

Exhibit - 8



Medical Rec. No: 688916

Attending Physician: SHAHID JAMIL, M.D.

Room Number: MH-0451-B

Patient Type: I

Account No: 6346842

Admit Date: 05/14/03

Discharge Date: 05/23/03

Name: STASKO, STANLEY

D.O.B. 06/06/69

Age: 033Y

Sex: M

PATIENT'S CONDITION AT THE TIME OF ADMISSION: He was overdressed for our unit. He had a well-pressed pants, shirt and tie on. Was alert, awake, oriented, pleasant and cooperative. Speech was understandable but not goal directed due to looseness of association and frequent thought blocking and his tendency to be absolutely precise. For example, he felt that if somebody asked him if the food was tasty and he was not paying attention to the taste while eating, he could not answer that question truthfully. He would often stop in the middle of a sentence and concentrate on his thoughts to make sure that he was answering precisely. He admitted having auditory command hallucinations but at this time these are more of a benign nature but they are constant throughout the day. Paranoid and religious preoccupation is present. Obsessional thinking pattern is present. He denies being suicidal or wanting to hurt himself or others. Insight is superficial.

Physical assessment was done by Dr. Sura. Due to the patient's concerns about unprotected sex, HIV and tests for hepatitis were done and were negative.

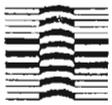
Labs consisted of CBC with differential, blood chemistry, thyroid studies and urine analysis, all of which were essentially unremarkable. B12 and folate levels were done also. B12 level came back at 157 picogram per ml and folate was 12.3. He received three injections of B12 from Dr. Sura. Alcohol and drug screen were negative. CT scan of the brain was negative.

TREATMENT COURSE DURING HOSPITALIZATION: After a lengthy discussion about diagnosis, differential diagnosis and treatment options, we decided to go with Risperdal 1 mg a.m. and h.s., eventually increasing to 2 mg a.m. and h.s. He was complaining of daytime sedation and it was changed to 3 mg at h.s. and eventually Zoloft was added at 50 mg after dinner. He tolerated the medications very well and showed rather slow but steady improvement with gradual reduction in all of his symptoms. He became much more spontaneously, the thought blocking decreased, the looseness of association decreased and he was able to carry out a goal-directed conversation much better.

I had several discussions also with the patient regarding the importance of his family history and possibly the need for a mood stabilizer should hypomanic-manic symptoms emerge and the importance of treatment follow-through. He often commented that as far as he was concerned, all that he needed was a good confessional session with a Catholic priest and did not

4100132 6/98

DISCHARGE SUMMARY



Medical Rec. No: 688916	Account No: 6346842
Attending Physician: SHAHID JAMIL, M.D.	Admit Date: 05/14/03
Room Number: MH-0451-B	Patient Type: I
	Discharge Date: 05/23/03

Name: STASKO, STANLEY D.O.B. 06/06/69 Age: 033Y Sex: M

see why people were so worried about his symptoms and wanted him to be in the hospital. This worries me because in spite of several discussions with the patient, he does not seem to have gained much of an insight.

PATIENT'S CONDITION AT THE TIME OF DISCHARGE: His psychotic symptoms appear to have significantly lessened. The mood seems to be much more brighter and more stable. He was tolerating the medications very well.

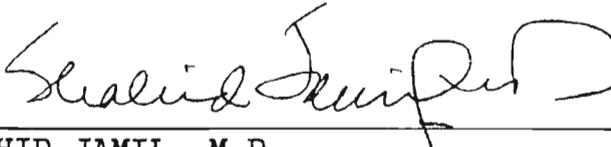
Prognosis is good with continued treatment.

RECOMMENDATIONS: Arrangements have been made for the patient to be followed by Easter Seals and he promised he that he would follow through. A two-week supply for Risperdal 3 mg at h.s. and Zoloft 50 mg after dinner was given to the patient. No restrictions were placed on his diet or mobility. I have explained to the patient that the B12 level being low right now is being blamed on his poor dietary intake prior to hospitalization but needs to be followed up as an outpatient and he promised me he would do so. Temporarily, he is going to stay with his sister and then go back to his home once the symptoms are even under better control. Between now and such time as he gets to see the psychiatrist at Easter Seals, should his condition worsen, especially should his suicidal thoughts or urges to hurt himself come back, he is to call Common Ground, call me or come back to the emergency room immediately and he promised to do so.

A copy of his labs and CT scan were faxed to Easter Seals with his permission to ensure smooth transition.

Dictated By: JAMIL, SHAHID

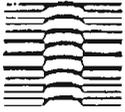
^1
^2



SHAHID JAMIL, M.D.

DD: 05/24/03 DT: 05/29/03 1353 \: mf3 /: 540 JOB: 17228
ID: 000207021

Medical Records Report



NORTH OAKLAND MEDICAL CENTERS
DEPARTMENT OF PSYCHIATRY

1 574594 1 13Y 51403
588915 10669 33Y
STASKO, STABLEY
JAMIL, SHAHID
M F

CONSENT FOR PSYCHOTROPIC MEDICATION

I am a patient of Dr. JAMIL. He/She has informed me that he/she recommends that I receive psychotropic medication for treatment of my disorder. Although everybody's response to this medication is different, in many cases similar to mine, this medication has demonstrated that it is helpful in alleviating or reducing some of the signs and symptoms typical of my disorder. While there is no guarantee that this medication will be 100% effective, my doctor is of the opinion that there is no alternative form of treatment suitable for me, which is likely to be more effective.

I hereby acknowledge that my doctor did discuss with me the various risks and benefits associated with taking psychotropic medications, checked below:

MAJOR TRANQUILIZERS: Dry mouth, constipation, blurred vision (close up), various rashes, blood pressure changes (drop in blood pressure with change of position), and muscle spasms. Tardive dyskinesia, a side effect that may or may not develop with taking major tranquilizer, sometimes only after a short time (a few weeks or months) or more commonly after years of therapy, was discussed. Tardive dyskinesia is a condition that might occur while taking the medication or after the medication has been discontinued; and it may or may not go away, quickly or slowly. Tardive dyskinesia consists of movement of certain muscles that may or may not include the mouth, lips, or less commonly, muscles of the trunk (pelvis and hips). RISPERDAL

ANTI-DEPRESSANT (Tricyclic): Dry mouth, sedation, blurred vision, blood pressure changes, constipation, EKG changes, changes in heart beat, urinary retention, allergic reaction.

ANTI-DEPRESSANT (MAOI): Must adhere to a special diet and use special caution in taking other medications which can raise the blood pressure when combined with this medication for approximately two weeks after discontinuation. Dry mouth, restlessness, allergic reaction.

LITHIUM CARBONATE: At therapeutic levels these side effects may be seen: tremors, nausea, vomiting, diarrhea, frequent urination, fatigue, thyroid changes, and allergic reactions. At higher levels these side effects may be seen: confusion, seizures, coma.

MINOR TRANQUILIZERS AND SEDATIVES: Sedation, slowed reaction time, psychological and physical dependence and allergic reactions.

STIMULANT: Nervousness, insomnia, decreased appetite and weight loss, rapid heart beat, increased blood pressure, psychological and physical dependence.

OTHER:

Any of these medications may cause drowsiness and might increase the effects of alcohol or other sedatives (such as drowsiness or poor coordination). Caution in driving and operating machinery and other tasks requiring alertness and coordination should be exercised. This explanation of risks and benefits is not meant to be all inclusive. There are other potential adverse reactions. I should promptly notify my doctor or another member of the staff if there are any unexpected changes in my condition.

I understand that I may not be compelled to take this medication and that I may decide to stop taking it at any time. I understand that the symptoms of my disorder may return or worsen if I stop taking this medication.

After a period with a specific medication, my doctor may determine that a different dosage of the same medication or a different type of medication may be necessary before the best medication is found.

I also understand that although my doctor believes that this medication will help me, there is no guarantee as to the results that may be obtained. On this basis, I authorize my doctor (or anyone authorized by him or her) to administer such doses of medication at such intervals as my doctor believes is best. I also authorize my doctor (or anyone authorized by him or her) to change the type of medication I am to receive or the doses of my medication in order to achieve the best results possible.


Patient's Signature


Physician's Signature

Parent/Legal Guardian's Signature

5/14/03

Date



*Instructions: Check X to indicate choice; write in alternate choice/dose

UKDA

Identification area

450 A

Stanley Stasko

Date 5-14-03 Time 0345

1. Level U-nated

2. Regular Diet - 933

3. Consult Dr. SUA for history and physical examination ie:
7641239 - On Cal. to Notify

4. Lab studies if not done in ER

CBC

UA

SMA18 - 7641239

T3 - 230

T4 - 931

TSH - 939

5. EKG re:

6. Pregnancy Test as appropriate

7. OT/RT 935

8. Group Therapy - 934

9. Social work consult for social history - 7641238

10. Geropsych tract for patients > 60 years

11. Dual diagnosis track

12. Tylenol gr X q 4 prn fro headache

13. MOM 30 ml prn for constipation

14. Maalox/Mylanta 30 ml qid prn

15. Restoril 15 mg q HS prn

Ativan 1mg q 6h prn 1m/90
Haloperidol 5mg q 6h prn 1m/90

16. Other

NO Dr. Jamil / D. V. T. H. &

Shahid Jamil

1 634584
688916
STASKO, STANLEY
JAMIL, SHAHID
JAMIL, SHAHID
PSY 51403
0669 33Y
M F

Identification Area

1 634584
688916
STASKO, STANLEY
JAMIL, SHAHID
JAMIL, SHAHID
PSY 51403
0669 33Y
M F

NORTH OAKLAND MEDICAL CENTERS
PONTIAC, MICHIGAN

USE BALL POINT PEN — PRESS FIRMLY PLEASE

DRUG SENSITIVITIES:

IDENTIFICATION AREA

PHAR	DATE	5/14/03	TIME
CK ✓	A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.		
<p>Risperdal 1mg now given then of Am + H3N1A SW → pl contact family for additional info ASAP. 764252 Saadid Saadid</p>			
<p><i>[Signature]</i> 5/14/03</p>			

1 51403
 408910 33Y
 STASCO, STALEY
 JAMIL, SAHID
 JAMIL, SAHID
 H F

DRUG SENSITIVITIES:

IDENTIFICATION AREA

PHAR	DATE	5/14/03	TIME	2:30 PM
CK ✓	A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.			
<p>EEG - 370 Referral call Secum B12, # 438 - Secum VORL, # 435 - HIV (Quarantine), # 437</p>				
<p>litq pot chlor 20mg po bid x(8) CT Brain with contrast # 7642440 day - No tumor, HIV encephalopathy</p>				
<p>Letter on 5/16/03 Noted C Saadid 5-14-03</p>				

1 51403
 408910 33Y
 STASCO, STALEY
 JAMIL, SAHID
 JAMIL, SAHID
 H F

[Circled Stamp]
 C.T. Done 5-14-03

7642439

[Handwritten note]
 contact re

[Handwritten signature]
 Katarwan

NORTH OAKLAND MEDICAL CENTERS
PONTIAC, MICHIGAN

USE BALL POINT PEN — PRESS FIRMLY PLEASE

DRUG SENSITIVITIES:

IDENTIFICATION
AREA

PHAR	DATE	5/15/03	TIME
CK ✓	A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.		
Cancel Eto			
↑ Risperdal 2mg q Am + HS noted + given			
Shahid Jaffer			
Noted C. Longman			
5-15-03			

1 54455
STANLEY, STANLEY
JAMIL, SHAHID
JAMIL, SHAHID
PST 0669
PST 0669
51407
51407
N F

DRUG SENSITIVITIES:

IDENTIFICATION
AREA

PHAR	DATE	5/16/03	TIME
CK ✓	A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.		
Cancel to II			
Shahid Jaffer			
Noted C. Longman			
5-16-03			

1 54455
STANLEY, STANLEY
JAMIL, SHAHID
JAMIL, SHAHID
PST 0669
PST 0669
51407
51407
N F

NORTH OAKLAND MEDICAL CENTERS
PONTIAC, MICHIGAN

USE BALL POINT PEN — PRESS FIRMLY PLEASE

DRUG SENSITIVITIES:

IDENTIFICATION AREA

PHAR	DATE	TIME
	5/14/03	2:30pm
CK ✓	A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.	
	<p>in B 12 1 mg In today</p> <p>Tab metformin po 1 @</p> <p><i>DRUG</i></p>	
	<p>noted Sawad Benk 5/14/03</p>	

1 674100
248911
STALEY, STALEY
JAMIL, SHAHID
JAMIL, SHAHID
M F
33Y
51403

DRUG SENSITIVITIES:

IDENTIFICATION AREA

PHAR	DATE	TIME
	5/19/03	
CK ✓	A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.	
	<p>d/c Am Risperdal</p> <p>↑ H3 Risperdal to 3mg daily</p> <p>lost 25 mg q daily p dinner</p> <p>Sawad Benk</p> <p>noted 5/19/03 Sawad Benk</p>	

1 674100
248911
STALEY, STALEY
JAMIL, SHAHID
JAMIL, SHAHID
M F
33Y
51403

NORTH OAKLAND MEDICAL CENTERS
PONTIAC, MICHIGAN

USE BALL POINT PEN — PRESS FIRMLY PLEASE

DRUG SENSITIVITIES:

IDENTIFICATION
AREA

PHAR	DATE	5/19/2003	TIME	6:30 AM
CK ✓	A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.			
		2hl	Blk	1mg
			Im	1 on 5/20
				↑ 5/22
				50mg
				Noted

1 474884
489914
STASCO, STANLEY
JAMIL, SHAHID
JAMIL, SHAHID
40669
51403
33Y
M F

DRUG SENSITIVITIES:

IDENTIFICATION
AREA

PHAR	DATE	5/20/03	TIME	
CK ✓	A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.			
		↑ 2hl Tolate to 50mg to dinner daily		
		Noted		
		Shahid Jamil MD		
		Noted 5/20/03		

1 474884
489914
STASCO, STANLEY
JAMIL, SHAHID
JAMIL, SHAHID
40669
51403
33Y
M F

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX
STASKO, STANLEY	MH	450	A	033Y	KG		M

MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME	DOSE PERIOD
688916	6346842	JAMIL, SHAHID	5/14/03 7:01 - 5/15/03 7:00

DIAGNOSIS	ALLERGIES	MEDICATION ADMINISTRATION DATES					
PSYCHOTIC DISORDER	NO KNOWN DRUG ALLERG	7:01-15:00	15:01-23:00	23:01-7:00			
		TIME	SITE	INITIAL	TIME	SITE	INITIAL

TYLENOL TABLET ACETAMINOPHEN T
650MG=2TAB EVERY 4 HR PRN P.O.
START: 5/14/03 3:38 STOP: 8/12/03 1:00
FOR HEADACHE PRN#
1 ✓

MILK OF MAGNESIA CONCENTRATE *PRN*
10ML AS NEEDED P.O.
START: 5/14/03 3:38 STOP: 8/12/03 1:00
PRN CONSTIPATION: 10ML CONC=30ML REGULAR PRN#
2 ✓

MAALOX PLUS SUSP. *PRN*
30ML QID PRN P.O.
START: 5/14/03 3:38 STOP: 8/11/03 21:00
TAKE AS NEEDED 4 TIMES A DAY PRN#
3 ✓

ATIVAN INJ. LORAZEPAM INJ.
1MG=0.5ML EVERY 6 HR PRN I.M.
START: 5/14/03 3:38 STOP: 5/23/03 24:00
IM/PO PRN#
4 ✓

ATIVAN TAB. LORAZEPAM TAB.
1MG=1TAB EVERY 6 HR PRN P.O.
START: 5/14/03 3:39 STOP: 5/23/03 24:00
PO/IM PRN#
5 ✓

HALDOL INJ. HALOPERIDOL INJ.
5MG=1ML EVERY 6 HR PRN I.M.
START: 5/14/03 3:39 STOP: 5/23/03 24:00
PO/IM PRN#
6 ✓

HALDOL TAB. HALOPERIDOL TAB.
5MG=1TAB EVERY 6 HR PRN P.O.
START: 5/14/03 3:40 STOP: 8/11/03 24:00
PO/IM PRN#
7 ✓

5/14/03 Risperdal 1mg Stat PO 0142 PO KG

5/14/03 Risperdal 1mg QAM
+ QHS PO 200 CJ

5-14 Veg. got chills. some
- 0.2 103 10x3 Days 1700 CJ

() () () () () () () ()

PATIENT NAME		NS	ROOM	BED	AGE	WEIGHT	M ²	SEX
STASKO, STANLEY		MH	450	A	033Y	KG		M
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME			DOSE PERIOD			
688916	6346842	JAMIL, SHAHID			5/15/03 7:01 - 5/16/03 7:00			
DIAGNOSIS		ALLERGIES			MEDICATION ADMINISTRATION DATES			
PSYCHOTIC DISORDER		NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00	23:01- 7:00	
TIME	SITE	INITIAL	TIME	SITE	INITIAL	TIME	SITE	INITIAL
RISPERDAL TABLET, RISPERIDONE TAB	900	PO	100	2100				
1MG=1TAB AM AND HS P.O.								
START: 5/14/03 9:00 STOP: 8/11/03 21:00								
5/15/03 ↑ 2mg QAM & HS PO MED# 8								
POTASSIUM CHLOR 10%	900	PO	100	1700				
20MEQ=15ML TWICE DAILY P.O.								
START: 5/14/03 16:10 STOP: 5/17/03 9:00								
MED# 9								
TYLENOL TABLET, ACETAMINOPHEN T								
650MG=2TAB EVERY 4 HR PRN P.O.								
START: 5/14/03 3:38 STOP: 8/12/03 1:00								
FOR HEADACHE PRN# 1								
MILK OF MAGNESIA CONCENTRATE								
10ML AS NEEDED P.O. *PRN*								
START: 5/14/03 3:38 STOP: 8/12/03 1:00								
PRN CONSTIPATION: 10ML CONC=30ML REGULAR PRN# 2								
MAALOX PLUS SUSP.								
30ML QID PRN P.O. *PRN*								
START: 5/14/03 3:38 STOP: 8/11/03 21:00								
TAKE AS NEEDED 4 TIMES A DAY PRN# 3								
ATIVAN INJ., LORAZEPAM INJ.								
1MG=0.5ML EVERY 6 HR PRN I.M.								
START: 5/14/03 3:38 STOP: 5/23/03 24:00								
IM/PO PRN# 4								
ATIVAN TAB., LORAZEPAM TAB.								
1MG=1TAB EVERY 6 HR PRN P.O.								
START: 5/14/03 3:39 STOP: 5/23/03 24:00								
PO/IM PRN# 5								
HALDOL INJ., HALOPERIDOL INJ.								
5MG=1ML EVERY 6 HR PRN I.M.								
START: 5/14/03 3:39 STOP: 5/23/03 24:00								
PO/IM PRN# 6								
HALDOL TAB., HALOPERIDOL TAB.								
5MG=1TAB EVERY 6 HR PRN P.O.								
START: 5/14/03 3:40 STOP: 8/11/03 24:00								
PO/IM PRN# 7								

MEMO: ATION ADMINISTRATION RECORD FORM NO. 410003A Rev. 1/97/00

____ () *[Signature]* () _____ () *[Signature]* () _____ () _____ ()

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX		
STASKO, STANLEY	MH	450	A	033Y	KG		M		
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME		DOSE PERIOD					
688916	6346842	JAMIL, SHAHID		5/16/03 7:01 - 5/17/03 7:00					
DIAGNOSIS	ALLERGIES		MEDICATION ADMINISTRATION DATES						
PSYCHOTIC DISORDER	NO KNOWN DRUG ALLERG		7:01-15:00	15:01-23:00	23:01- 7:00				
	TIME	SITE	INITIAL	TIME	SITE	INITIAL	TIME	SITE	INITIAL
POTASSIUM CHLOR 10% 20MEQ=15ML TWICE DAILY P.O. START: 5/14/03 16:10 STOP: 5/17/03 9:00 MED# 9	900		SK	1700	o	h			
RISPERDAL TABLET, RISPERIDONE TAB 2MG=1TAB AM AND HS P.O. START: 5/15/03 9:00 STOP: 8/12/03 21:00 MED# 10	900		SI	2100	o	h			
TYLENOL TABLET, ACETAMINOPHEN T 650MG=2TAB EVERY 4 HR PRN P.O. START: 5/14/03 3:38 STOP: 8/12/03 1:00 FOR HEADACHE PRN# 1									
MILK OF MAGNESIA CONCENTRATE 10ML AS NEEDED P.O. START: 5/14/03 3:38 STOP: 8/12/03 1:00 PRN CONSTIPATION: 10ML CONC=30ML REGULAR PRN# 2									
MAALOX PLUS SUSP. 30ML QID PRN P.O. START: 5/14/03 3:38 STOP: 8/11/03 21:00 TAKE AS NEEDED 4 TIMES A DAY PRN# 3									
ATIVAN INJ., LORAZEPAM INJ. 1MG=0.5ML EVERY 6 HR PRN I.M. START: 5/14/03 3:38 STOP: 5/23/03 24:00 IM/PO PRN# 4									
ATIVAN TAB., LORAZEPAM TAB. 1MG=1TAB EVERY 6 HR PRN P.O. START: 5/14/03 3:39 STOP: 5/23/03 24:00 PO/IM PRN# 5									
HALDOL INJ., HALOPERIDOL INJ. 5MG=1ML EVERY 6 HR PRN I.M. START: 5/14/03 3:39 STOP: 5/23/03 24:00 PO/IM PRN# 6									
HALDOL TAB., HALOPERIDOL TAB. 5MG=1TAB EVERY 6 HR PRN P.O. START: 5/14/03 3:40 STOP: 8/11/03 24:00 PO/IM PRN# 7									

MEDICATION ADMINISTRATION RECORD FORM NO. 4100033 Rev. 11/00/03

J. Jones () () *S. Fledderus* () () () () () ()

PATIENT NAME		NS	ROOM	BED	AGE	WEIGHT	M ²	SEX					
STASKO, STANLEY		MH	450	A	033Y	KG		M					
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME			DOSE PERIOD								
688916	6346842	JAMIL, SHAHID			5/18/03 7:01 - 5/19/03 7:00								
DIAGNOSIS		ALLERGIES			MEDICATION ADMINISTRATION DATES								
PSYCHOTIC DISORDER		NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00	23:01- 7:00						
					TIME	SITE	INITIAL	TIME	SITE	INITIAL	TIME	SITE	INITIAL
RISPERDAL TABLET, RISPERIDONE TAB					900		SF	2100	Ø	SC			
2MG=1TAB AM AND HS P.O.													
START: 5/15/03 9:00 STOP: 8/12/03 21:00													
MED#													
10 In													
TYLENOL TABLET, ACETAMINOPHEN T													
650MG=2TAB EVERY 4 HR PRN P.O.													
START: 5/14/03 3:38 STOP: 8/12/03 1:00													
FOR HEADACHE PRN#													
1 In													
MILK OF MAGNESIA CONCENTRATE *PRN*													
10ML AS NEEDED P.O.													
START: 5/14/03 3:38 STOP: 8/12/03 1:00													
PRN CONSTIPATION: 10ML CONC=30ML REGULAR PRN#													
2 In													
MAALOX PLUS SUSP. *PRN*													
30ML QID PRN P.O.													
START: 5/14/03 3:38 STOP: 8/11/03 21:00													
TAKE AS NEEDED 4 TIMES A DAY PRN#													
3 In													
ATIVAN INJ., LORAZEPAM INJ.													
1MG=0.5ML EVERY 6 HR PRN I.M.													
START: 5/14/03 3:38 STOP: 5/23/03 24:00													
IM/PO PRN#													
4 In													
ATIVAN TAB., LORAZEPAM TAB.													
1MG=1TAB EVERY 6 HR PRN P.O.													
START: 5/14/03 3:39 STOP: 5/23/03 24:00													
PO/IM PRN#													
5 In													
HALDOL INJ., HALOPERIDOL INJ.													
5MG=1ML EVERY 6 HR PRN I.M.													
START: 5/14/03 3:39 STOP: 5/23/03 24:00													
PO/IM PRN#													
6 In													
HALDOL TAB., HALOPERIDOL TAB.													
5MG=1TAB EVERY 6 HR PRN P.O.													
START: 5/14/03 3:40 STOP: 8/11/03 24:00													
PO/IM PRN#													
7 In													
5-18 inj. B12 1mg Today								1700	Ø	SC			
5-18 multi vit. - - 1/2 QD								2200	Ø	SC			
_____ () _____ () _____ () _____ () _____ ()													
_____ () _____ () _____ () _____ () _____ ()													

MEDICATION ADMINISTRATION RECORD - FORM NO. 4100J33 Rev. 10/00

PATIENT NAME		NS	ROOM	BED	AGE	WEIGHT	M ²	SEX					
STASKO, STANLEY		MH	450	A	033Y	KG		M					
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME			DOSE PERIOD								
688916	6346842	JAMIL, SHAHID			5/17/03 7:01 - 5/18/03 7:00								
DIAGNOSIS		ALLERGIES			MEDICATION ADMINISTRATION DATES								
PSYCHOTIC DISORDER		NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00	23:01- 7:00						
					TIME	SITE	INITIAL	TIME	SITE	INITIAL	TIME	SITE	INITIAL
POTASSIUM CHLOR 10%					900		SF						
20MEQ=15ML TWICE DAILY P.O.								1700					
START: 5/14/03 16:10 STOP: 5/17/03 9:00													
MED#													
9							Jn						
RISPERDAL TABLET, RISPERIDONE TAB					900		SF	2100					
2MG=1TAB AM AND HS P.O.													
START: 5/15/03 9:00 STOP: 8/12/03 21:00													
MED#													
10							Jn						
TYLENOL TABLET, ACETAMINOPHEN T													
650MG=2TAB EVERY 4 HR PRN P.O.													
START: 5/14/03 3:38 STOP: 8/12/03 1:00													
FOR HEADACHE PRN#													
1							Jn						
MILK OF MAGNESIA CONCENTRATE													
10ML AS NEEDED P.O.													
START: 5/14/03 3:38 STOP: 8/12/03 1:00													
PRN CONSTIPATION:10ML CONC=30ML REGULAR PRN#													
2							Jn						
MAALOX PLUS SUSP													
30ML QID PRN P.O.													
START: 5/14/03 3:38 STOP: 8/11/03 21:00													
TAKE AS NEEDED 4 TIMES A DAY PRN#													
3							Jn						
ATIVAN INJ., LORAZEPAM INJ.													
1MG=0.5ML EVERY 6 HR PRN I.M.													
START: 5/14/03 3:38 STOP: 5/23/03 24:00													
IM/PO PRN#													
4							Jn						
ATIVAN TAB., LORAZEPAM TAB.													
1MG=1TAB EVERY 6 HR PRN P.O.													
START: 5/14/03 3:39 STOP: 5/23/03 24:00													
PO/IM PRN#													
5							Jn						
HALDOL INJ., HALOPERIDOL INJ.													
5MG=1ML EVERY 6 HR PRN I.M.													
START: 5/14/03 3:39 STOP: 5/23/03 24:00													
PO/IM PRN#													
6							Jn						
HALDOL TAB., HALOPERIDOL TAB.													
5MG=1TAB EVERY 6 HR PRN P.O.													
START: 5/14/03 3:40 STOP: 8/11/03 24:00													
PO/IM PRN#													
7							Jn						

MEDICATION ADMINISTRATION RECORD FORM NO. 410033 Rev. 1/03

[Handwritten signatures and initials]

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX
Stasko, Stanley		450	A	33			M
EDICAL RECORD #	PATIENT AC #	DOCTOR NAME			DOSE PERIOD		
	6346842	Dr Jamil					

DIAGNOSIS	ALLERGIES	MEDICATION ADMINISTRATION DATES								
	NKDA									

5/19/03 (SD)
 Zoloft 25mg Q Day p Dinner
 1800 CA

5/19 Unj. B12 1mg IM on 5/20
 + 5/22

[Handwritten signature] () *[Handwritten signature]* () () () () () () () () ()

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX
STASKO, STANLEY	MH	451	B	033Y	KG		M
MEDICATION RECORD #	PATIENT AC#	DOCTOR NAME		DOSE PERIOD			
688916	6346842	JAMIL, SHAHID		5/20/03 7:01 -- 5/21/03 7:00			
DIAGNOSIS	ALLERGIES			MEDICATION ADMINISTRATION DATES			
PSYCHOTIC DISORDER	NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00	23:01- 7:00	
VITAMINS, MULTIPLE				TIME	SITE	INITIAL	TIME
1TAB ONCE DAILY P.O.				900		SI	
START: 5/18/03 15:39 STOP: 8/16/03 9:00							
MED# 12							
RISPERDAL TABLET, RISPERIDONE TAB				900			
3MG=1TAB ONCE DAILY hs P.O.							
START: 5/20/03 9:00 STOP: 8/17/03 9:00							
MED# 13							
ZOLOFT TAB, SERTRALINE TAB							
25MG=0.5TAB EVERY EVENING P.O.							
START: 5/19/03 18:00 STOP: 8/16/03 18:00							
MED# 14							
VITAMIN B-12 INJ., CYANOCOBALAMIN				900			
1000MCG=1ML ONE TIME ONLY I.M.							
START: 5/20/03 9:00 STOP: 5/20/03 9:00							
ON 5-20 AND 5-22							
MED# 15							
VITAMIN B-12 INJ., CYANOCOBALAMIN							** NO DOSES DUE T ODAY
1000MCG=1ML ONE TIME ONLY I.M.							
START: 5/22/03 9:00 STOP: 5/22/03 9:00							
ON 5/20 AND 5/22							
MED# 16							
TYLENOL TABLET, ACETAMINOPHEN T							
650MG=2TAB EVERY 4 HR PRN P.O.							
START: 5/14/03 3:38 STOP: 8/12/03 1:00							
FOR HEADACHE							
PRN# 1							
MILK OF MAGNESIA CONCENTRATE							* PRN*
10ML AS NEEDED P.O.							
START: 5/14/03 3:38 STOP: 8/12/03 1:00							
PRN CONSTIPATION: 10ML CONC=30ML REGULAR							
PRN# 2							
MAALOX PLUS SUSP.							* PRN*
30ML QID PRN P.O.							
START: 5/14/03 3:38 STOP: 8/11/03 21:00							
TAKE AS NEEDED 4 TIMES A DAY							
PRN# 3							
ATIVAN INJ., LORAZEPAM INJ.							
1MG=0.5ML EVERY 6 HR PRN I.M.							
START: 5/14/03 3:38 STOP: 5/23/03 24:00							
IM/PO							
PRN# 4							
5-20 Zoloft 50mg P Dinner daily							
1800 CO							
<<< CONTINUED >>>							
L. F. Lewis (SF) Dec 19 2003 ()							

MEDICATION ADMINISTRATION RECORD FORM NO. 4100033 Rev. 10/00

PATIENT NAME		NS	ROOM	BED	AGE	WEIGHT	M ²	SEX					
STASKO, STANLEY		MH	451	B	033Y	KG		M					
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME			DOSE PERIOD								
688916	6346842	JAMIL, SHAHID			5/21/03 7:01 - 5/22/03 7:00								
DIAGNOSIS		ALLERGIES			MEDICATION ADMINISTRATION DATES								
PSYCHOTIC DISORDER		NO KNOWN DRUG ALLERG			7:01-15:00		15:01-23:00		23:01- 7:00				
					TIME	SITE	INITIAL	TIME	SITE	INITIAL	TIME	SITE	INITIAL
VITAMINS, MULTIPLE					900		SP						
1TAB ONCE DAILY P.O.													
START: 5/18/03 15:39 STOP: 8/16/03 9:00													
MED# 12													
RISPERDAL TABLET, RISPERIDONE TAB					900			2100		CA			
3MG=1TAB ONCE DAILY HS P.O.													
START: 5/20/03 9:00 STOP: 8/17/03 9:00													
MED# 13													
VITAMIN B-12 INJ, CYANOCOBALAMIN								** NO DOSES DUE T ODAY					
1000MCG=1ML ONE TIME ONLY I.M.													
START: 5/22/03 9:00 STOP: 5/22/03 9:00													
ON 5/20 AND 5/22 MED# 16													
ZOLOFT TAB, SERTRALINE TAB								1800		CA			
50MG=1TAB EVERY EVENING P.O. <i>P dinner</i>													
START: 5/20/03 18:00 STOP: 8/17/03 18:00													
MED# 17													
TYLENOL TABLET, ACETAMINOPHEN T													
650MG=2TAB EVERY 4 HR PRN P.O.													
START: 5/14/03 3:38 STOP: 8/12/03 1:00													
FOR HEADACHE PRN# 1													
MILK OF MAGNESIA CONCENTRATE													
10ML AS NEEDED P.O.													
START: 5/14/03 3:38 STOP: 8/12/03 1:00													
PRN CONSTIPATION: 10ML CONC=30ML REGULAR PRN# 2													
MAALOX PLUS SUSP.													
30ML QID PRN P.O.													
START: 5/14/03 3:38 STOP: 8/11/03 21:00													
TAKE AS NEEDED 4 TIMES A DAY PRN# 3													
ATIVAN INJ, LORAZEPAM INJ.													
1MG=0.5ML EVERY 6 HR PRN I.M.													
START: 5/14/03 3:38 STOP: 5/23/03 24:00													
IM/PO PRN# 4													
ATIVAN TAB, LORAZEPAM TAB.													
1MG=1TAB EVERY 6 HR PRN P.O.													
START: 5/14/03 3:39 STOP: 5/23/03 24:00													
PO/IM PRN# 5													

<<< CONTINUED >>>

____ () _____ () *S. Fleishman* _____ () _____ ()

MEDICATION ADMINISTRATION RECORD FORM NO. 410033 Rev. (10/00)

PATIENT NAME		NS	ROOM	BED	AGE	WEIGHT	M ²	SEX		
STASKO, STANLEY		MH	451	B	033Y	KG		M		
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME			DOSE PERIOD					
688916	6346842	JAMIL, SHAHID			5/22/03 7:01 -- 5/23/03 7:00					
DIAGNOSIS		ALLERGIES			MEDICATION ADMINISTRATION DATES					
PSYCHOTIC DISORDER		NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00		23:01- 7:00		
					TIME	SITE	INITIAL	TIME	SITE	INITIAL
VITAMINS, MULTIPLE					900		ST			
1TAB ONCE DAILY P.O.										
START: 5/18/03 15:39 STOP: 8/16/03 9:00										
MED#										
12										
VITAMIN B-12 INJ., CYANOCOBALAMIN					900	SM	ST			
1000MCG=1ML ONE TIME ONLY I.M.										
START: 5/22/03 9:00 STOP: 5/22/03 9:00										
ON 5/20 AND 5/22										
MED#										
16										
ZOLOFT TAB., SERTRALINE TAB.								1800		CS
50MG=1TAB EVERY EVENING P.O.										
START: 5/20/03 18:00 STOP: 8/17/03 18:00										
MED#										
17										
RISPERDAL TABLET, RISPERIDONE TAB								2200		CS
3MG=1TAB AT BED TIME P.O.										
START: 5/21/03 22:00 STOP: 8/18/03 22:00										
MED#										
18										
TYLENOL TABLET, ACETAMINOPHEN T										
650MG=2TAB EVERY 4 HR PRN P.O.										
START: 5/14/03 3:38 STOP: 8/12/03 1:00										
FOR HEADACHE										
PRN#										
1										
MILK OF MAGNESIA CONCENTRATE										
10ML AS NEEDED P.O.										
START: 5/14/03 3:38 STOP: 8/12/03 1:00										
PRN CONSTIPATION:10ML CONC=30ML REGULAR										
PRN#										
2										
MAALOX PLUS SUSP.										
30ML QID PRN P.O.										
START: 5/14/03 3:38 STOP: 8/11/03 21:00										
TAKE AS NEEDED 4 TIMES A DAY										
PRN#										
3										
ATIVAN INJ., LORAZEPAM INJ.										
1MG=0.5ML EVERY 6 HR PRN I.M.										
START: 5/14/03 3:38 STOP: 5/23/03 24:00										
IM/PO										
PRN#										
4										
ATIVAN TAB., LORAZEPAM TAB.										
1MG=1TAB EVERY 6 HR PRN P.O.										
START: 5/14/03 3:39 STOP: 5/23/03 24:00										
PO/IM										
PRN#										
5										
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MEDICATION ADMINISTRATION RECORD FORM NO. 4100033 Rev. 10/00

____ () _____ () *S. Pleidm of* *J. Durrant (CP)* _____ ()
 _____ () _____ () _____ () _____ () _____ ()

PATIENT NAME		NS	ROOM	BED	AGE	WEIGHT	M ²	SEX					
STASKO, STANLEY		MH	451	B	033Y	KG		M					
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME			DOSE PERIOD								
688916	6346842	JAMIL, SHAHID			5/22/03 7:01 - 5/23/03 7:00								
DIAGNOSIS		ALLERGIES			MEDICATION ADMINISTRATION DATES								
PSYCHOTIC DISORDER		NO KNOWN DRUG ALLERG			7:01-15:00		15:01-23:00		23:01- 7:00				
					TIME	SITE	INITIAL	TIME	SITE	INITIAL	TIME	SITE	INITIAL
HALDOL INJ., HALOPERIDOL INJ													
5MG=1ML EVERY 6 HR PRN I.M.													
START: 5/14/03 3:39 STOP: 5/23/03 24:00													
PO/IM PRN#													
6													
HALDOL TAB., HALOPERIDOL TAB													
5MG=1TAB EVERY 6 HR PRN P.O.													
START: 5/14/03 3:40 STOP: 8/11/03 24:00													
PO/IM PRN#													
7													

MEDICATION ADMINISTRATION RECORD FORM NO. 410033 Rev. 10/00

_____ () _____ () _____ () _____ () _____ ()
 _____ () _____ () _____ () _____ () _____ ()

PATIENT NAME		NS	ROOM	BED	AGE	WEIGHT	M ²	SEX					
STASKO, STANLEY		MH	451	B	033Y	KG		M					
MEDICATION RECORD #	PATIENT AC#	DOCTOR NAME			DOSE PERIOD								
688916	6346842	JAMIL, SHAHID			5/23/03 7:01 - 5/24/03 7:00								
DIAGNOSIS		ALLERGIES			MEDICATION ADMINISTRATION DATES								
PSYCHOTIC DISORDER		NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00	23:01-7:00						
					TIME	SITE	INITIAL	TIME	SITE	INITIAL	TIME	SITE	INITIAL
VITAMINS, MULTIPLE					900	O	W						
1TAB		ONCE DAILY		P.O.									
START: 5/18/03 15:39		STOP: 8/16/03 9:00											
MED#													
12													
ZOLOFT TAB., SERTRALINE TAB.					1800								
50MG=1TAB		EVERY EVENING		P.O.									
START: 5/20/03 18:00		STOP: 8/17/03 18:00											
MED#													
17													
RISPERDAL TABLET, RISPERIDONE TAB					2200								
3MG=1TAB		AT BED TIME		P.O.									
START: 5/21/03 22:00		STOP: 8/18/03 22:00											
MED#													
18													
TYLENOL TABLET, ACETAMINOPHEN T													
650MG=2TAB		EVERY 4 HR PRN		P.O.									
START: 5/14/03 3:38		STOP: 8/12/03 1:00											
FOR HEADACHE					PRN#								
					1								
MILK OF MAGNESIA CONCENTRATE					*PRN*								
10ML		AS NEEDED		P.O.									
START: 5/14/03 3:38		STOP: 8/12/03 1:00											
PRN CONSTIPATION:10ML CONC=30ML REGULAR					PRN#								
					2								
MAALOX PLUS SUSP.					*PRN*								
30ML		QID PRN		P.O.									
START: 5/14/03 3:38		STOP: 8/11/03 21:00											
TAKE AS NEEDED 4 TIMES A DAY					PRN#								
					3								
ATIVAN INJ., LORAZEPAM INJ.													
1MG=0.5ML		EVERY 6 HR PRN		I.M.									
START: 5/14/03 3:38		STOP: 5/23/03 24:00											
IM/PO					PRN#								
					4								
ATIVAN TAB., LORAZEPAM TAB.													
1MG=1TAB		EVERY 6 HR PRN		P.O.									
START: 5/14/03 3:39		STOP: 5/23/03 24:00											
PO/IM					PRN#								
					5								
HALDOL INJ., HALOPERIDOL INJ													
5MG=1ML		EVERY 6 HR PRN		I.M.									
START: 5/14/03 3:39		STOP: 5/23/03 24:00											
PO/IM					PRN#								
					6								
<<< CONTINUED >>>													

MEDICATION ADMINISTRATION RECORD FORM NO. 4100033 Rev 1/00/01

____ () _____ () _____ () *Walters* () _____ ()
 _____ () _____ () _____ () _____ () _____ ()

DEPARTMENT OF PSYCHIATRY

INTERDISCIPLINARY TEAM INITIAL TREATMENT PLAN

Date Of Admission: 5/14 19 2003

Date Of Conference: 5/20 19 03

Diagnoses: Axis I: Schizoaffective Disorder

Axis II: 0

Axis III: 0

- Axis IV: Support Group Social Environment Educational Problems
 Occupational Problems Housing Problems Economic Problems
 Legal System/Crime Access to Health Care Services

Axis V: GAF Score: Current: 50 Highest In Past Year: _____

Additional Important Information obtained since admission, such as information regarding physical health; cultural, spiritual, family/social, legal; changes in mental status; etc.:

Pt appears to be doing better = Responder + Zolofol.
Voices ↓. Denies thoughts of hurting self.

Expected Length Of Stay: 10 days

Problem number	Problem	Severity* at time of admission	Severity* on day of conference	Goals/ Nursing objectives	Estimated time to resolution	Actual date resolved
1	Potential for self injury AES attention to dig out his eyeballs	10	2	Pt. will be safe ^{while} by consent + be free of harmful thoughts by time of discharge	10-14 Days	
2	Alteration in thought process AES paranoid delusion	10	5	Pt. will view no thought or plan of self harm by time of discharge Pt. will no longer be regarding to internal stimuli by discharge. Thoughts to be based on reality	10-14 Days	
3	altered sensory perception	10	5			

*Severity: 0 _____ 10
None Severe

I 534564 PSY 5143
 44891 0669 33Y
 STASKO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

Specific Treatment Interventions:

Problem Number(s)	Treatment Services	Frequency	Discipline/Person Responsible
#1, 2, 3	<input type="checkbox"/> Individual Psychotherapy <input type="checkbox"/> Medication Management <input type="checkbox"/> Family Therapy	Daily	Psychiatry
#7, 2, 3	<input type="checkbox"/> Group Therapy <input type="checkbox"/> Family Therapy / Family Support <input type="checkbox"/> Placement Issues	Daily	Social Work
#7, 2, 3	<input type="checkbox"/> Leisure Education <input type="checkbox"/> Social Skills <input type="checkbox"/> Community Reintegration <input type="checkbox"/> Stress Management	5 Days/wk	Recreational Therapy
#7, 2, 3	<input type="checkbox"/> Workshop <input type="checkbox"/> ADL <input type="checkbox"/> Cognitive Skills <input type="checkbox"/> Creative Arts	5/Days/wk	Occupational Therapy
#1, 2, 3	<input type="checkbox"/> Medication Education <input type="checkbox"/> Discharge Planning <input type="checkbox"/> Positive Mental Health <input type="checkbox"/> Nursing Groups: _____ _____ _____	Daily	Nursing
	<input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Other: _____ _____ _____		<input type="checkbox"/> Psychology <input type="checkbox"/> Other: _____

Post-Discharge Follow-up Plans:

Psychiatrist: _____ Therapist/Clinic: Easter Seals.
Support Group(s): _____ Day Hospital, at: _____
Other: To stay in sister temporarily. Discharge on Thursday or Friday.

Patient/Legal Guardian's Response To Treatment Plan:

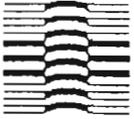
pt involuntary but agreeable to TX.

Date Of Next Conference: 5/27 19 2003

Team Members Present During Conference:

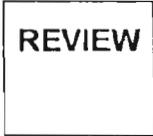
<u>[Signature]</u> Psychiatrist	<u>[Signature]</u> Nurse
<u>[Signature]</u> Social Work	<u>[Signature]</u> Psychology
<u>[Signature]</u> Occupational Therapy	<u>[Signature]</u> Recreational Therapy
_____	_____

INITIAL TREATMENT PLAN



**NORTH OAKLAND MEDICAL CENTERS
DEPARTMENT OF PSYCHIATRY**

TREATMENT PLAN REVIEW CONFERENCE



1 534684 P PSY 51403
 428916 0669 33Y
 STASKO, STANLEY
 JAMIL, SHAHID H F
 JAMIL, SHAHID

Date Of Review Conference: _____ 19 _____

Diagnosis Axis I: _____

Current Status Of Problems:

Problem Number	Severity*	Status**	Date Resolved / Initiated	Changes in Plan

*Severity: 0 _____ 10
 None Severe

** Status: Resolved / Changed / Initiated

Treatment Plan Review Conference

Medication Adjustments, Patient Response And Progress: _____

Changes In Discharge/Aftercare Plan: No
 Yes (Reasons for change): _____

Estimated Date Of Discharge: _____ 19 _____

Patient/Legal Guardian Response: _____

Team Members Present During Conference:

Psychiatrist

Nursing

Social Work

Psychology

Occupational Therapy

Recreational Therapy

1 74666 75Y 51403
4891K 0669 33Y
STASKO, STANLEY
JAMIL, SHAHID M F
JAMIL, SHAHID

To be reviewed with the patient after each Interdisciplinary Treatment Conference, held weekly.

WEEK 1 (5/20/03)
DATE

Status:

Plan:

Precautions:

- Remains unchanged
- Slight improvement
- Moderate improvement

- Unchanged/further assessment
- Medication adjustment
- (other) 1 201 of + to Sony Daily

- Type IV
- Type III
- Type II

Discharge issues: none (indicate) _____

S. J. [Signature]

Staff signature

[Signature]

Patient signature

WEEK 2 (_____)
DATE

Status:

Plan:

Precautions:

- Remains unchanged
- Slight improvement
- Moderate improvement

- Unchanged/further assessment
- Medication adjustment
- (other) _____

- Type IV
- Type III
- Type II

Discharge issues: none (indicate) _____

Staff signature

Patient signature

WEEK 3 (_____)
DATE

Status:

Plan:

Precautions:

- Remains unchanged
- Slight improvement
- Moderate improvement

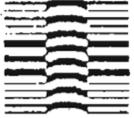
- Unchanged/further assessment
- Medication adjustment
- (other) _____

- Type IV
- Type III
- Type II

Discharge issues: none (indicate) _____

Staff signature

Patient signature



NORTH OAKLAND MEDICAL CENTERS
DEPARTMENT OF PSYCHIATRY

1 534494 PSY 51403
688916 0669 33Y
STASKO, STANLEY
JAMIL, SHAHID M F
JAMIL, SHAHID

INITIAL PSYCHIATRIC ASSESSMENT

Name: Stanley Stasko

Date Of Admission: 5/14/03 19

Voluntary: Yes No

Identifying Data: 33yrs old w/ s/o

Admitted From: Emergency Room Psychiatrist Office Primary Care Physician Referral CMH In-house transfer: _____
 The Center Other:

Reason For Admission: Potential danger to self Potential danger to others Destructive of property
 Unable to take of self Failure of out-patient treatment Other:

History of Present Illness: Pt is hx of "bizarre behavior for 3yrs per family, has been hearing voices that @ told him to gouge out his eyes & he attempted to do so on 5/12. Yesterday he went to see a catholic priest & was acting bizarrely, so was sent to Oakwood Hoop ER. He has been religiously preoccupied

Treatment Prior to Admission: Last seen: _____ 19____ How often seen? _____ By: _____
 Case Management Phone contacts _____ By: _____
 Medication Changes: Medication: _____ Dosage Increased/ From _____ to _____
Decreased _____

Medications:

Name: none Dosage: _____ Duration: _____ Physician: _____

History of Past Illness And Treatment:

slowly decompensating into psychosis, no Rx

History of Alcohol/Drug Abuse & Treatment:

none

Physical Health / Diet:

in good health

Date of LMP: _____ 19 _____

Family/Social/Work History:

kills by himself
engineer by trade, has not
married x yrs
sister dx as Bipolar

688914 40669 337
SIBSKO, STANLEY
JAMIL, SHAHID M F
JAMIL, SHAHID

Other Pertinent Information:

Sleep Disturbance:
 None Total sleep: 6 hrs
 Difficulty initiating sleep
 Difficulty maintaining sleep
 Terminal insomnia
 Hypersomnia Parasomnia
 Other:

Sexual Disturbance:
 None
 Decreased sexual desire
 Erectile dysfunction (male)/frigidity (female)
 Ejaculatory dysfunction
 Orgasmic dysfunction
 Paraphilias
Describe:

Degree Of Impairment As A Result Of Present Illness:
Work/School: None Mild Moderate Severe
Family/Peers: None Mild Moderate Severe
Describe:

Suicide Risk :
 None
 Ideations Intention
 Plans:

Attempted suicide before admission by:
see p 1

Past history of suicide attempt(s):

Not suicidal, but behavior potentially dangerous to self:

Too psychotic/depressed (circle one) to be able to formulate and carry out a suicide plan
 Family history of suicide:

History Of Abuse: None
 Yes: Verbal Physical Sexual Victim Perpetrator
Describe:

Appetite Disturbance:
 None Actual weight gain/loss of ? lbs.
 Anorexia, mild, weight loss < 5 lbs
 Anorexia, moderate, weight loss 5-15 lbs
 Anorexia, severe, weight loss > 15 lbs
 Hyperphagia
 Bulimia Purging Binge eating
 Other:

Impulsivity:
 Normal
 Very controlled
 Occasional, mild, able to correct self
 Moderate, unable to postpone gratification
 Severe, definite problem
 No information
Describe:

No information/Not applicable
 No information

Risk of Violence Towards Others:
 None
 Ideations Intention
 Plans:

Violence before admission:

Past history of violence:

Provoking violence in others towards self:

Family history of violence:

Ability To Relate (Object Relationships):

- No impairment
- Mild impairment, has become selective, transient difficulty, but able to function
- Moderate impairment, difficulty relating and/or sustaining relationships
- Severe impairment, almost totally incapable of relating
- Poor object choice:

No information

Mental Status:

Appearance, Attitude And General Behavior:

Psychomotor Activity:

neatly dressed & groomed, very formal & rigid



Mood And Affect:

anxious

Speech And Language:

Thought Content:

speech understandable, long-winded
circumstantial thought blocking
occasional looseness of assoc

see p 1

Perceptual Disturbances:

see p 1

Orientation:

Time:

Place:

Person:

Memory:

intact

Insight:

poor

Judgement:

impaired

Intellectual Capacity (IQ, If known):

1 634884 51403
688915 60669 33Y
STASKO, STANLEY
JAMIL, SHAHID M F
JAMIL, SHAHID

Diagnoses:

Axis I: Psychosis NOS

Axis II: none

Axis III: del

Axis IV: Support Group Social Environment Educational Problems Occupational Problems
 Economic Problems Access To Health Care Services Legal System/Crime Housing Problems

Axis V: GAF Score Current: 25 Highest In Past Year: ?

Treatment Plan:

Anticipated Length Of Stay: 7-10 days

Goals:

prevent dangerous acting out
↓
psychosis

Plans For Treatment To Achieve Above Goals:

Physical and neurological evaluation, by Dr Sura

Laboratory tests:

Precautions/Level of care:

Dual Diagnosis Track

Gero-psych track

Medications:

Individual psychotherapy/ Medication Management: Supportive Cognitive Interpersonal Other: _____

Group therapy Patient not appropriate for group therapy at this time

Occupational Therapy Patient not appropriate for OT at this time

Recreational Therapy Patient not appropriate for RT at this time

Social Work Consult, regarding: Social history/Update Information from family Information from (out-patient) treating agency
 Placement Issues After-care Family therapy Conjoint session with spouse/significant other

Psychological testing, regarding:

Milieu approach: Supportive Firm limit-setting Discourage stimulation Encourage ventilation Structured Reality Orientation
 Therapeutic contract Other

Post-discharge Follow-up Plans:

to be arranged

Enaid Jamil
Psychiatrist Name and Signature

Date: 5/14/03

History of substance abuse:

Name of drug	Quantity/Frequency	Age started using	Last used
Denies	ADS - neg		

Treatment: _____

Danger to self (describe how): yes - voices telling him to hurt himself AA NA How long? How often?

Danger to others (describe how): no

Past history of suicidal/homicidal behaviour: no

Family history of medical problems: no

Family history of emotional problems: grandfather - psychosis
sister - anxiety disorder

Past history of psychiatric treatment:

Psychiatrist: Y/A How often: _____ Last seen: _____

Clinic: _____ Therapist: _____ Last seen: _____

Age of onset of symptoms: 3y. ago Age first sought treatment: low Number of hospitalizations: 0

Hospital	Date	Psychiatrist	Reason for hospitalization
<u>no just admits</u>			

Mood: Depressed Euphoric Irritable Angry Inappropriate Guilt Friendly Anxious
 Apathetic Calm Passive Detached Hostile Fearful Other: _____

Psychomotor activity: Agitated Hyperactive Restless Relaxed Withdrawn Uncoordinated
 Grimaces/Tics Bizarre posturing Other: _____

Thought process: Oriented: Time Place Person Describe abnormal responses: _____

Coherent Confused Disorganized Delusional Grandiose Paranoid
 Loose associations Flight of Ideas Obsessions Compulsions

Speech Pattern: Clear Unintelligible Slurred Pressured Hyperverbial Hypoverbal Mute
 Fragmented Aphasic Other: _____

Hallucinations: None Auditory Visual Tactile Olfactory

Describe: Voices telling him to "bulge out his eyeballs."
Very religious, preoccupied

Delusions: Voices told him to go to a catholic church to talk to a priest that he did not ever know.

Memory: Short-term WNL Long Term WNL

Concentration: Short attention span

Appearance: Normal Sad Angry Good eye contact Poor eye contact Inappropriate laughter/grin
 Tense

Hygiene: Neat Clean Well groomed Disheveled Unclean Odor

Sleep patterns: Difficulty falling asleep Interrupted sleep Waking up too early Naps Hypersomnia

Number of hours _____ /24° Sleep aids: _____ How often? _____

Nightmares Other: _____

Nutrition:

Recent changes: Loss of appetite Eating / snacking excessively Carbohydrate craving

History of: Anorexia Bulimia Binge-eating Laxative abuse "Diet-pill" abuse Preoccupation with weight

Diet preferences/restrictions: Veget Weight gain / loss: _____ lbs Nausea / Vomiting

Food intolerance / allergy: NKA Difficulty chewing / swallowing

Oral Mucosa: Dry Moist lesions (describe): _____

Teeth: Dentures: Upper Lower Missing teeth Other

Skin: Intact Poor turgor Areas of redness Ulcers / lesions Other (describe): _____

Medical History:

Family Physician: _____ Last seen: _____ For: _____

Gynecologist: _____ Other MDs seen: _____

T/P/R: 98³ °F, 87, 18 BP: 138/80 2 mmHg Height: 6' Weight: 151

9 131/80

Elimination/Bowel: No problem Constipation Diarrhea Pain Bleeding Hemorrhoids
 Laxative use Incontinence Last bowel movement: _____ Ostomy: _____

Elimination/Urinary: No problem Burning Pain Incontinent Increased frequency Catheter: _____

Sexuality/Reproductive: **LMP:** _____ Menstrual problems: _____
 Hysterectomy: _____ 19 _____ Post-menopausal Date of last Pap smear: _____ 19 _____

Penile/Vaginal discharge History of STD Sexually active Birth control: _____

Any sexual concerns/problems due to illness/medications: _____

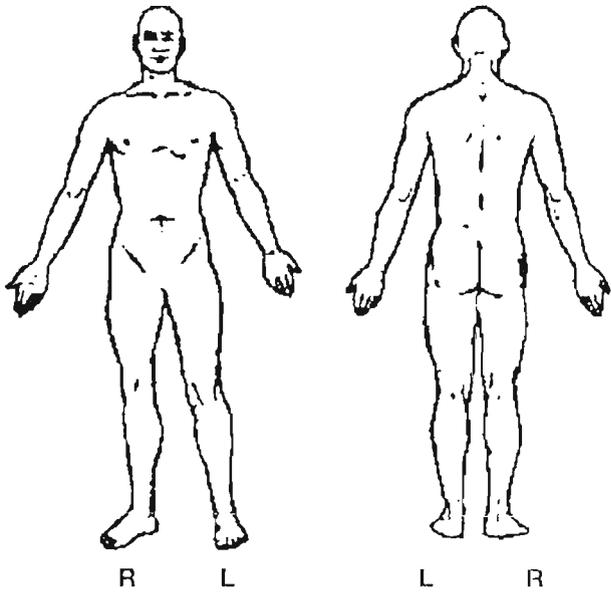
Current medical problems: None

Past history of: Hypertension Diabetes Cardiac Renal Respiratory Thyroid Gastro-Intestinal
 Frequent UTI Strokes Cancer Arthritis Headaches Edema Hemorrhoids
 Pace-maker Frequent URI Seizures; date of last seizure: _____ Other:

~~Smoker:~~ N/A packs/day, _____ years

Significant surgeries, medical hospitalizations, and diagnostic studies:

None



Were you followed by a **home health care** agency prior to admission? No Yes

Name of agency: _____

Injuries (indicate on figure):
 Bruises Abrasions Scars Cuts Self inflicted

Describe: _____

Activities of daily living: Independent Needs assistance (describe): _____

Primary care giver: _____

Describe level of functioning prior to admission: was becoming paranoid & delusional

Safety: History of falling Dizziness Fainting spells Orthopedic appliances Impaired vision
 Impaired hearing Hearing aid Glasses/contact lenses Sleep walking Postural hypotension

STASKO, STANLEY
JAMIL, SHAHID
JAMIL, SHAHID

Gait/Balance: Steady Unsteady

Ambulatory aides: None Cane Walker Wheel chair

Discharge Screening:

Patient lives: Alone With spouse / S.O. With children AFC Home Nursing Home

Patient: will will not be able to return to above. Initiate placement referral to Social Work.

Ability to provide self-care: Independent Partially dependent Dependent No transportation

Support system: Spouse/S.O. Children Parents Relatives Friends Children Support Group
 Therapist Psychiatrist
Mon - sibling

Out-patient Follow-up: With: Dr. _____ AA NA Al-Anon To be developed

Clinic: _____ Therapist / Case Manager: _____ Support Group: _____

Additional Information:

Nursing Diagnosis / Goals:

*Potential for self injury
attention in thought process*

J. Vitale

Nurse Signature

5-14-03

Date

19

1 5345 LY 51.13
69891 0669 33Y
STASKO, STANLEY
JAMIL, SHAHID M F
JAMIL, SHAHID

NORTH OAKLAND MEDICAL CENTERS
461 W. HURON
PONTIAC, MI 48341

DRAFT

Occupational Therapy Assessment
Department of Psychiatry

Patient Name Stasko, Stanley Sex Male [] Female

DOB 6.6.69 Age 33

Diagnosis Psychosis NOS

History Pt. hx. of acting bizarrely x 3 yrs. Voices told him to dig out his eyeballs w/ his fingers & he attempted to do so 5.12.03.

Safety Issues Potential for harm to self

Living Situation Pt. lives alone.

Leisure Interests None stated.

Occupational/Work Skills/Roles Pt. is unemployed.

COGNITIVE FUNCTION

[] A & O x 3, 2, [] 1 [] Confused [] Forgetful [] Slow to learn

Hallucinating [] Delusional Preoccupied

Paranoid, very guarded.

MOOD/AFFECT

Depressed [] Elated [] Labile [] Hostile

[] Angry Flat [] Blunted

ATTENTION SPAN

Preoccupied/Distracted [] On task Restless [] Attentive with prompts

[] Requires 1:1 attention to remain on task

Refusing OT groups.

INTERPERSONAL SKILLS

[] Participates actively Quiet, withdrawn in group/on unit

[] Participates with prompts [] Overly talkative/interruptive

[] Maintains eye contact [] Cooperates well with others

Does not maintain eye contact

ACTIVITIES OF DAILY LIVING/PERSONAL APPEARANCE

Neat and clean [] Unkempt Dressing: Street Clothes [] Hospital Clothes

[] Odor Odor free

Wears shirt & tie & dress shoes.

NORTH OAKLAND MEDICAL CENTERS
Occupational Therapy Evaluation-Department of Psychiatry (page #2)

Identified Strengths

- A&O x 3
- Verbal
- Support system
- Neat and clean personal appearance
- Appropriate affect
- Able to make wants and needs known
- Organized thinking

Identified Problem Areas

- Depressed mood with flat affect
- ↓ Interaction skills
- ↓ Self-Esteem
- ↓ Goal-setting skills
- Hallucinating
- ✓ Paranoid
- ↓ Reality Orientation
- ↓ Personal appearance
- ↓ Organized thinking
- Isolative behavior
- Delusional thinking
- ↓ Attention span
- ↓ Coping Skills
- ↓ Support system
- Angry mood
- ↓ Hygiene
- ✓ very guarded

Patients Stated Goals

None Stated

Treatment Plan

Offer and encourage participation in OT groups to work on ↑ mood & affect,
 ↑ interaction skills, ↓ Hallucinating & Paranoid thinking,
 ↑ involvement in unit milieu, ↑ Coping Skills,
 ↑ attention span, ↑ Reality Orientation

Treatment Goals

1. Pt. will have ↑ Reality Orientation.
2. Pt. will have ↑ organized thinking - ↓ Paranoid thinking.
3. Pt. ↑ involvement in unit milieu & attend 4 OT groups/wk.
4. Pt. will attend to task X 15 mins. c 3 verbal prompts
5. Pt. will interact c peers when approached & initiate 2 interactions c peers.

Jacq Marshok
Therapist

5.15.03
Date

PSYCHIATRY DEPARTMENT CLINICAL GROUP NOTES

634444 PSY 51403
 688916 40669 33Y
 STASKO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID
 Stasko, Stanley

BARRIERS TO LEARNING: Learning Vision Language Education Culture Motivation Religious Practices
 Psychological Factor Cognitive Limitation Speech Literacy None

Group Topic/ Discipline: <u>Crafts</u>	Start Time	<u>100</u>	<u>am</u> / pm	# of Participants <u>9</u>
	End Time	<u>115</u>	<u>am</u> / pm	

Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input checked="" type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group Leader <u>Bonapois MSW</u>	Date <u>5-20-03</u>		

Group Topic/ Discipline: <u>wrap-up</u>	Start Time	<u>2000</u>	<u>am</u> / pm	# of Participants <u>10</u>
	End Time	<u>2030</u>	<u>am</u> / pm	

Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group Leader <u>E. Patton MFT</u>	Date <u>5/20/03</u>		

Group Topic/ Discipline: <u>social goals</u>	Start Time	<u>0900</u>	<u>am</u> / pm	# of Participants <u>16</u>
	End Time	<u>0930</u>	<u>am</u> / pm	

Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group Leader <u>A. Fluency MFT</u>	Date <u>5-21-03</u>		

Group Topic/ Discipline: <u>Memories</u>	Start Time	<u>1015</u>	<u>am</u> / pm	# of Participants <u>14</u>
	End Time	<u>1100</u>	<u>am</u> / pm	

Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input checked="" type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input checked="" type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group Leader <u>N. Bourgeois MSW</u>	Date <u>5-21-03</u>		

Group Topic/ Discipline: <u>socialization</u>	Start Time	<u>1100</u>	<u>am</u> / pm	# of Participants <u>12</u>
	End Time	<u>1145</u>	<u>am</u> / pm	

Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input checked="" type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input checked="" type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group Leader <u>T. Moushok</u>	Date <u>5-21-03</u>		

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 STANKO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

Group Topic/ Discipline: <u>Wrap-up</u>	Start Time <u>2000</u> am/pm	# of Participants <u>13</u>	
End Time <u>2030</u> am/pm			
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group <u>E. Kottler Unit</u>	Date <u>5/21/03</u>		
Group Topic/ Discipline: <u>GOALS</u>	Start Time <u>0930</u> am/pm	# of Participants <u>13</u>	
End Time <u>1000</u> am/pm			
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group <u>G. Flentroy Unit</u>	Date <u>5-22-03</u>		
Group Topic/ Discipline: <u>Feelings</u>	Start Time <u>1015</u> am/pm	# of Participants <u>6</u>	
End Time <u>1100</u> am/pm			
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: <u>left group</u>
Group <u>Dr. Brown Workshop</u>	Date <u>5-22-03</u>		
Group Topic/ Discipline: <u>Feelings</u>	Start Time <u>1100</u> am/pm	# of Participants <u>8</u>	
End Time <u>1140</u> am/pm			
Group Type <input type="checkbox"/> Focus/Reality Orientation <input checked="" type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: <u>didn't participate</u>
Group <u>Dr. Brown Workshop</u>	Date <u>5-22-03</u>		
Group Topic/ Discipline: <u>Social Skills</u>	Start Time <u>1200</u> am/pm	# of Participants <u>13</u>	
End Time <u>1400</u> am/pm			
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group <u>Dr. Brown Workshop</u>	Date <u>5/22/03</u>		
Group Topic/ Discipline: <u>Bowling</u>	Start Time <u>1015</u> am/pm	# of Participants <u>7</u>	
End Time <u>1100</u> am/pm			
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: <u>Helpful</u>
Group <u>Dr. Brown Workshop</u>	Date <u>5-22-03</u>		

PSYCHIATRY DEPARTMENT CLINICAL GROUP NOTES

BARRIERS TO LEARNING: <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Language <input type="checkbox"/> Education <input type="checkbox"/> Culture <input type="checkbox"/> Motivation <input type="checkbox"/> Religious Practices <input type="checkbox"/> Psychological Factor <input type="checkbox"/> Cognitive Limitation <input type="checkbox"/> Speech <input type="checkbox"/> Literacy <input type="checkbox"/> None			
Group Topic/Discipline: <u>Self-esteem</u>	Start Time: <u>10:00</u> am / pm End Time: <u>11:00</u> am / pm	# of Participants: <u>9</u>	
Group Type <input type="checkbox"/> Focus/Reality Orientation <input checked="" type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group Leader: <u>Chanelle Thomas</u>		Date: <u>5/17/03</u>	
Group Topic/Discipline: <u>social skills</u>	Start Time: <u>1800</u> am / pm End Time: <u>1900</u> am / pm	# of Participants: <u>10</u>	
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group Leader: <u>SARAH DORR LN</u>		Date: <u>5-17-02</u>	
Group Topic/Discipline: <u>Self-esteem</u>	Start Time: <u>10:00</u> am / pm End Time: <u>11:00</u> am / pm	# of Participants: <u>13</u>	
Group Type <input type="checkbox"/> Focus/Reality Orientation <input checked="" type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input checked="" type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group Leader: <u>Chanelle Thomas</u>		Date: <u>5/18/03</u>	
Group Topic/Discipline: <u>social skills</u>	Start Time: <u>1800</u> am / pm End Time: <u>1900</u> am / pm	# of Participants: <u>15</u>	
Group Type <input checked="" type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group Leader: <u>SARAH DORR LN</u>		Date: <u>5-18-03</u>	
Group Topic/Discipline: <u>Self-esteem</u>	Start Time: <u>0910</u> am / pm End Time: <u>0930</u> am / pm	# of Participants: <u>10</u>	
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input checked="" type="checkbox"/> Verbalized improvement in symptoms Comments: <u>No roommate focused on OK.</u>
Group Leader: <u>Stephen RHT</u>		Date: <u>5-19-03</u>	

Group Topic/ Discipline: <u>fitness</u>	Start Time <u>1:00</u> am/pm	# of Participants <u>13</u>	
	End Time <u>1:45</u> am/pm		
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____ _____ _____
Group <u>Sandra Waters</u>	Date <u>5-19-03</u>		
Group Topic/ Discipline: <u>feelings</u>	Start Time <u>1:30</u> am/pm	# of Participants <u>15</u>	
	End Time <u>1:45</u> am/pm		
Group Type <input type="checkbox"/> Focus/Reality Orientation <input checked="" type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input checked="" type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____ _____ _____
Group <u>Sandra Waters</u>	Date <u>5-19-03</u>		
Group Topic/ Discipline:	Start Time <u>2:00</u> am/pm	# of Participants <u>17</u>	
	End Time <u>2:30</u> am/pm		
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____ _____ _____
Group <u>T. King</u>	Date <u>5-19-03</u>		
Group Topic/ Discipline: <u>Relax</u>	Start Time <u>2:00</u> am/pm	# of Participants <u>5</u>	
	End Time <u>2:30</u> am/pm		
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input checked="" type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____ _____ _____
Group <u>J. Henry</u>	Date <u>5-19-03</u>		
Group Topic/ Discipline: <u>Net Work</u>	Start Time <u>09:00</u> am/pm	# of Participants <u>1</u>	
	End Time <u>09:30</u> am/pm		
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: <u>Relief to yes</u> <u>was reading material</u>
Group <u>Stephen</u>	Date <u>5-20-03</u>		
Group Topic/ Discipline: <u>Proud feelings</u>	Start Time <u>10:15</u> am/pm	# of Participants <u>11</u>	
	End Time <u>11:00</u> am/pm		
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____ _____ _____
Group <u>Burke</u>	Date <u>5-20-03</u>		

PSYCHIATRY DEPARTMENT CLINICAL GROUP NOTES

BARRIERS TO LEARNING: <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Language <input type="checkbox"/> Education <input type="checkbox"/> Culture <input type="checkbox"/> Motivation <input type="checkbox"/> Religious Practices <input type="checkbox"/> Psychological Factor <input type="checkbox"/> Cognitive Limitation <input type="checkbox"/> Speech <input type="checkbox"/> Literacy <input type="checkbox"/> None			
Group Topic/ Discipline: <u>Set Goals</u>	Start Time <u>0900</u> am / pm	# of Participants <u>10</u>	
	End Time <u>0930</u> am / pm		
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input checked="" type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input checked="" type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms.illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: <u>could not state a goal</u>
Group Leader: <u>A. Khan MFT</u>	Date: <u>5-14-03</u>		
Group Topic/ Discipline: <u>Feelings</u>	Start Time <u>1100</u> am / pm	# of Participants <u>11</u>	
	End Time <u>1100</u> am / pm		
Group Type <input type="checkbox"/> Focus/Reality Orientation <input checked="" type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms.illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
Group Leader: <u>S. P. ... MFT</u>	Date: <u>5/14/03</u>		
Group Topic/ Discipline: <u>GOALS</u>	Start Time <u>2000</u> am / pm	# of Participants <u>14</u>	
	End Time <u>2030</u> am / pm		
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms.illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
Group Leader: <u>D. Flentray MFT</u>	Date: <u>5-14-03</u>		
Group Topic/ Discipline: <u>Set Goals</u>	Start Time <u>0900</u> am / pm	# of Participants <u>5</u>	
	End Time <u>0930</u> am / pm		
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms.illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
Group Leader: <u>...</u>	Date: <u>5-15-03</u>		
Group Topic/ Discipline: <u>Annals</u>	Start Time <u>10:00</u> am / pm	# of Participants <u>15</u>	
	End Time <u>10:45</u> am / pm		
Group Type <input checked="" type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input checked="" type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input checked="" type="checkbox"/> Restless/Anxious/Left Group	Progress to Objectives <input checked="" type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms.illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
Group Leader: <u>Pat ... MFT</u>	Date: <u>5/15/03</u>		

1 634894 51403
 658910 0669 33Y
 STASKO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

Group Topic/ Discipline: <u>Bowling</u>	Start Time <u>1015</u> am / pm	# of Participants <u>8</u>	
End Time <u>1100</u> am / pm			
Group Type <input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques Group <u>J Marshall TR</u>	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input checked="" type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group Date <u>5-14-03</u>	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms.illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group Topic/ Discipline: <u>Relaxation</u>	Start Time <u>1115</u> am / pm	# of Participants <u>9</u>	
End Time <u>1205</u> am / pm			
<input type="checkbox"/> Focus/Reality Orientation <input checked="" type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques Group <u>Stanley Stasko</u>	<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group Date <u>5-15-03</u>	<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms.illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: <u>guttered</u>
Group Topic/ Discipline: <u>Stress Management</u>	Start Time <u>1000</u> am / pm	# of Participants <u>15</u>	
End Time <u>1130</u> am / pm			
<input checked="" type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques Group <u>Stanley Stasko</u>	<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group Date <u>5-16-03</u>	<input checked="" type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms.illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group Topic/ Discipline: <u>Crates</u>	Start Time <u>400</u> am / pm	# of Participants <u>9</u>	
End Time <u>1200</u> am / pm			
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques Group <u>J Marshall TR</u>	<input checked="" type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group Date <u>5-16-03</u>	<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms.illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: <u>Had to leave early 30</u> <u>Staff reading room</u>
Group Topic/ Discipline: <u>Self Esteem</u>	Start Time <u>2000</u> am / pm	# of Participants <u>10</u>	
End Time <u>2030</u> am / pm			
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	<input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques Group <u>J Marshall TR</u>	<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group Date <u>5-16-03</u>	<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms.illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____
Group Topic/ Discipline: <u>Planning</u>	Start Time <u>1830</u> am / pm	# of Participants <u>8</u>	
End Time <u>1940</u> am / pm			
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input checked="" type="checkbox"/> Refused Attendance	<input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques Group <u>J Marshall TR</u>	<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group Date <u>5-16-03</u>	<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms.illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____

NORTH OAKLAND MEDICAL CENTERS
 DEPARTMENT OF PSYCHIATRY
 NURSING INTERVENTION FLOW RECORD

STANLEY
 SHAHID
 SHAHID
 PSY 51403
 0669 33Y
 M F

DATE	5/23/03								
SHIFT	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
SPECIAL PRECAUTIONS	I	I							
BP LYING/SITTING		118/70							
BP STANDING		114/59							
TEMPERATURE		96.8							
PULSE		67/64							
RESPIRATIONS									
FBS									
RBS									
WEIGHT									
LABS/TESTS									
BATH/SHOWER		Shower							
% EATEN/DIET/REFUSED		100%							
PHYSICIAN VISITS		found							
NURSING GROUP									
OT									
RT									
GT									

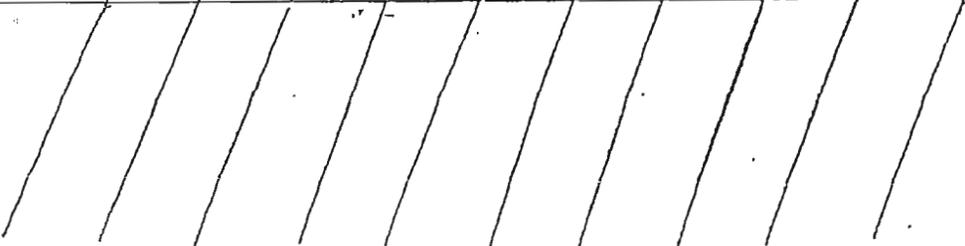
NURSING SIGNATURE

Shore
M. [unclear]

NORTH OAKLAND MEDICAL CENTERS
 DEPARTMENT OF PSYCHIATRY
 NURSING INTERVENTION FLOW RECORD

DATE									
SHIFT	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
SPECIAL PRECAUTIONS									
BP LYING/SITTING									
BP STANDING									
TEMPERATURE									
PULSE									
RESPIRATIONS									
FBS									
RBS									
WEIGHT									
LABS/TESTS									
BATH/SHOWER									
% EATEN/DIET/REFUSED									
PHYSICIAN VISITS									
NURSING GROUP									
OT									
RT									
GT									

NURSING SIGNATURE



NORTH OAKLAND MEDICAL CENTERS
DEPARTMENT OF PSYCHIATRY
NURSING INTERVENTION FLOW RECORD

DATE	5-28-03			5/31/03			5/29		
SHIFT	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
SPECIAL PRECAUTIONS		II	II	II	II	II	II	II	
BP LYING/SITTING		94/55	114/64		115/55	113/59		115/68	
BP STANDING		100/58	112/69		121/63	111/60		113/62	
TEMPERATURE		98.9	97.9		97.8	98.1		97.3	
PULSE		↑ 81 ↓ 70	↑ 70 ↓ 60		↑ 70 82	↑ 68 ↓ 62		↓ 74 ↑ 64	
RESPIRATIONS			18			18			
FBS									
RBS									
WEIGHT									
LABS/TESTS									
BATH/SHOWER		S/N/C							
% EATEN/DIET/REFUSED		100% 100%			100%			100%	
PHYSICIAN VISITS		Jamil						Camel	
NURSING GROUP					✓				
OT		✓			✓				
RT									
GT		✓							

NURSING SIGNATURE

M. Optina
M. Optina CCN
Cowan w/ M. Optina
S. Turner
JPM

S. Turner
S. Turner
M. Optina CCN
Cowan w/ M. Optina
S. Turner
JPM

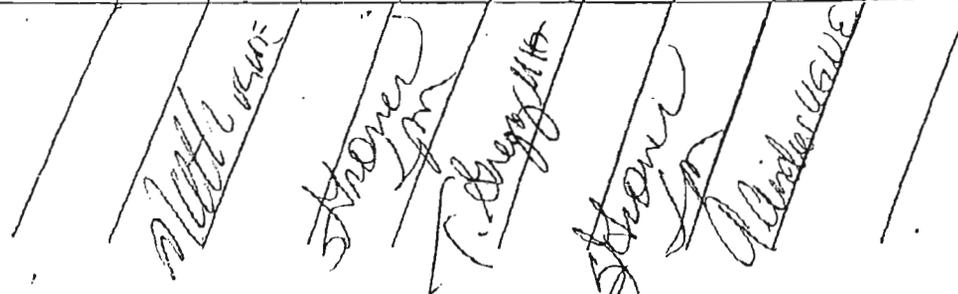
S. Turner
S. Turner

1 534684 51403
588916 50669 33Y
STASKO, STANLEY
JAMIL, SHAHID
M F

NORTH OAKLAND MEDICAL CENTERS
DEPARTMENT OF PSYCHIATRY
NURSING INTERVENTION FLOW RECORD

DATE	5/17			5/18			5/19		
SHIFT	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
SPECIAL PRECAUTIONS		II		II	II		II	II	
BP LYING/SITTING		131/68			91/59			101/51	
BP STANDING		128/78			90/56			116/70	
TEMPERATURE		97.6						97	
PULSE		71/76			↓73 ↑76			80/82	
RESPIRATIONS		16			18				
FBS									
RBS									
WEIGHT									
LABS/TESTS									
BATH/SHOWER		shower						shower	
% EATEN/DIET/REFUSED		100%			100%			100%	
PHYSICIAN VISITS		Jamal						Jamal	
NURSING GROUP									
OT									
RT									
GT									

NURSING SIGNATURE



STASKO, STANLEY

NORTH OAKLAND MEDICAL CENTERS
 DEPARTMENT OF PSYCHIATRY
 NURSING INTERVENTION FLOW RECORD

R F

DATE	5-14-03			5/15			5-16-03		
	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
SPECIAL PRECAUTIONS	III	III		III	III	III	III	II	II
BP LYING/SITTING	138/80	147/69	132/74	117/53	109/54		98/53	113/57	
BP STANDING	131/80	114/79	109/57	96/55	102/47		115/61	102/57	
TEMPERATURE	98.3	97.7	97.9	98.2	97.1		96.5	98.2	
PULSE	84	100	93/95	85	86/88	109/138	78	82/86	
RESPIRATIONS	18		18				20		
FBS									
RBS									
WEIGHT	151								
LABS/TESTS	Blau			Blau					
BATH/SHOWER		APD							
% EATEN/DIET/REFUSED		100/100	100%	100/100	100%		100/100	100%	
PHYSICIAN VISITS									
NURSING GROUP									
OT									
RT									
GT									

NURSING SIGNATURE

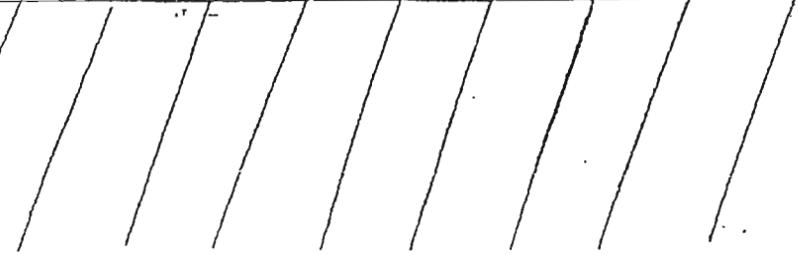
[Handwritten signatures and initials for each shift on 5-14-03, 5/15, and 5-16-03]

NORTH OAKLAND MEDICAL CENTERS
 DEPARTMENT OF PSYCHIATRY
 NURSING INTERVENTION FLOW RECORD

DATE	5/17								
SHIFT	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
SPECIAL PRECAUTIONS	II								
BP LYING/SITTING									
BP STANDING									
TEMPERATURE									
PULSE									
RESPIRATIONS									
FBS									
RBS									
WEIGHT									
LABS/TESTS									
BATH/SHOWER									
% EATEN/DIET/REFUSED									
PHYSICIAN VISITS									
NURSING GROUP									
OT									
RT									
GT									

NURSING SIGNATURE

[Handwritten Signature]



NAME: STASKO, STANLEY
 MR#: 688916
 ACCT: 6346842

LOC: MH ROOM: 451B
 DR: JAMIL, SHAHID

DOB: 06/06/1969 SEX: M
 ADMIT DATE: 05/19/2003
 DSCH DATE: 05/23/2003

***** BASIC METABOLIC PANEL *****

DAY: 3
 DATE: 05/16/03
 TIME: 0748

		NORMAL	UNITS
SODIUM	143	135-145	MMOL/L
POTASSIUM	4.1	3.5-5.0	MMOL/L
CHLORIDE	108	98-110	MMOL/L
CO2	32	22-32	MMOL/L

***** COMP METABOLIC PANEL *****

DAY: 1
 DATE: 05/14/03
 TIME: 0600

		NORMAL	UNITS
CREAT	0.9	0.7-1.4	MG/DL
CALCIUM	9.2	8.5-10.5	MG/DL
T BILI	0.9	0-1.0	MG/DL
ALBUMIN	4.3	2.8-5.2	G/DL
T PROTEIN	7.1	6.0-8.0	G/DL
GOT	18	8-37	U/L
ALK PHOS	55	50-136	U/L
SODIUM	143	135-145	MMOL/L
POTASSIUM	3.4 L	3.5-5.0	MMOL/L
CHLORIDE	110	98-110	MMOL/L
CO2	27	22-32	MMOL/L
BUN	15	8-23	MG/DL
GLUCOSE	92	65-110	MG/DL
GPT	30	30-65	U/L

***** CHEMISTRY MISCELLANEOUS *****

05/15/03
 0600 FOLATE

NG/ML
 SEE SEPARATE REPORT (REFERENCE/MISC 5)
 "CORRECTED ON 05/17 AT 1438: PREVIOUSLY
 REPORTED AS" TEST SENT TO ARUP

05/15/03
 0600 VITAMIN B12

(179-1132) PG/ML

<<RESULTS CONTINUED ON NEXT PAGE>>

CONTINUED

STASKO, STANLEY
 PAGE: 1

05/24/2003
 04:40

MEDICAL RECORDS COPY

NAME: STASKO, STANLEY DOB: 06/06/1969 SEX: M
MR#: 688916 LOC: MH ROOM: 451B ADMIT DATE: 05/19/2003
ACCT: 6346842 DR: JAMIL, SHAHID DSCH DATE: 05/23/2003

***** CHEMISTRY MISCELLANEOUS *****

VITAMIN B12 <<CONTINUED FROM PREVIOUS PAGE>>

SEE SEPARATE REPORT (REFERENCE/MISC 5)
"CORRECTED ON 05/17 AT 1438: PREVIOUSLY
REPORTED AS" TEST SENT TO ARUP

***** THYROID STUDIES *****

DAY: 1
DATE: 05/14/03
TIME: 0600 NORMAL UNITS
THYRONINE UPTAKE 43 H 23-40 %
TOTAL T4 6.3 4.5-12.0 UG/DL
FTI 2.7 1.4-4.5
TSH 3.86 0.34-4.82 uIU/ML

***** SEROLOGY *****

05/15/03
0600 HIV 1/2 ANTIBODY NONREACTIVE (NONR)
NEG. BY ENZYME IMMUNOASSAY. COMMENT:
MOST INFECTED PEOPLE DEVELOP ANTIBODIES
BY 6 WEEKS. RARE INDIVIDUALS NEVER
DEVELOP ANTIBODIES TO HIV.

05/15/03
0600 RPR/VDRL NONREACTIVE (NONR)
RPR/VDRL TESTS MEASURE "HETEROPHILE-LIKE"
ANTIBODIES EVOKED IN LATE PRIMARY AND
SECONDARY SYPHILIS. FALSE NEGATIVES
MAY OCCUR IN EARLY SYPHILIS AND IN
TERTIARY SYPHILIS.

***** CANCELLED TESTS *****

05/17/03 0600 CANCELLED: ELECTROLYTES

<<RESULTS CONTINUED ON NEXT PAGE>>

CONTINUED

STASKO, STANLEY
PAGE: 2

05/24/2003
04:40

MEDICAL RECORDS COPY

NAME: STASKO, STANLEY
MR# : 688916
ACCT: 6346842

LOC: MH ROOM: 451B
DR : JAMIL, SHAHID

DOB:06/06/1969 SEX: M
ADMIT DATE: 05/19/2003
DSCH DATE: 05/23/2003

***** CANCELLED TESTS *****

ELECTROLYTES

<<CONTINUED FROM PREVIOUS PAGE>>

REASON: NO SAMPLE RECEIVED

END OF REPORT

STASKO, STANLEY
PAGE: 3

05/24/2003
04:40

MEDICAL RECORDS COPY

STASKO, STANLEY
(11753)688916
Male 33 years 06 Jun 1969
Primary Clinician: JAMIL, SHAHID
Accession #: H816

North Oakland Medical Ctr
461 West Huron Street
Pontiac, MI 48341

Final

Reported on: 16 May 2003 01:45 PM

ORDERED TEST	RESULT UNITS	RESULT FLAG	REFERENCE INTERVAL
Accession #: 0313504711 Collected on: 15 May 2003 06:00 AM			
Vitamin B12 & Folate			
VITAMIN B12	157 pg/mL	Low	210-911
FOLATE, SERUM	12.3 ng/mL		5.4-40.0
REFERENCE INTERVAL: Folate, Serum			
Deficient	0 - 3.3 ng/mL		
Indeterminate	3.4 - 5.3 ng/mL		
Normal	5.4 - 40.0 ng/mL		

Location: ROOM 450A
Received on: 16 May 2003 04:42 AM

Ordering Clinician: JAMIL, SHAHID

3

5-17-03 (25)

1 534-8a POY 51403
 688916 50669 33Y
 STASKO, STARLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

Source of Information: _____ Date: 5/14/03
 Contact Person: _____ Phone: _____
 Admitting Diagnosis: Psychotic w/o Attending Physician: Dr. Jamil
 Guardian/DPOA: NA Phone: _____

Presenting Problem
Pt states tried to gouge eyeballs out on Monday, twice told him to do so. Then went to see priest in Detroit he had never met and laid down in parking lot to confess.

Onset of Current Symptoms: _____
 Current Outpatient Treatment: _____

Previous Psychiatric History: Hospitalization/Dates _____

Outpatient Treatment: Ron Aeschel? to re-enter seminary per pt

Psychiatric Family History: No Yes If yes, explain _____

Previous Suicide Attempts: No Yes If yes, when?/how? _____

Substance Abuse History: None ETOH Cocaine Heroin Other _____

Frequency: _____ Amount Used: _____ Date Last Used: _____

Substance Abuse Treatment/Dates: NA

Family History of Substance Abuse: No Yes If yes, describe father Alcoholic

Current Stressors: Marriage Problems Financial Problems Deaths Divorce Legal Problems
 Family Problems Other trying to re-enter seminary

Current Living Situation: Marital Status: Single Married _____ yrs. Other _____
 Separated _____ yrs. Widowed _____ yrs.

Describe relationship Pt divorced over 10 yrs now. Pt was married 5 yrs. Pt asked for divorce. Pt states argued & were incompatible.

Current Living Situation (continued):

Location: Homeless Nursing Home AFC Alone w/Family w/Friends w/Spouse

Relationship at home: Excellent Good Average Poor Bad

Describe current home/environment lives in own house

Patient can return home: Yes No Family willing to participate in treatment: Yes No

Number of Children: 0 Ages: _____

Describe Relationship: _____

Family of Origin: Raised by parents Describe relationship: _____

Mother: Living Deceased Age 83 Cause of Death: _____

Describe Relationship: "OK" - spiritual differences

Father: Living Deceased Age 77 Cause of Death: died in 1991 - natural causes

Describe Relationship: pt was close to father

Parents: Never Married Married Separated Divorced - When: _____

Describe Relationship: _____

Number of Siblings: 4 Patient is 3rd in siblingship of 4 Siblings are supportive: Yes No

Who? David, Marie, Geri,

Describe Relationship: relationship change after seeing spiritual dif's

Describe Childhood: _____

Childhood abuse: Physical, sexual or emotional abuse or neglect: No Yes

Explain: Priest sexually molested pt before and after marriage. Pt reports no problems with it now.

Family Strengths: _____

I 434484 PSY 51403
688918 40669 33Y
STASKO, STAPLEY
JAMIL, SHAHID M F
JAMIL, SHAHID

Psychosocial History (continued)

Education Grade completed: Bachelor's Masters - Wash Type of Student: Electrical engineering, philosophy
Military: No Yes Yrs. Branch _____
Type of Discharge: _____ Date: _____

Legal Status: Criminal Charge Civil Suit Probation Other: denies

Employment: Employed Current Job: worked at GM for 12 yrs then left to enter seminary.
 Unemployed How Long? _____ Disability _____

Assessment: General Appearance (Use second line to explain any abnormality)

- Manner: Cooperative Compliant Uncooperative Non-compliant
- Attitude: Appropriate Irritable Defensive Guarded Aggressive Indifferent
- Mood: Hopeless Resentful Happy/Sad Elated/Depressed Anxious Fearful
- Suicidal: Yes No Plan _____
- Homicidal: Yes No Who? _____
- Affect: Flat Labile Appropriate Inappropriate Blunted
- Speech: Hyperverbal Pressured Slow Slurred Normal
- Hallucinations: Auditory Visual Tactile
- Thought Content: Appropriate Delusions Paranoia Grandiose
 Obsessions Compulsions Phobias Other _____
- Thought Process: Loose Associations Illogical Organized Flight of Ideas
 Other _____
- Judgement: Impaired Poor Fair Limited Other _____
- Insight: Impaired Poor Fair Limited Other _____
- Orientation: Person Place Time
- Memory: Long term Impaired Fair Good
 Short term Impaired Fair Good
- Appearance: Appropriate Disheveled Inadequate ADL's

Assessment:

Pt is a 33 y/o, single, Caucasian male w/ hx of psychosis, OCN.

Goal:

To stabilize mood, ↑ reality orientation, ↓ psychosis and not be at potential danger to self/others.

Plan:

To attend groups daily, identify stressors that lead to admission and develop coping skills to manage outside hospital.

Discharge Plan:

To follow up pt w/ EASTERSALS and return home.

Social Work Group Therapy:

Patient appears:

- Appropriate for regular group
- Not appropriate at this time

Appropriate for gero-psych group

Patient's expectations for group include improvement in ability to:

- Listen to others
- Learn to trust others
- Be more assertive
- Be honest with their feelings
- Tell others about their problems
- Learn to cope with hurt/anger/fear/shame (circle)

Other achievements:

Patient's signature

Signature:

[Handwritten Signature] Date: 5/14/03

CONSULTATION/REFERRAL RECORD

CONSULTING PHYSICIAN

BRIEF REASON FOR CONSULTATION
[ENTER DIAGNOSIS/SYMPHOM(S)]

No Physical Causes for Symptoms

PLEASE CHECK ONE

- EVALUATE AND ADVISE
- EVALUATE, ADVISE AND FOLLOW
- EVALUATE AND TRANSFER TO YOUR CARE (REFERRING PHYSICIAN MUST COMPLETE "TRANSFER OF PRIMARY CARE" FORM)

ATTENDING PHYSICIAN

Jamil

CONSULTANT NOTIFIED:

DATE TIME

DATE OF REFERRAL 5/14/03

CC. I am here as I am having trouble

with the old white male who was really heavy & worried decided him to remove his life by putting his fingers in car & decided to him to go to meet father (Mama). The pt went to several hospitals to do stroke therapy, therapy, fun, urine of brain & it

sketches → - pt has concern of Psychiatry

PSY: ~~APPARENTLY~~ "MAMA"

ALLY: Behavior - JT, delirious, ENTIRELY - pt is delirious

SLY: PT is not employed, PT lives by himself no children

PH: mother: death (Cancer like) father: died of 37 years old

PH: Temp. 98.6 pulse 80

Physical Exam, Central

Current H/L

No Abnormal Cause

is pinpoint

RS: CTA

CS: STROKE

PH: SPT, on table. 1hr, spec of nose

Psych: →

NEURO:

RECOMMENDATIONS/IMPRESSIONS

Call do BIZ, VORL, HJV
& call Folio
GEL

Obsessive compulsive disorder

Delusional disorder - religious persecutions

Obsessive compulsive disorder

H/Os Unsymptomatic

PH: Predictive
delirious
+ not
Anxiety
of office
Seizure
GEL

Jamil

CONSULTANT SIGNATURE

5/14/2003
DATE

NORTH OAKLAND MEDICAL CENTERS
 PONTIAC, MICHIGAN
 PROGRESS RECORD

STASKO, STARLEY
 JANIL, SHAKID
 51... 331
 R F

DATE/TIME	Admission Note
5-14-03 0400	<p>Pt. admitted under Dr. & Cent from Oakwood Hospital thru Connor Grounds. Accepted by Dr. James. Pt. has no prior psych admits & is on no meds. Has been out of work for 3 yrs. although has 3 Masters Degrees - one being in Engineering. Pt. states the voices told him to dig out his eyeballs & his fingers in his head attempt. Eyes appeared red. Day before the voice told him to go to a Catholic Church on 6 + Detroit to find Father Porow whom he knew met. Also is very preoccupied to groom & wash his hands over multiple times during the day. Hands are red & raw. Cooperative but very paranoid & guarded. Dr. James called for orders & placed on and the will cart to North.</p>
5/14/03	<p>Initial assessment done. Dr. Pt plan, options, pros & cons, meds side effects, Pt read the entire med consent form, asked appropriate questions, & signed it.</p>
5/14/03	<p>(S+O) Pt</p>
5/14/03 JMK note	<p>Interviewed pt. Placed psych social eval in chart. Left messages for Sisters & Luther for additional by will follow. S. Arden Wed news, con</p>
5/14/03 1910	<p>(S+O) Pt v/o significant & dramatic changes in state of mental health since 1995. Pt v/o things before & after 1995. Pt v/o falling in BK & passing out & going to hosp. but cannot recall why or what he was given, etc. @ unknown whether psych d/c caused fall,</p>

CONTINUATION OF PROGRESS RECORD

DATE/TIME:
 d of full could have looked up had any +
 a number contribute psych prob, or may be
 unrelated. (S) Pt has not felt compulsion
 to hurt self says today. Pt v/s when
 feeling to do so occurs it is not an immediate
 response to hurt self, + Pt is plz having more
 than enough time + motivation to tell staff
 of this compulsion + receive help. At time
 of this time he does not have network i.e.
 people to call who could help. Pt's ADLs
 are good. appetite good. Pt is overly worried
 about dad more details @ Dep-like behavior -
 but not for level of C/P or safety. Pt
 is not verbally for safety. I think
 1515 Pt is relative to self goal. @ compulsion to
 hurt self - U.D.

5/14/03
 1700
 S "On Monday voices were telling me to dig my
 eyeballs out. I want to know what's going
 on with me, why can't I remember anything?"
 O Circumstantial thoughts. ADL's good although
 inappropriately dressed in suit etc.
 Isolative to room. Denies current suicidal
 ideation. Did agree to notify staff
 of feelings like he wanted to hurt self.
 A: Hallucinations.
 P: monitor pt for safety, reinforce "no
 self harm" contract.
 E: receptive I.I. AM (Crisis) /
 O: Pt admitted to hearing "small" voices and loud voices.
 G. worked on msn occ faculty

5/14/03 (B)
 2200
 Is this the same day. I heard voices
 earlier but not now. I rather not tell
 what they say. Pt denies voices telling
 him to harm himself or others. 100% meal etc
 Pt received visitors, spent most of shift
 in his room. Cooperative + C + scan
 polite and cooperative (A) Paranoid, isolative
 denies suicidal or homicidal ideation admits
 auditory hallucinations but not at present.

NORTH OAKLAND MEDICAL CENTERS
 PONTIAC, MICHIGAN
 PROGRESS RECORD

634684 75Y 51403
 548914 20669 33Y
 TASKO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

DATE/TIME	DESCRIPTION
continue	Dennis feeling depressed, withdrawn. (P) Monitored behavior, supportive approach several 1:1 brief interactions. Sub III
5/15/03 0600 sleep	Patricia McQueen M.D. b-pt has appeared to sleep through out the night. Checked q 15 min. Sub III Mantained strength
5/15/03	Pt remains psychotic, voices are fairly constant, telling him to do things but not telling him to hurt himself (eg gouging his eyes) any longer. Has tolerated Risperdal well, shall ↑ to 4mg/d. Paused after during discussion to listen to the voices. Rechecked labs. Cancel ECG → no indication for petit mal.
5-15-03 SWK note	Spoke to pt's sister, Gina, for additional h.p. Pt's sister, uncle, + 6 of all bipolar. Pt has been hearing voices for a year now, cd- constantly scrubbing hands, "robotic" like behavior. Pt can stay to mother or sister after school will follow. S.D. Done W.D. M.D. M.D. C.D.
5/15/03 1420	SFO Pt presents good ADLs although dress somewhat inappropriate for unit; Pt in shorts, tee + socks. Pt v/o having no other nice comfortable clothes to wear + "my relationship with everyone [FAMILY] has changed... they haven't changed really, but those [SINCE 1995] it's just different now." Pt attends group participating in milieu. Pt is isolated to self. Rough & scolding to peers, out of room for group activities + returning to room in the middle of following. Pt v/o feeling badly sedated + "bored" + "I've napped a couple of times a day" Pt v/o being unable to sleep because he soon falls asleep. Pt denies feelings or compulsions to "hurt myself." M.D. M.D. per text

CONTINUATION OF PROGRESS RECORD

DATE/TIME

Patient has attended Mental Health Nutrition

Education class, on 5-15-03

Presented by Cheryl Rockett RD

5/15/03 1907
 C ✓ for safety D/S men. Pm/you meds as presented. D. Callwood RN.
 Pt sleepy earlier, but now up tending to ADLs.
 D. Callwood RN

5/15/03 1907
 (S) The patient stated the voices may just be him talking to himself, his thoughts. C/o not being able to hold on to memories.
 (O) Pt took several naps. Appetite 100%. polite upon approach. Pt is quiet and cooperative. No inappropriate behavior.
 (A) Isolation, paranoid, anxious, auditory hallucinations, withdrawal
 (P) Supportive approach encouraged limited participation level III. — Patricia McQueen MEd

5-16-03 0630
 Dr. Notette pt. in bed & eyes closed most all shift. no sounds made. quiet. Sleeping @ times.
 R. Arrived and P. to P/S asking for time ward back to room. Was remained awake and to room @ this time @ level III. — J. McQueen

NORTH OAKLAND MEDICAL CENTERS

PONTIAC, MICHIGAN
 PROGRESS RECORD

1 534484 21Y 51403
 498914 0669 33Y
 STASKO, STARLEY
 JAMIL, SHAHID K F
 JAMIL, SHAHID

DATE/TIME	
5/16/03	<p>lengthy discussion re the events leading up to the hosp. said he has been hearing voices for ~1 yr, but having difficulty "thinking + communicating" since 1995. He dates the onset of his hosp to an incident where he found self on the floor near his sink (no tongue bite, no loss of bowel or bladder control), + not sure how long he was "out" or how it happened. On Monday, the voices told him to gouge out his eyes, the first + so far, only time. He is not clear as to why he wanted to see Father Parone (whom he does not know) or why he layed down in the parking lot. His thinking is rather concrete. He continues to hear voices + his own thoughts out loud. Has tolerated Risperdal well, some mild daytime sedation. "This is the most normal I have felt in a while". He is pleasant + cooperative on the unit, but on the fringes of the milieu. Discussed his sex status + to his sister Gina by phone at pt's request. Shall continue med as is, expect disch earlier part of next wk. CT scan brain - ue. J</p>
5-16-03 Sub note	<p>Spoke to pt's sister re: pt's hearing voices. Sister wanted Dr Jamil to know that when pt is talking, he stops to think about what he says first and are not wises. Informed pt's sister that pt is experiencing auditory hallucinations as well. Pt's sister had questions re: DX, med, CT scan brain results, and visiting. Will follow S. N. O. U. S. C. S.</p>

CONTINUATION OF PROGRESS RECORD

DATE/TIME	<p>5/16/03 1400 (S) I want a razor and to see a chaplain. I'm catholic. (C) pt. speaks clear and softly. Dressed appropriately. (A) best. (A) auditory or visual hallucinations. Carries a pad and pencil for note taking. Use pay phone. In room writing. Minimal peer interaction. (A) Flat affect. Withdrawn and isolative. (A) internal stimuli response. (P) Encourage group meeting and social interaction. Cont- to monitor and maintain level III - P. Tullgren (E) pt. Isolative and quiet. In room sleeping. Ask staff for help to see chaplain. (A) out on unit much.</p>
<p>5/16/03 2152</p>	<p>(S) I feel fine. pt makes his needs known. Asked for a shaver. was monitored (A) pt sleeps most of shift when alert. he is polite upon approach. no social interaction - peers. pt's appetite is 100% quiet no inappropriate behavior (A) Isolative, auditory hallucinations depressed mood, affect is flat. level II (P) Monitored pt, encouraged direct participation Patricia McQueen MFT</p>
<p>5/17/03 0600-5:00am</p>	<p>D-appeared to sleep throughout the night. Level II maintained — Shower in</p>
<p>5/17/03</p>	<p>Pt reports persisting auditory hallucinations said the voices are typically worse in am, comments on his behaviors or tells him what to do next, like brush his teeth, etc. No problems from meds other than some daytime sedation. shall continue meds as is. Pleasant, cooperative. Geraldine J. [Signature]</p>

NORTH OAKLAND MEDICAL CENTERS

PONTIAC, MICHIGAN
 PROGRESS RECORD

1 674684 Y 51433
 628918 0669 33Y
 STASO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

DATE/TIME	
5/17/03 1050-0950	S+O: pt up most of the morning in his room, reading scriptures pt denies suicidal ideation and depression. pt stated "he never was really depressed." "I feel the incident was isolated." admitted to hearing voices in the AM. Refuses to say what the voices are saying stating "it's different everytime, I just want to leave it at that." A:) isolative, hearing voices auditory hallucinations. P:) encourage pt to attend groups, encouraged pt to talk about auditory hallucinations MUTH UNWIS
1050	S+O:) pt attended session w private priest. pt appeared to have more affect and was smiling after session. pt stated he "felt better." pt returned to room shortly after session pt inquiring about Mass on Sunday. A) isolative, P) continue to encourage pt to attend groups. MUTH UNWIS
5-17-03 1950	(S+O) pt was visited on unit with visitors at dinner, played yatzie game by himself, went to bed. P) depressed, isolative, evasive, withdrawn. P) continue to monitor safety + any changes in behavior, assist when needed. MUTH UNWIS
72 45	P) pt continues to sleep did not get up for group or snack time, no interaction with anyone, remains in room + recorded sleep during shift, remains to be level. MUTH UNWIS
5/18/03 0600: sleep	P) appeared to sleep throughout the night. Jemel II maintained through MUTH UNWIS
5/18/03	Talked at length re his fear that someone was trying to harm him on Monday, that his car was "badly-trapped" + he only had so much time to get to the church. He fears he might have hurt someone's career at G&K by "speaking truthfully." Subsequent (none) MUTH UNWIS

CONTINUATION OF PROGRESS RECORD

DATE/TIME
5/18/03
Cont'd

To leaving, OM he had 2 other jobs
but was unable to function. Has
significant obsessional patterns that
interfere w his functioning, & between
his thought disorder & ~~also~~ his
ability to think/concentrate has been
affected considerably. No present ~
9 yrs? untreated.

Francis [Signature]

5-18-03
1310

S-"I didn't request breakfast", "except for that one isolated incident
that will never happen again, I don't belong here", "IF I'm depressed
it's only because of being here & not at home."

O-refusal breakfast Remained in room reading. Was ↑ playing yahtzee
alone for awhile. Seen playing ping pong w a peer before lunch.
denies any psych problems. "Even if you asked me a few hours before the
isolated incident, I would've told you I didn't want to hurt myself"
P-finishing lunch, prayed 4 or 5 times (the same prayer) & went
back to room. except for ping-pong almost no interaction seen.

A-Relig pre-oc, lacks insight & denies mental illness.

P-cont. to monitor mood & behavior, encourage to spend ↑ time
out of room, support & encourage level II - T. Kregg/MHT

5-18-03
2040

S Right now I don't have any problems
with voices, but I did earlier. I feel what happened
to me was an isolated incident. I don't need to be here.
I could have stayed at home, and went to
concealing for treatment & there's no need for
me to be here. The voices I heard earlier
had no indication for me to hurt my self.
I would rather be at home dealing with what
happened. @ visible on unit, pacing, at dinner.
did not attend group. @ lack insight of psy-
problem, denial, evasions. @ encourage pt. to attend
groups, assist, supports men, for.

5/19/03
0600 sleep

O pt has appeared to sleep thru night the
night. Inlet maintained

J. Finney MHT
[Signature]

NORTH OAKLAND MEDICAL CENTERS

PONTIAC, MICHIGAN
 PROGRESS RECORD

STASKO, STANLEY
 JAMIL, SHAHID
 JAMIL, SHAHID

0669 33Y

M F

DATE/TIME	
5/19/03	<p>Pt reports noticing "noise" ↓ in the voices today Am, ocd ps persist. Detailed discussion re Rx options, pros & cons, meds, side effects. Decided to:</p> <ul style="list-style-type: none"> → ↓ Disperdal to 3mg Hz to ↓ daytime sedation → Add haloperidol for ocd. (A sister on haloperidol c good results, per sister) <p>pt agrees.</p>
5/19/03 1100	<p style="text-align: right;">Suecid Jennifer</p> <p>(S) "Who decides when you should be discharged, I was led to believe it would be early this week. That means Mon or Tues to me. But I didn't get that impression when I talked to the Dr. The voices are less & I don't have urge to hurt myself. That was an isolated incident, I don't need to be here."</p> <p>(O) Pt resting mtd upon approach, good eye contact, spontaneous conversation, good A.O.S. ELO roommate taking his things, requesting room change. Flat affect, attending what activities & peers, polite & cooperative. Focused on discharge.</p> <p>(A) ↓ insight, denial of need of treatment, auditory hallucinations less.</p> <p>(P) Continue to observe & monitor mood & behavior, supportive approach, maintain safety, encourage verbalization of concerns, level II maintained.</p>
5/19/03 2000	<p>"S" - "I feel much better today, I have more energy, I feel good, I'm not hearing voices"</p> <p>"O" - pt denies hearing voices, pt is smiling, good eye contact, has written in journal for sliq. Did not attend 8:00pm meeting, was going to sleep for the night.</p> <p>"A" - pt denies hearing voices, happy mood,</p> <p>"P" - cont. to monitor pt behavior & mood encouraged AA&M meetings, journal writing, and verbalization of feelings or concerns</p> <p style="text-align: right;">Laura R. Miller RN</p>

CONTINUATION OF PROGRESS RECORD

DATE/TIME	N
5-20-03	<p>Noted pt. & bed to eyes closed all shift as sounds were made. Noted no movement from pt. continues to rest in bed @ lunch. <i>[Signature]</i></p>
5/20/03	<p>Review of ps status & Rx plan: Pt reports feeling less drowsy during the day, sleeping well at night. Voices have decreased (but not gone). Conversations are a little more goal directed, though his concerns & obsessional thinking still gets in the way. Tolerating med. well, shall ↑ to 100. Again discussed need for caution re anti-depressants given his family hx of Bipolar. <i>[Signature]</i></p>
5/20/03	<p>S "Doing good. Not napping much. I have more energy." O Pt. appears calm & not depressed. (A) Pt. denies hearing voices. Pt. is restless & ready to go home. P monitor Pt. & continue to enc. group therapy. <i>[Signature]</i></p>
5/20/03 1825	<p>(S) "I don't believe that I ever needed to come here. I could have gone to a priest, had my sins absolved, and gone home to live my life." O Pt. visible on unit, pacing. Minimal interaction re peers. Cooperative re 1:1 staff when approached. Reports a ↓ in hallucinations but fails to acknowledge benefit of medication. Unshaven. Minimal insight into illness. A Hallucinations decreasing. P Offered 1:1 interactions & pt. education re medications & illness. E Responsive to 1:1 interactions but remains in denial regarding his illness. <i>[Signature]</i> <i>[Signature]</i></p>

NORTH OAKLAND MEDICAL CENTERS

PONTIAC, MICHIGAN
 PROGRESS RECORD

1 534508 Y 51403
 688918 06669 33Y
 STASKO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

DATE/TIME	
5/21/03 0600-Sleep	D-PT appeared to sleep throughout the night. As checked q 15 min. Level II - paranoid ideas & delusions from
5/21/03	PT appears to slowly doing better. He is somewhat more spontaneous, affect slightly more animated. Said voices persist but mostly limited to Am. less depressed & anxious, denies any intent to harm self. Denies any problems from meds. Shall continue meds as is. He shows poor insight into the nature of his illness. Again discussed his dx, pp, Pp, also dxw his sister Geraldine by phone yesterday re his pp status & Pp plan at his request (he will be staying to her p disch). Discharge Friday Am. Pt agrees. Sualid (Signature)
5/21/03 SWNOTE	Patient has an appointment scheduled for 6-3-03 @ 8:30 AM @ Easterseal 372-6000 Fax # 248 355-1402. Per Barbara Z of Easterseal have cancellation will call patient early to schedule an appointment @ pt's sister's home. Nurse Burrows MWCJWCAE
5-21-03 1400	⑤ "I was an engineer at GM, ... Got laid off... I went to Seminary School to be a Catholic Priest." ⑥ Pt. makes eye contact. Visible an amit. Minimal interaction to peers. Attended group. Ate 100% meals. ⑦ Denies any hallucinations. Isolative at times. Denies any thoughts of self harm. ⑧ Encouraged to interact to peers and express feelings - Monitor & maintain at Level II - Bi-tallagne
5/21/03 1845	⑤ "I would rather not answer that question because I might not be telling you the exact correct truth and my conscience tells me that, I'm lying to you and I don't want to lie."

CONTINUATION OF PROGRESS RECORD

DATE/TIME	<p>(O) Pt. guarded. Focuses on intellectual concepts and accomplishments & is resistive to exploring feelings. Minimal interaction w/ peers. Playing Gahtye & Staff. Minimal insight re: illness. (A) v hallucinations. In denial of illness. (P) Offered 1:1 interactions and recreation. Encouraged group attendance. (E) Responsive to staff, but not interested in relating to peers. N. Oster</p>
5/21/03 2020	<p>G. Ewel rd mon, occ Tue. Pt. having a great day, that's four in a row. My energy level is good Pt. staying out of bed. The only voices I hear are in the mornings they're gone by the afternoon. Pt shared ADLs appropriate appearance neat. Received visitors. (A) Brighter affect, less isolative. Auditory hallucinations are less, less guarded. No interaction w/ peers. Level II (P) 1:1 interactions assistance as needed: encouragement Patricia McQueen MHI</p>
5/29/03 Obs: sleep	<p>O - pt appeared to sleep throughout the night. Level II maintained. Shower for</p>
5/22/03	<p>Pt continues to show slow but steady improvement. Feels he is thinking more clearly, more spontaneous. Voices are now confined to the AM's, said he feels in good control of himself. Again discussed his dx, the importance of his family by a Bipolar disorder. Shall & heeded to I & if he continues to do better, discharge tomorrow AM. Pt agrees. Smaid Jampf</p>
5/22/03 1140	<p>(S): "I really feel better. I feel I have been improving over the last several days, I don't have any thoughts to hurt myself. If that ever happens again I will call a counselor." (O): Visible on unit. Good ADLs. Cooperative approach. Denies suicidal thoughts. Denies homicidal thoughts.</p>

NORTH OAKLAND MEDICAL CENTERS

PONTIAC, MICHIGAN
PROGRESS RECORD

1 574014 51403
488914 0669 337
STASKO, STARLEY
JAMIL, SHAHID M F
JAMIL, SHAHID

DATE/TIME	(note cont)
5/22/03 1140	<p>O: minimal interaction appears. Mood v. staff. Slightly preoccupied & cleanliness. Pt asked in AM to have Soap for evening shower.</p> <p>A: Thought processes improving. ↓ potential for harm. ↓ idiosyncratic sensory perception.</p> <p>P: Continue to monitor safety, mood, and behavior. Enc. ventilation of thoughts and feelings. — Plan</p>
5/22/03 2250	<p>(S) Pt stated his concentration is good, average energy. He didn't rest good last night.</p> <p>(O) Pt attend group & participation, minimal interaction, appetite 100%. Pt spent most of shift out of his room, cooperative & quiet.</p> <p>(A) less isolative, denies auditory hallucinations, brighter affect, less paranoid, initiates conversation, makes his needs known, good eye contact level I (P) supportive approach 1:1 interactions.</p> <p>— Patricia McQueen MD</p>
5/23/03 0600-Sleep	<p>O - pt has appeared to sleep through night. Level I maintained — Showup</p>
5/23/03	<p>Review of ps status & Pp plan: pt is doing much better of PTA. He is more spontaneous, smells more, & his hygiene/grooming is better. Auditory hallucinations have ↓ but not gone, & are benign, eg tells him to brush his teeth, "close the door" if he is changing clothes, etc. Denies any thoughts of hurting self/others. Celebrating med. pull. Shall discharge, Pt is Easter Peals. Again discussed dx, d/d, Pp, relapse prevention.</p> <p style="text-align: right;">Sualid [Signature]</p>

CONTINUATION OF PROGRESS RECORD

DATE/TIME	Pt. discharged from ward appeared in good spirits, and's indications
5-23-03	gain full prescriptions & discharge instructions to JLV & Estela Seales
1045	Pt. showed understanding of instructions. Pt. left the ward &
Discharge	his sister. Whittage 206
1045	

5/24/03	Dictated
	Jain

634684. 7 25Y 51403
688914 80669 33Y
SANKARASANKAR
JAMIL, SHAHID M F
JAMIL, SHAHID

Female

- _____ Bra
- _____ Panties
- _____ Slip
- 1 Stocking/Socks Apr 5/17
- _____ Blouse
- _____ Belt
- _____ Sweater
- _____ Skirt
- _____ Slacks
- _____ Jogging Suit
- _____ Shorts
- _____ Other (see below)

- _____ Hearing Aid
- _____ Dentures/Partials*

*Dentures and/or partials must be kept in hospital denture cup and placed in nightstand drawer when not in use.

Male

- 2+1+1 Undershirt 7 5/17
- 2+2 Briefs/Shorts 7 5/17
- _____ Shorts
- 1+2 Shirt 4- 5/17
- 1+1 Slacks/Jeans
- 1 Belt
- _____ Suit
- 1 Tie
- _____ Jogging Suit
- 3 Socks Other (see below)

Other

- _____ Contacts/Glasses
- 1 Walle/Purse
- _____ Jewelry, other valuables (list)

PT has \$184.00 in wallet

1 Tie Clasp

Miscellaneous

- _____ Robe
- _____ Pajamas
- _____ Nightgown
- _____ Sleeper
- _____ Slippers
- _____ Cap/Hat/Scarf
- 1 Coat/Jacket/Snowsuit
- _____ Gloves/Mittens
- _____ Shoes/Boots
- _____ Suitcase
- _____ Other (see below)

- _____ Cash Amount
- _____ Valuables Envelope #

In Use Med Cabinet in Med Rm

I release the hospital of any and all claims for damage or loss of articles.

Patient Signature/or Responsible Adult

Date

Upon Transfer:

Released To:	Released By:	Date

TO BE COMPLETED BY HOSPITAL PERSONNEL:

- This sheet has not been reviewed with the patient due to his/her current condition.
- I certify that the patient has identified all clothing to remain in his/her room.
- All clothing & valuables sent home with patient's family or other responsible adult.
- Copy given to patient.

DISCHARGE

[Signature] 5/23/2003
Patient's Signature Date

[Signature] 5/14/03
Employee Signature

I 534654 PLY 51473
 5249 0669 33Y
 STASKO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

DISCHARGE SUMMARY

DISCHARGE: Date & Time 5-23-03 Mode of Discharge: Ambulatory

Accompanied By: Sister Valubles Received: Yes

CONDITION OF PATIENT	POST-OP MANAGEMENT
Performance Of ADL: <input checked="" type="checkbox"/> self <input type="checkbox"/> assistance <input type="checkbox"/> total care Ambulation: <input checked="" type="checkbox"/> self <input type="checkbox"/> assistance <input type="checkbox"/> strict bed rest <input type="checkbox"/> walker <input type="checkbox"/> cane <input type="checkbox"/> crutches <input type="checkbox"/> other: _____ Transferred To: <input checked="" type="checkbox"/> home <input type="checkbox"/> other: _____	Wound: _____ Dressing: _____ Ostomy: _____ Other: _____ Temperature: _____

PERSONALIZED TEACHING:

MEDICATIONS:

Medication Name	Dosage	Route	Time(s)	Special Instructions
(1) Risperdal	3mgm	ORAL	1 TABLET AT	BEDTIME 10PM
(2) ZOLOFT	50mgm	ORAL	1 TABLET AFTER	DINNER 6PM

Has been cautioned that alcohol may interact with prescribed medication: yes no not applicable

DIET Type: REGULAR has a copy received instruction from Dietitian
 Special instructions (other): _____

NEXT APPOINTMENT WITH: Doctor: _____ date: 6/3/03 time: 8:30AM phone number: 248 372-6800

CONTACT YOUR DOCTOR: Elevated Temperature Increased Pain Nausea / Vomiting If any unusual symptoms develop
 In case of emergency go to the nearest Emergency Room. FAX# 248 355-1402

SERVICE REFERRAL: Agency Easterseal CMH

I, STANLEY STASKO have been instructed, understand and can use above instructions.
 SIGNED by P. Valtaggio RN 5/23/2003