| Ι.   |                                       |  |              | · · ·                       |                            |   |                              |   |
|--|---------------------------------------|--|--------------|-----------------------------|----------------------------|---|------------------------------|---|
|  | (jon ze blangk<br>PATIENT NAME        | 2014.04.24 12:3                              |              | 1                           | SAUNDERS,<br>Baker, Donald | KEVIN E<br>d James MD.<br>D 46<br>0597460 |                              |   |
| F  | SAUNDERS, KEVIN E                     | 40   | SERVICE DATE | 5                           | 05/01/56                   | 0597460<br>Im im iso am a                 |                              | 12 1  |
|  | NOTIFIED C 6 EHB+                     | CALLED ARRIVED NOTIG<br>ANI ANI<br>PN PM Dr. | neo cs       | BADE CALLED                 |                            |   |                              |   |
|  | ALLERGIES                             |  | IP           | ERTINENT<br>EDICAL<br>STORY |                            |   |                              | were for  |
| PIES   |                                       |  | <u></u>      |                             |                            | NFIDENTIAL<br>EQUIRES SI                  | DECIDIO                      |   |
| 6  | REARON FOR VISIT                      | LUATION TOXO                                 | S LNAUP      |                             |                            | CLOSURE                                   | ONSENT                       |   |
| Ö  | TIME SEEN BY MD:                      |  |              | HPI                         | TONE                       | 8P  | P RADIA REG.                 | R TEMP.   |
| זצו  |                                       |  |              | Painta                      |                            |   | RADIAL REG.<br>APICAL IRREG. |   |
| SEVERAL  | · - · - ·                             |  | _            | - Frank                     |                            |   |                              |   |
| Įй   | <b></b>                               |  |              | ÷H                          |                            |   | TELSURE<br>CIMETER           |   |
|  | · · · · · · · · · · · · · · · · · · · | ····   | · -          | ROS                         |                            |   |                              | • <u> </u>                                      |
|  |                                       |  |              | E:233                       |                            |   | 1006                         |   |
| OU ARE MAKING  |                                       |  |              | 02                          |                            | <u>_</u>                                  | 2919                         |   |
| ¥₿   | · · · ·                               | ·····  |              |                             | GLUCC                      | <b>┼┼</b> -                               | 3000                         |   |
| Z  | · · · · · · · · · · · · · · · · · · · | - <b>-</b>                                   |              |                             | CRE/                       |   | 1                            |   |
|  |                                       |  |              |                             | AMY                        |   |                              |   |
| 156  | 5                                     |  |              |                             | UA                         |   | 753/                         |   |
| Р<br>В   |                                       |  |              |                             |                            | 1997                                      |                              |   |
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|  |                                       | <b>-</b>                                     |              |                             | <u>900 0906967</u>         | ) A63                                     | FATB                         |   |
| Ŀ  |                                       |  |              | K-DAYE DEB                  |                            | VERGINED REEK                             | ulīš — —-                    |   |
| FIRMLY   |                                       |  |              |                             |                            | <u> </u>                                  |                              |   |
| R  |                                       |  |              |                             |                            |   |                              |   |
|  | <b></b>                               |  |              | SOLUT                       |                            | <del></del>                               |                              |   |
| RESS   | ·                                     | i  |              | शाह                         |                            | · <b>!</b>                                | · _                          |   |
| R  |                                       |  |              |                             | E SZE/TURING               |   |                              | ·   |
| ļ  |                                       |  |              |                             |                            |   |                              |   |
| (  |                                       | ·····  |              | A RATE                      |                            |   |                              |   |
| THACA  | TIME COMPLETED:                       |  |              |                             |                            | _   |                              |   |
| E AT   | DIQ & DD-/                            |  |              | trace ↓                     | BSORBED                    |   |                              |   |
| NEORAL CENTER<br>MEDICAL CENTER<br>MEDICAL CENTER                            |                                       |  | <u>_</u>     |                             |                            |   | L                            |   |
|  |                                       |  | M            | EDICATION                   | DOSE နို့                  |   | GIVEN BY                     | ALISUL<br>STOCK<br>DAMPLE<br>PRANKACY<br>NUMBER |
| CAYDOA NEDICAL CENTER AT ITHACA<br>Ithuca, New Yom 14280<br>It a fay tangant |                                       |  |              | Tur                         | 7                          | Ë n                                       | . 27                         |   |
| 5  |                                       |  |              | - 10                        | 30                         |   |                              | ┖┝┢ <u>┽╂</u> ┈┥                                |
|  | )                                     |  |              | tof flor                    | -5-2-4                     | -4-4                                      | ~~~ <del>/11`~~1</del>       | ╺╋╆   |
|  |                                       |  |              | <i>v</i>                    |                            |   |                              |   |
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| 7069 (Hov. 1/26)   |                                       |  |              |                             |                            |   |                              |   |
|  |                                       |  | ox           | YGEN                        | <u> </u>                   |   |                              | THE DISCONTRUED                                 |

| DIAGNOSIS:  |                                      |                             |                            |                  |                     |
|---|--------------------------------------|-----------------------------|----------------------------|------------------|---------------------|
| 400873 2 ADA  | 0                                    |                             |                            |                  |                     |
| DISPOSITION   | R                                    | REPORT CALLED TO:           | 1005071                    |                  |                     |
| EDMANNE STAR  | UNSTABLE GUARDER                     | REPORT CALLED TO:           | ACCEPTA                    | NCE OF PT. GIVEN | BY:                 |
| ADMITTER UNIVERSICAL 1000   |                                      | Ph                          | TYSICIAN BELOW             | VINITIALS:       |                     |
|   |                                      | COPY SENT TO:               |                            |                  |                     |
|   |                                      | INSTRUCTION SHEET           | SIGNED<br>ED<br>PHYS.      | N                | 1).[_               |
|   |                                      | -                           |                            | 14               | w                   |
| TRANSPORT: STRETCHER AMBULATORY OTHER   |                                      |                             | SIGNED<br>ATTEND.<br>PHYS. | /                |                     |
| ACCOUNT # PATIENT NAME/ADDRESS/PHONE #/SOCIAL S   |                                      | DATE OF BIRTH               | AGE SE                     | X M/S FIN. C     | LASS MEDICAL RECORD |
| 43391507 SAUNDERS, KEVIN E  |                                      | 05/01/56 4                  | 16 M                       | D PP             | 0597460             |
| ADMIT DATE 1668 TRUMANSBURG F   | ROAD                                 | PERSON TO NOTIFY/NAME/ADD   |                            |                  | RELATIONSHIP        |
| 04/04/03 ITHACA, NY 14850   |                                      | WHELAN, ANNE                |                            |                  | FRF                 |
|   | L-88-9647                            | 721 W COURT<br>ITHACA,NY 14 |                            |                  | PHONE # 607-273-65  |
| DATABEAST INC   |                                      | GUARANTOR NAME/CITY/STAT    |                            |                  | 007 270 00          |
| 1668 TRUMANSBURG RD   | Dice Di alia idam                    | SAUNDERS, KEV               | IN E                       |                  |                     |
| ITHACA,NY 14850   | Offer locardante                     | ITHACA, NY 14               | 850                        |                  | 607-277-58          |
| 607-277-5808  |                                      | GUARANTOR EMPLOYER NAM      |                            | RELATIONSHIP     | SE                  |
| RELIGION ARRIVAL MODE   |                                      | DATABEAST IN                | IC<br>277-580              | 3                |                     |
| UNITARIAN AMB-TRU<br>INSURANCE NAME POLICY #  |                                      | PHONE # 607-2<br>COVERAGE # |                            | SCRIBER/INSURED  | MANE                |
|   |                                      |                             |                            |                  |                     |
| ACC. INFO. UNSE. I REASON FOR VISIT MED   |                                      | EVALUATION                  |                            |                  | 8                   |
| ACC. INFO. UNSE. 1 REASON FOR VISIT MEA<br>ACC. DATE/TIME 04/04/03 000000000000000000000000000000 |                                      | EVALUATION                  |                            |                  | USER                |
| ACC. DATE/TIME 04/04/03 0000COMMENT NO  | D CRD<br>FAMILY PHYSICIAN<br>Breiman | "Robert MD.                 |                            |                  | USER<br>RJE         |
| ACC. DATE/TIME 04/04/03 00000comment NE<br>ED PHYSICIAN   | D CRD<br>FAMILY PHYSICIAN<br>Breiman |                             |                            |                  |                     |
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| ACC.DATE/TIME 04/04/03 0000comment NC<br>ED PHYSICIAN<br>Baker, Donald James MD.                  | D CRD<br>FAMILY PHYSICIAN<br>Breiman | "Robert MD.                 |                            |                  |                     |
| ACC. DATE/TIME 04/04/03 00000comment NE<br>ED PHYSICIAN   | D CRD<br>FAMILY PHYSICIAN<br>Breiman | "Robert MD.                 |                            |                  |                     |
| ACC.DATE/TIME 04/04/03 0000comment NC<br>ED PHYSICIAN<br>Baker, Donald James MD.                  | D CRD<br>FAMILY PHYSICIAN<br>Breiman | "Robert MD.                 |                            | τ.               |                     |
| ACC.DATE/TIME 04/04/03 0000comment NC<br>ED PHYSICIAN<br>Baker, Donald James MD.                  | D CRD<br>FAMILY PHYSICIAN<br>Breiman | "Robert MD.                 |                            |                  |                     |
| ACC.DATE/TIME 04/04/03 0000comment NC<br>ED PHYSICIAN<br>Baker, Donald James MD.                  | D CRD<br>FAMILY PHYSICIAN<br>Breiman | "Robert MD.                 |                            |                  |                     |

01996-2007 T-System. Inc. Circle or check affirmatives, backstash (\) negatives. Cayuga Medical Center at Ithaca 52 É BD CCC Cortland EMERGENCY PHYSICIAN Baker, Donald James MD. RECORD 43391507 ED 46 0597460 05/01/56 Psych Disorder, Suicide Attempt, Overdose (5) DATE 4/9/03 TIME 08/0 ROOM: 11 EMS Amhal \_HX / \_\_EXAM UMITED BY: \_\_ "RESCUE FACTOR" (If suicide attempt)-HPI chief complaint(s): How did insection/other acts come to attention? Suicidal Thoughts Depression Suicide Attempt Agitated Hallucinating Self-Injury: \_\_\_\_penale car 4moutance (who called!) Arrived 6 police potient spouse \_ Intentional Drug Overdose Recently seen/treated by doctor, Accidental Drug Iggestio Onsetalles \_\_\_\_\_\_\_ Womened cince-ROS NEURO & EYES PULMONARY & CVS headache. severity-When visual disturbance. cough mild moderate severa 197 trouble breathing ଘ-ଡ chest pain, \_abdominal pain\_ nalisea context: vomiting\_ situational problems. diarrhea related to: spouse / parent / son / daughter / significant other problems urinating work / lost job / school / legal problems SKIN & LYMPH & MS sion rach / swelling joint pain... End systems neg. except as marked PAST HISTORY negative prior suicide sttempt, current/associated complaints: cardiac diseasa depressed / aligne / inistrated / agitabed / hosbie / paranolid hypertension, psychiatric problems diabetes Insulin / orol / dict depression bipolar disorder lung disease anterphyen other +HIV / AIDS continuent Justice String other probles sucidal thoughts / specific plan/ gesture of attempt. da. Surreries tonsillectomy, appendectomy ingestion (see list below). cholecystectomy\_ hysterectomy suicide attempt wanted to "escape" accidental will not answer Allergies Medications Acres ree nurses note NKDA holled / abradelikyrist (R/L)\_ SHE HARRES DODE LIST OF SUBSTANCES INGESTED (If applicable) SOCIAL HX HTOKAT. drue recent alcohol in thinge drinking / alcoholism name strength # taken | when taken acetaminophen Y/N children: aspirin Y/N FAMILY HX manual liness ethanol Y/N 

|  |   | ۲ a ۲  |   |                                     |                            |
|--|---|--|---|-------------------------------------|----------------------------|
| /  | -   |  |   |                                     |                            |
| PHYSICAL EXAM  | Reviewed PBP, HR, RR, Temp reviewed                                     | LABS, XRAYS  | , and PROGRES                                 | the same many rank hand have many . |                            |
| GENERAL APPEARAN   |   | I second and a second sec | Interp. by me                                 | Reviewed by n                       | Date                       |
| alert  | anxious / lethargic / obtunded  | NSR ami  | intervalsnml a                                | txis nml ORS                        | nml ST/T                   |
| no acute distress  | mild / moderate / severe  |  |   |                                     |                            |
| ENT  | uncooperative for exam  | not / changed fro  | m   |                                     |                            |
| nml ENT inspection   | aba amount The ( D ( L )  |  | by me Review                                  |                                     |                            |
|  | abnormal TM ( R / L )<br>dry mucosa                                     |  | no infiltrates                                | ed by me Disc                       | sd w/radiologist           |
| if obtunded:   | drymocosa   | i  | no mineratesmm                                | mean sizem                          | a mediasanum               |
| nml gag reflex   | gag reflexed diminished / absent  | not / changed fro  | m   |                                     |                            |
| EYES   | nystagmus   | CBC  | Chemistries                                   | ABG's                               | Toxicology                 |
| pupils equal, round  | disconjugate gaze   | normal errept  | normal except                                 | time:                               | normal except              |
| & peactive to light  | mydriasis / meiosis / anisocoria  | Hgb  | Na  |                                     | acetamin                   |
| _EOM's intact  | . R Pupilmm L Pupilmm   |  | К<br>СІ                                       | pH                                  | aspirin                    |
|  |   | Hct  | CO2   | pCO2                                | - ETOH                     |
| NEURO / PSYCH  | slow/ne_response to commands  | segs 68  | Glu   | pO2                                 | Triage <sup>TM</sup> urine |
| mental status  | withdraws to pain no response to pain                                   | bands  | BUN   |                                     | drug screen-               |
| mood/affect nml  | depressed_affect  | i lymphs   | Creat   | RA                                  |                            |
|  | tearful/hostile/non-communicative                                       | 1  | Amylase                                       | _02L                                |                            |
|  | suicidification   | Pulse Ox   | % on RA/_                                     | L/ %                                | Interp                     |
| Constant and the second |   |  | _unchangedi                                   |                                     |                            |
| ror suicide attempts:  | On direct query, patient ADMITS/DENIES<br>on of suicide as an option.   | ift.   |   | inproved                            | -Examined                  |
| Continued consideratio   | on or suicide as an option.   |  |   |                                     |                            |
| If denies, why?  |   |  |   |                                     |                            |
|  |   | Discussed with   | Dr  |                                     | _Time:                     |
| orientation  | uncooperative / cannot determine  | INTERVIEW WIT  | H OTHER RESPON                                | NSIBLE ADULT:                       |                            |
| LHOrmal x3   | disoriented   | Name:  |   | Relationship:                       |                            |
|  | to: day-of-week day-of-month<br>month year place person                 |  | wicide risk: high lo                          | -                                   |                            |
| cranial nerves   | monul year place person   |  | table with observin                           |                                     | ne? Yes No N/A             |
| sensory, motor   |   |  |   |                                     |                            |
| 4CN's intact as tested   | facial droop / CN abnormality   | MEDICAL CLEAR  | ANCE FOR PSYCI<br>hat diagnosis is unlikely l | HIATRIC REFER                       | RAL (If needed)            |
| nnal-motor response  | motor/sensory deficit   |  | etamines, Hallucinoger                        |                                     |                            |
| Intral sensory response  |   |  | ngitis, Encephalitis, Se                      |                                     |                            |
| nml reflexes   | abnormal gait   | Metabolic (Thyro   | id, Hypoglycemia, Dru                         | g Withdrawal, Hypo                  | oxemia, Electrolytes)      |
| ml gait  |   |  | d Other (CVA, TIA,                            | Seizure, Trauma)                    |                            |
| NECK / BACK  | cerv. lymphadenopathy (R/L)*  | •Other Unstable Co   | morbidities                                   | feared medically                    | for psych referral         |
| normal inspection  | thyromegaly / meningismus   | Counseled sette  | Dr / family regarding                         | CRITC                               | ARE- 30-74 min             |
| Ineck supple   |   |  | nosis need for follow                         |                                     | min min                    |
| RESPIRATORY  | wheezing  |  | nit orders written                            | •                                   | nal history from:          |
| no resp. distress  | rales / rhonchi   | Prior records or   |   | Addition                            | taker paramedics 1         |
| <pre></pre>  | I and a la lange day share has  | Name Arrow allow some house thank these bases of   |   |                                     | auxer parametrics 1        |
| regular rate, rhythm   | irregularly irregular rhythm<br>extrasystoles ( occasional / frequent ) |  | MPRESSION                                     |                                     |                            |
| heart sounds normal  | tachycardia / bradycardia   | Ethanol Intoxication   | on Psychosi                                   | Schizophreni                        | ia- acute exac.            |
| Znoare sounds normal   | VD  | Depression   | Drug-Ov                                       | rerdose( Intention                  | al/ accidental)            |
| GI (ABDOMEN)   | guarding  | major manic  |   | taempt/ Ideation                    | 1                          |
| non-tender   | hepatomegaly / splenomegaly   |  |   | men.                                |                            |
| Iml bowel sounds*  |   |  | transferred ob                                | s L home A                          | dmit El expired            |
| _no organomegaly   |   | Time[<br>CONDITION- [  | ] AMA □ LWOBS<br>] good □ fair □              |                                     | ed I stable                |
| SKIN   | cyanosis / diaphoresis / pallor   |  | unchanged                                     |                                     |                            |
| color nml, no rash   | skin rash   |  |   |                                     | 200.000                    |
| warm, dry  | laceration  |  |   | NP/PA                               | ID #                       |
| normal ROM*  | pedal edema   | ATTENDING NO   | OTE:  |                                     |                            |
| no signs of injury   | Teally child planter  |  | P's history reviewed,                         | patient interviewed                 | d and examined.            |
| no pedal edema   | anterico frost E  | Briefly, pertinent HP  |   |                                     |                            |
|  |   | My personal exam o   | f patient reveals:                            |                                     |                            |
|  | Restraints  |  | reviewed with resid                           | ent / midlevel. Lab                 | and ancillary              |
| Intubatedby ED ph  |   | studies show:<br>I confirm the diagno  | eie of  |                                     |                            |
| breath sounds equa<br>Gastric Lavage   | bill fragments recovered  |  | ad. Patient will need:_                       |                                     |                            |
|  | given Sorbitoloz given  |  | midlevel_note for de                          | tails.                              |                            |
|  |   | 001  | 1   |                                     |                            |
|  |   | FIL  | 1   | 100 / 000                           |                            |
| Underline indicates organ sy   | stem  |  |   | MD/DO                               | ID #                       |
|  | uired for organ system exam   | Template Con   | npiete  |                                     |                            |
| Overdose -52   |   | 364 W  |   |                                     |                            |
|  |   |  |   |                                     |                            |

01996-2001 T-System Inc. Circle or check affirmatives, backstark () regarines Cayuga Medical Center at Ithaca 52 CCC Continued EMERGENCY PHYSICIAN Baluer, Donald James MD. 43391507 ED 46 05/01/58 0587460 RECORD Psych Disorder, Suicide Attempt, Overdose (5) INHIBBHBUH DATE 4/9/03 TIME 28/0 ROOM EMS Antival HISTORIAN: \_\_\_\_\_\_\_ 100UP retrumedice: HX / \_EXAM LIMITED BY: HPI chief complaint(s); RESCUE FACTOR" (If suicide attempt) How did in standard acts come to and ndon? Suicide Attampt Suicidal Thoughts Depression Agitated Hallucinating Self-Injury -4mbulance (who called!) Arrived Ko рó efa ar police potient spouse Intantional Drug Overdose Recently reprireated by doctor Accidental Drug Infestion Onet des Womened shocs-NEURO & EYES RDS PLAMONARY & CVS headache, severitywa visual distortance. cough mild moderate severe , Cr 21 1241 <u>a</u>.cu mouble breading. chest pain. abdominal rain **Fillipea** context: vomiting standoral problems. diarrhea related to: spouse / persent / son / daughter / significant other \_\_problems uningting SKIN & LYMPH & MS vork / lost lob / school / legs) proble skin rish/ sweiting \_oint pain 100 mil EII systems neg. cottept as marked  $c_{-}$ e i wor aun PAST HISTORY negutve prior suicide attempt, purrent/associated completints: \_cardiac disease, depressed / algor / frustrated / agriched / honsig / parandid hypercension Stychastic problems diabetes her#n/ord/dat dépression bipolor doorder king disease, schappenth other HIV / AIDS Confused Just Data \_other probk statidal though a (specific plan / gesture of nazemat. dere, Surger las tomiliectomy. appendersom) Ingestion (see fat below) cholecystectomy, hysterectomy pendite attempt wanted to encope eccidental will not onswer Medications \_ NKDA Allangtes hore 300 nutset note \_incBed/abraded.yrist (R/L). SEE INSTRU DOTE propula LIST OF SUBSTANCES INGESTED (If applicable) SOCIAL HX ontokar. <u>\_ang</u> when taken e / binge drinking / alco strength # taken пате recent sicohoi notaminophen Y/N childrate montel status \_married Y/N n spírin FAMILY HX \_\_\_memai Anes Y/N ethenol 

| -                             |   |   |
|-------------------------------|---|---|
| Nursing Assessment R          | eviewed BP, HR, RR, Temp reviewed                                       | LARE VEAVE and DECORES  |
| HYSICAL EXAM                  | Evenered E br, Fir, Kr, Temp reviewed                                   | LABS, XRAYS, and PROGRESS   |
| ENERAL APPEARAN               | ICE   |   |
| alert                         | anxious / lethargic / obtunded  | EKGNMLInterp. by meRoviewed by me Rate  |
| no acute distress             | mild / moderate / severe  | NSRnml intervalsnml axisnml QRSnml ST/T   |
|                               | uncooperative for exam  | and I always of from  |
| II.                           |   | not / changed from:   |
| nml ENT Inspection            | _abnormal TM ( R / L )  | CXR Interp. by ma Reviewed by me Discad w/radiologist   |
| pharynx nml                   | dry mucosa  | nml/NADno Infiltratesnml heart sizenml mediastinum  |
| btunded:<br>niml gag reflex   | gag reflexed diminished / absent  | not / changed franc   |
| /ES                           |   | CBC Chemistries ABG's Toxicology  |
| pupils equal, round           | nystagmus<br>disconjugate gaze  | normal attacht, normal except time: normal except   |
| & pactive to light            | mydriasis / meiosis / anlsocoria  | WBC/2. Na acetamin.   |
| EOM's Intact                  | R Pupil mm L Pupil mm   | Hgb K aspirin   |
|                               |   | Hat Cl PH ETOH  |
| URO / PSYCH                   | slow The response to commands   | Platelets CO2 pCO2 Triage <sup>TH</sup> urine pO2 Triage <sup>TH</sup> urine pO2  |
| ental status                  | withdraws to pain no response to pain                                   | segs Glu pO2 Triage <sup>in</sup> urine i<br>bands BUN drug screen-   |
| mood/affect nml               | depressed affect  | hymphs CreatRA  |
|                               | tearful Thostlle / non-communicative                                    | AmylaseO2L  |
| 38                            | suicidakination   | Pulse Ox% on RA/L/% Interp  |
|                               | Trille to aling   | Time_ ' unchanged Improved re-examined  |
| tor suicide attempts: (       | On direct query, patient ADMITS / DENIES                                | W   |
|                               | in of suicide as an option.   |   |
| If denies, why?               | i   |   |
|                               |   | Discussed with DrTime:  |
| ientation                     | uncooperative / cannot determine  | INTERVIEW WITH OTHER RESPONSIBLE ADULT:   |
| formal x3                     | disoriented   | Name: Relationshit:   |
| 5 E                           | to: day-of-week day-of-month  | Considers ongoing suicide risk: high low uncertain  |
| anial nerves                  | month year place person   | Capable / comfortable with observing patient at home? Yes No N/A  |
| nsory, motor                  |   |   |
| EN's intact as tested         | facial droop / CN abnormality   | MEDICAL CLEARANCE FOR PSYCHIATRIC REFERRAL (if needed)  |
| ngal-motor response           | motor/sensory deficit   | Back-slash to indicate that diagnosis is unlikely based on H&P and, when needed, lab testing,<br>+Toxic (PCP; Ampheramines, Hallucinogens, Acetaminophee, ASA, ETOH, Other) |
| ngal sensory response         |   | <ul> <li>Infectious (Meningitis, Encephalitis, Sepsia).</li> </ul>  |
| ngl-reflexes                  | _abnormal gait  | Metabolic (Thyroid, Hypoglycemia, Drug Withdrawal, Hypoxemia, Bectrolytes)  |
| nmi gait                      |   | •CNS Vascular and Other (CVA, TIA, Selzure, Trauma)   |
| CK / BACK                     | cerv. lymphadenopathy (R/L)*  | •Other Upstable Comorbidities   |
| formal inspection             | thyromegaly / meningismus   |   |
| neck supple                   |   | Counsided and the fully regarding:CRIT CARE- 30-74 min     lab results differences need for follow-up 75-104 min min 1  |
| SPIRATORY                     | wheezing  | lab results differences need for follow-up 75-104 min min 1<br>Rx givenAdmit orders writtenAdditional history from:   |
| ho resp. distress             | rales / rhonchi   | IPrior riscords ordered family caretaker paramedics I   |
| breath sounds nml             | Image de also incorrecter a de altra                                    |   |
| /S<br>regular rate, rhythm    | Irregularly irregular rhythm<br>extrasystoles ( occasional / frequent ) | CLINICAL IMPRESSION:  |
| heart sounds normal           | extrasystoles ( occasional / frequenc )<br>tachycardia / bradycardia    | Ethanol Intoxication Psychosis Schizophrenia- acute exac.   |
| noare acontea normali         |   | Depression Drug-Overdose(Intentional/accidental)  |
| (ABDOMEN)                     | guarding  | major manic Suicide Attempt/ Ideation   |
| hon-tender                    | hepatomegaly / splenomegaly   | LIC TO ELNING,  |
| fiml bowel sounds*            |   | DISPOSITION- Chansferred Dobs Dhome admit Despired  |
| no organomegaly               |   | CONDITION- good fair critical improved stable   |
| CIN                           | cyanosis / diaphoresis / pallor   | CONDITION- good a fair critical improved stable   |
| Color nml, no rash            | skin rash   |   |
| warm, dry                     | hantin  |   |
| TREMITIES                     | lacaration  | ATTENDING NOTE:   |
| no signs of injury            | Tede chile state  | Resident / PA / NP's history reviewed, patient interviewed and examined.  |
| no signs of injury            | Euroraco Trotal E   | Briefly, pertinent HPI is:  |
|                               | farthere-   | My personal exam of patient reveals:  |
|                               | Restraints  | Assessment and plan reviewed with resident / midlevel. Lab and ancillary  |
| Intubatedby ED ph             |   | studies show  |
| breath sounds equa            |   | I confirm the diagnosis of:   |
|                               | pill fragments recovered  | Care plan reviewed. Patient will need:<br>Please seb resident / midlevel_note for details.  |
| Charcoalgm                    | given Sorbitoloz given  | r readers ven residents / miloraver proce for decans.   |
|                               |   | MI.I  |
|                               |   |   |
| indentina indicates arrows    | unformer  | MD/D0ID#  |
| indertine, indicates organ sy |   | Z Template Complete   |
| equivalent or minimum req     | istem<br>uired for organ system exam                                    |   |
|                               |   |   |

|   |   | · • • • • • • • • • • • • • • • • • • •                               |                |
|---|---|---|----------------|
| Model Canter     in Doros Dire - Process New York 14650     (07) 7274-013     (   | Ступро                                  |   |                |
| In Hindoo       In Constant Processing Fig.         In Constant Processing Fig.       International Processing Fig.         International Processing Fig.       International Processing Fig. <td>Medical Center</td> <td>Baler Donald (</td> <td></td>   | Medical Center                          | Baler Donald (  |                |
|   |   | AND SOT ED  | :              |
|   | 10) Dates Drive - Ithaca, New           |   |                |
| PLEASE CHECK:       THATHENT IN PROGRESS ON ARRIVAL       DANCE MADE         ANDVALING       ALLENGAN       DOWNER       DOWNER       DEALERS       DOWNER         ANDVALING       ALLENGAN       DANCE MADE       DEALERS       DOWNER       DEALERS       DEALERS         ANDVALING       ALLENGAN       DEALERS       DEALERS<   | (607) 274-4011                          |   | 1              |
| PLASE CHECK:       PLASE CHECK:       CHARLEN IS PROCINES ON ARKINAL         AND MARS       CONSTANCE AND MARS       CIAND MARS       CIAND MARS         AND MARS       CIAND MARS       CIAND MARS       CIAND MARS       CIAND MARS         AND MARS       MARS       CIAND MARS       CIAND MARS       CIAND MARS       CIAND MARS         AND MARS       CIAND MARS       CIAND MARS       CIAND MARS       CIAND MARS       CIAND MARS         AND MARS       CIAND MARS       CIAND MARS       CIAND MARS       CIAND MARS       CIAND MARS         AND MARS       CIAND MARS       CIAND MARS       CIAND MARS       CIAND MARS       CIAND MARS         AND MARS       MARS       CIAND MARS       CIAND MARS       CIAND MARS       CIAND MARS         CIAND MARS       MARS       CIAND MARS       CIAND MARS       CIAND MARS       CIAND MARS         CIAND MARS       MARS       CIAND MARS       CIAN   | INITIAL ASSESSMENT FORM                 | 🕅 ED EVAL 🗇 DIRECT ADMIT 🗘 CONVE                                      |                |
| APPRVAL DATEMUSE       USA         OWARDE       USA         OPANONES       USA  | (PLEASE CHECK)                          |   |                |
| AMERVAL INCODE     DIGRA LARONG     DIGRA LARONG     DIGRA LARONG       Selection Control     DIGRA LARONG     DIGRA LARONG     DIGRA LARONG       DAMILLARONG     DIGRA LARONG     DIGRA LARONG     DIGRA LARONG       DIGRA LARONG     DIGRA LARONG     DIGRA LARONG     DIGRA LARONG       DIGRA   | ARRIVAL INFO                            | CHONE CAND BAGS   | CI CPR         |
| Selection Corr       Difference       Difference       Difference       Difference         Difference       Difference       Difference   |   |   |                |
| Image: And Call Ales Bull (Chele Con)       Image: Chele Con)       Image: Chele Con)       Image: Chele Con)         Image: Chele Cone         Image: Chele Cone       Image: Chele Cone       Image: Chele Cone       Image: Chele Cone       Image: Chele Cone       Image: Chele Cone         Image: Chele Cone       Image: Chele Cone       Image: Chele Cone       Image: Chele Cone       Image: Chele Cone       Image: Chele Cone         Image: Chele Cone       Image: Chele Cone       Image: Chele Cone       Image: Chele Cone       Image: Chele Cone       Image: Chele Cone         Image: Chele Cone </td <td></td> <td></td> <td></td>  |   |   |                |
| Implementation       Implementation       Implementation         Implementation       Implementation       Implementation       Implementation       Implementation         Implementation       Implementation       Implementation       Implementation       Implementation       Implementation         Implement   |   |   |                |
| DPOLICE       DSPINE SOARD: LONG, SHOPT (Date One)       IMBOCATIONS         ALLERINES:       DIVA       UNRERGY MEDICATIONS/DOBAGE (Database Attendations Attendation Attendations Attendation Attendations Attend   |   |   |                |
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| CORRUS_HTML       Tellus_f Medic         DFROD  | () POLICE                               | SPINE BOARD: LONG, SHORT (Cards One)                                  |                |
| D GORDON.       DIATEX       DIATEX       DIATEX         ADVANCE DIRECTIVE:       DYSS       DYNO       DYSS       DYNO         OM FIRE:       DYSS       DYNO       DYNO       DYNO       DYNO         OM FIRE:       DYSS       DYNO       DYNO       DYNO       DYNO         OW FIRE:       DYSS       DYNO       DYNO       DYNO       DYNO         MURENDA ASSESSMENT       DYSS       DYNO       DYNO       DYNO       DYNO         MURENDA ASSESSMENT       DYSS       DYNO       DYNO       DYNO       DYNO       DYNO       DYNO         CHADDAULENCE:       DYNO       DYNO       DYNO       DYNO       DYNO       DYNO       DYNO         CHADDAULAUS       DYNO       DANDAULAUS       DYNO       DYNO       DYNO       DYNO       DYNO         O ARRYAN:       DREATHORE       DOWNO       DANDAULAUS       D   | ALLERGIES DINKA                         | CURRENT MEDICATIONS/DOBAGE Including Alternative Medicioes/Distary St | uppformenta)   |
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| ONFREE       DVAS  | ADVANCE DIRECTIVE: TYES QINO UNP        | DIN/A PAST MEDICAL HX   |                |
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| BREATH GOUNDS:       Right  | ,                                       | //00-0  |                |
| CIRCULATION: RADUAL PLASE Present   Not Present   Multiple Standards   Incompresent   Incomprese  | BREATHING: 🛛 Normal 🗆 Labored 🔲 Absent  |   |                |
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| BEHAVIOR:       Cooperative       Combelive       Other         NEADIFACE:       Incompetitive       Normel       NKA         NECK:       Income       NKA         CHEST:       Income       NKA         ABCOMEN/PELVIS:       Income       NKA         BACK/SPINE:       Income       NKA         SKUN:       Income       Income       NKA         SKUN:       Income       Income       Income         SKUN:       Income       Income       Income         Income       Income       Income       Income         ARCOMENTES:       Income       Income       Income         SKUN:       Income       Income       Income       Income         SKUN:       Income       Income       Income       Income       Income         Article       Income       Income       Income       Income       Income         A TRIAGE CATEGORY:       Info Principation Difference       Income       Income       Income       Income         Intelle       Intellectore       Intellectore       Income   |   |   |                |
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| ABCOMENTFELVIS: Overmel ONA<br>BACKGPINE: Overmel ONA<br>SKON: Cox Clawar 2009 Clammy Obephasis (Pale   Paulice) Openate Openate<br>SKIN: Cox Clawar 2009 Overmel One Openat<br>East Lower Right Upper Right Upper<br>Left Lower Right Lower Right Lower<br>A TRIAGE CATEGORY: DLife Threatening Object One Organit<br>P PLANINTERVENTIONS: Openating Objection Official Clamposite<br>Distribution Office  |   |   |                |
| BACK/8PINE:   | CHEFT:                                  |   | O Normal O N/A |
| SKON:       Cool Clamming Dephoestic () Paie       Flushed () Clamming Cool         SKON:       Left Lower       Right Upper         Left Lower       Right Cover       Right Upper         A TRIAGE CATEGORY:       Diffe Threatisting       Ungent         P PLANIANTERVENTIONS:       Dressing       Ica/Eleverion       Okarosia         Nursing Diagnosia       Nursing Diagnosia       Rest Covera         Other       Ruft Upper       Rest Covera         RN SSCHATURE       Matty My       Matty My  |   |   |                |
| EXTREMINES: Let Upper   |   |   | ONormel CINA   |
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| P PLANINTERVENTIONS: Dressing lice/Eleverion Climinobilization Did Records DEKG<br>DX-ray   | A TRIAGE CATEGORY: DLife Trinatiming DL | Digent Di Non Urgent  |                |
| RN SECNATIONE - Arty for  | ••                                      | tion Clammobilization 🗇 Old Records 🗆 EKG y                           |                |
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| TIME †                                  | SO       | LUTI                                   | ON (AMT)         | RATE                             | CA                            | тн                    | RN  | TIME↓                        | ,<br>ABSORBED             | INTA                          |          | <br>TU                      | 2           |        |                           | Kewm     |
|---|----------|--|------------------|----------------------------------|-------------------------------|-----------------------|---|------------------------------|---------------------------|-------------------------------|----------|-----------------------------|-------------|--------|---------------------------|----------|
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|   | -        | _                                      |                  |                                  | -                             |                       |   |                              |                           | TOTAL                         | TOTAL    | _                           | C           | E,     | 10-                       | Kenn     |
|   | <u> </u> |  |                  |                                  |                               |                       |   | REASSE                       | SSMENT                    | 1                             | IOIAL    |                             | 20          | ana    | 000                       | Trevin   |
| TIME                                    |          |  |                  |                                  |                               |                       |   |                              | 1                         |                               |          |                             |             |        | 1                         | -        |
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| PULSE / RHYTHM                          |          | нм                                     |                  |                                  |                               |                       |   |                              |                           |                               |          |                             |             |        |                           | -        |
| BP                                      |          |  |                  |                                  |                               |                       |   |                              |                           |                               |          |                             |             |        |                           | _        |
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| SpO <sub>2</sub>                        |          |  |                  |                                  |                               |                       |   |                              |                           |                               |          |                             |             |        |                           | -        |
| EAK FLO                                 | w        |  |                  |                                  | •                             |                       |   |                              |                           |                               |          |                             |             |        |                           | _        |
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| MED ADM                                 |          | N                                      |                  |                                  |                               |                       |   |                              |                           |                               |          |                             |             |        |                           |          |
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| MENTAL S                                | TAT      | US                                     |                  |                                  |                               |                       |   |                              |                           |                               |          |                             |             |        |                           |          |
| P                                       | SIZE     | R                                      |                  |                                  |                               |                       |   |                              |                           |                               |          |                             |             |        |                           |          |
| U<br>P                                  |          | L                                      |                  |                                  |                               |                       |   |                              |                           |                               |          |                             |             |        |                           | _        |
| i                                       | REACTION | R                                      |                  |                                  |                               |                       | 1   |                              | _                         |                               |          |                             |             |        |                           | _        |
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| ₽ \Ÿ                                    | UPPER    | R                                      | -                |                                  | $\leq$                        |                       |   |                              |                           | >                             |          |                             |             |        |                           | <u> </u> |
| R                                       | _        | L                                      | _                |                                  | $\leq$                        |                       |   |                              |                           |                               |          |                             |             |        |                           | _        |
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| RU L                                    | UPPER    | R                                      | _                |                                  | $\searrow$                    |                       |   |                              |                           | -                             |          |                             |             |        |                           | ~        |
| HE                                      |          | L                                      | _                |                                  |                               |                       |   |                              |                           |                               |          |                             |             |        |                           | _        |
| 10                                      | VE:      | Inter                                  | effect           | mt                               | Treatr                        | Dally                 | nes, Change   | in Condition                 | h, Discharge              | Note)                         | fre      | MHE                         |             | =      |                           | -        |
| has                                     | i        | 10                                     | len              | 10                               | ier.                          | DEM                   | Lal   | -                            | -Asta                     | Le Co                         | ho       | ha                          | ust         | been   |                           |          |
| cal                                     | T        | -                                      | - Drig           | 7h                               | in                            | brey                  | de  | ung                          | in                        | el                            | h+       | I yace                      | 7 50        | re sta | de.                       |          |
| he                                      | ļ        | ha                                     | ale              | yan                              | in                            | )ach                  | y out   | da                           | 500                       | 2                             | rel      | ha                          | = ha        | e S    | eler                      | e        |
| and                                     | 3        | 4                                      | ay               | Gal                              | 45                            | Tist                  | non   | SU                           | The                       | N                             | Cer      | each a                      | alle 1      | 10rai  | ma                        | nd       |
| M                                       |          | 1                                      | m                | in                               |                               | pue -                 |   | SSMENT A                     | BBREVIATIO                | ONS                           |          |                             | 1           |        |                           | $\sim$   |
| Motor<br>S Strong<br>M Modera<br>W Weak | nte      | <u>Śéns</u><br>Ć Inta<br>T Tin<br>N Nu | act S<br>gling W | ulse<br>Strong<br>Weak<br>Absent | Cap F<br>B Br<br>S Si<br>N No | isk + A<br>uggish - F | <u>tal Status</u><br>Jert & Respor<br>tesponds Onl<br>to Response | nds to Verba<br>y to Painful | al Stimuli B<br>Stimuli S | - Brisk<br>- Slugg<br>- Nonro | ish      | + Good<br>Minimal<br>O None | Medications | 0-+10  | <u>ile</u><br>→Worst Pair |          |
| A Absent                                | _        |  | SIG              | NATURE                           |                               |                       | IN  | ITIALS                       |                           | PU                            | PIL SIZE |                             |             |        |                           | - 1      |
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| DWHEELCHAIR   |   | COTHER SPLINT                  |                               |
| () CARRIED  |   | D DRESSING (Sile)              |                               |
|   | SPINE BOARD: LONG, SHORT (Clube Crae)                       | HEDICATIONS                    |                               |
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| NARRATI                      | VE:      | (Inter | ventions, Pro | cedures,  | Treat | ments, Outcor         | mes, Change  | in Condit       | ion, Dis       | charge Not | e);;   | 100 1.1           | - 10                                  |       |          | -     |               |                     |
| 800                          | 4        | P      | afer          | mt        | De    | Dalp                  | Tim  | Cla             | nu             | er.        | An.  | THE               | d all                                 | - of  | -        | -     |               |                     |
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| he                           | J.       | ha     | sle           | ya        | in    | )ach                  | y 00,  | Edy             | fo             | n          | Inel   | ho                | s ha                                  | al S  | elera    | e a   |               |                     |
| far                          | 4        | E.     | ave           | Ba        | 45    | Tist                  | nea  | ISU             | de             | Pin        | nce  | eagl              | the                                   | hora  | Tral     | nd    |               |                     |
|                              | ·        | 1      | - m           | in        |       | 10                    | ASSE   | SSMENT          |                | EVIATION   | 3 :  | ,                 |                                       |       |          | _     |               |                     |
| S Strong                     |          | C Int  | act S         | Strong    | Cap F | tsk + /               | ntal Statua<br>Alert & Respo<br>Responds Or<br>No Response | ands to Ve      | rbal Sti       | muli B • B | Reaction<br>risk<br>luggish  | + Good<br>Minimal | to Medication                         | 0-+10 | ale.<br> |       | 1912          |                     |
| M Moder<br>W Weak<br>A Absen | ate      | N Nu   | mbness A      | Absent    | N No  | uggish - F<br>one O f | No Response  | ny to Pain<br>) | ini anu        | N - N      | ionreactive  | O None            |                                       | NA    |          | 1     |               |                     |
|                              |          |        | SIGN          | ATURE     |       |                       | 1  | NITIALS         | -              | 1          | PUPIL SIZ  | E                 | -                                     | -     |          |       |               |                     |
|                              |          |        | /             |           |       | m                     | M  | P               | _              |            |  |                   | • •                                   |       |          |       |               |                     |
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| Age/Sex: 47 M                              | SAUNDERS, KEVIN   | E (DEP ER)  | Page: 1 of 3  |
|--|---|---|---|
| Unit #: 0597460                            | ED-   |   | Printed 08/22/03 at 0108  |
| Account#: 43391507                         |   |   | ate Range:Beginning to End  |
| Admitted:                                  | CAYUGA MEDICAL CEN  | ITER NURSING *  | Admission Assessment  |
|  | MHU EVALU   | IATION  | 04/04/03 1051 ECL   |
|  | MENTAL HEALTH UNIT, PSYC  | יעדמייסיר דעמנוומליהאי  |   |
|  | (PRESS: F5 FOR DEMO   |   |   |
| DATE OF EVALUATION:                        |   |   | E CLEARED: 0825   |
|  | Hours? N Arrival Mode: Amb  |   |   |
|  | 1668 TRUMANSBURG ROAD<br>ne number: 607-277-5808  | City: ITHACA  | State: NY   |
| Accompanied By                             |   |   |   |
|  | WHELAN, ANNE MARIE  |   |   |
| Relationship                               |   | Phone: 607-27   | 3-6552<br>State: NY   |
| Address                                    | 3. 721 W COURT ST   | City: ITHACA  | State: NI   |
| History of currer<br>episode/illness:      | feeling "a little bit diffe<br>unable to provide any detai<br>ions but appears to be resp<br>an increase energy level wh<br>admits he has been sleeping<br>vague & evasive during eval<br>and fair concentration. app<br>ing thought blocking. admit<br>to be "few days ago". pt de<br>janet stevens and dr belsan<br>it states he has been feeling | led information. p<br>bonding to internal<br>wich has caused him<br>a poorly and hasn't<br>but is very polit<br>bears preoccupied a<br>ts to daily marijuation<br>enies any current marine at epc outpt cli | t denies a/v hallucinat-<br>stimulation. pt describe<br>to run excessively. pt<br>eaten very well. pt is<br>e. admits to poor memory<br>nd seems to be experienc-<br>na use. last use reported<br>ed regime, states he sees<br>nic. |
| (agency,therapist,f<br>and when last seen) |   |   |   |
| (location, date, reas                      |   |   |   |
| IDEATION: DE                               | INIES ALL   | DELUSIONS: Bizza  | re  |
| HALLUCINATIONS : De                        |   | COMMENTS :  |   |
|  | appears to be responding to   |   |   |
|  | internal stimuli<br>as been scratching hand and   | Abuse: unkno  | WTI   |
|  | hitting self as reported by   |   |   |
| · ·  | friend, alice   | (EXPLAIN)   |   |
| AFFECT: I<br>EYE CONTACT: GO               | nappropriate<br>pod   | MOOD: Eleva   | ited  |
| Speech pattern: RI<br>ENUNCIATI            |   | ting VOLUME: S  | oft   |
|  | reports he has only been<br>sleeping 1-2 hr/night   | Sensorium:<br>Substance use:  | Oriented all spheres<br>Marijuana<br>daily<br>Alcohol   |
| MED AIDS & DREAMS)                         |   | (EXPLAIN)   | occas   |
| Family History of (<br>Medication:(F5) de: | mental illness (EXPLAIN): sta<br>nies   | History   | ,"<br>:(F5) denies<br>.cal) states "no, nothing<br>serious"   |

Age/Sex: 47 M Unit #: 0597460 Account#: 43391507 Admitted: SAUNDERS, KEVIN E (DEP ER)

ED-

CAYUGA MEDICAL CENTER NURSING \*

Page: 2 of 3 Printed 08/22/03 at 0108 Date Range:Beginning to End Admission Assessment

#### MHU EVALUATION

04/04/03 1051 ECL

STRESSORS INCLUDE: recent forensic review at epc clinic Legal Status: HX Of Conviction Explain: criminal procedure law status Live Arrange: House Lives with: Friend Support Systm: Friend Rationale: pt to be transferred to epc as he is Disposition: Transfer linked w/ epc outpt clinic Are there children in the home: N EXPLAIN: Diagnosis: AXIS III: deferred AXIS II: deferred AXIS I: bipolar d/o manic phase AXIS V: deferred AXIS IV: deferred Lethality Screen: (SHIFT + F8 FOR SCALE DESCRIPTION) Support System: 3 Dangerousness: 1 Total Score: 6 Ability to cooperate: 2 \*\*SCORE <8 = INCREASED RISK OF HARM TO SELF OR OTHERS\*\* COLLATERAL DATA: alice richardson, pt's friend who has been staying w/ pt: she reports pt has been increasingly agitated since forensic review at epc outpt services, she relates pt has not been eating, has not been sleeping, and has been running around out side for 5-6 hrs w/ no clothes on. pt has been making threatening statements towards self and others, making statements that he is hitler. she also states pt has disconnected all electrical appliances in his home, has left running water for hours, pt has been exhibiting rigid, compulsive type behavior such as running hands under scalding hot water, banging hands & scratching self. alice voices grave concern for pt's safety and for other people including herself. she relates there was a loud verbal altercation last night in which pt became threatening and alice was fearful for her safety. she also relates pt has been experiencing panic attacks in which he becomes very agitated & (TIME, PERSON/AGENCY, ROI?) out of control. she feels pt is a danger to himself and is not safe to return home. REVIEWED WITH ER PERSONELL: dr baker REVIEWED WITH PSYCHIATRIST: dr roemmelt

Insurance Pre-certification Documentation

\*\*\*\*\*\*Document all attempts to pre-certify\*\*\*\*\*\*\*

| Age/Sex: 47 M                   | SAUNDERS, KEVIN E (DEP ER)      | Page: 3 of 3  |  |  |
|---------------------------------|---------------------------------|---|--|--|
| Unit #: 0597460                 | ED-                             | Printed 08/22/03 at 0108                            |  |  |
| Account#: 43391507<br>Admitted: | CAYUGA MEDICAL CENTER NURSING * | Date Range:Beginning to End<br>Admission Assessment |  |  |
| 1                               |                                 |   |  |  |

 Monogram Initials
 Name
 Nurse Type

 ECL
 ECL
 CLEARY, BILEEN
 RN

| (4               | 01 Dotes Drive •<br>507) 274-401 1<br>OTES ANID CO | <u>Ilhqqo, New York 14850</u><br>NSULTATIONS | SAUNDERS, KEVIN E<br>SAUNDERS, KEVIN E<br>Bater, Consid James MD,<br>43391507 ED 46<br>05/01/58 0597460 |                |  |  |  |  |  |  |
|------------------|--|--|---|----------------|--|--|--|--|--|--|
| OATE/IME         | SERVICE  | ·  | PLEASE LISE RUL SCHARUE WITH PROFESSIONAL ITTLE   |                |  |  |  |  |  |  |
| <b>4</b> 4/03 ce | 15 MHE   | into see pt                                  |   |                |  |  |  |  |  |  |
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PAGE 1

## Oepartment of Pathology 101 Dates Drive, Ithaca NY 14850 Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010 Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report PC1 User: CEH Lab Database: LAB.LIVE

| _                | Haufflesten (1995)<br>Baker MD, Donald James     | ACCT #: 43391507<br>AGE/SX: 46/M<br>STATUS: DEP ER | LOC: ΕΘ<br>ROOM;<br>BED: | U #: 0597460<br>REG: 04/04/03<br>DIS: |  |
|------------------|--|--|--------------------------|---------------------------------------|--|
| ·                |  |  | HEMATOLOGY * 3           | · · · · · · · · · · · · · · · · · · · |  |
| Date<br>Time     | 4/4<br>1135                                      | ···  |                          |                                       | Reference Units  |
| ⇒> ₩8C<br>-> 28C | 17.8 H<br>04/04/03<br>1146<br>4.53 L             |  |                          |                                       | (4.8-10.8) CUMM<br>Verified Date<br>Time<br>(4.6-6.2) CUMM         |
| => <b>HG</b> B   | 04/04/03<br>1146<br>14.1<br>04/04/03<br>1146     |  |                          | ſ                                     | Verified Date<br>Time<br>(14.0-18.0) G/OL<br>Verified Date<br>Time |
| -> HEMATOC       | (R(T 41 ∟<br>04/04/03<br>1146                    |  |                          |                                       | (42-52) %<br>Verified Date<br>Time<br>(80-94) um3                  |
| ≕> MCV<br>=> MCH | 91<br>04/04/03<br>1146<br>31<br>04/04/03<br>1146 |  |                          |                                       | Verified Date<br>Time<br>(27-31) pg<br>Verified Date<br>Time       |
|                  |  |  |                          |                                       |  |
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# Department of Pathology 101 Dates Drive. Ithaca NY 14850 Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010 Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report PCI User: CEH - Lab Database, LAB LIVE

| Patient: SAUNDERS                          | .KEVIN E                                    | <b>#</b> 43391507 | (Continued)          |  |
|--|---|-------------------|----------------------|--|
|  |   |                   | RAL HEMATOLOGY * * * | -  |
| Date<br>Time                               | 4/4<br>1135                                 |                   |                      | Reference Units  |
| => MCHC<br>=> RDW                          | 34<br>04/04/03<br>1146<br>13                |                   |                      | (32-36) g/d1<br>Verified Date<br>Time<br>(10.5-15) %             |
| => PLATELETS                               | 04/04/03<br>1146<br>323<br>04/04/03<br>1146 |                   |                      | Verified Date<br>fime<br>(150-450) CUMM<br>Verified Date<br>Time |
| <pre>=&gt; MEAN PLATE VOL =&gt; POLY</pre> | 8.6<br>04/04/03<br>1146<br>68               |                   |                      | (7.4-10.4) um3<br>Verified Date<br>Time<br>(38-83)               |
| => POL1                                    | 04/04/03<br>1209<br>4                       |                   |                      | Verified Date<br>Time<br>(0-8)                                   |
| -> LYMPH                                   | 04/04/03<br>1209<br>15<br>04/04/03<br>1209  |                   |                      | Venified Date<br>Time<br>(5-47)<br>Verified Date<br>Time         |
|  |   |                   |                      |  |
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## Department of Pathology 101 Dates Drive, Ithaca NY 14850 Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010 Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report PCI User: CEH - Lab Catabase: LAB.LIVE

| Patient: SAUNDER:         | S.KEVIN E  | #43391507    | (Continued)          |  |
|---------------------------|--|--------------|----------------------|--|
|                           |  | • * * * GEN€ | RAL HEMATCLOGY * * * |  |
| Date<br>Time              | 4/4<br>1135  |              |                      | Reference Units  |
| => MQNQ<br>=> MORPHOLOGY  | 13<br>04/04/03<br>1209<br>NORMAL<br>04/04/03<br>1209 |              |                      | (0-13)<br>Verified Date<br>Time<br>Verified Date<br>Time                               |
|                           |  | • * * GENE   | RAL CHEMISTRY * * *  |  |
| Date<br>Time              | 4/4<br>1135  |              |                      | Reference Units  |
| ×> SODIUM<br>×> POTASSIUM | 140<br>04/04/03<br>1202<br>4.5<br>04/04/03<br>1202   |              |                      | (135-145) MMOL/L<br>Verified Date<br>Time<br>(3.5-5.0) MMOL/L<br>Verified Date<br>Time |

#### Department of Pathology 101 Dates Drive. Ithaca NY 14850 Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010 Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report PC1 User: CEh - Lab Database: LAB.LIVE

| Patient: SAUNDERS,K | (EVIN E                         | <b>#</b> 43391507 | (Continued)                                     |
|---------------------|---------------------------------|-------------------|---|
|                     |                                 |                   | AL CHEM'STRY * * * =                            |
| Date<br>Time        | 4/4<br>1135                     |                   | Reference Units                                 |
| -> CHLORIĐE         | 105<br>04/04/03                 |                   | (101-111) MMCL/L<br>Verified Date<br>Time       |
| => CO2              | 1202<br>27.0<br>04/04/03        |                   | (22-32) MMOL/L<br>Verified Date                 |
| -> GLUCOSE          | 1202<br>100<br>04/04/03         |                   | Time<br>(70-105) MG/DL<br>Verified Date<br>Time |
| => 8UN              | 1202<br>20<br>04/04/03          |                   | (6-24) MG/DL<br>Verified Date<br>Time           |
| -> CREATININE       | 1202<br>1.2<br>04/04/03         |                   | (0.5-1.4) MG/DL<br>Verified Date<br>Time        |
| => BUN/CREAT RATIO  | 1202<br>16.7<br>04/04/03        |                   | (8-20)<br>Verified Date<br>Time                 |
| => CALCIUM          | 1202<br>9.7<br>04/04/03<br>1202 |                   | (8.7-10.2) MG/DL<br>Verified Date<br>Time       |
|                     |                                 |                   |   |
|                     |                                 |                   |   |
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#### Department of Pathology 101 Dates Drive, Ithaca NY 14850 Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010 Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report PCT User, CFH - Lab Database: LAB.LIVE

| Patient: SAUNDERS | .KEVIN E                          | <b>#</b> 43391507 | (Continued)                              |  |
|-------------------|-----------------------------------|-------------------|--|--|
|                   |                                   |                   | RAL CHEMISIRY * * *                      |  |
| Oate<br>īime      | 4/4<br>1135                       |                   | U <b>ku</b> a ji- j <b>a k</b> ‡ # = i i | Reference Units                              |
| => TOTAL PROTEIN  | 7.2<br>04/04/03                   |                   |  | (6.2-8.1) GM/DL<br>Versfied Date             |
| -> ALBUMIN        | 1202<br>4_4<br>04/04/03           |                   |  | Time<br>(3.6-5.4) GM/DL<br>Verified Date     |
| => GLOBULIN       | 1206<br>2.8<br>04/04/03<br>1206   |                   |  | lime<br>(2-4) GM/DL<br>Verified Date<br>Time |
| => ALB/GLOB RATIC | 1.6<br>04/04/03                   |                   |  | (1-3)<br>Verified Date<br>Time               |
| ≖> TOTAL BILIRUBI | 1205<br>N 1.1<br>04/04/03<br>1205 |                   |  | (0.4.1.5) MG/DL<br>Verified Date<br>Time     |
|                   | 1200                              |                   |  |  |
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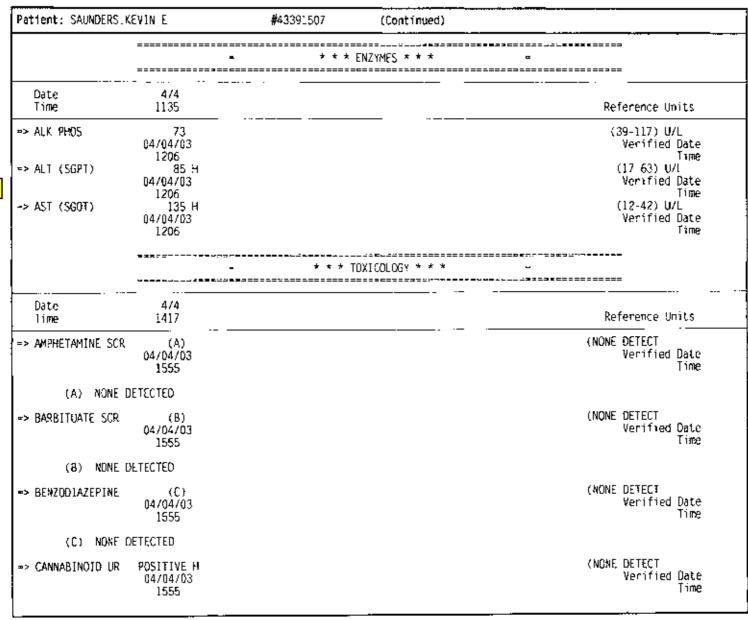
RUN DATE: 04/11/14 RUN TIME: 1031

#### Department of Pathology 101 Dates Drive, Ithaca NY 14850 Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010 Daniel Sudilovsky, M.D. Director of Laboratories

PAGE 6

Summary Discharge Report PCI Usen: CEH Lab Database: LAB.tIVE

#### LOCATION



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## Department of Pathology 101 Dates Drive, Ithaca NY 14850 Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010 Daniel Sudilovsky. M.D. Director of Laboratories

Summary Discharge Report PC1 User: CEM - Lab Database: LAB.C.!VE

| Patient: SAUNDERS.KEV   | /IN E #4339150   | 7 (Continued)                        |                                       |
|---|--|--------------------------------------|---------------------------------------|
| =   |  | * * TOXICO2CGY * * * =               | *****                                 |
| Date<br>Time  | 4/4<br>1417  |                                      | Reference Units                       |
| -> COCAINE UR SCR   | (D)<br>04/04/03<br>1555  |                                      | (NONE DETECT<br>Verified Date<br>Time |
| (D) NONE DET  | ECTED  |                                      |                                       |
| ≠> OPIATES UR SCR   | (E)<br>04/04/03<br>1555  |                                      | (NONE DETECT<br>Verified Date<br>Time |
| (E) NONE DET  | TECTED   |                                      |                                       |
| ⇒ PCP URINE SCREE   | (F)<br>04/04/03<br>1555  |                                      | (NONE DETECT<br>Verified Date<br>Time |
| (0)   | ECTED<br>(G)<br>RESPECIMEN WAS TESTED AT THE                     |                                      |                                       |
| ORUG CL4  | NSS TEST (MG   | T UFVEL<br>S/ML)                     |                                       |
| AMPHETAN<br>BARBITU/<br>BENZODI/<br>COCAINE<br>CANNABIN<br>OPIATES<br>PCP | ATES 2<br>AZEPINE METABOLITES 2<br>METABOLITES 3<br>AOIDS 2      | 800<br>800<br>800<br>25<br>800<br>25 |                                       |
|   | A SCREENING PROCEDURE. PCSITE                                    |                                      |                                       |
| Specimen<br>Spould e  | N WAS RECEIVED WITHOUT CHAIN O<br>BE USED FOR MEDICAL PURPOSES O | DF CUSTODY. RESULTS<br>DNLY.         |                                       |

#### Department of Pathology 101 Dates Drive, Ithaca NY 14850 Phone # 507-274-4474 Fax # 607-274-4481 New York State Permit #54017010 Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report PCI User: CEH - Lab Database: LAB.LIVE

| atient: SAUND | ERS.KEVIN E              | #43391507 | (Continued)       |   |
|---------------|--------------------------|-----------|-------------------|---|
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|               | •                        |           |                   | E = 117 = = 2 = 2 = 2 = 7                   |
|               |                          |           | DOCRINCLOSY * * * | =   |
| Date<br>Time  | 4/4<br>1135              |           |                   | Reference Units                             |
| > 7SH         | 0.88<br>04/04/03<br>1451 |           |                   | (0.34-5.60) MLU/ML<br>Verified Date<br>Time |
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| 11 -   |  | MEDICAL   | RECORDS COP                      | Υ                             |                          |           |        |
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| 🔨 🍰 Me   | yuga<br>dical Center<br>thaca                            |   | ł                                | 3adiology                     | Service                  | rep(      | )RT    |
|  | DATES DRIVE • ITHACA<br>SAUNDERS, KEV                    |   |                                  |                               | ROOM NO:                 | ED        | PAGE   |
| REFERRED BY:   | Baker, Donald  | l Jamee M                                       | D.                               |                               | X-BAY NO:                | 13690     | 4      |
| EXAMINATION OF:  |  |   |                                  |                               | PATIENT NO:<br>ACCT. NO: | 43391     | 507    |
| OATE OF EXAMINAT   | TION: 04/04/200  | 3   |                                  |                               | DATE OF BIRT             | H: 05,70  | 1/195  |
| HISTORY:   |  |   |                                  |                               |                          |           |        |
| REPORT:  |  |   |                                  |                               |                          |           |        |
| EXAM# T<br>000435800 D   | YPE/EXAM<br>X/LEFT FOOT                                  |   |                                  | result                        |                          |           |        |
| Indication:  | Foreign bed  | ly in the                                       | e left foo                       | t.                            |                          |           |        |
| Three views<br>normal align<br>evidence of                             | nment. Joint   | were obt<br>: spaces                            | ained. T<br>eppear ma            | he bones demo<br>intained. Th | nstrate<br>ere 18 no     |           |        |
| THEFT  |  |   |                                  |                               |                          |           |        |
| IMPRESSION:  | NEGATIVE EX  | KAM.  |                                  |                               |                          |           |        |
| INPRESSION:  | NEGATIVE EX  | (AM .   |                                  |                               |                          |           |        |
|  | NEGATIVE EX<br>Donald James                              |   | ).; Robert                       | Breiman MD.                   |                          |           |        |
| Copies To:<br>Transcribed<br>Transcripti<br>Radiology T                | Donald James<br>Date/Time: (<br>onist: SHI               | Baker MI<br>04/07/200                           | )3 (1002)<br>DEBORAH             |                               |                          |           |        |
| Copies To:<br>Transcribed<br>Transcripti<br>Radiology T<br>Printed Dat | Donald James<br>Date/Time: (<br>onist: SHI<br>ech: DPI ) | Baker MI<br>04/07/200<br>PITCHER,I<br>7/2003 (1 | )3 (1002)<br>DEBORAH<br>1334) Be |                               | d by Jouan               | idet , Ma | ARC MD |

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| · ·  | ARROWHU<br>- (EMI   | CAL CENTER AT IN<br>AD EMERGENCY P<br>ERGENCY DEPARTM<br>SIGNATURE ON FO   | 43391507 ED 8597460<br>HACA A105/01/55 8597460<br>HYSICIA1 10 10 10 10 10 10<br>IENT)   | s<br>BM <u></u>   |
| Advanced Directives  | Ou File: Yes:   |  | Patient's Rights Reviewed   | Organ Donor: Yes:   |
| Provided to: <u>KET</u>  | _(Initials) No:   | _  | By: <u>187</u> (Initials)   | No:   |
| professional staff of Cayu,<br>medical center physician(s)<br>I acknowledge that no gue  | ga Medical Center to give a tree<br>), his/her assistant; or designees a  | atment or perform test(s) of<br>as are necessary in their just<br>to the results of treatment  | nergency treatment. I hereby give my<br>r diagnostic procedures (including x-r<br>ignent. I am aware the practice of mo<br>s or examinations in Cayuga Medical<br>y a medical center physician.   | ays) which may be ordered by<br>ficine is not an exact science, as  |
| record to my (our) insura<br>Emergency Physicians. 1   | ce company(s) or employer(s)  | for purposes of satisfying   | ead Emergeous Physicians may disclo<br>charges billed by Cayuga Medical Co<br>my (our) past or present employer(s   | nter at lihaca and/or Arrowbe   |
|  | al Center physician(s) to direct the soble for my subsequent care.  | hat copies of relevant porti-  | ons of my medical record be forwarded   | I to such medical practitioners   |
| and direct Cayoga Medical  | Center, having treated me, to re-   | lease to governmental ager   | ssurance and/or utilization raview pro<br>reces, insurance carriers, or others who<br>line and make copies of all records rel   | are financially liable for my st  |
| anthorize the release of g   | ny social security number to ma   | nufacturers for the purpose  | of tracking medical devices.  | Initials (FE)   |
| y Cayuga Medical Center  | at Ithaca and/or Arrowhead Em-  | ergency Physicians to the b  | Emergency Physicians. For and in ca<br>clow named patient, the undersigned (<br>he policy of payment of such bills.   |   |
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| terms of the medical cente<br>understand that I will n   | r. Should the account he referre  | d to an attorney for collect<br>a rendered by specialists  | the second of the medical center in<br>ion, I shall pay massnable attorney's f<br>such as radiologists, anesthesiologists   | ees and collection expense.<br>1, private physicians, emergen   |
| terms of the medical center<br>understand that I will m  | <ol> <li>Should the account be referrence<br/>sociate separate bills for service</li> </ol>   | d to an attorney for collect<br>a rendered by specialists  | ion, I shall pay reasonable attorney's f<br>such as radiologists, anesthesiologists   | ees and collection expense.   |
| erms of the medical cente<br>understand that I will m<br>hysicians, and other spec<br>certify that the informat<br>minorized Medicare benefit<br>o me by that physician/pa   | c. Should the account be referred<br>social separate bills for service<br>ialists my attending physician or<br>service separate setting physician or<br>setting physician or<br>setting physician or setting physician or<br>its be made either to me or on m   | d to an attorney for collect<br>a rendered by specialists<br>pandted with.   | ion, I shall pay reasonable attorney's f<br>such as radiologists, anesthesiologists<br>   | ees and collection expense.<br>, private physicians, emergen<br>Initials <u>EE</u><br>mot. I request that payment<br>revider for any services furnish   |
| erms of the medical cente<br>understand that I will m<br>hysicians, and other spec<br>certify that the informat<br>minorized Medicare benefit<br>o me by that physician/pa   | c. Should the account be referred<br>pocifies separate bills for service<br>ialists my attending physician or<br>ion given by me in applying for<br>its be made either to me or on my<br>ovider. I authorize any holder   | d to an attorney for collect<br>a rendered by specialists<br>pandted with.   | ion, I shall pay reasonable attorney's f<br>such as radiologists, anesthesiologists<br>   | ees and collection expense.<br>, private physicians, emergen<br>Initials <u>ED</u><br>rect. I request that payment<br>rovider for any services furnish<br>Pinancing Administration and  |
| erms of the medical cente<br>( understand that I will m<br>physicians, and other spec<br>) certify that the information<br>mthorized Medicare benefit<br>to me by that physician/p<br>ugents any information ner<br>) request that payment of a<br>Physicians for any service  | c. Should the account be referred<br>social separate bills for service<br>ialists my attending physician co-<br>ion given by me in applying for<br>its be made either to me or on my<br>ovider. I authorize any holder<br>acted to determine these benefits<br>athorized Medigap benefits be m<br>s furnished to me by that physic  | d to an attorney for collect<br>a rendered by specialists<br>pandted with.   | ion, I shall pay reasonable attorney's f<br>such as radiologists, anesthesiologists<br>will of the Social Scentry Act is con<br>I Center at Ithaca and/or my imating pr<br>out me to release to the Health Care I<br>related services.  | tees and collection expense.<br>Initials ED<br>Troot. I request that payment<br>rovider for any services furnish<br>Pinancing Administration and<br>Initials<br>Canador Arrowhead Branegor  |
| erms of the medical cente<br>( understand that I will m<br>physicians, and other spec<br>) certify that the information<br>mthorized Medicare benefit<br>to me by that physician/p<br>ugents any information ner<br>) request that payment of a<br>Physicians for any service  | c. Should the account be referred<br>social separate bills for service<br>ialists my attending physician or<br>ion given by me in applying for<br>its be made either to me or on m<br>ovider. I authorize any holder<br>attend to determine these benefits<br>athorized Medigap benefits be to  | d to an attorney for collect<br>a rendered by specialists<br>pandted with.   | ion, I shall pay reasonable attorney's f<br>such as radiologists, anesthesiologists<br>will of the Social Scenity Act is con<br>I Center at Ithaca and/or ray treating pr<br>out me to release to the Health Care I<br>related services.<br>whalf to Cayuga Medical Center at Itha<br>thorize any holder of medical inform<br>is payable for related services.                  | tees and collection expense.<br>Initials ED<br>Troot. I request that payment<br>rovider for any services furnish<br>Pinancing Administration and<br>Initials<br>Canador Arrowhead Branegor  |
| erms of the medical cente<br>(understand that I will m<br>physicians, and other spec<br>) certify that the informati<br>mthorized Medicare benef<br>to me by that physician/pa<br>greats any information us<br>physicians for any service<br>(nsorance Company any in  | c. Should the account be referred<br>social separate bills for service<br>ialists my attending physician of<br>ion given by me in applying for<br>its be made either to me or on my<br>ovider. I authorize any holder<br>attend to determine these benefits be m<br>athorized Medigap benefits be m<br>is furnished to me by that physi-<br>formation needed to determine to<br>a service to determine the second secon | d to an attorney for collect<br>a rendered by specialists<br>pandted with.<br>MRDICARE<br>or payment under Tale XV<br>y behalf to Cayuga Medica<br>of medical information ab<br>or the benefits payable for<br>MEDIGAP =<br>ade either to me or on my b<br>ician or organization. I at<br>these benefits or the beacting<br>OTHER THIRD-PARTY  | ion, I shall pay reasonable attorney's f<br>such as radiologists, anesthesiologists<br>VIII of the Social Security Act is con<br>I Center at Ithaca and/or ray treating pr<br>out me to release to the Health Care I<br>related services.<br>Chalf to Cayuga Medical Center at Itha<br>thorize any holder of medical inform<br>is payable for related services.                 | ees and collection expense.<br>Initials EP<br>neet. I request that payment<br>rovider for any services furnish<br>Financing Administration and<br>Initials<br>rea and/or Arrowhead Bracegos<br>ation about me to release to y<br>Initials   |
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|---|--|--|---|--|-----------------|
|   | PHYSICIAN  |  | · · ·   |  |                 |
|   | To Support an Application for  |  | ы. <u>М.</u>  |  |                 |
|   | Involuntary Admission  |  |   |  |                 |
|   | <b>y</b>   |  |   | rumansporg Rd                                  | -               |
|   | CERI   | TIFICAT  |   |  | ······          |
| Ŧ   | Arthur Roomnelt  |  |   | hanah  | y certify that: |
| 4   | Nome of Examining Phys   | aldan)   |   | , Mereo  | y cerary unat   |
| 1, I  | am a physician licensed to practice media  | cine In New  | York State.   |  |                 |
| <b>2</b> . I  | have with care and diligence personally e  | examined the   | above named ;   | person   |                 |
|   | n: 1 x0 xx year at Caucier   | 4 Medica   | e Centre  |  |                 |
| -   |  | (place u   | ahere examined)   | • · · •  | <b>-</b>        |
| <b>3</b> . I  |  | -  |   |  |                 |
| 4   | . this person is in need of involuntary ca   |  |   |  |                 |
|   | <ul> <li>inpatient services for the mentally ill ("<br/>means that the person has a mental ill</li> </ul>  |  |   |  |                 |
|   | patient in a hospital is essential to such   |  |   |  |                 |
|   | Rupaired that he or she is unable to ut  | •  |   |  |                 |
| ·   | ment); and   |  |   |  |                 |
| 5   | as a result of his or her mental illness,  |  |   |  |                 |
|   | harm to self or others ("substantial three   |  |   |  |                 |
|   | refused or inability to meet his or her e  |  |   |  |                 |
|   | health care, or (ii) the person's history  | -  |   | ated with non-                                 |                 |
|   | compliance with mental health treatme  |  |   |  |                 |
|   | have formed my opinion on the basis of   |  |   | obtained (descri                               | bed             |
| D   | elow and on the reverse side) and my ex  |  | •   |  |                 |
|   |  |  |   | hat they are mad                               | -               |
|   | have considered alternative forms of care  | and treatme  | ent but believe t   | nat may are black                              | 6.              |
| 5, 1  | have considered alternative forms of care<br>wate to provide for the needs of this pers  |  |   |  |                 |
| 5. I<br>q   | uate to provide for the needs of this pers   | son, or are n  | ot available.   |  |                 |
| 5.1<br>9<br>6.1   |  | son, or are n<br>ed prior treat  | ot available.<br>ment, I have, in   | sofar as possible,                             |                 |
| 5.1<br>9<br>6.14<br>c   | uate to provide for the needs of this pers<br>this person has to my knowledge receive<br>onsulted with the physician or psychologi   | son, or are n<br>ed prior treat<br>ist furnishing  | ot available.<br>ment, I have, in<br>such prior treat   | sofar as possible,<br>ment.                    |                 |
| 5.1<br>9<br>6.1<br>7.7  | <b>uate</b> to provide for the needs of this pers<br>t this person has to my knowledge receive   | son, or are n<br>ed prior treat<br>ist furnishing  | ot available.<br>ment, I have, in<br>such prior treat   | sofar as possible,<br>ment.                    |                 |
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| Person's Harris (Last, Rose, Bill)   |
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| Saunders, Kevin E.   |
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| 1668 Trumenstairy Rd.  |
| TION   |
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| York State.  |
| e above named person   |
| GA MEDICAL CENTER  |
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| tment in a hospital providing  |
| involuntary care and treatment"  |
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| vellare and whose judgment is so<br>he need for such care and treat-       |
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| poses a substantial threat of  |
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| nformation I have obtained (described)<br>of this person.                  |
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| NOTICE OF STATUS AND RIGHTS  |   |   |
| INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION<br>(to be given to the patient at the time of   |   |   |
| admission to the hospital)   | ies   |   |
| Section 9.27 Mental Hygiona Law  |   |   |
|  | Paulity States  | sent addition to the  |
|  |   | Advision Date:  |
| IO:  |   | Ma Day  |
| Based upon the certificates of two examining physicians<br>of the psychiatric staff of this hospital, you have been admitt<br>which provides care and treatment for persons with mental if<br>of up to 60 days from the date of your admission, unless you it<br>you may be released, or converted to voluntary or informal sta-<br>care and treatment and are suitable for such status. | ted as an involuntary-sta<br>iness. You may be kept<br>have had a court hearing | etus patient to this hospital<br>in the hospital for a period<br>1. During this 60 day period |
| You, and anyone acting on your behalf, should teel free t<br>and rights under the Mantal Hygiene Law, and the rules and  | to ask hospital staff abou<br>I regulations of this hos                         | t your condition, your status<br>pital.   |
| If you, or those acting on your behall, believe that you<br>or they may make a written request for a court hearing. Copies<br>director to the appropriate court and the Mental Hygiene Le  | s of such a request will b  | ry care and treatment, you<br>e forwarded by the hospital                                     |
| MENTAL HYGIENE LEG   | AL SERVICE  |   |
| The Mental Hyglene Lagai Service, a court agency indiantily with protective legal services, advice and assistance, inclution. You are entitled to be informed of your rights regarding a court hearing, to be represented by a lawyer, and to seek   | uding representation, with<br>hospitalization and treat                         | th regard to your hospitaliza-  |
| You, or someone acting on your behalf, may see or comr<br>Legal Service by telephoning or writing directly to the office of<br>such arrangements for you.<br>The Mental Hyglene Legal Service representative for   | the Service or by reque   | esting hospital stalt to make   |
|  |   |   |
| MENTAL HYGIENE LEGA  |   |   |
| _ 100 WASHINGTON STRE<br>BUILDING 4'   | RL  |   |
| ELMIRA, NY 14901   |   |   |
| DIMINA, NI 14901   |   |   |
| -  |   |   |
| (607)271-9262  |   |   |
|  | IN A COPY OF THIS N   | CTISE.  |
| (607)271-9262  | N A COPY OF THIS N  |   |
| (607) 271-9262<br>THE ABOVE PATENT HAS BEEN GIVE<br>Bightman of Steff Physician<br>COPIES TD; CO   | Da<br>PIES TO: Parmons designated by  |   |
| (607) 271-9262<br>THE ABOVE PATENT HAS BEEN GIVE<br>Bightman of Steff Physician<br>COPIES TD; CO   |   | le  |
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| (607) 271-9262<br>THE ABOVE PATIENT HAS BEEN OVE<br>Gignetian of Staft Physician<br>COPIES TD; CO<br>(V)<br>(Criginal Applicant)   | Da<br>PIES TO: Parmons designated by  | le  |
| (607) 271-9262<br>THE ABOVE PATIENT HAS BEEN OVE<br>Biginations of Staff Physician<br>COPIES TD; CO  | Da<br>PIES TO: Parmons designated by  | le  |
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| (607) 271-9262<br>THE ABOVE PATIENT HAS BEEN GIVE<br>Fightmine of Stell Physician<br>COPIES TD; CO<br>(Vighted Applicant)<br>(Approx Relative)<br>A copy of this Notice of Status and Rights is also being   | Da<br>PIES TO: Parsons designated by<br>None, type in "NONE".)<br>              | de<br>petien: to be informed of ediplication.<br>ane Legal Service.                           |