given and effective. No other concerns were noted or reported during this shift. Cont plan of car as ordered.

Residing in room number: 5

Medication Allergies/Reaction if any: NKA

Food Allergies/Reaction if any: NONE

Type of Diet: Regular diet

Cleared for all activities? No

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

Suicide: Denies, Pain: 0/10, Nutritional Assessment - No, Cravings: 9 /10

PPD placed due on 12/31 @1820 on R forearm

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Kiran Kaur, MA (Staff), 12/30/2025 06:58 AM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Nursing Progress Notes (Daily) 12/30/2025

12/30/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/30/2025 05:41 PM

Name: Carson

Age: 40y/o

Allergies: NKA

Admit: 12/29/25

Detox 1, Room: 5

F10.20 Alcohol use disorder, Severe

F12.10 Cannabis abuse, uncomplicated

VS: 146/93, 79 | 171/107, 105 | 121/74, 89

Mental Status/Mood/Activities: Carson was medication compliant. PRN Clonidine 0.1mg for elevated BP/P. His antidepressant medication brought in during admission was approved, and KIPU was updated. He presented motivated for treatment and cooperative with all care. He continues on detox level 1. His 72-hour observation with safety checks continues until 1/1/26 @1730. He was advanced to step #2 of standard valium taper by Nurse Practitioner after check in by phone, KIPU was updated. Executive Management stopped by to check in with him in his room during the morning hours. He met with his Primary Therapist for BPS assessment. Encouraged hydration by handing him bottles of Gatorade and or cups of water during this shift. He declined breakfast but took all other meals at the dining room table with his peers. He was observed in the milieu chatting appropriately with peers and staff. No issues or concerns reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedures.

MAT: TBD

Diagnostics: Send when stable

Pharmacy: CVS

Discharge Plan: 02.03.26

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Scheria Smith, LVN (Staff), 12/30/2025 05:41 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team



Nursing Progress Notes (Daily) 12/29/2025

12/29/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/29/2025 07:18 PM

Date: 12/29/25

Time: 1737

New Admit to: McClay - Detox 1 - 72 Hour Obs

Initials: CS Age: 40 y/o Gender: Male

Here for:

Alcohol use disorder, Severe

UDS: (+) EtG, THC BAC: 0.21

Residing in room number: 5

Medication Allergies/Reaction if any: NKA

Food Allergies/Reaction if any: NONE

Type of Diet: Regular diet

Cleared for all activities? No

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

Suicide: Denies, Pain: 0/10, Nutritional Assessment - No , Cravings: 9 /10

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Irma Martinez, LPT (Staff), 12/29/2025 07:18 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5
 Allergies: No Known Allergies/NKA
 Admission: 12/29/2025 Care Team

Legacy MARs
 New MARs

**Actions**

Occurred	Action	Scheduled	Type	Comment	Staff	Notes
Yes	Detox 1 Protocol	1:30 PM	ACTION			
n/a	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			<i>CJH</i>
						12/30/2025 12:16 PM
Yes	Detox 1 Protocol	1:15 PM	ACTION			<i>CJH</i>
						12/30/2025 12:16 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			<i>CJH</i>
						12/30/2025 08:21 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			
Yes	Detox 1 Protocol	1:00 PM	ACTION			
Yes	Detox 2 Protocol	2:15 PM	ACTION			
n/a	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			

Medications

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Reaction	Response Staff
12/29/2025 01:30 PM	Yes	Tuberculin purified protein derivative	.1ml Liquid, Intradermal	1 Sol	MED	Given at 1820	Observed by Irma Martinez, LPT					
							12/29/2025 06:22 PM					
12/29/2025 01:45 PM	No	gabapentin	300 mg capsule, oral	1 capsule	eRx	Charted by Irma Martinez, LPT						
						12/29/2025 06:25 PM						
12/29/2025 02:00 PM	No	diazepam	5 mg tablet, oral	4 tablets	eRx	Charted by Irma Martinez, LPT						
						12/29/2025 06:25 PM						
12/29/2025 06:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Given at 1822	Observed by Irma Martinez, LPT					
						12/29/2025 07:11 PM						
12/29/2025 06:00 PM	Yes	diazepam	5 mg tablet, oral	4 tablets	MED	Observed by Irma Martinez, LPT						
						12/29/2025 06:22 PM						
12/30/2025 12:00 AM	Yes	diazepam	5 mg tablet, oral	4 tablets	MED	Observed by Kiran Kaur, MA	<i>CJH</i>					
						12/30/2025 12:01 AM	12/30/2025 12:16 PM					
12/30/2025 02:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Kiran Kaur, MA	<i>CJH</i>					
						12/30/2025 06:02 AM	12/30/2025 12:16 PM					
12/30/2025 06:00 AM	Yes	diazepam	5 mg tablet, oral	4 tablets	MED	Observed by Kiran Kaur, MA	<i>CJH</i>					
						12/30/2025 06:02 AM	12/30/2025 12:16 PM					

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Reaction	Response Staff
12/30/2025 09:00 AM	Yes	Thiamine	100 mg tablet, oral	1 Tablet	MED	Observed by Scheria Smith, LVN	<i>CSM</i>	12/30/2025 10:48 AM	12/30/2025 12:16 PM			
12/30/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1 Tablet	MED	Observed by Scheria Smith, LVN	<i>CSM</i>	12/30/2025 10:48 AM	12/30/2025 12:16 PM			
12/30/2025 10:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Scheria Smith, LVN	<i>CSM</i>	12/30/2025 10:48 AM	12/30/2025 12:16 PM			
12/30/2025 12:00 PM	Yes	diazepam	5 mg tablet, oral	4 tablets	MED	Observed by Scheria Smith, LVN	<i>CSM</i>	12/30/2025 12:14 PM	12/30/2025 12:16 PM			
12/30/2025 06:00 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	MED	elevated BP 164/108	Scheria Smith, LVN	<i>CSM</i>	12/30/2025 06:07 PM	12/30/2025 08:21 PM		
12/30/2025 06:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Scheria Smith, LVN	<i>CSM</i>	12/30/2025 05:52 PM	12/30/2025 05:56 PM			
12/30/2025 08:15 PM	Yes	diazepam	5 mg tablet, oral	4 tablets	MED	Observed by Steve Athens, LPT	<i>SA</i>	12/30/2025 08:20 PM	12/30/2025 08:21 PM			
12/31/2025 02:00 AM	No	gabapentin	300 mg capsule, oral	1 capsule	MED	prn	Charted by Scheria Smith, LVN		12/31/2025 07:34 AM			
12/31/2025 04:15 AM	Yes	diazepam	5 mg tablet, oral	4 tablets	MED		Observed by Steve Athens, LPT		12/31/2025 04:17 AM			
12/31/2025 08:00 AM	No	famotidine	20 mg tablet, oral	1 tablet	MED		Charted by Scheria Smith, LVN		12/31/2025 11:10 AM		Scheria Smith, LVN, Dec 31, 2025 at 11:15 AM changed to bedtime per client request	
12/31/2025 08:00 AM	Yes	fluoxetine (fluoxetine HCl)	20 mg tablet, oral	1 tablet	MED		Observed by Scheria Smith, LVN		12/31/2025 11:10 AM			
12/31/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED		Observed by Scheria Smith, LVN		12/31/2025 11:11 AM			
12/31/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1 Tablet	MED		Observed by Scheria Smith, LVN		12/31/2025 11:10 AM			
12/31/2025 09:00 AM	Yes	Thiamine	100 mg tablet, oral	1 Tablet	MED		Observed by Scheria Smith, LVN		12/31/2025 11:10 AM			
12/31/2025 12:15 PM	Yes	diazepam	5 mg tablet, oral	4 tablets	MED		Observed by Scheria Smith, LVN		12/31/2025 11:11 AM		Scheria Smith, LVN, Dec 31, 2025 at 11:50 AM Given when after group when came for morning meds	
12/31/2025 09:00 PM	n/a	famotidine	20 mg tablet, oral	1 tablet	MED							
12/31/2025 11:15 PM	n/a	diazepam	5 mg tablet, oral	4 tablets	MED							

PRN Medications

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Reaction	Adverse Response	Response
12/29/2025 05:51 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx PRN	eRx	Observed by Irma Martinez, LPT 12/29/2025 06:19 PM						
12/30/2025 12:01 AM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx PRN	eRx	Observed by Kiran Kaur, MA 12/30/2025 12:01 AM	<i>Carson</i>	12/30/2025 12:16 PM				
12/30/2025 12:01 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	2 tablets	eRx PRN	eRx	Observed by Kiran Kaur, MA 12/30/2025 12:02 AM	<i>Carson</i>	12/30/2025 12:16 PM				
12/30/2025 12:02 AM	Yes	melatonin	10 mg Tablet, Sublingual, sublingual	1 tablet	PRN	Insomnia	Observed by Kiran Kaur, MA 12/30/2025 12:02 AM	<i>Carson</i>	12/30/2025 12:16 PM				
12/30/2025 12:14 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/30/2025 12:14 PM	<i>Carson</i>	12/30/2025 12:16 PM				
12/30/2025 12:14 PM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Scheria Smith, LVN 12/30/2025 12:14 PM	<i>Carson</i>	12/30/2025 12:16 PM	Scheria Smith, LVN, Dec 30, 2025 at 03:42 PM anxiety moving from 3 to 4, 1 tablet			
12/30/2025 08:21 PM	Yes	Tums (calcium carbonate)	500 mg tablet, chewable, oral	2 Tablets	PRN	GERD	Observed by Steve Athens, LPT 12/30/2025 08:22 PM						
		Warning: NTE 15 tablets in 24hrs											

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Biopsychosocial Assessment 12/30/2025 09:00 AM

Place of Service: Residential Substance Abuse Treatment Facility

Date of Assessment	Start time	End time	Duration
12/30/2025 09:00 AM	12/30/2025 12:00 PM		3 Hours

I. Presenting Problem

Carson presents for residential substance use treatment following a recent DUI in November 2025, within the context of a longstanding, progressive pattern of alcohol misuse and recurrent alcohol-related legal consequences beginning in adolescence. He reports daily alcohol consumption with impaired control over quantity and escalation in tolerance, particularly during periods of heightened stress, unstructured time, and emotional avoidance. Carson endorses a chronic history of anxiety, emotional suppression, and conflict avoidance, with limited adaptive coping strategies, resulting in alcohol use as his primary means of emotional regulation, relief from rumination, and management of perceived pressure related to family, occupational, and relational demands.

Despite maintaining external functioning in roles as a parent and employee, Carson reports continued alcohol use despite awareness of escalating consequences, including multiple DUIs, legal involvement, marital strain, and increased risk to occupational stability. He endorses unsuccessful attempts at abstinence, heightened anxiety during sobriety, and difficulty tolerating emotional distress without alcohol. Carson identifies that pursuing recovery has been "a long time coming" and reports entering treatment with intrinsic motivation rather than external mandate, though he acknowledges legal stressors as contributory. The severity, chronicity, and pattern of relapse despite consequences indicate the need for a structured residential level of care to stabilize substance use, address co-occurring anxiety, and interrupt entrenched maladaptive coping patterns prior to step-down to a lower level of care.

II. SOCIAL AREA

A. Family of Origin

1. Where were you raised and by whom?

Carson was raised in Medford, Oregon by his biological mother and father. He reports having an older sister, an older brother, and a younger sister. Client describes generally intact family structure with ongoing contact into adulthood, though he characterizes family communication as emotionally limited and avoidant, consisting primarily of superficial interactions during holidays and milestone events. He reports a history of relational strain during adolescence related to his own behavioral difficulties, with improved relationships in adulthood, particularly with his father.

2. Do you have any siblings?

Name	Age	Grew Up Together? Y/N
Shannon Ryan McKinsey	53 years old 49 years old 36 years old	Y Y Y

3. How did the family get along / relate to one another?

Carson reports that family members generally got along and maintained civil relationships, though he describes the family system as emotionally reserved and avoidant. He notes limited expression of emotions, minimal engagement in meaningful or vulnerable conversations, and a tendency toward polite but superficial interactions. Client reports relational strain during adolescence secondary to his own behavioral challenges, with improved but emotionally distant relationships in adulthood. He identifies these family dynamics as influential in shaping his own conflict-avoidant communication style and difficulty expressing emotional needs.

4. Is there any family history of the following

Mother None

Father None

Step-Parent None

Siblings None

Other

If YES to any of the above, please elaborate Denies

B. Family of Choice

1. Have you ever been or are you currently married?

Yes , If yes, how many times and for how long?: Three times, twice to the same partner. Lakesha (17 years total)

If yes, please describe your relationship with your spouse or ex-spouses

Carson reports a long-term relationship with his wife spanning 17-18 years, characterized by periods of stability as well as significant relational stress. The couple legally divorced in 2017, separated for approximately nine months, and later reconciled and remarried. Client describes this separation as a highly stressful period marked by increased responsibility for childcare, household management, and employment, during which his alcohol use escalated. He reports ongoing relational strain related to trust, communication, and unresolved emotional injuries from the separation, noting a pattern of emotional suppression and avoidance of conflict. Client reports that his wife has expressed relief and support regarding his decision to enter treatment, indicating both ongoing relational challenges and protective relational support.

Carson reports a long-term relationship with his wife spanning 17-18 years, characterized by periods of stability as well as significant relational stress. The couple legally divorced in 2017, separated for approximately nine months, and later reconciled and remarried. Client describes this separation as a highly stressful period marked by increased responsibility for childcare, household management, and employment, during which his alcohol use escalated. He reports ongoing relational strain related to trust, communication, and unresolved emotional injuries from the separation, noting a pattern of emotional suppression and avoidance of conflict. Client reports that his wife has expressed relief and support regarding his decision to enter treatment, indicating both ongoing relational challenges and protective relational support.

2. Are you involved in a significant relationship? Yes

3. Do you have any children?

Name	Age	Gender	Participatory Parent	With whom do they live?
McKinley Cayden	13 years old 12 years old	Female Male	Y Y	Mother and father mother and father

4. Describe your relationships with your children?

Carson describes his relationship with his children as generally positive and supportive. He acknowledges that during periods of alcohol intoxication, he and his wife may engage in verbal conflict, and he reports awareness that his children appear attuned to this dynamic, often disengaging by withdrawing attention or removing themselves from the environment. Carson denies a history of anger management problems, physical aggression, abuse, or other behaviors that would place his children at risk.

5. Is there any history of the following

Partner None

Past Partner Mental Health Problems

Children None

If YES to any of the above, elaborate

Carson was married at the age of 22 for one year. Although never diagnosed, he thinks his partner was Bi-Polar or had BPD.

6. How has your family members drug/alcohol, mental health, or legal issues effected you?

N/A

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	1 - 2 pints of Gin on work days, more when not.		8th grade	Currently	2 x 1.75 bottles of gin over last 24 hours.

OPIATES None

HALLUCINOGENS None

DESIGNER DRUGS None

Cocaine/Stimulants None

Do you want help to quit smoking? No Yes

Sedatives/Benzodiazepines None

TRANQUILIZERS None

OTHER DRUGS NOT MENTIONED LIST BELOW (Including over the counter) None

List Drugs of Choice

- | | |
|---------------|-----------------|
| 1.
Alcohol | 2.
Marijuana |
| 3. | 4. |

a. What and how long has the Client been using "Drug of Choice" #1?

2017.

b. How much have you been using "Drug of Choice" #1?

At least 17 ounces of gin a day on weekdays and up to half a gallon over a 2 day weekend.

c. What is length of time of the last "Run"?

This run began in 2017.

What, when, and how much was the last drug used? (In the past twenty-four hours)

Client reports consuming gin during transport to the treatment facility and endorses impaired recall of the amount consumed, consistent with alcohol-related memory impairment.

e. What, when, and how much was the last drug used? (In the past seventy two hours)

At least 17 ounces of gin a day.

f. How much have you used in the past 7 days on a daily basis.

At least 17 ounces of gin a day on weekdays and up to half a gallon a day on weekends.

3. Age of Onset of drug use (age of 1st Use of any drug)

7th grade.

4. How have you been supporting your alcohol/drug usage?

Self.

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? No

*****Outcome Codes: 1=Successful Completion 2= AMA/APA 3=Discharged / Non-Compliant 4=Other**

If YES, please list treatment history (most recent first) None

2. Previous 12 Step or other community support group Involvement

"3 month On Track program. Passed all the tests, but I cut corners and drank while in the program". Client denies much experience with 12-step or other community support groups. "

3. Describe client's Addiction & Relapse History and the consequences of addiction (include legal, social, emotional, and behavioral)

Carson identifies alcohol-related legal consequences, primarily multiple DUIs, as the most significant impact of his substance use. His most recent DUI occurred in November 2025 and served as the primary catalyst for seeking treatment following years of encouragement from his wife. He reports significant concern that this may constitute a third DUI conviction, potentially resulting in loss of his driver's license under Oregon law, which he fears would jeopardize his employment of 13 years and associated financial stability.

Carson reports early onset of alcohol-related consequences beginning in adolescence, including juvenile detention at age 16, a Minor in Possession charge at 17, and a DUI at age 18 while attending school in Arizona, resulting in 24 hours of incarceration and a 90-day license suspension. He reports a subsequent DUI in Florida in 2004, a disorderly conduct charge related to public intoxication with a documented BAC of .36, and a DUI in 2021 that was diverted. This history reflects a longstanding pattern of alcohol use despite escalating legal, occupational, and familial consequences.

4. Do you believe that your substance use is a problem?

Yes

5. What efforts have you made to control or limit your use?

Carson reports multiple attempts to control and limit his alcohol consumption, including setting self-imposed quantity limits, restricting intake to specific amounts during the week, and attempting short periods of abstinence. He describes measuring alcohol to limit consumption and concealing use in an effort to maintain perceived control. Client reports a prior attempt at abstinence lasting approximately three weeks, which was marked by significant anxiety and compensatory nicotine use, followed by relapse in response to family-related stress. These efforts were unsuccessful, and client endorses persistent difficulty maintaining limits, loss of control over use, and escalation of consumption despite negative consequences.

6. What is your longest Period of Recovery/Abstinence?

Three weeks.

7. What precipitating events led to previous relapses (i.e. Triggers)

Carson reports relapse and escalation of alcohol use in response to family-related stress, heightened anxiety during social and holiday gatherings, and periods of unstructured time. He identifies anxiety during attempts at abstinence and increased caregiving and relational stress as primary triggers, with alcohol used to manage emotional distress and avoid rumination.

V. ASSESSMENT OF OTHER ADDICTIVE OR COMPULSIVE BEHAVIORS

History of Other Addictive or Compulsive Behaviors:

1. Eating Disorders Denies

a. Has anyone ever expressed concern to you about your relationship with food, your weight, or your body image?

No

- b. Have you ever received treatment for an Eating Disorder? No
- c. Do you believe you have any problems with your relationships with food, your weight, or your body image? No

2. Spending

- a. Has anyone ever expressed concern about your shopping or spending patterns? No
- b. Do you feel you have a problem in the area of shopping or your spending patterns? No

3. Sexual Behavior

- a. Has anyone ever expressed concern about your sexual behavior? No
- b. Are you concerned about your sexual behavior? No

4. Gambling

- a. Has anyone ever expressed concern about your gambling? No
- b. Do you believe gambling is an issue for you? No

5. Exercise

- a. Has anyone ever expressed concern about you over-exercising? No
- b. Do you believe over-exercising is an issue for you? No

6. Are there other addictive or compulsive behaviors (work, caffeine) that the Client has a problem with? No

- g. Are there any other addictive disorders that will need to be addressed in this treatment? No

ASAM DIMENSION 2 - Biomedical Conditions

VI. MEDICAL HISTORY

1. Name of Primary Care Physician Name: Unknown at this time

2. Date last seen

3. History of Medical Problems and/or hospitalizations Denies

4. Current Medical Problems Denies

5. Allergies

No Known Allergies/NKA

6. Does the client have any medical problems as a result of their alcohol/drug use? Denies

ASAM DIMENSION 3 - Emotional, Behavioral, Cognitive Conditions

VII. MENTAL HEALTH/PSYCHIATRIC HISTORY

1. Have you ever been diagnosed with a mental illness? Denies

2. Previous Psychiatric Hospitalizations, treatment, or therapy Denies

3. Are you currently being followed by a psychiatrist, therapist and/or other mental health treatment provider?

Denies

Current Medical and Psychiatric Medications

4. Current Medical Medications

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

Current as of 12/30/2025 09:50 AM:

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

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, twice a day, until further notice, PRN, indication: eRx

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

diazepam, 5 mg x 4 tablets , oral, tablet, every 6 hours, until further notice, indication: Detox, Dea Class: C-IV

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

gabapentin, 300 mg x 1 capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, indication: Anxiety

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

Ibuprofen, 200 mg x 2 Tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Headache or Pain

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

Diarrhea/Loose Stool

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

Ondansetron, 4 mg x 1 Tablet , SL, tablet, every 6 hours, until further notice, PRN, indication: Nausea / Vomiting

ondansetron HCl, 4 mg x 1 or 2 tablets , oral, tablet, every eight hours, until further notice, PRN, indication: eRx

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

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

5. What other medications have you tried in the past? None

6. Do you take your medication as prescribed? Yes.

7. Have you ever experienced any cognitive impairment (memory problems, difficulty thinking clearly)?

Carson reports experiencing alcohol-related cognitive impairment, including lapses in memory and impaired recall during periods of active drinking. He endorses episodes of diminished awareness of quantity consumed, including recent inability to recall intake during alcohol use.

8. What current symptoms do you feel need to be addressed while in treatment?

Unsure at this time.

VIII. Sexual/Trauma History Assessment

1. Sexual History

a. What is your current sexual orientation

Heterosexual.

b. Have you always had this same sexual orientation

No

Yes

2. Trauma Assessment

a. Have you experienced any of the following types of trauma?

Significant death of family member of

No

Yes

friend	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Witnessing an accident	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childhood Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Natural Disaster	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neglectful or scary Caregivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any type of physical, sexual, or emotional abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you ever felt that you were exploited in exchange for using substances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. For any yes above, please elaborate

Carson reports that the COVID-19 pandemic had a significantly negative impact on his emotional functioning and identifies this period as a time when his alcohol use escalated to excessive and alcohol-dependent levels. He describes increased stress and destabilization during this timeframe, with alcohol use serving as a maladaptive coping mechanism in response to prolonged uncertainty and disruption.

c. How do the above events impact you?

Carson reports that the COVID-19 pandemic contributed to a marked increase in his alcohol tolerance, frequency, and quantity of use. He describes drinking despite awareness of negative consequences, attributing escalation to increased freedom, isolation, and boredom during this period. Carson reports maintaining daily functional roles as a parent, employee, and partner even while intoxicated, which reinforced continued use and increased risk for adverse consequences related to sustained alcohol consumption.

d. Do you feel any of the above events may interfere with treatment and/or has led to past relapses No**IX. Safety Assessment****1. Suicidality Screen and History****a. Past suicidal thoughts or attempts? Denies****b. History of Family or Friend suicide? Denies****c. Current suicidal thoughts? Denies****d. Current or past thoughts or attempts of self-harm? Denies****e. What successful strategies have you used to curb this behavior Denies****f. Protective Factors-Check all that apply**

Family Support , Staff Support , Positive Therapeutic relationships , Compliant with treatment

g. Based on the above information, the Low client's current risk of suicide is considered

2. Violence Risk Assessment

a.. Have others ever told you they are worried about your anger? Denies

b. Current or past violent thoughts or actions? Denies

c. Current or past thoughts or attempts of homicide? Denies

d. What happens when you get angry with your spouse, family member or significant other?

Carson minimizes behaviors indicative of anger or aggression. He does acknowledge that alcohol use increases the likelihood of verbal arguments with his wife, indicating impaired emotional regulation and lowered inhibition when intoxicated.

e. Do you ever frightened your family members, friends or children?

Carson reports limited perceived impact of his alcohol use on the overall household environment. He does acknowledge that when alcohol-related verbal conflicts occur between himself and his wife, his children appear aware of the tension and often disengage by focusing on their phones or removing themselves from the room.

f. Have the police ever been called to your house because of your behavior? Denies

g. Have you ever been in a relationship with somebody who hurt, threatened, or controlled you? Denies

X. Cultural Assessment

1. Were you raised in any specific culture? Denies

2. Do you identify with any specific cultural group? Denies

3. Do you currently practice any specific cultural rituals? Denies

4. Do you identify with any specific cultural/ethnic issues? Denies

XI. LEGAL HISTORY

1. Have you ever been arrested?

Yes, see below.

If Yes, list incidents

Date	Charges	Outcome
12/2025 5/2025 2021 2004 18 years old 17 years old 16 years old	DUI Disorderly Conduct DUI DUI (Fla) DUI (Ariz) MIP MIP	Pending Processed Diversion Processed 24 hr in jail Processed 2 Nights Juvenile detention

2. Are you currently involved in any ongoing legal proceedings

Client is awaiting outcome of a DUI that occurred in December 2025.

XII. EDUCATIONAL / VOCATIONAL / MILITARY ISSUES

1. Educational History

a. What is the highest grade completed / degree or certificate obtained?

AA degree

b. How did you perform in school?

"O.K."

c. Are you currently enrolled and attending school? Denies

d. Have you ever been suspended or expelled from school Denies

e. Have you ever attended any special classes or schools or have any learning challenges? Denies

2. Employment History

a. Have you ever been employed?

No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
-----------------------------	---

If yes, list most employment history (most recent first)

Job/Position	Employment Dates	Reasons for Leaving
Currently employed with the same company for 13 years. Timber Products Company		

b. How would you describe your current financial situation

Stable.

c. How is the client paying for treatment?

Carson reports limited knowledge regarding his insurance coverage and out-of-pocket financial responsibility for treatment, noting that his wife coordinated the intake process and managed the logistical details related to admission.

3. Military Service

a. Have you ever served in the Military?

No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
--	------------------------------

If Yes None

XIII. LEISURE ACTIVITIES

1. List any hobbies, recreational interests, sports, games, or other leisure activities you enjoy.

Sports, watching sports, coaching soccer. Outdoors, hiking.

2. What effect has your substance use or mental illness symptoms had on their leisure time?

Client reports not participating in leisure activities or hobbies due to his alcohol consumption.

ASAM DIMENSION 6 - Recovery/Living Environment

XIV. CURRENT SOCIAL, WORK, AND LIVING ENVIRONMENT

1. Current Social Situation/Environment

Carson reports a stable living environment, residing in a home in Medford, Oregon with his wife and two children. Carson reports his wife does not drink or use drugs and describes her as a very responsible partner and parent suggesting this is a supportive living environment conducive to longer-term sobriety.

2. What changes in your behavior have your family and friends noticed recently?

Carson reports that his wife has encouraged him to seek treatment for his alcohol use for several years, and as such he is unable to identify a single recent precipitating behavior. He describes entering treatment as "a long time coming," stating he has been aware for some time that addressing his drinking was necessary.

3. Are there any drugs, alcohol, or prescription medications left in your home/previous living environment? No

5. Do your family and friends know you are in treatment currently?

No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
-----------------------------	---

6. Would you like any of your family members and friends to be a part of your treatment here?

Yes, wife.

7. Is your family member or friend willing to participate in your treatment?

Yes, wife. Client indicates wife would be willing to participate in phone and zoom conversations as well as driving down from Medford for the Family Day.

8. What potential challenges to your recovery do you anticipate your friends and/or family members posing? No

9. Does your employer or work place know you are in treatment currently?

10. What potential challenges to your recovery do you identify with your work environment?

Carson reports a positive and stable relationship with his employer, citing strong work performance and continuous employment for approximately 13 years. He expresses concern that his recent DUI may result in revocation of his driver's license, which could jeopardize his ability to maintain his current position. Despite this anxiety, Carson emphasizes that achieving and maintaining sobriety is his primary priority, and he reports that his wife has expressed unconditional support regardless of potential legal outcomes.

XV. SPIRITUALITY ASSESSMENT

1. Were you raised with any religious or spiritual affiliation?

"Mildly" Christian. Would attend church services on Christmas Eve and Easter.

2. Do you currently practice any specific religious denomination or have any significant religious or spiritual beliefs/practices?

Denies

3. Do you believe in a higher power?

Yes.

4. How has your drug of choice caused you to compromise your spiritual or religious beliefs, value system (i.e., values include: honesty, integrity, respect for others, etc.) and/or sense of right or wrong (including stealing, lying, cheating, etc.)

Denies

5. Are you open to considering the role spirituality may play in your recovery?

ASAM DIMENSION 4 - Readiness to Change

XVI. MOTIVATION FOR TREATMENT

1. What is your motivation for treatment at this time?

Carson reports strong intrinsic motivation for treatment, stating that he is engaging in care by personal choice and desire for change. While he acknowledges the presence of legal implications related to his alcohol use, he identifies these as secondary and not the primary drivers of his decision to seek treatment at this time.

2. What are your thoughts and feelings about making changes in your life related to substances

Carson reports that initiating meaningful changes related to his substance use is a process he has contemplated for an extended period, describing his decision to pursue recovery as long anticipated and internally motivated.

3. What is your current level of hope for sobriety?

Hopeful.

4. What are you looking forward to most about sobriety?

Better quality time with family. Not being dependent on alcohol to function in life.

5. What are your goals for your treatment at Reflections?

Long-term abstinence.

XVII. Clinical Impressions

A. ASSESSMENT OF MENTAL STATUS DURING INTERVIEW

Appearance Clean/Neat

Affect Appropriate

Mood	Sad , Anxious
Behavior	Cooperative
Insight	Fair
Judgment	Mature

2. Integrated Diagnostic Summary

Carson presents for residential substance use treatment following a recent DUI (November 2025) within the context of a longstanding and progressive pattern of alcohol misuse with recurrent alcohol-related legal consequences beginning in adolescence. He reports daily alcohol consumption, impaired control over quantity, increased tolerance, and continued use despite escalating legal, occupational, relational, and familial consequences. Alcohol has functioned as his primary maladaptive coping strategy for managing chronic anxiety, emotional suppression, rumination, and perceived pressure related to work, family responsibilities, and relational stress. Despite preserved external functioning in occupational and parental roles, Carson reports unsuccessful attempts at abstinence, heightened anxiety during sobriety, and increased use during periods of unstructured time and interpersonal stress, indicating impaired self-regulation and relapse vulnerability.

Carson's clinical presentation is consistent with Alcohol Use Disorder, Severe, as evidenced by daily use, tolerance, impaired control, continued use despite repeated legal consequences (multiple DUIs), unsuccessful efforts to cut down, use in hazardous situations, and significant time and cognitive energy devoted to alcohol. Additionally, Carson endorses a longstanding history of anxiety, emotional avoidance, and heightened distress during abstinence, warranting consideration of Unspecified Anxiety Disorder or Generalized Anxiety Disorder, to be further assessed following stabilization of substance use. Trauma-related features associated with prolonged stress during the COVID-19 pandemic and relational strain are also noted and should be monitored for diagnostic clarification as treatment progresses.

3. Rationale for Current Level of Care

ASAM Dimension 1: Acute Intoxication and/or Withdrawal Potential

Carson presents with a longstanding pattern of daily alcohol use with increased tolerance and impaired control, placing him at risk for withdrawal symptoms upon cessation. While he does not currently report acute withdrawal complications, the chronicity, severity, and quantity of alcohol use warrant close medical monitoring in a 24-hour structured setting to ensure safe stabilization, early identification of withdrawal symptoms, and appropriate intervention as needed. Residential level of care provides the necessary medical oversight to mitigate withdrawal risks during early abstinence.

ASAM Dimension 2: Biomedical Conditions and Complications

Carson does not currently report unmanaged acute medical conditions; however, his extensive history of alcohol use and repeated high-risk behaviors (including multiple DUIs and documented BAC of .36) increase the likelihood of underlying or emerging alcohol-related medical complications. Residential treatment allows for ongoing monitoring, coordination of medical evaluation as indicated, and stabilization while reducing the risk of further harm associated with continued alcohol use.

ASAM Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

Carson endorses a longstanding history of anxiety, emotional suppression, and limited adaptive coping skills, with alcohol functioning as his primary means of emotional regulation. He reports heightened anxiety during periods of sobriety and difficulty tolerating unstructured time without alcohol, indicating significant impairment in emotional regulation and relapse vulnerability. While he denies acute safety risks, his cognitive rigidity, minimization of emotional impact, and reliance on avoidance-based coping necessitate intensive therapeutic intervention and emotional containment available at the residential level of care.

ASAM Dimension 4: Readiness to Change

Carson demonstrates strong intrinsic motivation for treatment, stating his decision to enter residential care is self-directed and "a long time coming." While legal stressors are present, he identifies sobriety as his primary priority rather than external mandate. Despite this motivation, his history reflects repeated unsuccessful attempts at abstinence and continued use despite consequences, indicating that motivation alone has been insufficient to sustain change without structured support. Residential treatment provides the containment and therapeutic intensity necessary to translate motivation into sustained behavioral change.

ASAM Dimension 5: Relapse, Continued Use, or Continued Problem Potential

Carson presents with a high risk of relapse, as evidenced by a decades-long pattern of alcohol misuse, multiple DUIs across developmental stages, daily drinking, tolerance, and escalation during stress and unstructured time. He reports increased anxiety during abstinence and a history of maintaining functional roles while intoxicated, which previously reinforced continued use. Without the structure, accountability, and therapeutic intensity of residential treatment, Carson is at significant risk for continued alcohol use and further legal, occupational, and familial consequences.

ASAM Dimension 6: Recovery/Living Environment

While Carson reports a stable home environment and supportive spouse, his home setting is associated with longstanding patterns of alcohol use, marital conflict during intoxication, and exposure of his children to alcohol-related tension. His wife's support for treatment is a protective factor; however, the home environment alone does not provide sufficient structure or containment to interrupt entrenched use patterns. Residential treatment offers a recovery-focused milieu, separation from environmental triggers, and consistent accountability necessary to establish early sobriety and stabilize recovery prior to step-down.

4. Problems Identified in Bio-Psychosocial

Alcohol Use Disorder	1.	Relapse Risk	2.
Anxiety Symptoms	3.	Relational Strain	4.

5. Problems to be addressed in treatment

Alcohol Use Disorder	1.	Relapse Risk	2.
Anxiety Dysregulation	3.	Emotional Avoidance	4.

XVIII. Strengths, Abilities, Needs, and Preferences

Strengths	Abilities	Needs	Preferences
Love of family	Good Parent	Gain insight	Individual Counseling
Motivation to remain sober	Good with employment responsibilities	Socially Anxious	Relapse Prevention

DIAGNOSIS

Diagnoses

Is there anything else you want the Reflections staff to know about you that I did not ask you? No

b. For any yes above, please elaborate None

Dimension I: Acute Intoxication/withdrawal Potential- Rating Level: 2-Moderate (2)

Dimension II: Biomedical Conditions/Complications Rating Level: 2-Moderate (2)

Dimension III: Emotional, Behavioral or Cognitive Conditions and Complications: Rating Level: 3-Substantial (3)

Dimension IV: Readiness to Change Rating Level: 2-Moderate (2)

Dimension V: Relapse Risk, Continued Use or Continued Problem Potential Rating Level: 3-Substantial (3)

Dimension VI: Recovery Environment Rating Level: 2-Moderate (2)

The above six dimensions have a rating scale as follows:

0-No Problem

1-Mild

2-Moderate

3-Substantial

4-Severe

Total Score: (14)

ASAM LOC Assignment

ASAM LOC Assignment

ASAM Level 3.5 – Clinically Managed High-Intensity Residential Treatment

Clinical Justification

Carson meets criteria for ASAM Level 3.5 due to the severity, chronicity, and complexity of his alcohol use disorder, coupled with high relapse risk and co-occurring emotional dysregulation.

Severity of Substance Use: Longstanding, severe Alcohol Use Disorder with daily use, tolerance, impaired control, and recurrent legal consequences (multiple DUIs across developmental stages).

Relapse Risk: Documented pattern of continued use despite consequences, heightened anxiety during abstinence, and inability to sustain sobriety without intensive structure.

Co-Occurring Conditions: Clinically significant anxiety symptoms, emotional suppression, and avoidance-based coping requiring frequent therapeutic intervention.

Environmental Risk: Home environment associated with entrenched substance use patterns and family conflict, insufficient to support early recovery without removal and containment.

Treatment Needs: Requires 24-hour structure, intensive psychotherapy, peer accountability, and integrated medical and psychiatric oversight to stabilize functioning and establish recovery skills.



John Foord, LMFT (Staff), 12/31/2025 04:04 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

**Falls Assessment (Detox/Res) 12/29/2025**

Evaluation Date: 12/29/2025

Modified Schmid Fall Risk Assessment Tool

Mobility Ambulates without gait disturbance (0)

Mentation Alert, oriented X 3 (0)

Medication No Anticonvulsants, tranquilizers, psychotropics, hypnotics, diuretics, antihypertensives, opiates, antihistamines, sedatives, insulin (0)

Elimination Independent in elimination (0)

Medical No contributing medical history (0)

Prior Fall History No prior history (0)

-> If prior fall during this admission, date of fall: N/A

Acute Intoxication Yes (2)

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

NP notified.

Precautions Taken

Nursing Assessment:

Client observed w/steady gait, able to ambulate on his own. NP notified.

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Irma Martinez, LPT (Staff), 12/29/2025 07:13 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

McClay 10am Didactic/ Process Group 10:00 AM PST by John Foord, LMFT

Patient Status: Absent

Start: 12/30/2025 10:00 AM PST - End: 12/30/2025 11:00 AM PST Duration: 01:00

Topic

The Masks We Wear

Individual Assessment/Intervention

Client was not in attendance given his level in Detox.

Group Description

Group members were provided psychoeducation on the concept of "masks," including the function and development of masks across the lifespan and their particular relevance in addiction and recovery. Clients engaged in reflective discussion regarding the masks they have worn to cope, belong, or protect themselves, and those they are ready to set down. Clients then participated in an expressive art exercise using papier-mâché masks to visually represent these themes and shared their creations with the group, processing associated emotions and insights.

John Foord, LMFT (Staff), 12/30/2025 03:39 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

McClay 3pm Didactic/ Process group 03:00 PM PST by Tencia Sanchez

Patient Status: Attended

Start: 12/30/2025 03:00 PM PST - End: 12/30/2025 04:00 PM PST Duration: 01:00

Topic

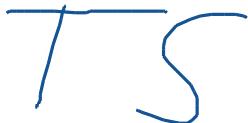
3PM Didactic Group.

Individual Assessment/Intervention

This client is on Detox.

Group Description

Coping Tools: Group is designed to provide a safe and supportive environment for individuals in recovery to explore and manage stress, cravings, emotional challenges and triggers. Through shared experiences, education, and skill-building exercises, this group aims to enhance resilience and promote sustained progress through the practice and continued use of evidenced based coping tools. Clients are taught to recognize healthy vs. non-healthy coping tools and create a tool box to use moving forward to maintain healthy choices and continued sobriety.



Tencia Sanchez (Staff), 12/30/2025 04:52 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

McClay Morning Group 08:15 AM PST by John Foord, LMFT

Patient Status: Absent

Start: 12/30/2025 08:15 AM PST - End: 12/30/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness Group

Individual Assessment/Intervention

Client was not in attendance given his level in Detox.

Group Description

The mindfulness group consisted of the group leader presenting a TED Talk titled "Mindfulness: What We Practice Grows Stronger." Psychoeducation was provided on the importance of bringing kind, nonjudgmental attention to moment-by-moment experience and how repeated mindful awareness contributes to positive changes through neuroplasticity. Group content emphasized the role of consistent mindfulness practice in strengthening emotional regulation, increasing awareness of internal states, and supporting recovery through intentional attention and self-compassion.

John Foord, LMFT (Staff), 12/30/2025 03:44 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

McClay Closing Group 09:00 PM PST by Michael Galarneau, Program Assistant

Patient Status: Attended

Start: 12/30/2025 09:00 PM PST - End: 12/30/2025 09:30 PM PST Duration: 00:30

Topic

Closing group

Individual Assessment/Intervention

Client stated their goal for the day was to just make it through the day. Client stated their standout was the good people here and safe environment. Client stated they learned that they can do this. Client stated their coping skills were watching sports and thinking about family. Client stated they are grateful for being alive and here, their support system at home and for being a little scared but excited

Group Description

Closing group



Michael Galarneau, Program Assistant (Staff), 12/30/2025 10:10 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Group Sessions

Wednesday, Dec 31, 2025

McClay 11am Didactic/ Process Group 11:00 AM PST by John Foord, LMFT

Patient Status: Attended

Start: 12/31/2025 11:00 AM PST - End: 12/31/2025 12:30 PM PST Duration: 01:30

Topic

Introductions and Process Group

Individual Assessment/Intervention

Carson arrived several minutes late to group and required redirection regarding the start of group, reporting limited understanding of the current schedule. Once present, he remained engaged though largely withdrawn nonverbally, maintaining downcast eye contact for much of the group; when speaking, he demonstrated significant emotional access, with affect marked by tearfulness, pauses, and visible distress. Carson verbalized insight into the necessity of treatment and expressed acute emotional distress related to separation from his children, poignantly recalling saying goodbye and his son's tearful response. Peers provided validation, normalization, and coping strategies to address grief-related cognitive triggers, which Carson received with receptivity.

Group Description

This process-oriented psychotherapy group that began with a brief grounding exercise using auditory awareness of outdoor rain to support present-moment focus and emotional regulation. Group time then focused on welcoming a new member, with participants sharing substances of choice, patterns of use, reasons for admission, and current recovery goals to promote cohesion, insight, and engagement in treatment. Members demonstrated appropriate participation, active listening, and respectful peer support. Group concluded with the newest member sharing his history and goals, supporting integration into the therapeutic community.

John Foord, LMFT (Staff), 12/31/2025 12:53 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Clinical Progress Note Individual 12/30/2025 01:00 PM

Session Start/End Time	Start time	End time	Duration
	12/30/2025 01:00 PM	12/30/2025 02:30 PM	90 Minutes
Type of Session			
	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: slow, Soft

Thought process: Intact/Organized

Mood: Sad, Depressed, Anxious

Affect: Appropriate

Judgement: Poor

Dangerousness: No SI Risk, No HI or Aggression Risk

Information/Behavior:

This session marked Carson's initial individual psychotherapy session following his arrival at the residential facility the previous evening. Carson was transported from Medford, Oregon to Novato, Ca by his father. He disclosed that he consumed alcohol during the drive, including openly in his father's presence, and reported experiencing acute shame, embarrassment, and self-reproach related to his inability to abstain despite familial support and the gravity of entering treatment. This behavior reflects impaired impulse control, diminished self-efficacy regarding abstinence, and entrenched alcohol dependence, even in emotionally salient and high-stakes circumstances.

Carson presented as polite, cooperative, and engaged, though affect was labile at times, with tearfulness emerging when discussing family relationships, holidays, and perceived pressures. Thought process was logical and coherent; insight was emerging but limited by minimization and long-standing avoidance patterns. He demonstrated a tendency to intellectualize and downplay emotionally threatening material, particularly in relational contexts.

Carson provided a detailed psychosocial and developmental history. He reported a currently stable relationship with his father, noting significant relational strain during adolescence secondary to his own behavioral difficulties. He described family communication as superficial and emotionally avoidant, characterized by polite but insincere exchanges lacking depth or emotional intimacy. He endorsed irritation and emotional disconnection related to this pattern, which appears to have shaped his own conflict-avoidant communication style.

Carson reported a complex marital history, including separation and divorce in 2017, followed by reconciliation and remarriage. He identified this period as a critical escalation point in his alcohol use, noting increased consumption while assuming sole responsibility for childcare, household management, employment, and academic demands. He acknowledged that alcohol became a primary coping strategy for chronic stress, emotional overwhelm, and unresolved relational pain. During reconciliation, he described discovering evidence of his partner's romantic involvement during their separation and responded by suppressing emotional reactions and avoiding confrontation, consistent with learned family-of-origin coping patterns.

Carson endorsed long-standing problematic alcohol use, with clear markers of severe alcohol use disorder. He reported daily consumption, drinking before and during work-related activities (including coaching youth and high school soccer), and reliance on alcohol to manage anxiety, rumination, and performance-related stress. He described alcohol as a means of "not thinking and worrying," indicating maladaptive self-medication of anxiety. He reported unsuccessful attempts at abstinence, including a three-week period of cessation marked by significant anxiety and compensatory nicotine use, followed by relapse precipitated by family-related social anxiety. He endorsed ongoing shame related to these failed attempts, further perpetuating the cycle of use.

Carson identified multiple high-risk triggers, including family gatherings, unstructured time, and emotional proximity to stressors. He described the COVID period and recent events (wife's surgery, time off work) as contributing to escalated consumption due to increased unstructured time, which he explicitly identified as a recurrent trigger throughout his life. He reported loss of control over both initiation and quantity of alcohol use, detailing ritualized attempts to limit intake (e.g., measuring 17 ounces of gin during weekdays, concealing alcohol in a water bottle) and significantly higher consumption on weekends (up to approximately half a gallon daily), underscoring tolerance, compulsive use, and impaired control.

Carson reported that entering treatment had been contemplated for several years and expressed relief at having finally committed following a DUI offense in November. He acknowledged ambivalence related to separation from his children but articulated willingness and motivation to engage fully in detoxification and a 30-day residential program.

Carson presents with severe alcohol use disorder characterized by daily use, high tolerance, loss of control, unsuccessful attempts at abstinence, use in unsafe and inappropriate contexts (including driving, caregiving, and employment), and significant emotional dysregulation triggered by relational stress and unstructured time. His use is closely tied to anxiety, avoidance, and entrenched maladaptive coping patterns, with demonstrated inability to maintain sobriety in less structured environments. Recent DUI, ongoing cravings, persistent shame, impaired impulse control, and limited coping skills place him at high risk for relapse and functional deterioration without the containment, medical monitoring, and intensive psychotherapeutic intervention provided at the residential level of care. Continued residential treatment is medically necessary to stabilize substance use, address co-occurring anxiety, interrupt long-standing avoidance patterns, and support the development of sustainable recovery skills in a controlled environment.

Interventions:

Established therapeutic rapport and conducted an initial biopsychosocial assessment.

Utilized reflective listening and normalization to reduce shame and support emotional expression.

Explored substance use history, relapse patterns, triggers, and prior attempts at abstinence.

Identified family-of-origin communication patterns and their impact on current relational functioning and substance use.

Provided initial psychoeducation regarding anxiety, avoidance, and the role of alcohol as maladaptive emotional regulation.

Response:

Carson was engaged and forthcoming throughout the session. He demonstrated increasing emotional openness, evidenced by tearfulness and willingness to discuss shame, anxiety, and relational distress. He appeared relieved by the structure of the session and expressed validation when patterns were named clinically. Insight into the connection between emotional avoidance and alcohol use is emerging, though minimization remains present. He verbalized motivation for treatment and relief at being in a contained setting.

Plan:

Continue individual psychotherapy 2x weekly focusing on emotional regulation, anxiety management, and relapse prevention.

Support engagement in detoxification and residential programming.

Further assess co-occurring anxiety and attachment-related dynamics.

Begin development of coping strategies for unstructured time and family-related triggers.

Coordinate with treatment team to support sustained engagement and aftercare planning.

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John Foord, LMFT (Staff), 12/30/2025 02:53 PM

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medication Transfer/Discharge Form 02/03/2026 05:00 PM

Date 02/03/2026
05:00 PM

Transfer/Discharge	Transfer <input type="checkbox"/>	Discharge <input checked="" type="checkbox"/>
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From: Residential Level 1**To:** To other: Home

Please follow these instructions until you talk with your provider. If any medical problems occur or your symptoms get worse or you have questions, call your provider immediately OR call 911 or go to nearest hospital.

MEDICATIONS TO CONTINUE AT HOME

Medication. include all meds. OTC, Herbal	Dose/Route	Schedule	Reason for taking	Last Dose	Quantity
Fluoxetine	20mg by mouth	Take 1 tablet by mouth daily in the mornings	Depression		
Famotidine			GERD		

It is important to take this current list of medication to your current provider and update them on any new medications.

Appointment made	Make appointment	Date	Time	Provider	Phone number	Lab or x-ray needed prior to appt.
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Activities

- Resume normal activities as tolerated

Diet

- No restrictions

Other Services

Reflections – please call 415-895-6146 for all questions or concerns that are non-medical.

Continuing Recovery Plan –

If you have any medical concerns, call 911 or 988 for suicidal ideation or go to your nearest Emergency Room.

Primary Care Physician:**IOP/PHP-****Psychiatrist –**

Therapist:

Living Arrangement:

Community Support:

Sober Coach/Sponsor:

Relapse Prevention Medications:

Best of luck on your road to recovery.

The discharge instructions were explained to me. I understand these instructions are necessary for the continuing medical care of Clients after they leave the RFI. I have received a copy of these instructions

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: If any of the presumptive tests are negative, and the result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Negative, And The Result Is Inconsistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology	LARC741	

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Alkaloids, NOS (Excluding Cotinine) Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Alkaloids, Nos (Excluding Cotinine) Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Tramadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Tramadol Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Tapentadol Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Methylendioxyphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		

Location

LAR - McClay

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylendioxyphetamines Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Methadone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methadone Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Ketamine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Ketamine Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Heroin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Heroin Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Gabapentin Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antiepileptic Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		

Location

LAR - McClay

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Tricyclic Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Serotonergic Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status	Executed At 12/29/2025 07:28 PM		
Active Pending Order Review			
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Otherwise Not Specified Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Amphetamines Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Alcohol Biomarkers Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: If any of the presumptive tests are positive, and the result is consistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review		Executed At 12/29/2025 07:28 PM	
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Positive, And The Result Is Consistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 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	Every 5 Days		
Start Date	Duration	End Date	On Admission
12/29/2025	Until Discharge	N/A	Yes
On Discharge	Created By:	Ordered By:	Discontinued By:
Yes	LPT Irma Martinez at 12/29/2025 07:09 PM	NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	N/A
Status	Executed At		
Active	Pending Order Review		
12/29/2025 07:28 PM			
Location			
LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Positive, And The Positive Result Is Inconsistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Psychedelic Substances Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Stimulants, Synthetic Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Skeletal Muscle Relaxants Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Sedative Hypnotics Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Propoxyphene Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Pregabalin Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Phencyclidine Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Oxycodone Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Opioids & Opiate Analogs Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Opiates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Opiates Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylphenidate Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Fentanyl Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Cocaine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Cocaine Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Cannabinoids, Natural Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Buprenorphine Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Benzodiazepines Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Barbiturates Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antipsychotics Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Medical Test Order

Description Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/29/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/29/2025 07:09 PM	Ordered By: NP Ellen Barbieri at 12/29/2025 07:09 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/29/2025 07:28 PM		
Location LAR - McClay			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Anti Hypertensive Presumptive	Urine	Toxicology		LARC741

Statement Of Medical Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

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{5} Reinforces therapeutic compliance in the patient.

Carson Sheaffer ♂ 2025-132

Birthdate: 03/07/1985 Bed: 5

Allergies: No Known Allergies/NKA

Admission: 12/29/2025 Care Team

Lab Test Requisition

Specimen K67KRPNE	Specimen Source Urine	
Collected By: LPT Irma Martinez at 12/29/2025 07:28 PM	Created By: LPT Irma Martinez at 12/29/2025 07:28 PM	
Requested By: LPT Irma Martinez at 12/29/2025 07:28 PM	Status Sent	

**Insurance Information**

Insurance Payer California Blue Shield	Subscriber ID TIM170086952	Insurance Priority N/A	
Group Number N/A	Plan Type	Insurance Phone Number N/A	Deductible Substance Abuse Benefits: Deduction = 750, Deduction Met = 0, Oop = 6750, Oop Met = 0.
Subscriber Carson Sheaffer	Patient Relationship to Subscriber Self	SSN N/A	Date of Birth 03/07/1985
Subscriber Address USA	Subscriber Employer N/A		

Lab

Name Gnosis	Account LARC741	CLIA Code 05D2198282
Address	Phone N/A	

Requested Medical Test Orders

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical
Necessity

40 year old male Client presenting with F10.20 Alcohol use disorder, Severe, F12.10 Cannabis abuse, and uncomplicated. Prescribed medications are Acetaminophen, Tums, Colace, Folic Acid, Ibuprofen, Loperamide, melatonin, Ondansetron, Tuberculin purified protein derivative, Thiamine, clonidine HCl, ondansetron HCl, gabapentin, hydroxyzine HCl, and diazepam.

- {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)	12/29/2025 07:09 PM
Requested Medical Tests	
Test Code	Test Description
340108	Anti-hypertensive Presumptive
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)	12/29/2025 07:09 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)			12/29/2025 07:09 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340110	Barbiturates Presumptive	toxicology	5
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)			12/29/2025 07:09 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340111	Benzodiazepines Presumptive	toxicology	5
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)			12/29/2025 07:09 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340112	Buprenorphine Presumptive	toxicology	5
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)			12/29/2025 07:09 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/29/2025 07:09 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)			12/29/2025 07:09 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)			12/29/2025 07:09 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)				12/29/2025 07:09 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)				12/29/2025 07:09 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)				12/29/2025 07:09 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340124	Oxycodone Presumptive	toxicology	5	
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)				12/29/2025 07:09 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340125	Phencyclidine Presumptive	toxicology	5	
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)				12/29/2025 07:09 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340126	Pregabalin Presumptive	toxicology	5	
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)				12/29/2025 07:09 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340127	Propoxyphene Presumptive	toxicology	5	
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)				12/29/2025 07:09 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)			12/29/2025 07:09 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)			12/29/2025 07:09 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)			12/29/2025 07:09 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)			12/29/2025 07:09 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)			12/29/2025 07:09 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)			12/29/2025 07:09 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)			12/29/2025 07:09 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)			12/29/2025 07:09 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)			12/29/2025 07:09 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)			12/29/2025 07:09 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/29/2025 07:09 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/29/2025 07:09 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/29/2025 07:09 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340117	Heroin Presumptive	toxicology	5
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)			12/29/2025 07:09 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)				12/29/2025 07:09 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340119	Methadone Presumptive	toxicology	5	
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)				12/29/2025 07:09 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340120	Methylendioxyamphetamines Presumptive	toxicology	5	
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)				12/29/2025 07:09 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340131	Tapentadol Presumptive	toxicology	5	
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)				12/29/2025 07:09 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)				12/29/2025 07:09 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)				12/29/2025 07:09 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
NEGINC	If any of the presumptive tests are negative, and the result is inconsistent with the patient's prescribed medications, perform definitive testing.	toxicology	5	

Point of Collection Results (POC)

Reason For Testing (Required): : Diagnosis and treatment for substance abuse or dependence (SUD)

Clinical Data

Diagnosis

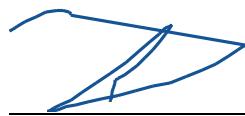
F10.20 Alcohol use disorder, Severe,F12.10 Cannabis abuse, uncomplicated

Medication

Acetaminophen,Tums,Colace,Folic Acid,Ibuprofen,Loperamide,Melatonin,Ondansetron,Tuberculin Purified Protein Derivative,Thiamine,Clonidine H Cl,Ondansetron H Cl,Hydroxyzine H Cl,Diazepam,Gabapentin

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.



Carson Sheaffer, 12/29/2025 07:28 PM
