

Case Nos. 19-35017 and 19-35019

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

ADREE EDMO,
Plaintiff-Appellee,
v.
IDAHO DEPARTMENT OF CORRECTIONS, ET AL.,
Defendants-Appellants.

On Appeal from Orders of the United States District Court
For the District of Idaho
(No. 1:17-cv-00151-BLW)

EXCERPTS OF RECORD
VOLUME 10 OF 18 (PAGES ER 1753 – ER 2032)

Lawrence G. Wasden,
Attorney General State of Idaho
Brady J. Hall,
Special Deputy Attorney General
Marisa S. Crecelius
Moore Elia Kraft & Hall, LLP
P.O. Box 6756
Boise, ID 83707
(208) 336-6900
brady@melawfirm.net
marisa@melawfirm.net
*Attorneys for Defendants-Appellants
Idaho Department of Corrections, Henry
Atencio, Jeff Zmuda, Howard Keith Yordy,
Richard Craig, and Rona Siegert*

Dylan Eaton
J. Kevin West
Parsons Behle & Latimer
800 West Main Street
Suite 1300
Boise, ID 83702
(208) 562-4900
Deaton@parsonsbehle.com
KWest@parsonsbehle.com
*Attorney for Defendants-
Appellants Corizon, Inc., Scott
Eliason, Murray Young, and
Catherine Whinnery*

Dated: March 6, 2019

INDEX

VOLUME 1 (ER 1-ER 45)

USDC Docket No.	Date	Description	Pages
149	12/13/18	Findings of Fact, Conclusions of Law, and Order	ER 1 to ER 45

VOLUME 2 (ER 46-ER 132)

USDC Docket No.	Date	Description	Pages
155	01/09/19	Defendants Corizon Inc., Scott Eliason, Murray Young, and Catherine Whinnery's ("Corizon Defendants") Notice of Appeal and/or Preliminary Injunction Appeal	ER 46 to ER 48
154	01/09/19	Defendants Idaho Department of Correction, Henry Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig, and Rona Siegert's ("IDOC Defendants") Notice of Appeal and/or Preliminary Injunction Appeal	ER 49 to ER 51
148	10/26/18	Corizon Defendants' Closing Statement in Opposition to Plaintiff's Motion for Preliminary Injunctive Relief	ER 52 to ER 68
146	10/26/18	Defendants' Joint Proposed Findings of Fact and Conclusions of Law	ER 69 to ER 109
145	10/26/18	IDOC Defendants' Written Closing Statement	ER 110 to ER 125

144	10/26/18	Plaintiff's [Proposed] Findings of Fact and Conclusions of Law (Excerpted – pgs. 1, 21-23, 40)	ER 126 to ER 130
140	10/19/18	Notice of Filing of Official Transcript for evidentiary hearing 10/10/18, 10/11/18 and 10/12/18	ER 131
133	10/12/18	Minute Entry for Evidentiary Hearing – Motion for Preliminary Injunction (Day 3)	ER 132

**VOLUME 3
(ER 133-ER 413)**

n/a	10/12/18	Reporter's Transcript – Evidentiary Hearing Day 3 on Plaintiff's Motion for Preliminary Injunction	ER 133 to ER 413
-----	----------	--	------------------

**VOLUME 4
(ER 414-ER 582)**

n/a	10/12/18	Reporter's Transcript – Evidentiary Hearing Day 3 on Plaintiff's Motion for Preliminary Injunction (continued)	ER 414 to ER 433
n/a	10/12/18	Exhibit 20: Presentation entitled "Gender Dysphoria: A Comprehensive Approach to Treatment and Policy Management", Scott Eliason, M.D., et al.	ER 434 to ER 509
n/a	10/12/18	Exhibit 1041: National Commission on Correctional Health Care Position Statement re: Transgender, Transsexual, and Gender Nonconforming health Care in Correctional Settings	ER 510 to ER 513

n/a	10/12/18	Exhibit 2021: CV and qualifications of Dr. Joel Andrade, Ph.D	ER 514 to ER 538
n/a	10/12/18	Exhibit 2032: CV and qualifications of Dr. Keelin Garvey, M.D.	ER 539 to ER 543
n/a	10/12/18	Exhibit 2033: Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder, Bryne <i>et al.</i> , June 27, 2012	ER 544 to ER 581
132	10/11/18	Minute Entry for Evidentiary Hearing – Motion for Preliminary Injunction (Day 2)	ER 582

**VOLUME 5
(ER 583-ER 863)**

n/a	10/11/18	Reporter’s Transcript – Evidentiary Hearing Day 2 on Plaintiff’s Motion for Preliminary Injunction	ER 583 to ER 863
-----	----------	--	------------------

**VOLUME 6
(ER 864-ER 978)**

n/a	10/11/19	Reporter’s Transcript – Evidentiary Hearing Day 2 on Plaintiff’s Motion for Preliminary Injunction (continued)	ER 864 to ER 870
n/a	10/11/18	Exhibit 2007: Medical records from Sho-Ban Tribe	ER 871 to ER 886
n/a	10/11/18	Exhibit 2009: Medical records from Portneuf Medical Center	ER 887 to ER 906
n/a	10/11/18	Exhibit 2016: GID Group assignment completed by Plaintiff Adree Edmo	ER 907 to ER 909

n/a	10/11/18	Exhibit 2019: CV and qualifications of Jeremy Clark	ER 910 to ER 972
n/a	10/11/18	Exhibit 2022: Resume of Dr. Scott Anders Eliason, MD	ER 973 to ER 977
131	10/10/18	Minute Entry for Evidentiary Hearing – Motion for Preliminary Injunction (Day 1)	ER 978

**VOLUME 7
(ER 979-ER 1192)**

n/a	10/10/18	Reporter’s Transcript – Evidentiary Hearing Day 1 of Plaintiff’s Motion for Preliminary Injunction	ER 979 to ER 1192
-----	----------	--	-------------------

**VOLUME 8
(ER 1193-ER 1472)**

n/a	10/10/18	Exhibit 1: Medical Records of Plaintiff Adree Edmo	ER 1193 to ER 1472
-----	----------	--	--------------------

**VOLUME 9
(ER 1473-ER 1752)**

n/a	10/10/18	Exhibit 1: Medical Records of Plaintiff Adree Edmo	ER 1473 to ER 1752
-----	----------	--	--------------------

**VOLUME 10
(ER 1753-ER 2032)**

n/a	10/10/18	Exhibit 1: Medical Records of Plaintiff Adree Edmo	ER 1753 to ER 2032
-----	----------	--	--------------------

**VOLUME 11
(ER 2033-ER 2312)**

n/a	10/10/18	Exhibit 1: Medical Records of Plaintiff	ER 2033 to
-----	----------	---	------------

		Adree Edmo	2312
--	--	------------	------

**VOLUME 12
(ER 2313-ER 2592)**

n/a	10/10/18	Exhibit 1: Medical Records of Plaintiff Adree Edmo	ER 2313 to 2592
-----	----------	---	--------------------

**VOLUME 13
(ER 2593-ER 2799)**

n/a	10/10/18	Exhibit 1: Medical Records of Plaintiff Adree Edmo	ER 2593 to ER 2791
n/a	10/10/18	Exhibit 4: Photographs of Plaintiff Adree Edmo	ER 2792 to ER 2799

**VOLUME 14
(ER 2800-ER 3080)**

n/a	10/10/18	Exhibit 7: Minutes from the Management and Treatment Team Committee (MTC)	ER 2800 to ER 2909
n/a	10/10/18	Exhibit 8: IDOC Standard Operating Procedure, Version 3.2, “Gender Identity Disorder: Healthcare for Offenders with”	ER 2910 to ER 2918
n/a	10/10/18	Exhibit 9: IDOC Standard Operating Procedure, Version 4.0, “Gender Dysphoria: Healthcare for Inmates with”	ER 2919 to ER 2927
n/a	10/10/18	Exhibit 10: Ashely Dowell email re Gender Dysphoria Policy Update	ER 2928 to ER 2930
n/a	10/10/18	Exhibit 11: Ashley Dowell email re GD SOP Change memo and clinician	ER 2931

		contact	
n/a	10/10/18	Exhibit 15: WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People	ER 2932 to ER 3051
n/a	10/10/18	Exhibit 19: “Male Prison Inmates with Gender Dysphoria: When is Sex Reassignment Surgery Appropriate” by Cynthia Osborne and Anne Lawrence	ER 3052 to ER 3066
n/a	10/10/18	Exhibit 1001: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), “Gender Dysphoria”	ER 3067 to ER 3076
130	10/09/18	Stipulation Governing Evidentiary Hearing Testimony and Exhibits	ER 3077 to ER 3080

**VOLUME 15
(ER 3081-ER 3354)**

117	10/03/18	IDOC Defendants’ Witness List	ER 3081 to ER 3083
116	10/03/18	Defendants Corizon Inc., Scott Eliason, Murray Young, and Catherin Whinnery’s Final Disclosure of Witnesses for October 10-123, 2018 Evidentiary Hearing	ER 3084 to ER 3087
110	09/28/18	Order	ER 3088 to ER 3089
101	09/17/18	Notice of Errata Re: IDOC Defendants’ Response to Plaintiff’s Motion for Preliminary Injunction	ER 3090 to ER 3092
101-1	09/17/18	Second Declaration of Krina L. Stewart	ER 3093 to

			ER 3099
101-2	09/17/18	Declaration of Rona Siegert	ER 3100 to ER 3117
101-3	09/17/18	Declaration of Laura Watson	ER 3118 to ER 3134
101-4	09/17/18	Declaration of Walter L. Campbell, Ph.D.	ER 3135 to ER 3143
101-5	09/17/18	Declaration of Cliff Cummings	ER 3144 to ER 3147
101-6	09/17/18	Declaration of Sandy Jones	ER 3148 to ER 3162
101-7	09/17/18	Declaration of Jeremy Clark	ER 3163 to ER 3168
101-8	09/17/18	Declaration of Counsel Marisa S. Crecelius in Support of IDOC Defendants' Response to Plaintiff's Motion for Preliminary Injunction and Exhibit A – Expert Report of Dr. Joel Andrade, Ph.D.	ER 3169 to ER 3208
101-9	09/17/18	Exhibits B (Andre Edmo deposition excerpts) and C (Dr. Scott Eliason deposition excerpts) to Declaration of Counsel Marisa S. Crecelius in Support of IDOC Defendants' Response to Plaintiff's Motion for Preliminary Injunction (Dkt. No. 101-8)	ER 3209 to ER 3259
101-10	09/17/18	Exhibits D (Ashely Dowell deposition excerpts) to Declaration of Counsel Marisa S. Crecelius in Support of IDOC Defendants' Response to Plaintiff's	ER 3260 to ER 3301

		Motion for Preliminary Injunction (Dkt. 101-8)	
101-12	09/17/18	Declaration of Howard Keith Yordy and Exhibits 1, 2, 3, and 4	ER 3302 to ER 3311
101-13	09/17/18	Exhibit 5 (Part One) to the Declaration of Howard Keith Yordy (Dkt. No. 101-12)	ER 3312 to ER 3354

**VOLUME 16
(ER 3355-ER 3633)**

101-14	09/17/18	Exhibit 5 (Part Two) to the Declaration of Howard Keith Yordy (Dkt. No. 101-12)	ER 3355 to ER 3368
101-15	09/17/18	Exhibit 5 (Part Three) to the Declaration of Howard Keith Yordy (Dkt. No. 101-12)	ER 3369 to ER 3380
101-16	09/17/18	Exhibit 5 (Part Four) to the Declaration of Howard Keith Yordy (Dkt. No. 101-12)	ER 3381 to ER 3382
101-17	09/17/18	Exhibit 6 to the Declaration of Howard Keith Yordy (Dkt. No. 101-12)	
100	09/14/18	Corizon Defendants' Response to Plaintiff's Motion for Preliminary Injunction and Memorandum of Points and Authorities in Support Thereof (Excerpted pgs. 1, 8-12)	ER 3383 to ER 3390
100-1	09/14/18	Declaration of Dylan A. Eaton	ER 3391 to ER 3393
100-2	09/14/18	Exhibit A to Declaration of Dylan A. Eaton – Expert Report of Keelin	ER 3394 to ER 3438

		Garvey, MD, CCHP	
99	09/14/18	IDOC Defendants' Response to Plaintiff's Motion for Preliminary Injunction (Excerpted pgs. 1, 4-6)	ER 3439 to ER 3444
73	07/03/18	Scheduling Order	ER 3445 to ER 3447
72	06/15/18	Stipulated Discovery and Briefing Schedule	ER 3448 to ER 3452
71	06/15/18	Docket Entry Notice of Hearing scheduling 3-day Evidentiary Hearing regarding Plaintiff's Motion for Preliminary Injunction to being on 10/10/18	ER 3453 to ER 3454
70	06/12/18	Docket Entry Order	ER 3455 to ER 3456
69	06/12/08	Minute Entry regarding Telephonic Status Conference	ER 3457
68-1	06/08/18	Declaration of Counsel Brady J. Hall	ER 3458 to ER 3475
68-2	06/08/18	Declaration of Krina L. Stewart (Redacted/Sealed)	ER 3476 to ER 3480
66	06/07/18	Memorandum Decision and Order	ER 3481 to ER 3504
62	06/01/18	Plaintiff's Notice of Motion and Motion for Preliminary Injunction and Memorandum of Points and Authorities in Support Thereof (Excerpted)	ER 3505 to ER 3508
62-1	06/01/18	Declaration of Lori Rifkin and Exhibits	ER 3509 to

		in Support of Plaintiff's Motion for Preliminary Injunction	ER 3608
62-2	06/01/18	Declaration of Adree Edmo in Support of Plaintiff's Motion for Preliminary Injunction	ER 3609 to ER 3619
59	04/04/18	Minute Entry regarding hearing on Defendants' First Motion for Dispositive Relief	ER 3620 to ER 3622
39	11/01/17	IDOC Defendants' First Motion for Dispositive Relief	ER 3623 to ER 3628
37	09/22/17	Joint Motion and Stipulation Re: Defendants' Answers/Responsive Pleadings	ER 3629 to ER 3633

**VOLUME 17
(ER 3634-ER 3885)**

36	09/01/17	Second Amended Complaint	ER 3634 to ER 3696
30	06/23/17	Order	ER 3697 to ER 3699
29	06/22/17	Joint Motion and Stipulation to Vacate and Reset Deadlines	ER 3700 to ER 3704
27	06/19/17	Entry of Appearance of Deborah A. Ferguson as counsel of record for Plaintiff Adree Edmo	ER 3705 to ER 3708
26	06/19/17	Entry of Appearance of Craig H. Durham as counsel of record for Plaintiff Adree Edmo	ER 3709 to ER 3710
25	06/08/17	Amended Complaint and Jury Trial	ER 3711 to

		Demanded	ER 3755
24	06/08/17	Order Granting Motion to Amend and Order of Reassignment	ER 3756 to ER 3760
23	06/07/17	Defendants Kevin Kempf, Richard Craig, Rona Siegert and Howard Keith Yordy's Non-Opposition to Plaintiff's Motion for Leave to Amend	ER 3761 to ER 3765
22	06/07/17	Defendants Corizon Inc., Scott Eliason, Murray Young, and Catherine Whinnery's Non-Opposition to Plaintiff's Motion for Leave to Amend	ER 3766 to ER 3770
20	05/17/17	Motion for Leave to Amend (Excerpted – pgs. 1-6 only)	ER 3771 to ER 3776
12	04/14/17	Initial Review Order	ER 3777 to ER 3803
10	04/13/17	Memorandum of Law in Support of Motion for TRO and Preliminary Injunction	ER 3804 to ER 3812
7-0	04/06/17	Plaintiff's Motion for Temporary Restraining Order and Preliminary Injunction Order	ER 3813 to ER 3814
7-1	04/06/17	Plaintiff's Affidavit in Support of Motion for Temporary Restraining Order and Preliminary Injunction	ER 3815 to ER 3819
7-2	04/16/17	Plaintiff's [Proposed] Order to Show Cause and Temporary Restraining Order	ER 3820 to ER 3822
3	04/06/17	Civil Rights Complaint and Jury Trial Demanded	ER 3823 to ER 3864

n/a	01/09/19	Trial Court Docket as of February 25, 2019	ER 3865 to ER 3885

**VOLUME 18
CONFIDENTIAL
(ER 3886-ER 3893)**

119-3	10/05/18	Declaration of Joseph M. Pastor, M.D., CCHP in Support of Motion to Seal and Exhibit A – Corizon Clinical Pathway	ER 3886 to ER 3893
-------	----------	---	--------------------



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

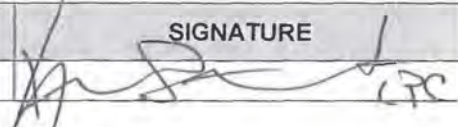
OFFENDER LAST NAME	OFFENDER FIRST NAME	IDOC#	DOB	DATE OF REPORT
EDMO	MASON	94691	████████	09/01/2016
PROTECTIVE FACTORS				
Edmo identified hope for improvements in Edmo's future. Edmo identified coping skills for managing stress including listening to music, reading books, and socializing with people. Edmo will have daily clinical contact while on close observation.				
EVALUATION OF RISK POTENTIAL <i>(It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is indicated below. This level of risk will change over time and should be modified as circumstances change.)</i>				
The offender is currently a low risk for self harm				
RECOMMENDATIONS				
It is clinically recommended that Edmo be released from suicide watch to close observation.				

RISK REDUCTION/TREATMENT PLAN ADDENDUM

RISK REDUCTION PLAN		
PROBLEM <i>(The problem(s) should be specific to the offender's current reporting issues)</i>	GOAL <i>(There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))</i>	INTERVENTION <i>(The interventions need to be specific and measurable to each of the two types of goals and relate to the presenting problem(s) of the offender)</i>
Edmo made self-injurious statements in response to becoming overwhelmed with Edmo's current situation	1) Edmo will refrain from harming self and others for the next 24 hours 2) Edmo will report a willingness to identify and use coping skills to manage current stress	1) Edmo will have daily clinical contact while on close observation 2) Edmo will work with clinical and security staff to address safety and mental health concerns related to current situation



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

OFFENDER LAST NAME	OFFENDER FIRST NAME	IDOC#	DOB	DATE OF REPORT
EDMO	MASON	94691	[REDACTED]	09/01/2016
RISK REDUCTION PLAN CON'T				
CHANGE IN LOC REQUIRED?		NEW LOC IF APPLICABLE (enter in CIS if LOC has changed)		
No		Not Applicable		
NATURE OF INCIDENT			DEGREE OF MEDICAL INTERVENTION	
Verbal threat without action			None	
OFFENDER'S STATED INTENT			LAST SUICIDE WATCH	
Desire to speak with someone			6-12 months	
TREATMENT PLAN UPDATE				
The offender will return to their previous treatment plan upon stabilization				
ADDITIONAL COMMENTS				
REPORT COMPLETED BY	CREDENTIAL	DATE	SIGNATURE	
K. Stewart, B916	LPC	09/01/2016		



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"


CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number	
Edmo, Mason		94691	9/2/2016	
SUBJECTIVE	Met with inmate for daily clinical contact while on CO. Inmate said inmate reported a PREA concern that happened in Unit 9. Inmate reported being afraid to go to Unit 8 for fear of being harassed. Inmate denied SI/SHB/HI but said inmate could not tolerate Unit 8. CO status continued while inmate speaks with Sgt. Martin from Investigations.			
	Orientation	Appearance	Behavior	Response to Interviewer
	X 4	Clean	Normal	Cooperative
	Mood (by report)	Affect (observed)	Thought Process	Thought Content
	Anxious	Anxious	Logical	Relevant
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
	NO	NO	NO	NO
	Consciousness	Attention	Insight	Judgment
	Normal	Normal	Average	Intact
	LOC	Last MHE date	TX plan date	Date last saw provider
CMHS-1	Optional to add	Optional to add	Optional to add	
ASSESSMENT	Inmate assessed as anxious due to situational stressors.			
PLAN	Continue CO with daily clinical contact.			
Name	Credential(s)	Signature		
R. Meyer 2440	LCPC			



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number	
Edmo, Mason		94691	9/3/2016	0830
SUBJECTIVE	Met with Edmo while on close obserbation. Edmo reported no change in MH status and still is having thoughts of self harm and reports not being ready to leave close observation at this point in time. Edmo stated that Edmo did not where where Edmo will be moved once released from watch but was given a homework assignment to come up with ways that Edmo will be able to cope if sent to 8 at per PSI status. Edmo reported speaking with Sergent Martin as well as investigations yesterday. Edmo reported medication compliance, denied SI, HI and reporting having some SIB with no plan or intent.			
	Orientation		Appearance	
	X 4	Clean	Normal	
	Mood (by report)		Affect (observed)	
	Anxious	Flat	Logical	
	Delusions		Hallucinations	
	NO	NO	NO	
	Consciousness		Attention	
	Normal	Normal	Average	
	LOC		Last MHE date	
	CMHS-1	Optional to add	Optional to add	
	Behavior		Response to Interviewer	
	Normal		Cooperative	
	Thought Process		Thought Content	
	Logical		Relevant	
Self-Harm/Suicidal Ideation		Homicidal Ideation		
NO		NO		
Insight		Judgment		
Intact				
ASSESSMENT	Edmo appears to be anxious as to what will happen with Edmo's investigation.			
	Edmo will be seen daily while on CO by clinical staff.			
PLAN	Name		Signature	
	M. Hahn		LMSW 	



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number																																									
Edmo, Mason		94691	09.04.2016																																									
SUBJECTIVE	Met with Edmo for Edmo's clinical contact while on close observation. Edmo denied thoughts or plans to harm Edmo's self or others. Edmo reports feeling upset and angry that Edmo has to go to unit 8 when Edmo states that the only reason Edmo is going to unit 8 is for something that Edmo reported. Edmo told clinician that Edmo wishes Edmo never reported what happened as Edmo feels that the other person involved in incident should be the one going to unit 8, not Edmo. Clinician discussed receiving paper and pen to utilize as a journal to write thoughts down regarding being housed in unit 8, as Edmo mentioned writing is one of Edmo's preferred coping skills. Edmo told clinician that Edmo will use journal to write down ways Edmo can manage Edmo's self while housed in unit 8. Edmo stated that Edmo "doesn't know how Edmo will handle self if housed in unit 8." Clinician encouraged Edmo to utilize journal and books to read and manage self now and to prepare self for housing in unit 8. Based on assessment, Edmo will remain on close observation.																																											
	<table border="1"> <thead> <tr> <th>Orientation</th> <th>Appearance</th> <th>Behavior</th> <th>Response to Interviewer</th> </tr> </thead> <tbody> <tr> <td>X 4</td> <td>Clean</td> <td>Normal</td> <td>Cooperative</td> </tr> <tr> <th>Mood (by report)</th> <th>Affect (observed)</th> <th>Thought Process</th> <th>Thought Content</th> </tr> <tr> <td>Quiet</td> <td>Flat</td> <td>Logical</td> <td>Relevant</td> </tr> <tr> <th>Delusions</th> <th>Hallucinations</th> <th>Self-Harm/Suicidal Ideation</th> <th>Homicidal Ideation</th> </tr> <tr> <td>NO</td> <td>NO</td> <td>NO</td> <td>NO</td> </tr> <tr> <th>Consciousness</th> <th>Attention</th> <th>Insight</th> <th>Judgment</th> </tr> <tr> <td>Normal</td> <td>Normal</td> <td>Good</td> <td>Intact</td> </tr> <tr> <th>LOC</th> <th>Last MHE date</th> <th>TX plan date</th> <th>Date last saw provider</th> </tr> <tr> <td>CMHS 1</td> <td>Optional to add</td> <td>Optional to add</td> <td>Optional to add</td> </tr> </tbody> </table>				Orientation	Appearance	Behavior	Response to Interviewer	X 4	Clean	Normal	Cooperative	Mood (by report)	Affect (observed)	Thought Process	Thought Content	Quiet	Flat	Logical	Relevant	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation	NO	NO	NO	NO	Consciousness	Attention	Insight	Judgment	Normal	Normal	Good	Intact	LOC	Last MHE date	TX plan date	Date last saw provider	CMHS 1	Optional to add	Optional to add	Optional to add
	Orientation	Appearance	Behavior	Response to Interviewer																																								
	X 4	Clean	Normal	Cooperative																																								
	Mood (by report)	Affect (observed)	Thought Process	Thought Content																																								
	Quiet	Flat	Logical	Relevant																																								
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation																																								
	NO	NO	NO	NO																																								
	Consciousness	Attention	Insight	Judgment																																								
	Normal	Normal	Good	Intact																																								
LOC	Last MHE date	TX plan date	Date last saw provider																																									
CMHS 1	Optional to add	Optional to add	Optional to add																																									
ASSESSMENT	Edmo appears to be worried and anxious about doing time in unit 8.																																											
PLAN	Encouraged Edmo to utilize coping skills to prepare self for housing in unit 8. Will remain on close observation and have daily clinical contact while on CO.																																											
Name		Credential(s)	Signature																																									
J. Myers B075		LMSW																																										



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

DATES OF WATCH/OBSERVATION					
DATE PLACED ON WATCH	08/31/2016	DATE PLACED ON OBSERVATION	09/01/2016	DATE REMOVED FROM WATCH/OBSERVATION	9/5/2016

OFFENDER LAST NAME	OFFENDER FIRST NAME	IDOC#	DOB	DATE OF REPORT
EDMO	MASON	94691	[REDACTED]	09/05/2016

INSTITUTION	OFFENSE	REGULAR HOUSING UNIT	CURRENT HOUSING UNIT
ISCI	SEXUAL ABUSE OF CHILD <16	UNIT 9	UNIT 16 HC

CURRENT LEVEL OF CARE (LOC)	CMHS1 - Correctional MH Services
------------------------------------	----------------------------------

It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change.

SRA REPORT TYPE	Exit Only	RISK LEVEL	Low
------------------------	-----------	-------------------	-----

REASON FOR REFERRAL
 Edmo was placed in restrictive housing, SPI Status, due to stated sexual activity and stated possible PREA incident with no information given. Edmo placed on Suicide Watch in Unit-16 per Policy #315 due to making statements of suicidal ideation to restrictive housing staff.

MENTAL STATUS EXAM
 Edmo presented as alert and OX4. Edmo reported being "fine" with affect flat. Edmo spoke softly and eye contact was WNL. Edmo denied current SI/HI/SHB. Edmo did not appear to be endorsing any type of hallucinations. Edmo's thought content was problem focused and process clear. Edmo was cooperative and responsive with the interview.

INTERVIEW
 Edmo reported being "fine" and that Edmo wishes Edmo never had told staff about the PREA incident. "I don't know why they are punishing the victim, I didn't do anything. I should have just shut my mouth." Edmo does not want to be placed back out on the yard but also does not want to go to unit 8. Clinician described the SPI status and the process. Clinician explained to Edmo that Edmo will be placed in unit 8 for Edmo's safety, not punishment. Edmo denied SI, HI, SIB and stated, "I just want to go there and get it over with." Edmo denied that Edmo will have SI or SIB when placed in unit 8 and will work to utilize Edmo's coping skills. Clinician requested Edmo receive a cell close to the showers as Edmo is GD.

INTENT TO DIE
 Denied current intent to die.

PLAN OR METHOD
 Denied plan or method.



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

OFFENDER LAST NAME	OFFENDER FIRST NAME	IDOC#	DOB	DATE OF REPORT
EDMO	MASON	94691	[REDACTED]	09/05/2016
ACCESS TO MEANS				
Access to means limited to Unit 8.				
HISTORICAL FACTORS (check all that apply)				
Family history of suicide	<input type="checkbox"/>	First time prison term	<input checked="" type="checkbox"/>	
Inmate history of suicide attempts	<input checked="" type="checkbox"/>	Current Ad Seg	<input type="checkbox"/>	
History of substance abuse	<input checked="" type="checkbox"/>	Other (list below)	<input type="checkbox"/>	
Edmo denied any family history of suicide. This is Edmo's first prison term. Edmo reported a history of suicide attempts: 2011 by way of cutting and 2010 by OD. Edmo stated that Edmo has a history of substance abuse, drugs of choice: Alcohol, Heroin and Meth.				
Per PSI: Edmo reported 3 suicide attempts (2010 cutting & 2010/11 overdose). Edmo reported a history of substance abuse including alcohol and marijuana.				
KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply)				
Sleeping difficulties or irregular sleeping hours	<input type="checkbox"/>	Recent personal loss or crisis	<input type="checkbox"/>	
Non-compliance with prescribed psych medications	<input type="checkbox"/>	Neglect of personal hygiene	<input type="checkbox"/>	
Weight loss or loss of appetite	<input type="checkbox"/>	Long or life sentence	<input type="checkbox"/>	
Progressive health problems (chronic or terminal illness)	<input type="checkbox"/>	Poor compliance with treatment	<input type="checkbox"/>	
DOR	<input type="checkbox"/>	Conflict on tier	<input type="checkbox"/>	
Family event	<input type="checkbox"/>	Conflict with bunkmate	<input type="checkbox"/>	
Gambling or other debt	<input type="checkbox"/>	Parole/court hearing	<input type="checkbox"/>	
Fearful for safety	<input checked="" type="checkbox"/>	Other (list below)	<input checked="" type="checkbox"/>	
Relationship	<input type="checkbox"/>	Reported a possible PREA incident	<input type="checkbox"/>	
PSYCHOLOGICAL FACTORS				
Edmo reports sleeping "better" while on close observation. Edmo reported being fearful for Edmo's safety due to the possible PREA incident that is under investigation. Edmo reports not wanting to be placed on the yard at this point in time. Edmo is currently SPI status.				
Per previous SRA: 9/1/16: Edmo was last seen on 07/28/2016 by PNP Seys and diagnosed with GDD, Major Depressive Disorder, and Alcohol Use Disorder. Edmo was prescribed Effexor XR 225 mg. AM and is taking hormones for GDD. Edmo was recently discharged from the Behavioral Health Unit to general population after assaulting another inmate in Unit 16.				



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

OFFENDER LAST NAME	OFFENDER FIRST NAME	IDOC#	DOB	DATE OF REPORT
EDMO	MASON	94691	[REDACTED]	09/05/2016
PROTECTIVE FACTORS				
Edmo looks forward to getting out of prison and eventually getting sexual reassignment surgery. Edmo will be placed in unit 8 and will receive 3 days of clinical follow up.				
EVALUATION OF RISK POTENTIAL <i>(It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is indicated below. This level of risk will change over time and should be modified as circumstances change.)</i>				
The offender is currently a low risk for self harm				
RECOMMENDATIONS				
It is clinically recommended that Edmo be released from close observation to unit 8.				

RISK REDUCTION/TREATMENT PLAN ADDENDUM

RISK REDUCTION PLAN		
PROBLEM <i>(The problem(s) should be specific to the offender's current reporting issues)</i>	GOAL <i>(There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))</i>	INTERVENTION <i>(The interventions need to be specific and measurable to each of the two types of goals and relate to the presenting problem(s) of the offender)</i>
Edmo has a history of self harm when Edmo is in stressful situations.	1) Edmo will refrain from harming self and others for the next 24 hours. 2) Edmo will return to Edmo's baseline level of functioning.	1) Edmo will have 3 days of clinical follow up. 2) Edmo will work with clinical and security staff to address safety and mental health concerns related to current situation.



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

OFFENDER LAST NAME	OFFENDER FIRST NAME	IDOC#	DOB	DATE OF REPORT
EDMO	MASON	94691		09/05/2016
RISK REDUCTION PLAN CON'T				
CHANGE IN LOC REQUIRED?		NEW LOC IF APPLICABLE (enter in CIS if LOC has changed)		
No		Not Applicable		
NATURE OF INCIDENT			DEGREE OF MEDICAL INTERVENTION	
Verbal threat without action			None	
OFFENDER'S STATED INTENT			LAST SUICIDE WATCH	
Desire to speak with someone			6-12 months	
TREATMENT PLAN UPDATE				
The offender will return to their previous treatment plan upon stabilization				
ADDITIONAL COMMENTS				
REPORT COMPLETED BY	CREDENTIAL	DATE	SIGNATURE	
M. Hahn, C166	LMSW	09/05/2016	<i>Morgan Hahn LMSW</i>	

IDOC MENTAL HEALTH SCREENING

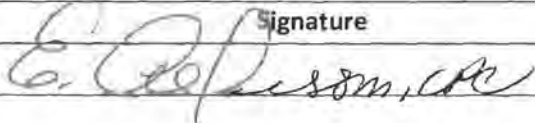
INMATE NAME: <u>Edmo, Mason</u>		DOB: [REDACTED]		DATE OF REPORT: <u>9/5/16</u>		
<input type="checkbox"/> Intake/New Arrival		<input type="checkbox"/> Inter Institutional Transfer		<input checked="" type="checkbox"/> Restrictive Housing		
Current Risk Factors	1. Did the transporting officer report any concerns? If so please explain.			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Immediately notify the shift commander
	2. Right now, do you have thoughts of hurting yourself?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	3. Do you have any <u>immediate</u> plans to hurt yourself? Describe:			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	4. Right now, are you currently feeling hopeless about your future?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Refer to MH for follow up within 24 hrs
	5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>none at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms. Describe symptoms: (If rated at "5" or above, refer for clinician follow-up)			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Prior Emergent Treatment	7. Within the last 24 months, have you had a mental health hospitalization or been placed on a mental health observation/watch in a correctional facility? Date: <u>9/1/16</u> Hospital/Facility: <u>ISCI UIC</u> Reason: <u>Suicide watch</u>			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Refer to MH for follow up within 72 hours
Suicidal Self Harm History	8. Within the last 24 months, have you engaged in self-harm or attempted suicide? Date: <u>2011</u> Means/Method: <u>cut</u> Intent: <u>Death</u> Date: <u>2010</u> Means/Method: <u>OD Attempt</u> Intent: <u>Death</u>			In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Medication	9. Are you currently taking mental health medications? Name: <u>Effor</u> Dose/Freq: _____ Last dose: _____ Pharm: _____ Prescriber: _____			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Follow up to occur within 14 days if indicated following clinician review.
	10. Have you ever taken mental health medications in the past? Name: <u>2012</u> Dose/Freq: _____ Last dose: _____ Pharm: _____ Prescriber: _____			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Mental Health Treatment	11. Prior to 24 months ago, have you been hospitalized for mental health reasons? Date: <u>2011</u> Hospital/Facility: <u>Suicide Attempt</u> Reason: <u>Pecanillo</u>			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	12. Prior to 24 months ago, have you attempted suicide or engaged in self-harm? Date: <u>5/20/10</u> Means/Method: _____ Intent: _____			In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	13. Do you have a history of outpatient mental health treatment? Date: <u>2010-2011</u> Care Provider: <u>Indian Health Services</u> Reason: <u>Suicide Attempt</u>			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Substance Use	14. Have you ever used any type of substances: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	What? <input type="checkbox"/> Alcohol: <input type="checkbox"/> Methamphetamines: <input type="checkbox"/> Prescription drugs: <input type="checkbox"/> Other: _____	First Used: _____ Last Used: _____ How Much? _____	What? <input checked="" type="checkbox"/> Marijuana: <input checked="" type="checkbox"/> Cocaine: <input checked="" type="checkbox"/> Heroin: _____	First Used: _____ Last Used: _____ How Much? _____		
Other contributing suicide risk factors	15. Is this your first time in prison?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	16. Have any family members or significant persons in your life attempted or committed suicide?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	17. Have you recently experienced a significant loss such as a death of a close family member or friend?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	18. Have you ever been arrested for a sex crime?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	19. Have you ever been a victim of sexual or physical abuse?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	20. Have you had a head injury? Describe: <u>Concussion</u>			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	21. Have you ever received special education services?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
22. Are you worried about something other than your current legal situation? Describe: _____			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
23. Do you have a physical illness that is causing you distress or pain? Describe: _____			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

Current Mental Health Status (Check all that apply)	<input checked="" type="checkbox"/> Alert, oriented x <u>44</u> <input type="checkbox"/> Disoriented <input type="checkbox"/> Reports Hallucinations <input type="checkbox"/> Endorses Delusions						
	Grooming/Hygiene	Eye Contact	Affect	Mood	Thought Process	Speech	Movement/Activity
<input checked="" type="checkbox"/> Appropriate to situation <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> None	<input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Flat <input type="checkbox"/> No emotion <input type="checkbox"/> Tearful <input type="checkbox"/> Smiling <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric	<input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Angry <input type="checkbox"/> Cheerful <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxious	<input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Logical <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Moving from topic to topic quickly <input type="checkbox"/> Irrelevant <input type="checkbox"/> Distractible	<input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Rambling	<input type="checkbox"/> Appropriate to situation <input type="checkbox"/> Restless <input type="checkbox"/> Slowed <input type="checkbox"/> Active <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive	
DISPOSITION	Action Taken			Initial Housing Recommendation			
	<input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer to Mental Health for follow up within 14 days if indicated following clinician review <input type="checkbox"/> No need for Mental Health follow up - cleared			<input type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input checked="" type="checkbox"/> Other placement: <u>U8 Seg.</u>			
Informed Consent	I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. Inmate Signature: <u>[Signature]</u> Date: <u>9/15/14</u>						
Screener/Reviewer	Screened by: <u>9/15/14</u> <u>1700</u> Date Time		<u>Tammy Case, LPN</u> Printed Name/Title		<u>[Signature]</u> Signature		
	Screening Reviewed: <u>9/16/15</u> <u>0900</u> Date Time		<u>E. Addresson, LRC</u> Printed Name/Title		<u>[Signature]</u> Clinician Signature		
	<input type="checkbox"/> MH Secondary Assessment Completed: _____ Date Printed Name/Title Signature						
Clinical Follow Up	Follow Up SOAP Note/if indicated: <u>9/16/15. See by Prisoner, also see Report being rec'd. See SOAP for further details. EDC</u>						
	<u>9/16/15</u> <u>0900</u> Date Time		<u>E. Addresson, LRC</u> Printed Name/Title		<u>[Signature]</u> Clinician Signature		



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number	
EDMO, MASON		94691	09/06/2016	
SUBJECTIVE	Met with Edmo in Unit 08 to complete Edmo's 1 of 3 clinical contact after being released from watch. Edmo declined to speak with a clinician in the day room. Edmo was sleeping, reporting feeling "tired and wanting to go back to sleep." "Edmo gave the thumbs up and indicated feeling fine.			
OBJECTIVE	Orientation	Appearance	Behavior	Response to Interviewer
	X 4	Clean	Normal	Cooperative
	Mood (by report)	Affect (observed)	Thought Process	Thought Content
	"Good"	Appropriate	Logical	Relevant
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
	NO	NO	NO	NO
	Consciousness	Attention	Insight	Judgment
	Normal	Normal	Good	Intact
LOC	Last MHE date	TX plan date	Date last saw provider	
CMHS 1	Optional to add	Optional to add	Optional to add	
ASSESSMENT	Edmo did not want to speak to the clinician, instead reported wanting to take a nap. Edmo appears stable at this time.			
PLAN	Edmo will be seen tomorrow by clinical staff for Edmo's 2 of 3 clinical contact.			
Name		Credential(s)	Signature	
Elizabeth Adkisson		LPC, B824		

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

INMATE NAME (Last, First, MI)	IDOC #	EVALUATION DATE
Edmo	94691	9/7/16

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

Yes	No	
X		Oriented X 4, (person, place, time, and circumstance).
X		Affect and mood within normal limits.
X		Speech normal in tone and structure; thought content is orderly and goal directed.
X		Currently prescribed and medication compliant with psychotropic medication.
	X	Expresses auditory, visual, other hallucinations, or delusional thought.
	X	Current suicidal ideation or intent.
	X	Judgment and insight impaired.
X		Current psychosocial stressors increasing the risk of harm to self or others. <i>prison</i>
X		Intellect is estimated to be average or above.
		Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input type="checkbox"/> Remained Stable
X		Requires mental health plan. Date completed: <i>Return to plan @ release</i>
Comments:		

REFERRAL TO	
--------------------	--

MENTAL HEALTH PROFESSIONAL SIGNATURE	DATE
<i>M. Hahn</i> M. Hahn LMSW #C166	9/7/16





IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)	IDOC #	Date/Time	Problem number
Edmo, Mason	94691	9/7/16	

SUBJECTIVE

Attempted to meet with Edmo for 2 of 3 clinical contact in unit 8. Edmo gave this clinician the thumbs up and when asked if Edmo wanted to be pulled out into the dayroom, Edmo declined and recovered Edmo's head going back to sleep. Edmo did not appear to be endorsing delusions/hallucinations; did not appear to be at risk for harming self or others. After attempting to meet, Clinical Supervisor Watson emailed, recommending that Edmo be moved from unit 8 to unit 16 to complete SPI time.

OBJECTIVE

Orientation	Appearance	Behavior	Response to Interviewer
X 4	Clean	Normal	Cooperative
Mood (by report)	Affect (observed)	Thought Process	Thought Content
"Good"	Appropriate	Logical	Relevant
Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
NO	NO	NO	NO
Consciousness	Attention	Insight	Judgment
Normal	Normal	Good	Intact
LOC	Last MHE date	TX plan date	Date last saw provider
CMHS 1	Optional to add	Optional to add	Optional to add

ASSESSMENT

Edmo is assessed as stable.

PLAN

Edmo will continue to be followed per current LOC and can further access MH services through concern forms and will have weekly clinical contact while in seg status.

Name	Credential(s)	Signature
A. Houser B948	LPC	



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time	Problem number	
EDMO, MASON D		94691	09/08/2016		
SUBJECTIVE	Met with inmate Edmo for clinical contact 3 of 3 following release from close observation. Edmo reported doing "better" now that Edmo is in Unit 16 instead of Unit 8. Edmo reported being unsure about the process that Edmo is going through; Edmo was informed that an RHPC hearing is likely next. Edmo reported sending a concern from to CS Watson to request to stay in Unit 16 if not granted PC. Edmo was given self-care focused handouts to help cope with the reported situation. Edmo inquired about possible individual counseling sessions in the future. Edmo reported significant anxiety, particularly when walking on the breezeway for a medical appointment today. Edmo reported med compliance and eating normally. Edmo reported sleeping a lot. Edmo denied SI/HI/SHB.				
	Orientation		Appearance	Behavior	Response to Interviewer
	X 4		Clean	Normal	Cooperative
	Mood (by report)		Affect (observed)	Thought Process	Thought Content
	"Good"		Appropriate	Logical	Relevant
	Delusions		Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
	NO		NO	NO	NO
	Consciousness		Attention	Insight	Judgment
	Normal		Normal	Average	Intact
	LOC		Last MHE date	TX plan date	Date last saw provider
CMHS 1		Optional to add	Optional to add	Optional to add	
ASSESSMENT	Edmo appears to be maintaining stability in segregation in Unit 16 at this time. Edmo appears to be low risk for self-injurious behavior.				
PLAN	Follow-up according to LOC. Weekly seg checks on Wednesdays and Saturdays. Edmo can access additional services via concern forms as needed.				
Name		Credential(s)	Signature		
K. Stewart, B916		LPC			



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)	IDOC #	Date/Time	Problem number
Edmo, Mason	94691	9/10/2016	0830

SUBJECTIVE

Today this clinician met with Edmo in holding cell on SPI status. Edmo stated that Edmo had no concerns about Edmo's MH status and is still waiting to hear from investigations regarding Edmo's PREA case. Edmo reported eating and sleeping fine and denied SI, HI, SIB. Edmo had no report of any type of hallucinations. Edmo reported medication compliance.

OBJECTIVE

Orientation	Appearance	Behavior	Response to Interviewer
X 4	Clean	Normal	Cooperative
Mood (by report)	Affect (observed)	Thought Process	Thought Content
Tired	Appropriate	Logical	Relevant
Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
NO	NO	NO	NO
Consciousness	Attention	Insight	Judgment
Normal	Normal	Average	Intact
LOC	Last MHE date	TX plan date	Date last saw provider
CMHS-1	Optional to add	Optional to add	Optional to add

ASSESSMENT

Edmo appears to be stable at this point in time.

PLAN

Edmo will be seen for seg checks Wednesday's and Saturday's while SPI status.

Name	Credential(s)	Signature
M. Hahn, C166	LMSW	<i>Morgan Hahn</i>

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

INMATE NAME (Last, First, MI)	IDOC #	EVALUATION DATE
Edmo, Mason	94691	9.14.2016

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

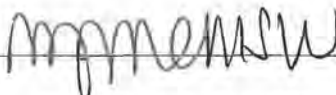
Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

Yes	No	
0		Oriented X 4, (person, place, time, and circumstance).
		Affect and mood within normal limits.
0		Speech normal in tone and structure; thought content is orderly and goal directed.
		Currently prescribed and medication compliant with psychotropic medication.
	0	Expresses auditory, visual, other hallucinations, or delusional thought.
	0	Current suicidal ideation or intent.
	0	Judgment and insight impaired.
	0	Current psychosocial stressors increasing the risk of harm to self or others.
0		Intellect is estimated to be average or above.
		Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable
		Requires mental health plan. Date completed:

Comments:

Denied HHSIB

REFERRAL TO	
--------------------	--

MENTAL HEALTH PROFESSIONAL SIGNATURE	DATE
J. Myers, LMSW B075 	9/14/16

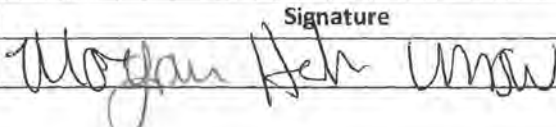


IDOC Restricted Housing MH Evaluation Form 3.09



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

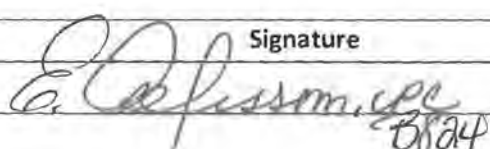
CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number																																									
Edmo, Mason		94691	9/17/2016	0830																																								
SUBJECTIVE	Today this clinician met with Edmo in holding cell on SPI status. Edmo saw clinician and gave a thumbs up. Edmo reported Edmo has been medication compliant and denied any type of mental health concerns. No report of SI, HI, SIB.																																											
	<table border="1"> <thead> <tr> <th>Orientation</th> <th>Appearance</th> <th>Behavior</th> <th>Response to Interviewer</th> </tr> </thead> <tbody> <tr> <td>X 4</td> <td>Clean</td> <td>Normal</td> <td>Cooperative</td> </tr> <tr> <th>Mood (by report)</th> <th>Affect (observed)</th> <th>Thought Process</th> <th>Thought Content</th> </tr> <tr> <td>Tired</td> <td>Appropriate</td> <td>Logical</td> <td>Relevant</td> </tr> <tr> <th>Delusions</th> <th>Hallucinations</th> <th>Self-Harm/Suicidal Ideation</th> <th>Homicidal Ideation</th> </tr> <tr> <td>NO</td> <td>NO</td> <td>NO</td> <td>NO</td> </tr> <tr> <th>Consciousness</th> <th>Attention</th> <th>Insight</th> <th>Judgment</th> </tr> <tr> <td>Normal</td> <td>Normal</td> <td>Average</td> <td>Intact</td> </tr> <tr> <th>LOC</th> <th>Last MHE date</th> <th>TX plan date</th> <th>Date last saw provider</th> </tr> <tr> <td>CMHS-1</td> <td>Optional to add</td> <td>Optional to add</td> <td>Optional to add</td> </tr> </tbody> </table>				Orientation	Appearance	Behavior	Response to Interviewer	X 4	Clean	Normal	Cooperative	Mood (by report)	Affect (observed)	Thought Process	Thought Content	Tired	Appropriate	Logical	Relevant	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation	NO	NO	NO	NO	Consciousness	Attention	Insight	Judgment	Normal	Normal	Average	Intact	LOC	Last MHE date	TX plan date	Date last saw provider	CMHS-1	Optional to add	Optional to add	Optional to add
	Orientation	Appearance	Behavior	Response to Interviewer																																								
	X 4	Clean	Normal	Cooperative																																								
	Mood (by report)	Affect (observed)	Thought Process	Thought Content																																								
	Tired	Appropriate	Logical	Relevant																																								
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation																																								
	NO	NO	NO	NO																																								
	Consciousness	Attention	Insight	Judgment																																								
	Normal	Normal	Average	Intact																																								
LOC	Last MHE date	TX plan date	Date last saw provider																																									
CMHS-1	Optional to add	Optional to add	Optional to add																																									
OBJECTIVE																																												
ASSESSMENT	Edmo appears to be stable at this point in time.																																											
PLAN	Edmo will be seen for seg checks Wednesday's and Saturday's while SPI status.																																											
Name		Credential(s)	Signature																																									
M. Hahn, C166		LMSW																																										



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number	
EDMO, MASON DEAN		94691	09/20/2016	
SUBJECTIVE	Met with inmate Edmo to assess mental health and risk for self harm following release from SPI status. Edmo reported that Edmo is doing well and happy to be released back into GP. Edmo reports continued increased anxiety and would like to work with clinical staff to address the concerns. Edmo was told Edmo would receive a follow up visit by the Primary clinician following release from detention back to GP. Edmo was encouraged to work on Edmo's anxiety in group and send a concern form to schedule and appointment with assigned clinical staff.			
	Orientation	Appearance	Behavior	Response to Interviewer
	X 4	Clean	Normal	Cooperative
	Mood (by report)	Affect (observed)	Thought Process	Thought Content
	Anxious	Appropriate	Logical	Relevant
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
	NO	NO	NO	NO
	Consciousness	Attention	Insight	Judgment
	Normal	Normal	Good	Intact
	LOC	Last MHE date	TX plan date	Date last saw provider
CMHS 1	Optional to add	Optional to add	Optional to add	
ASSESSMENT	Inmate presented as alert and oriented x 4. He maintained appropriate eye contact and behavior with a cooperative attitude. His affect and mood were congruent and assessed as appropriate to situation and WNL. His speech was clear with normal rate, tone and volume. His thought process was logical and goal driven with relevant content. His insight and judgment were assessed to be normal and intact. He did not appear to be endorsing any hallucinations or delusions. No signs of SI/HI were noted.			
PLAN	Inmate will be followed by Primary clinical staff on 09/21/2016. Inmate will submit a concern form to work with assigned clinician to address anxiety. Attend psycho-educational groups.			
Name		Credential(s)	Signature	
Elizabeth Adkisson		LPC, B824	 B824	



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

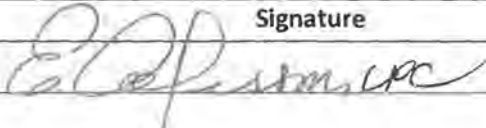
CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number		
Edmo, Mason		94691	09.21.2016		
SUBJECTIVE	Met with Edmo for a clinical contact. Edmo was sleeping when clinician approached Edmo's cell. Edmo sat up and came to the door to speak to clinician. Clinician asked how Edmo was doing to which Edmo stated that Edmo is waiting to get out of the cell and return to Edmo's GP housing. Edmo reported that Edmo is doing nothing but sleeping to pass time and manage mental health symptoms. Edmo didn't report high anxiety or depression or any hallucinations/delusions. Edmo reports eating and sleeping fine. Edmo states that Edmo is becoming impatient as officers keep telling Edmo that his time is up and Edmo continues to remain in cell 28. Edmo is hoping that officers will be able to know officially what day Edmo will be returned to Edmo's GP housing. Denied endorsing hallucinations or delusions.				
	Orientation		Appearance		
	X 4	Clean	Normal		
	Mood (by report)		Affect (observed)		
	"Good"	Appropriate	Logical		
	Delusions		Hallucinations		
	NO	NO	NO		
	Consciousness		Attention		
	Normal	Normal	Good		
	LOC		Last MHE date		
CMHS 1	Optional to add	Optional to add			
OBJECTIVE	Behavior		Response to Interviewer		
	Normal		Cooperative		
	Thought Process		Thought Content		
	Logical		Relevant		
	Self-Harm/Suicidal Ideation		Homicidal Ideation		
	NO		NO		
	Insight		Judgment		
	Good		Intact		
	TX plan date		Date last saw provider		
	Optional to add		Optional to add		
ASSESSMENT	Edmo appears to be managing mental health symptoms at this time. Edmo is reporting frustrations of officers not knowing when Edmo's time is done being cell restricted for detention in cell 28.				
	PLAN	Continue to receive clinical contact until clinical team can staff Edmo's housing.			
		Name		Credential(s)	
		J. Myers B075		LMSW	
		Signature			
		<i>[Handwritten Signature]</i>			



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number																																								
EDMO, MASON DEAN		94691	09/29/2016																																								
SUBJECTIVE	<p>Inmate Edmo came to Open Clinic to request readmission to Gender Dysphoria group or to be assigned homework. Edmo reports being removed from the group after engaging in physical combat with another GD inmate (Morgan). Edmo reports feeling pressure as a GD inmate in general population and feels homophobic bullying by a CPI in Unit 15. Inmate Edmo was directed to report any bullying or safety concerns to Sgt Biladeau and an email was also sent to Sgt Biladeau alerting her to Edmo's concerns and what Edmo was instructed to do in order to resolve the issue. CS Watson was alerted to Edmo's request. Edmo will be given homework for GD and the weekly group handouts. Edmo will be followed by Edmo's assigned clinician to address other concerns.</p>																																										
	<table border="1"> <thead> <tr> <th>Orientation</th> <th>Appearance</th> <th>Behavior</th> <th>Response to Interviewer</th> </tr> </thead> <tbody> <tr> <td>X 4</td> <td>Clean</td> <td>Normal</td> <td>Cooperative</td> </tr> <tr> <th>Mood (by report)</th> <th>Affect (observed)</th> <th>Thought Process</th> <th>Thought Content</th> </tr> <tr> <td>"Good"</td> <td>Appropriate</td> <td>Logical</td> <td>Relevant</td> </tr> <tr> <th>Delusions</th> <th>Hallucinations</th> <th>Self-Harm/Suicidal Ideation</th> <th>Homicidal Ideation</th> </tr> <tr> <td>NO</td> <td>NO</td> <td>NO</td> <td>NO</td> </tr> <tr> <th>Consciousness</th> <th>Attention</th> <th>Insight</th> <th>Judgment</th> </tr> <tr> <td>Normal</td> <td>Normal</td> <td>Good</td> <td>Intact</td> </tr> <tr> <th>LOC</th> <th>Last MHE date</th> <th>TX plan date</th> <th>Date last saw provider</th> </tr> <tr> <td>CMHS 1</td> <td>Optional to add</td> <td>Optional to add</td> <td>Optional to add</td> </tr> </tbody> </table>				Orientation	Appearance	Behavior	Response to Interviewer	X 4	Clean	Normal	Cooperative	Mood (by report)	Affect (observed)	Thought Process	Thought Content	"Good"	Appropriate	Logical	Relevant	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation	NO	NO	NO	NO	Consciousness	Attention	Insight	Judgment	Normal	Normal	Good	Intact	LOC	Last MHE date	TX plan date	Date last saw provider	CMHS 1	Optional to add	Optional to add
Orientation	Appearance	Behavior	Response to Interviewer																																								
X 4	Clean	Normal	Cooperative																																								
Mood (by report)	Affect (observed)	Thought Process	Thought Content																																								
"Good"	Appropriate	Logical	Relevant																																								
Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation																																								
NO	NO	NO	NO																																								
Consciousness	Attention	Insight	Judgment																																								
Normal	Normal	Good	Intact																																								
LOC	Last MHE date	TX plan date	Date last saw provider																																								
CMHS 1	Optional to add	Optional to add	Optional to add																																								
ASSESSMENT	<p>Inmate presented as alert and oriented x 4. He maintained appropriate eye contact and behavior with a cooperative attitude. His affect and mood were congruent and assessed as appropriate to situation and WNL. His speech was clear with normal rate, tone and volume. His thought process was logical and goal driven with relevant content. His insight and judgment were assessed to be normal and intact. He did not appear to be endorsing any hallucinations or delusions. No signs of SI/HI were noted.</p>																																										
	<p>Inmate will be followed per assigned level of care by clinical staff Inmate referred to Unit Sgt to address bullying concerns. Inmates request for GD study materials has been addressed by the treatment team supervisor.</p>																																										
PLAN																																											
	Name	Credential(s)	Signature																																								
Elizabeth Adkisson		LPC, B824																																									

Psychiatric Progress Note

ID: 94691

Name: Edmo, Mason

10/20/16

S: "I am doing good." Says increase of Effexor helped. Out of seven days four are pretty good; otherwise "general depression because of my gender dysphoria." She says she is happy with treatment for this. Says she is not exercising because "it is cold." Appetite is not great lately. Effexor has been the most helpful. No sleep complaints. She will be in prison until 2021.

Response to TX: See above

Medication Compliance: Compliant

Suicidal/Homicidal Ideation and/or Plan: Denies

Medication Side Effects: Denies

Auditory/Visual Hallucinations/Delusions/Paranoia: Denies

Medications: Effexor XR 225 mg. AM

Wt: 188 (-7)

O: Alert and oriented. Speech is clear with RRR. Thoughts are coherent and goal oriented. Mood is WNL. Attitude is cooperative. Affect WNL. Appearance is well groomed. Good eye contact. Cognition is intact. Has been on Celexa, Remeron, Zoloft, and Effexor.

AIMS: N/A

Med Consent In Chart: Yes

A: 28 year old (GID) who reports some residual depressive symptoms; will increase Effexor.

Diagnoses Include:

GDD

Major Depressive Disorder

Alcohol Use Disorder

Prison

P: Effexor XR 300 mg. AM; Refer to clinician for 1:1 or group d/t depression from gender dysphoria. Educated regarding the risks/benefits/side effects of current medication and inmate verbalized understanding.

RTC: 3 months



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

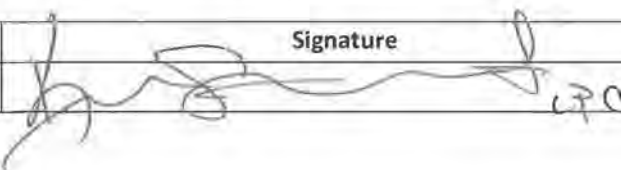
CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number		
EDMO, MASON D		94691	10/31/2016		
SUBJECTIVE	Edmo did not show to Edmo's scheduled appointment. Edmo was confirmed on the institutional call out with no conflicts.				
	OBJECTIVE	Orientation	Appearance	Behavior	Response to Interviewer
	Mood (by report)	Affect (observed)	Thought Process	Thought Content	
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation	
	Consciousness	Attention	Insight	Judgment	
	LOC	Last MHE date	TX plan date	Date last saw provider	
	CMHS 1	Unable to assess			
	ASSESSMENT	Unable to assess			
	PLAN	Reschedule appointment for 11/02/2016			
	Name		Credential(s)	Signature	
K. Stewart, B916		LPC			



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time	Problem number																																							
EDMO, MASON D		94691	11/02/2016																																								
SUBJECTIVE	<p>Met with inmate Edmo for clinical contact and to review treatment plan per LOC. Edmo reported experiencing frequent depression and thoughts of self-castration related to Edmo's gender dysphoria and Edmo's limited ability to feminize. Edmo inquired about 1-on-1 therapy due to being unable to participate in the GD group. Discussed treatment options and Edmo's ability to access Edmo's assigned clinician via concern forms and open clinics in order to meet one-on-one as needed. Edmo inquired about being provided the handouts for the GD group, which was previously discussed and approved by the clinical team. Edmo was informed that Edmo can access those handouts via Edmo's assigned clinician. Edmo reported doing well and feeling comfortable in general population; Edmo reported feeling comfortable with Edmo's current cellie (a cousin). Discussed Edmo's mental health problems/goals/interventions. Edmo's updated treatment plan was completed, reviewed, and signed.</p> <p>Following the above interview, Edmo agreed to and participated in an interview to complete an evaluation requested by the parole commission.</p>																																										
	<table border="1"> <thead> <tr> <th>Orientation</th> <th>Appearance</th> <th>Behavior</th> <th>Response to Interviewer</th> </tr> </thead> <tbody> <tr> <td>X 4</td> <td>Clean</td> <td>Normal</td> <td>Cooperative</td> </tr> <tr> <th>Mood (by report)</th> <th>Affect (observed)</th> <th>Thought Process</th> <th>Thought Content</th> </tr> <tr> <td>"Good"</td> <td>Flat</td> <td>Logical</td> <td>Relevant</td> </tr> <tr> <th>Delusions</th> <th>Hallucinations</th> <th>Self-Harm/Suicidal Ideation</th> <th>Homicidal Ideation</th> </tr> <tr> <td>NO</td> <td>NO</td> <td>NO</td> <td>NO</td> </tr> <tr> <th>Consciousness</th> <th>Attention</th> <th>Insight</th> <th>Judgment</th> </tr> <tr> <td>Normal</td> <td>Normal</td> <td>Average</td> <td>Intact</td> </tr> <tr> <th>LOC</th> <th>Last MHE date</th> <th>TX plan date</th> <th>Date last saw provider</th> </tr> <tr> <td>CMHS 1</td> <td>Optional to add</td> <td>Optional to add</td> <td>Optional to add</td> </tr> </tbody> </table>				Orientation	Appearance	Behavior	Response to Interviewer	X 4	Clean	Normal	Cooperative	Mood (by report)	Affect (observed)	Thought Process	Thought Content	"Good"	Flat	Logical	Relevant	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation	NO	NO	NO	NO	Consciousness	Attention	Insight	Judgment	Normal	Normal	Average	Intact	LOC	Last MHE date	TX plan date	Date last saw provider	CMHS 1	Optional to add	Optional to add
Orientation	Appearance	Behavior	Response to Interviewer																																								
X 4	Clean	Normal	Cooperative																																								
Mood (by report)	Affect (observed)	Thought Process	Thought Content																																								
"Good"	Flat	Logical	Relevant																																								
Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation																																								
NO	NO	NO	NO																																								
Consciousness	Attention	Insight	Judgment																																								
Normal	Normal	Average	Intact																																								
LOC	Last MHE date	TX plan date	Date last saw provider																																								
CMHS 1	Optional to add	Optional to add	Optional to add																																								
OBJECTIVE																																											
ASSESSMENT	<p>Edmo appears to be managing Edmo's mental health in general population at this time with the assistance of psych meds and accessing clinical services.</p>																																										
PLAN	<p>Edmo was provided with a copy of Edmo's treatment plan and with the handouts for the GD group (through page 57 of "The Transgender Workbook"). Follow-up according to LOC and current treatment plan. Edmo can access additional MH services via concern forms and open clinics as needed.</p>																																										
Name		Credential(s)	Signature																																								
K. Stewart, B916		LPC																																									

IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN

Offender Name: EDMO, MASON D

Date: 11/02/2016

IDOC # 94691

Date of Birth: [REDACTED]

LOC: CMHS-1

	PROBLEM (in operational terms)	GOAL (short-term objective)
1	Edmo reports struggling with attempts/desire to self-castrate on average 4 days per week	Edmo will report a decrease in average frequency of thoughts of self-castration from 4 days/wk to 3 days/wk.
2	Edmo reports struggling with feelings of dysphoria related to gender identity, especially related to limitations of feminizing.	Edmo will identify at least two ways Edmo could feel more feminine within IDOC policy
3		

INTERVENTIONS Problem #	Treatment Intervention	Staff/Person Responsible	Frequency/ Duration	Date Goal Closed
1	Edmo will identify 4 warning signs of depression/dysphoria that lead to the desire to self-castrate	Edmo	As needed	
2	Edmo will review GD handouts provided by clinical staff. Edmo meet with assigned clinician to discuss reactions to handouts and prosocial ideas for ways to feminize	Edmo/Clinician	As needed	
1, 2	Edmo will attend mental health groups per client's request as scheduled. Edmo is not currently enrolled in MH groups. Referred to Healthy Relationships & GD Support when able	Edmo	As scheduled	
1, 2	Edmo will take any medication prescribed by psychiatry or designee, as indicated, reporting any changes, concerns, or side effects.	Edmo/ Psychiatry	As prescribed	
1, 2	Edmo will utilize open clinics concern forms to report on successes/struggles of utilizing provided handouts and/or homework.	Edmo/Clinician	As needed	

Offender Signature: [Signature]

Date: 11/2/16

Prepared by: K. Stewart, LPC B916

Signature: [Signature]

Date: 11/2/16

Drop-In Mental Health Clinic

1. Offender Name/IDOC number: **Edmo / 94691**
2. Date: **11/7/2016**
3. Time: **0849**
4. Identified Problem:
 - **Feeling frustrated that Edmo is under investigation for alleged sexual activity in the Chapel and now being under restriction.**
5. Suicidal ideation: **No**
 - If yes, statement about plan/intent:
6. Homicidal ideation: **No**
 - If yes, statement about plan/intent:
7. Intervention:
 - **SFBT regarding dealing with anger**
 - **Reports focus on attempting to remain DOR free, so that Edmo has the best chance at being released**
 - **Identified primary supports of MH Groups but is on waitlist.**
8. Mental Status:
 - **Mood: "Frustrated"**
 - **Affect: Irritable**
 - **Thought process: Logical**
 - **Thought Content: Relevant**
 - **Hallucinations/Delusions/Illusions: Denied**
 - **Oriented: x4**
 - **Hygiene/grooming: WNL**
 - **Speech: Typical in volume/rate**
 - **Insight: Good**
 - **Judgment: Intact**
9. Plan of action:
 - **Edmo may continue to use Open Clinic and Concern Form to speak with MH services as needed.**


B. Raburn, IPC #B401

11/7/16
Date

Drop-In Mental Health Clinic

1. Offender Name/IDOC number: **Edmo / 94691**
2. Date: **11/14/2016**
3. Time: **0848**
4. Identified Problem:
 - **Edmo reported that Edmo's MTC is meeting next month and Edmo requested that Edmo's change of gender identification paperwork to be submitted.**
5. Suicidal ideation: **No**
 - If yes, statement about plan/intent:
6. Homicidal ideation: **No**
 - If yes, statement about plan/intent:
7. Intervention:
 - **Edmo presented Edmo's form for "Change of Identification Information on Idaho License or Identification Records" form. Edmo requested that the form be presented to MTC. Edmo reported that Edmo's name has been legally changed to "Adree Edmo" with Ada County Court House in September, 2013.**
 - **Edmo expressed that Edmo's doctor completes an affidavit staying that the gender identification change is valid, but with the recent change in providers Edmo is worried that this will not be completed**
 - **Edmo stated that having Edmo's gender identification correct is important to arranging services while on parole.**
8. Mental Status:
 - Mood: **"Better"**
 - Affect: **Appropriate to situation**
 - Thought process: **Logical**
 - Thought Content: **Relevant**
 - Hallucinations/Delusions/Illusions: **Denied**
 - Oriented: **x4**
 - Hygiene/grooming: **WNL**
 - Speech: **Typical in volume/rate**
 - Insight: **Good**
 - Judgment: **Intact**
9. Plan of action:
 - **CS Clark and Clinician Stewart will be notified of Edmo's request.**


B. Raburn, LPC #B401

11/14/2016

Date

MENTAL HEALTH DOR RECOMMENDATION

IDOC NUMBER	OFFENDER NAME	OFFENSE FACILITY
94691	Edmo, Mason	ISCI
OFFENSE DATE	OFFENSE DESCRIPTION	CLINICIAN
11/28/2016	Destruction of Property Under \$25.00	E. Adkisson, LPC

Documented history of significant mental illness that would/could impair decision making and/or reality testing.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Presently prescribed medication for mental health issues.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
**If yes, is offender compliant?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Experienced significant increase in stressors prior to incident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Documented increase in mental health symptoms prior to incident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mental Illness contributing factor in incident?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Recommendations:		

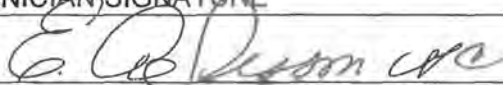
Inmate Edmo identifies as a transgender individual who tries to present in a more effeminate manner. Inmate Edmo has been given a diagnosis of Gender Dysphoria.

Mental Illness a mitigating factor?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Recommendations:		

Assignment of staff assistant recommended?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mental illness not a factor in incident - no restrictions on proceedings are recommended.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Additional Recommendations:

It is recommended inmate Edmo review ISCI policy regarding destruction or altering of property.

CLINICIAN SIGNATURE	DATE OF REPORT
E. Adkisson, LPC B824 	11/29/2016



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number	
EDMO, MASON D		94691	12/05/2016	
SUBJECTIVE	Edmo did not show to Edmo's scheduled appointment. Edmo was confirmed on the institutional call out with no conflicts.			
OBJECTIVE	Orientation	Appearance	Behavior	Response to Interviewer
	Mood (by report)	Affect (observed)	Thought Process	Thought Content
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
	Consciousness	Attention	Insight	Judgment
	LOC	Last MHE date	TX plan date	Date last saw provider
	CMHS 1			
	Unable to assess			
ASSESSMENT	Unable to assess			
PLAN	Reschedule for 12/13/2016			
Name		Credential(s)	Signature	
K. Stewart, B916		LPC		



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number		
EDMO, MASON D		94691	12/13/2016		
SUBJECTIVE	Edmo was placed on the institutional call out. Edmo was unable to attend due to a security drill taking place during the scheduled call out time.				
	Orientation	Appearance	Behavior	Response to Interviewer	
	Mood (by report)	Affect (observed)	Thought Process	Thought Content	
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation	
	Consciousness	Attention	Insight	Judgment	
	LOC	Last MHE date	TX plan date	Date last saw provider	
	CMHS 1				
	Unable to assess				
	OBJECTIVE	Unable to assess			
		Reschedule for 12/14/2016			
ASSESSMENT	Unable to assess				
	Reschedule for 12/14/2016				
PLAN	Reschedule for 12/14/2016				
	Reschedule for 12/14/2016				
Name	Credential(s)	Signature			
K. Stewart, B916	LPC				




IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

	INMATE NAME (Last, First, MI)	IDOC #	Date/Time Problem number	
	EDMO, MASON D	94691	12/14/2016	
SUBJECTIVE	<p>Met with Edmo for clinical contact per LOC and to provide Edmo with GD group materials. Edmo reported doing okay, although Edmo reported being depressed. Edmo reported being told to top Edmo's time by the parole commission, which was disappointing. Edmo reported having a cold right now, also. Edmo stated Edmo just wants to rest and feels doing so is helpful at this time. Discussed being aware of potential isolation and problems with doing so while depressed. Edmo reported awareness of how to use open clinic and concern forms to access MH services as needed. Edmo denied SI/HI/SHB.</p>			
OBJECTIVE	Orientation	Appearance	Behavior	Response to Interviewer
	X 4	Clean	Normal	Cooperative
	Mood (by report)	Affect (observed)	Thought Process	Thought Content
	"Okay"	Depressed	Logical	Relevant
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
	NO	NO	NO	NO
	Consciousness	Attention	Insight	Judgment
	Normal	Normal	Average	Intact
	LOC	Last MHE date	TX plan date	Date last saw provider
CMHS 1	Optional to add	Optional to add	Optional to add	
ASSESSMENT	<p>Edmo appears to be depressed at this time, but is managing symptoms with psych meds and coping skills at this time.</p>			
PLAN	<p>Follow-up per LOC. Edmo can access additional MH services via concern forms and open clinics as needed.</p>			
	Name	Credential(s)	Signature	
	K. Stewart, B916	LPC		

Drop-In Mental Health Clinic

1. Offender Name/DOC number: **Edmo / 94691**
2. Date: **12/19/2016**
3. Time: **0817**
4. Identified Problem:
 - **Requesting to know the determination of the result of the MTC.**
5. Suicidal ideation: **No**
 - If yes, statement about plan/intent:
6. Homicidal ideation: **No**
 - If yes, statement about plan/intent:
7. Intervention:
 - **Was explained that Clinician Ponder and Hahn are involved in the MTC process and Edmo was referred to them via concern.**
 - **Discussed frustration regarding being incarcerated until full-term release.**
8. Mental Status:
 - Mood: **"Crappy"**
 - Affect: **Appropriate to situation**
 - Thought process: **Logical**
 - Thought Content: **Relevant**
 - Hallucinations/Delusions/Illusions: **Denied**
 - Oriented: **x4**
 - Hygiene/grooming: **WNL**
 - Speech: **Typical in volume/rate**
 - Insight: **Good**
 - Judgment: **Intact**
9. Plan of action:
 - **Was referred to Clinician Hahn and Ponder for MTC meeting determination.**


B. Raburn, LPC #B401

12/19/2016
Date



Open Mental Health Clinic

1. Offender Name/IDOC number: Edmo 94691
2. Date: 12/21/2016
3. Time: 0810
4. Identified Problem: Reporting not feeling supported due to removal from GD group. Edmo reported receiving the homework but it isn't enough. Edmo was removed from the group for battering another member of the group.
5. Suicidal ideation: Y N
 - a. If yes, statement about plan/intent:
6. Homicidal ideation: Y N
 - a. If yes, statement about plan/intent:
7. Intervention:

Reviewed process of sending a concern form to CS Watson or CS Clark to address this issue.

Mental Status:

- a. Mood: frustrated
 - b. Affect: irritated
 - c. Thought process: goal directed
 - d. Thought Content: relevant
 - e. Hallucinations/Delusions/Illusions: Denied
 - f. Oriented: Time Place Person Reason for Visit O x 4
 - g. Hygiene/grooming: appropriate for GD (long hair, groomed eye brows, apparent make up)
 - h. Speech: WNL
 - i. Insight: fair
 - j. Judgment: intact
8. Plan of action: Spoke with CS Clark who reported Edmo was released from group due to assaulting another member twice. MTC advised 6 month removal. To be addressed in March 2017

  12/21/2016

R. Meyer, LCPC #2440

Date



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)	IDOC #	Date/Time Problem number
EDMO, MASON DEAN	94691	12/27/2016

SUBJECTIVE

Met with inmate Edmo after it was reported Edmo has submitted a concern form which alluded to an intent to engage in self-injurious behaviors. Edmo reported writing the Balla concern form when Edmo was feeling particularly gender dysphoric. Edmo reports that feeling has passed, and Edmo has no intention of engaging in self-harm. Edmo reports wanting panties because Edmo is tired of feeling the male genitalia between Edmo's legs. Edmo reports Dr. Alviso prescribed "panties" for Edmo as a means of encouraging Edmo to identify with Edmo's "authentic gender." We discussed living as a female and how clothes nor make-up define who we are as women. We discussed living authentically, gender biology, sense of self, and the dimensions of being a trans-gender person in a male prison. Edmo reports full-term release is 2021 at which time Edmo intends to have gender reassignment surgery. We discussed gender as a binary concept beyond anatomy and Edmo expressed frustration at not being allowed to tuck. Edmo was encouraged to journal about Edmo's experience of becoming transgendered while incarcerated and how Edmo identifies gender norms within a male dominant culture.

OBJECTIVE

Orientation	Appearance	Behavior	Response to Interviewer
X 4	Clean	Normal	Cooperative
Mood (by report)	Affect (observed)	Thought Process	Thought Content
Anxious	Appropriate	Logical	Relevant
Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
NO	NO	NO	NO
Consciousness	Attention	Insight	Judgment
Normal	Normal	Good	Intact
LOC	Last MHE date	TX plan date	Date last saw provider
CMHS 1	Optional to add	Optional to add	Optional to add

ASSESSMENT

Edmo presents stable at this time. Edmo denies intent to self-harm, presenting very self-preserving. Edmo at one point remarked that Edmo could care less about anybody else, Edmo is primarily concerned with having Edmo's needs met. Edmo's thoughts were very goal directed. Edmo reports a desire to be very expressive and feels panties will help Edmo accomplish that goal. Edmo's insight is fair and Edmo's judgment is impaired by Edmo's emotions and need for instant gratification. Edmo did not appear to be endorsing any hallucinations or delusions. No signs of SI/HI were noted.

PLAN

Edmo was invited to attend psycho-educational group on the YARD. Edmo declined. Edmo will be followed by Edmo's assigned clinician per level of care.

Name	Credential(s)	Signature
E. Adkisson	LPC, B824	



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number																																									
Edmo, Mason		94691	01-01-2016																																									
SUBJECTIVE	<p>This Clinician met with Inmate Edmo up in Medical in response to a recent concern form and an incident in which Edmo engaged in SIB. Edmo was requesting information related to options for treatment. Edmo stated that Edmo no longer wants to attend the Gender Dysphoria group. Edmo continues to exhibited limited to no accountability for Edmo's actions and instead blamed the other Inmates. We explored some of the potential ideas Edmo had in relation to treatment. Edmo expressed a desire to work with this one of the Clinician's who lead the GD groups and have the opportunity to address symptoms related to dysphoria and the GD Dx. Edmo then informed this clinician that Edmo was indifferent to attending GD group, but would like to ensure Edmo had access to a clinician who works with the GD population. Edmo suggested to meet once a week for 10-30 minutes depending on the need and assignment of therapeutic homework related to Gender Dysphoria. We addressed various ideas from literature, CBT Tx, and support surrounding transition within general population. Edmo reported no desire to return to Unit 16 or participate in the GD group, but simply would like the opportunity to address the various aspect of treatment and dysphoria. When addressing the recent cutting of testicles, Edmo reported that Edmo wanted to get rid of the testes because they are neither wanted or needed. Edmo denied this as a suicide attempt and associated this with an increase in dysphoria due to a lack of support and treatment.</p>																																											
	<table border="1"> <thead> <tr> <th>Orientation</th> <th>Appearance</th> <th>Behavior</th> <th>Response to Interviewer</th> </tr> </thead> <tbody> <tr> <td>X 4</td> <td>Clean</td> <td>Normal</td> <td>Cooperative</td> </tr> <tr> <th>Mood (by report)</th> <th>Affect (observed)</th> <th>Thought Process</th> <th>Thought Content</th> </tr> <tr> <td>"Tired</td> <td>Flat</td> <td>Logical</td> <td>Relevant</td> </tr> <tr> <th>Delusions</th> <th>Hallucinations</th> <th>Self-Harm/Suicidal Ideation</th> <th>Homicidal Ideation</th> </tr> <tr> <td>NO</td> <td>NO</td> <td>NO</td> <td>NO</td> </tr> <tr> <th>Consciousness</th> <th>Attention</th> <th>Insight</th> <th>Judgment</th> </tr> <tr> <td>Normal</td> <td>Normal</td> <td>Average</td> <td>Intact</td> </tr> <tr> <th>LOC</th> <th>Last MHE date</th> <th>TX plan date</th> <th>Date last saw provider</th> </tr> <tr> <td>CMHS 1</td> <td>Optional to add</td> <td>Optional to add</td> <td>Optional to add</td> </tr> </tbody> </table>				Orientation	Appearance	Behavior	Response to Interviewer	X 4	Clean	Normal	Cooperative	Mood (by report)	Affect (observed)	Thought Process	Thought Content	"Tired	Flat	Logical	Relevant	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation	NO	NO	NO	NO	Consciousness	Attention	Insight	Judgment	Normal	Normal	Average	Intact	LOC	Last MHE date	TX plan date	Date last saw provider	CMHS 1	Optional to add	Optional to add	Optional to add
	Orientation	Appearance	Behavior	Response to Interviewer																																								
	X 4	Clean	Normal	Cooperative																																								
	Mood (by report)	Affect (observed)	Thought Process	Thought Content																																								
	"Tired	Flat	Logical	Relevant																																								
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation																																								
	NO	NO	NO	NO																																								
	Consciousness	Attention	Insight	Judgment																																								
	Normal	Normal	Average	Intact																																								
LOC	Last MHE date	TX plan date	Date last saw provider																																									
CMHS 1	Optional to add	Optional to add	Optional to add																																									
OBJECTIVE																																												
ASSESSMENT	Edmo is assessed as stable at this time due to being housed in Medical. Edmo was moderately well engaged and provided good feedback and ideas related to desired treatment.																																											
PLAN	Edmo will continue to be followed per current LOC and can further access MH services through concern forms. Clinician will follow up with CS Clark and the MTC to determine course of action for treatment.																																											
Name		Credential(s)	Signature																																									
Y. Ponder, C102		LCSW	Y. Ponder LCSW																																									



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time	Problem number
EDMO, MASON		94691	01/01/2017	
SUBJECTIVE	Inmate Edmo was seen face-to-face in ISCI Medical after self-injuring.			
	Inmate Edmo reported that the night previous (12/31/2016), Edmo attempted to castrate Edmo's self. Edmo stated that Edmo's actions were related to feeling angry/frustrated that Edmo was not receiving the help desired related to Edmo's gender dysphoria. Inmate Edmo's actions were reported as a method to stop/cease testosterone production in Edmo's body. Edmo denied suicidal intention or any current plan. Inmate Edmo reported baseline depression symptoms related to Edmo's gender dysphoria diagnosis. Edmo was unwilling to discussing Edmo's depression apart from gender dysphoria symptoms. Inmate Edmo was asked about coping skills related to gender dysphoria and responded, "I don't know." Edmo was explained that Edmo's status would be communicated to the clinical staff and Edmo will receive additional clinical contact.			
OBJECTIVE	Orientation	Appearance	Behavior	Response to Interviewer
	X 4	Clean	Agitated	Cooperative
	Mood (by report)	Affect (observed)	Thought Process	Thought Content
	Depressed	Irritable	Concrete	Relevant
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
	NO	NO	NO	NO
	Consciousness	Attention	Insight	Judgment
	Normal	Normal	Average	Intact
	LOC	Last MHE date	TX plan date	Date last saw provider
	CMHS 1			
Eye contact was normal. Speech was typical in rate/rhythm/volume.				
ASSESSMENT	ISCI medical reported that Inmate Edmo was housed appropriately to receive ongoing observation and medical care related to Edmo's self-inflicted wound. Edmo's actions appear to be consistent with past behaviors and in an effort to seek increased clinical services related to gender dysphoria. It is not recommended that Edmo be placed on Suicide Watch or Close Observation. Inmate Edmo's status will be forwarded to appropriate clinical staff.			
PLAN	Inmate will be placed on the Primary Passdown for additional clinical follow-up. Edmo may contact MH through Open Clinic, Concern Form, and/or HSR as needed.			
Name		Credential(s)	Signature	
B. Raburn #B401		LPC		



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number	
EDMO, MASON D		94691	01/02/2017	
SUBJECTIVE	Met with Edmo in the infirmary for clinical contact per primary pasdown following engaging in self-injurious behaviors related to GD. Edmo reported being "tired." Edmo reported meeting with a clinician yesterday and being informed that she would communicate with the MTC concerning Edmo's GD concerns. Edmo reported having attended open clinic a couple of times recently. Edmo reported not being sure what treatment will be provided since Edmo is not currently allowed to attend GD group. Edmo denied current SI/SHB. Edmo agreed to attend open clinic on a Tuesday to meet with Edmo's assigned clinician to discuss support.			
	Orientation	Appearance	Behavior	Response to Interviewer
	X 4	Clean	Slow	Cooperative
	Mood (by report)	Affect (observed)	Thought Process	Thought Content
	"Tired"	Depressed	Logical	Relevant
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
	NO	NO	NO	NO
	Consciousness	Attention	Insight	Judgment
	Lethargic	Moderate Attention	Average	Intact
	LOC	Last MHE date	TX plan date	Date last saw provider
CMHS 1	Optional to add	Optional to add	Optional to add	
ASSESSMENT	Edmo appears to be struggling with depression and GD. Edmo appears to be low-risk for self-injurious behaviors at this time and is aware of how to access help as needed.			
PLAN	Follow-up according to LOC. Edmo agreed to attend open clinic on a Tuesday after being released from the infirmary in order to check in with assigned clinician.			
Name	Credential(s)	Signature		
K. Stewart, B916	LPC			

1/3/17

S: The inmate said that she cut herself last week. She said that she had been perseverating more and more on "[her] gender dysphoria" and grew impatient waiting for reassignment surgery. She said she cut her scrotum in an attempt to castrate herself. She said she didn't feel any pain but stopped after she got confused by the anatomy and so approached security staff. Ultimately, she was taken to the E.D. and had surgical repair by a urologist. She has been recovering in the infirmary and denied any current complaints besides mild pain. She said she no longer has the impulse to cut and explained that this happens once or twice a year, that she gets "into a state of mind" that she cannot control her impulse to do this. She said that Effexor has been working for depression but still feels sad or upset about her male genitalia from time to time. She reported good sleep and appetite with some lower energy in recovery. She reported good compliance with medications and denied any side effects. She said that she doesn't want to harm herself for fear of complication or infection that could otherwise jeopardize her health. She said she feels well supported by clinicians and appreciates being out of unit 16 where she felt continually harassed and controlled by officers. She said that GD meds seem to help a bit with dysphoria but still feels frustrated and upset about the genitalia.

Medications: Effexor XR 300mg qam

O: MSE: Good hygiene. Feminine hair style. Thoughts logical and linear. Denied any suicidal, homicidal or self-harm thoughts, plans or intent. No evidence of attending to internal stimuli, delusions or paranoia. Affect restricted yet euthymic. Speech clear and fluent with feminine tone. Mood "dysphoric."

A: 28 year old with gender dysphoria, MDD and Alcohol Use Disorder with recent non-suicidal self-injury. Gender, dx and recent self-harm increase risk of future self-harm though risk is overall low and no escalation in custody or care is indicated. Good relationship with clinical staff is very important.

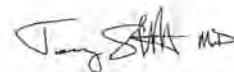
Problem List:

MDD
GDD
Alcohol Use Disorder
Prison

P: Effexor XR 300mg qam

Discussed the mechanism of action of the medication(s) as well as the risks/benefits and alternatives including no treatment. The inmate asked appropriate questions and expressed understanding.

RTC 3 months



Jeremy Stoddart MD - Page 1 of 1

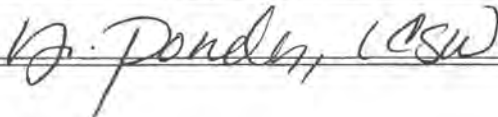
IDOC MENTAL HEALTH SCREENING

INMATE NAME: <u>Edmo, Mason</u>		DOB: [REDACTED]	DATE OF REPORT: <u>11/17</u>
IDOC #: <u>94691</u>		<input type="checkbox"/> Intake/New Arrival	<input type="checkbox"/> Inter Institutional Transfer
		<input checked="" type="checkbox"/> Restrictive Housing	

Current Risk Factors	1. Did the transporting officer report any concerns? If so please explain:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Immediately notify the shift commander																																						
	2. Right now, do you have thoughts of hurting yourself?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																							
	3. Do you have any immediate plans to hurt yourself? Describe:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																							
	4. Right now, are you currently feeling hopeless about your future?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Refer to MH for follow up within 24-hrs																																						
	5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>none at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms. Describe symptoms: (If rated at "5" or above, refer for clinician follow-up)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																							
	6. Within the past year have you engaged in self-harm or attempted suicide? Date: <u>2/10/17</u> Means/Method: <u>W/SEA</u> Intent: <u>Assaulted Death</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																																							
Prior Emergent Treatment	7. Within the last 24 months, have you had a mental health hospitalization or been placed on a mental health observation/watch in a correctional facility? Date: <u>Aug 2016</u> Hospital/Facility: <u>JEES</u> Reason: <u>Assaulted</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Refer to MH for follow up within 72 hours																																						
	8. Within the last 24 months, have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																							
Suicide/Self Harm History	9. Are you currently taking mental health medications? Name: <u>Prozac</u> Dose/Freq: <u>300</u> Last dose: <u>AM</u> Pharm: <u>Pharmacy</u> Prescriber: <u>Stoddard</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Refer to MH for follow up within 14 days if indicated following clinician review.																																						
	10. Have you ever taken mental health medications in the past? Name: <u>Prozac</u> Dose/Freq: <u>7</u> Last dose: <u>7</u> Pharm: <u>7</u> Prescriber: <u>7</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																																							
Medication	11. Prior to 24 months ago, have you been hospitalized for mental health reasons? Date: _____ Hospital/Facility: _____ Reason: _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Refer to MH for follow up within 14 days if indicated following clinician review.																																						
	12. Prior to 24 months ago, have you attempted suicide or engaged in self-harm? Date: <u>2010</u> Means/Method: <u>cut right arm</u> Intent: <u>Death</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																							
	13. Do you have a history of outpatient mental health treatment? Date: _____ Care Provider: _____ Reason: _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																							
Mental Health Treatment	14. Have you ever used any type of substances:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Refer to MH for follow up within 14 days if indicated following clinician review.																																						
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Alcohol:</td> <td><u>2002</u></td> <td><u>2010</u></td> <td><u>Weekly</u></td> <td><input checked="" type="checkbox"/> Marijuana:</td> <td><u>2011</u></td> <td><u>2004</u></td> <td><u>1 time</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Methamphetamines:</td> <td><u>2008</u></td> <td><u>2008</u></td> <td><u>5 times</u></td> <td><input type="checkbox"/> Cocaine:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Prescription drugs:</td> <td><u>2008</u></td> <td><u>2008</u></td> <td><u>3 times</u></td> <td><input type="checkbox"/> Heroin:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	What?	First Used:		Last Used:	How Much?	What?	First Used:	Last Used:	How Much?	<input checked="" type="checkbox"/> Alcohol:	<u>2002</u>	<u>2010</u>	<u>Weekly</u>	<input checked="" type="checkbox"/> Marijuana:	<u>2011</u>	<u>2004</u>	<u>1 time</u>	<input checked="" type="checkbox"/> Methamphetamines:	<u>2008</u>	<u>2008</u>	<u>5 times</u>	<input type="checkbox"/> Cocaine:				<input checked="" type="checkbox"/> Prescription drugs:	<u>2008</u>	<u>2008</u>	<u>3 times</u>	<input type="checkbox"/> Heroin:				<input type="checkbox"/> Other:							
What?	First Used:	Last Used:	How Much?	What?	First Used:	Last Used:	How Much?																																			
<input checked="" type="checkbox"/> Alcohol:	<u>2002</u>	<u>2010</u>	<u>Weekly</u>	<input checked="" type="checkbox"/> Marijuana:	<u>2011</u>	<u>2004</u>	<u>1 time</u>																																			
<input checked="" type="checkbox"/> Methamphetamines:	<u>2008</u>	<u>2008</u>	<u>5 times</u>	<input type="checkbox"/> Cocaine:																																						
<input checked="" type="checkbox"/> Prescription drugs:	<u>2008</u>	<u>2008</u>	<u>3 times</u>	<input type="checkbox"/> Heroin:																																						
<input type="checkbox"/> Other:																																										
Substance Use	15. Is this your first time in prison?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Refer to MH for follow up within 14 days if indicated following clinician review.																																						
	16. Have any family members or significant persons in your life attempted or committed suicide?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																							
	17. Have you recently experienced a significant loss such as a death of a close family member or friend?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																							
	18. Have you ever been arrested for a sex crime?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																																							
	19. Have you ever been a victim of sexual or physical abuse?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																																							
	20. Have you had a head injury? Describe: <u>Concussions</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																																							
	21. Have you ever received special education services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																																							
	22. Are you worried about something other than your current legal situation? Describe:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																							
	23. Do you have a physical illness that is causing you distress or pain? Describe:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																																							
	Other contributing suicide risk factors																																									

Current Mental Health Status (Check all that apply)	<input checked="" type="checkbox"/> Alert, oriented x 4		<input type="checkbox"/> Disoriented		<input type="checkbox"/> Reports Hallucinations		<input type="checkbox"/> Endorses Delusions	
	Grooming/Hygiene <input type="checkbox"/> Appropriate to situation <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Other:	Eye Contact <input type="checkbox"/> Appropriate to situation <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Good <input type="checkbox"/> None	Affect <input type="checkbox"/> Appropriate to situation <input type="checkbox"/> Flat <input type="checkbox"/> No emotion <input type="checkbox"/> Tearful <input type="checkbox"/> Smiling <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric	Mood <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Angry <input type="checkbox"/> Cheerful <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxious	Thought Process <input checked="" type="checkbox"/> Appropriate to situation <input checked="" type="checkbox"/> Logical <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Moving from topic to topic quickly <input type="checkbox"/> Irrelevant <input type="checkbox"/> Distractable	Speech <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Rambling	Movement/Activity <input type="checkbox"/> Appropriate to situation <input type="checkbox"/> Restless <input type="checkbox"/> Slowed <input type="checkbox"/> Active <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive	
DISPOSITION	Action Taken <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer to Mental Health for follow up within 14 days if indicated following clinician review <input type="checkbox"/> No need for Mental Health follow up - cleared				Initial Housing Recommendation <input type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input checked="" type="checkbox"/> Other placement: <u>US Seg</u>			
	I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. Inmate Signature: <u>[Signature]</u> Date: <u>01/09/17</u>							
Screened/Reviewer	Screened by: <u>1-9-17</u> <u>1000</u> <u>Tammy Case, LPN</u> <u>[Signature]</u> Date Time Printed Name/Title Signature	Screening Reviewed: <u>1-9-17</u> <u>1400</u> <u>[Signature]</u> <u>[Signature]</u> Date Time Printed Name/Title Clinician Signature						
	<input type="checkbox"/> MH Secondary Assessment Completed: _____ Date Printed Name/Title Signature							
Clinical Follow Up	Follow Up SOAP Note/if indicated: <u>Contact review completed. Inmate reported to be eating & sleeping well. Denied ST/H or engaging in ST. No other mental health concerns noted. Inmate will be seen weekly by clinical while in Unit 5 Seg 101. - [Signature]</u>							
	Date	Time	Printed Name/Title		Clinician Signature			

MENTAL HEALTH DOR RECOMMENDATION

IDOC NUMBER	OFFENDER NAME	OFFENSE FACILITY
94691	Edmo, Mason	ISCI
OFFENSE DATE	OFFENSE DESCRIPTION	CLINICIAN
01/09/2017	Sexual Activity Class B	Y, Ponder, LCSW
Documented history of significant mental illness that would/could impair decision making and/or reality testing.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Presently prescribed medication for mental health issues.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
**If yes, is offender compliant?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Experienced significant increase in stressors prior to incident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Documented increase in mental health symptoms prior to incident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mental Illness contributing factor in incident?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Recommendations:		
<p>Inmate Edmo has a long standing history of struggles with interpersonal relationships compounded by mental illness. In this instance mental illness is considered to have been a contributing factor in this incident.</p>		
Mental Illness a mitigating factor?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Recommendations:		
<p>Although, Inmate Edmo's struggles with interpersonal relationships that appear to be compounded by mental illness, it does not appear that mental illness is a mitigating factor in this incident.</p>		
Assignment of staff assistant recommended?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mental illness not a factor in incident - no restrictions on proceedings are recommended.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Additional Recommendations:		
<p>Inmate Edmo has a long standing history of struggles with interpersonal relationships, boundary issues, and positive self esteem. Consequently, Inmate Edmo has a tendency to make considerable efforts to be accepted. All of these struggles appear to compounded by mental illness combined with the social pressures that exist within the prison. In this instance it appears that mental illness is a contributing factor. However, mental illness does not appear to be a mitigating factor in this incident.</p>		
CLINICIAN SIGNATURE		DATE OF REPORT
Y. Ponder, LCSW 		01/10/2017

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

INMATE NAME (Last, First, MI)	IDOC #	EVALUATION DATE
Edmo	94691	1/11/17

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

Yes	No	
✓		Oriented X 4, (person, place, time, and circumstance).
✓		Affect and mood within normal limits.
✓		Speech normal in tone and structure; thought content is orderly and goal directed.
✓		Currently prescribed and medication compliant with psychotropic medication.
	✓	Expresses auditory, visual, other hallucinations, or delusional thought.
		Current suicidal ideation or intent. Denies SI, HI, SIB
	✓	Judgment and insight impaired.
		Current psychosocial stressors increasing the risk of harm to self or others. Prison
✓		Intellect is estimated to be average or above.
		Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable
		Requires mental health plan. Date completed: N/A
Comments:		

REFERRAL TO	
--------------------	--

MENTAL HEALTH PROFESSIONAL SIGNATURE	DATE
 M.Hahn LMSW #C166	1/11/17



IDOC Restricted Housing MH Evaluation Form 3.09

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

INMATE NAME (Last, First, MI)	IDOC #	EVALUATION DATE
Edmo, Mason	94691	01/18/2017

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

SECTION II: Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oriented X 4, (person, place, time, and circumstance).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Affect and mood within normal limits.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speech normal in tone and structure; thought content is orderly and goal directed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Currently prescribed and medication compliant with psychotropic medication.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Expresses auditory, visual, other hallucinations, or delusional thought.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Current suicidal ideation or intent.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Judgment and insight impaired.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Current psychosocial stressors increasing the risk of harm to self or others.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intellect is estimated to be average or above.
<input type="checkbox"/>	<input type="checkbox"/>	Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Requires mental health plan. Date completed:

Comments:

No mental health concerns

REFERRAL TO

MENTAL HEALTH PROFESSIONAL SIGNATURE

Y. Ponder, LCSW

Y. Ponder, LCSW

DATE

01/18/2017



**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

INMATE NAME (Last, First, MI)	IDOC #	EVALUATION DATE
Edms	94691	1/25/17

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

Yes	No	
<input checked="" type="checkbox"/>		Oriented X 4, (person, place, time, and circumstance).
<input checked="" type="checkbox"/>		Affect and mood within normal limits.
<input checked="" type="checkbox"/>		Speech normal in tone and structure; thought content is orderly and goal directed.
<input checked="" type="checkbox"/>		Currently prescribed and medication compliant with psychotropic medication.
	<input checked="" type="checkbox"/>	Expresses auditory, visual, other hallucinations, or delusional thought.
	<input checked="" type="checkbox"/>	Current suicidal ideation or intent. <u>Denies SI, HI, SIB</u>
	<input checked="" type="checkbox"/>	Judgment and insight impaired.
<input checked="" type="checkbox"/>		Current psychosocial stressors increasing the risk of harm to self or others. <u>Prison</u>
<input checked="" type="checkbox"/>		Intellect is estimated to be average or above.
<input checked="" type="checkbox"/>		Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable
<input checked="" type="checkbox"/>		Requires mental health plan. Date completed: N/A
Comments:		

REFERRAL TO	
--------------------	--

MENTAL HEALTH PROFESSIONAL SIGNATURE	DATE
 M. Hahn LMSW #C166	1/25/17



IDOC Restricted Housing MH Evaluation Form 3.09

Psychiatric Progress Note

ID: 94691

Name: Edmo, Mason

1/26/17

S: Shee sent an HSR stating that she and Dr. Stoddart had discussed Remeron d/t her perseverating about his gender dysphoria. I see nothing in his note about Remeron; however, she has been on it in the past. She recently cut her scrotum as she was confused about her gender. In his note Dr. Stoddart wrote that the confusion happens a couple of times a year. She states that Dr. Stoddart thought that Remeron would be a good combination with his Effexor. She says that she hates taking it so early d/t sleeping too early. She states her environment is better now. She says she is not in unit 8 and not up in the infirmary. She feels the Remeron may be helpful. She states she hasn't slept well lately. She says her mind races at night. She says she is frustrated because she hasn't gotten into the GD group yet. She denies thoughts of hurting herself now. She says when she gets to that point she gets cloudy and has a different mentality and it happens for weeks at a time and it "finally snaps." She is getting some exercise. She says loses a couple of pounds is a boost for her. She reports that her appetite is good. She says she is stressed especially in her shoulders. She will be in prison until 2021.

Response to TX: See above

Medication Compliance: Compliant

Suicidal/Homicidal Ideation and/or Plan: Denies

Medication Side Effects: Denies

Auditory/Visual Hallucinations/Delusions/Paranoia: Denies

Medications: Effexor XR 300 mg. AM

Wt: 176

O: Alert and oriented. Speech is clear with RRR. Thoughts are coherent and goal oriented. Mood appears WNL. Attitude is cooperative. Appearance is well groomed and feminine. Good eye contact. Cognition is intact. Has been on Celexa, Remeron, Zoloft, and Effexor.

AIMS: N/A

Med Consent In Chart: Yes

A: 28 year old (GID) who reports some residual depression and anxiety. She also has problems with sleep. I will start Remeron and have Dr. Stoddart see her in a month or PRN. I have assessed for suicidal ideation and it is low.

Diagnoses Include:

GDD

Major Depressive Disorder

Alcohol Use Disorder

Prison

P: Effexor XR 300 mg. AM; Remeron 15 mg. HS

Educated regarding the risks/benefits/side effects of current medication and inmate verbalized understanding.

RTC: 8 weeks



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number		
EDMO, MASON D		94691	02/01/2017		
SUBJECTIVE	Edmo did not show to Edmo's scheduled appointment. Edmo was confirmed on the institutional call out, but had a conflict with OPC at the same time.				
	Orientation	Appearance	Behavior	Response to Interviewer	
	Mood (by report)	Affect (observed)	Thought Process	Thought Content	
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation	
	Consciousness	Attention	Insight	Judgment	
	LOC	Last MHE date	TX plan date	Date last saw provider	
	CMHS 1	Unable to assess			
	OBJECTIVE	Unable to assess			
		Unable to assess			
	ASSESSMENT	Reschedule for clinical contact			
Name		Credential(s)	Signature		
K. Stewart, B916		LPC			

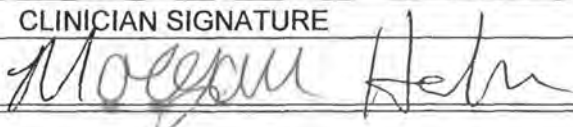


IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number		
EDMO, MASON D		94691	02/07/2017		
SUBJECTIVE	Edmo was confirmed on the institutional call out with no conflicts; however, due to visibility restriction at the facility, Edmo was unable to attend the scheduled appointment.				
	Orientation	Appearance	Behavior	Response to Interviewer	
	Mood (by report)	Affect (observed)	Thought Process	Thought Content	
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation	
	Consciousness	Attention	Insight	Judgment	
	LOC	Last MHE date	TX plan date	Date last saw provider	
	CMHS 1	Unable to assess			
	OBJECTIVE	Unable to assess			
		Reschedule for clinical contact			
	ASSESSMENT	Reschedule for clinical contact			
Reschedule for clinical contact					
PLAN	Reschedule for clinical contact				
	Reschedule for clinical contact				
Name		Credential(s)	Signature		
K. Stewart, B916		LPC			

MENTAL HEALTH DOR RECOMMENDATION

IDOC NUMBER	OFFENDER NAME	OFFENSE FACILITY
94691	Edmo, Mason	ISCI
OFFENSE DATE	OFFENSE DESCRIPTION	CLINICIAN
2/3/17	Failure to comply with Disciplinary Sanction	Hahn
Documented history of significant mental illness that would/could impair decision making and/or reality testing.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Presently prescribed medication for mental health issues.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
**If yes, is offender compliant?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Experienced significant increase in stressors prior to incident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Documented increase in mental health symptoms prior to incident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mental Illness contributing factor in incident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Recommendations:		
Mental Illness a mitigating factor?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Recommendations:		
Assignment of staff assistant recommended?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mental illness not a factor in incident - no restrictions on proceedings are recommended.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Additional Recommendations:		
At time of incident Edmo was med compliant. Started refusing Remeron as of 2/6/2017.		
CLINICIAN SIGNATURE		DATE OF REPORT
M. Hahn, LMSW C166 		2/10/2017



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	Date/Time Problem number		
EDMO, MASON D		94691	02/27/2017		
SUBJECTIVE	Mr. Edmo did not show to Edmo's scheduled appointment. Edmo was confirmed on the institutional call out with no conflicts.				
	Orientation	Appearance	Behavior	Response to Interviewer	
	Mood (by report)	Affect (observed)	Thought Process	Thought Content	
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation	
	Consciousness	Attention	Insight	Judgment	
	LOC	Last MHE date	TX plan date	Date last saw provider	
	CMHS 1				
	Unable to assess				
	ASSESSMENT	Unable to assess			
PLAN	Reschedule for clinical contact				
Name		Credential(s)	Signature		
K. Stewart, B916		LPC			

MENTAL HEALTH DOR RECOMMENDATION

IDOC NUMBER	OFFENDER NAME	OFFENSE FACILITY
94691	Edmo, Mason	ISCI

OFFENSE DATE	OFFENSE DESCRIPTION	CLINICIAN
03/30/2017	Assault	J. Linder, LMSW 7605

Documented history of significant mental illness that would/could impair decision making and/or reality testing.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Presently prescribed medication for mental health issues.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
**If yes, is offender compliant?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Experienced significant increase in stressors prior to incident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Documented increase in mental health symptoms prior to incident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mental illness contributing factor in incident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Recommendations:		

Mental illness a mitigating factor?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Recommendations:		

Assignment of staff assistant recommended?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mental illness not a factor in incident - no restrictions on proceedings are recommended.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Additional Recommendations:

Apology letter to Resource Center/Stewart.

CLINICIAN SIGNATURE	DATE OF REPORT
J. Linder, LMSW 7605 <i>Jant Linder, LMSW</i>	04/04/2017

156

Idaho Correctional Institution Orofino

 SUICIDE WATCH (continuous observation) **Close Observation** (15 minute checks)

INMATE NAME: Edmo IDOC #: 94691 Location 147

SHIFT COMMANDER SIGNATURE: [Signature] DATE: 02/12/14
UNIT CONTROL OFFICER SIGNATURE: _____

SHIFT 1: _____
SHIFT 2: _____
SHIFT 3: _____

SIGNATURE: Larry Bendon

SUIICIDE WATCH COORDINATOR
SUIICIDE WATCH DESIGNEE
ASSIGNED ALTERNATE

DATE: 2-12-14 TIME: 10:20

- DIRECTIONS:**
1. Implement the restrictions checked until further notice.
 2. I/M's are not to shave unless permission given and always under supervision.
 3. Unit Control Officer on each shift should read, sign, and date on the line indicated above to show knowledge of ICIO treatment plan.
 4. Keep a log of all checks indicating inmate activity or condition at the time of each check.
 5. Continuous observation requires log entries every 5 minutes. Observation is through the cell door.
 6. Restraint checks require physically checking the points of restraint to make sure they are not too tight (every 30 minutes).

CHECK LIST

<input type="checkbox"/> Suicide Smock	<input type="checkbox"/> Suicide Blanket	<input checked="" type="checkbox"/> Rubber Tray/Utensils
<input type="checkbox"/> Paper Underwear	<input checked="" type="checkbox"/> Second Suicide Blanket	<input checked="" type="checkbox"/> Styrofoam Cup
<input checked="" type="checkbox"/> Regular Underwear	<input type="checkbox"/> Segregation Blankets	<input checked="" type="checkbox"/> Regular Tray/Utensils
<input checked="" type="checkbox"/> Socks	<input type="checkbox"/> Water Shut Off	<input checked="" type="checkbox"/> Access to Books
<input checked="" type="checkbox"/> Undershirt	<input checked="" type="checkbox"/> Shower w/ Observation	<input type="checkbox"/> Pencil and Paper
<input checked="" type="checkbox"/> Jumpsuit	<input checked="" type="checkbox"/> Brush Teeth w/ observation	<input type="checkbox"/> Receive Mail
<input checked="" type="checkbox"/> Sandals	<input checked="" type="checkbox"/> NO Shave	<input type="checkbox"/> Send Mail
<input type="checkbox"/> Prescription Eye Glasses	<input type="checkbox"/> Shave with Observation	<input checked="" type="checkbox"/> Toilet Paper

Additional Instructions: _____

EXTREME/RESTRAINTS
Leather restraints with continuous observations.
No property of any kind.
Suicide gown and blanket.
Check restraints every 30 minutes to ensure they
Are not creating injury or an obvious medical problem.
Bathroom break offered hourly.

Idaho Correctional Institution Orofino

 SUICIDE WATCH (continuous observation) X **Close Observation** (15 minute checks)

INMATE NAME: Edmo IDOC #: 94691 Location A 147

SHIFT COMMANDER SIGNATURE: [Signature] DATE: 02/14/14
UNIT CONTROL OFFICER SIGNATURE: _____

SHIFT 1: _____
SHIFT 2: _____
SHIFT 3: _____

SIGNATURE: [Signature]

SUICIDE WATCH COORDINATOR
SUICIDE WATCH DESIGNEE
ASSIGNED ALTERNATE

DATE: 2-14-14 TIME: 10:30

- DIRECTIONS:**
1. Implement the restrictions checked until further notice.
 2. I/M's are not to shave unless permission given and always under supervision.
 3. Unit Control Officer on each shift should read, sign, and date on the line indicated above to show knowledge of ICIO treatment plan.
 4. Keep a log of all checks indicating inmate activity or condition at the time of each check.
 5. Continuous observation requires log entries every 5 minutes. Observation is through the cell door.
 6. Restraint checks require physically checking the points of restraint to make sure they are not too tight (every 30 minutes).

CHECK LIST

<input type="checkbox"/> Suicide Smock	<input type="checkbox"/> Suicide Blanket	<input checked="" type="checkbox"/> Rubber Tray/Utensils
<input type="checkbox"/> Paper Underwear	<input checked="" type="checkbox"/> Second Suicide Blanket	<input checked="" type="checkbox"/> Styrofoam Cup
<input checked="" type="checkbox"/> Regular Underwear	<input checked="" type="checkbox"/> Segregation Blankets	<input checked="" type="checkbox"/> Regular Tray/Utensils
<input checked="" type="checkbox"/> Socks	<input type="checkbox"/> Water Shut Off	<input checked="" type="checkbox"/> Access to Books
<input checked="" type="checkbox"/> Undershirt	<input checked="" type="checkbox"/> Shower w/ Observation	<input checked="" type="checkbox"/> Pencil and Paper
<input checked="" type="checkbox"/> Jumpsuit	<input checked="" type="checkbox"/> Brush Teeth w/ observation	<input checked="" type="checkbox"/> Receive Mail
<input checked="" type="checkbox"/> Sandals	<input checked="" type="checkbox"/> NO Shave	<input checked="" type="checkbox"/> Send Mail
<input type="checkbox"/> Prescription Eye Glasses	<input type="checkbox"/> Shave with Observation	<input checked="" type="checkbox"/> Toilet Paper

Additional Instructions: _____

EXTREME/RESTRAINTS
Leather restraints with continuous observations.
No property of any kind.
Suicide gown and blanket.
Check restraints every 30 minutes to ensure they
Are not creating injury or an obvious medical problem.
Bathroom break offered hourly.

Inmate Companion Client Watch Report

Name	IDOC	Institution	Start Date	StartTime	End Date	End Time
Edmo, Mason	94691	ICIO	2/12/2014	8:15	2/16/2014	6:15

Companion	Shift	Watch Date	Actual Start	Actual End	Hours
Nice, Jim	0800	2/12/2014	8:15	12:10	3.92
Tisdale, Brett	1200	2/12/2014	12:10	16:10	4.00
Duman, Stephen	1600	2/12/2014	16:10	20:07	3.95
Lawson, Timothy	2000	2/12/2014	20:07	0:00	3.88
Bello, Fernando	0000	2/13/2014	0:00	4:08	4.13
Underwood, Rober	0400	2/13/2014	4:08	8:25	4.28
Reed, Harry	0800	2/13/2014	8:25	12:10	3.75
Bello, Fernando	1200	2/13/2014	12:10	16:45	4.58
Acheson, Jeffery	1600	2/13/2014	16:45	20:07	3.37
Farnworth, Matthe	2000	2/13/2014	20:07	0:00	3.88
Bello, Fernando	0000	2/14/2014	0:00	4:17	4.28
McCoy, William	0400	2/14/2014	4:17	8:14	3.95
Lawson, Timothy	0800	2/14/2014	8:14	12:09	3.92
Adams, Michael	1200	2/14/2014	12:09	16:10	4.02
Stevens, Edward	1600	2/14/2014	16:10	20:20	4.17
Thomas, Justin	2000	2/14/2014	20:20	22:39	2.32
Fredrickson, Zach	0000	2/15/2014	22:39	0:02	1.38
Adams, Michael	0400	2/15/2014	0:02	4:05	4.05
Nunez, Dave	0800	2/15/2014	4:05	8:07	4.03
Thomas, Justin	1200	2/15/2014	8:07	12:15	4.13
Bello, Fernando	1600	2/15/2014	12:15	16:15	4.00
Duman, Stephen	2000	2/15/2014	16:15	20:39	4.40
Corr, Joshua	0000	2/16/2014	20:39	0:03	3.40
Bello, Fernando	0400	2/16/2014	0:03	4:04	4.02
Acheson, Jeffery	0800	2/16/2014	4:04	6:15	2.18

Total Hours: 93.99

Idaho Correctional Institution Orofino

 SUICIDE WATCH (continuous observation) Close Observation (15 minute checks)

INMATE NAME: Edmo IDOC #: 94691 Location 147

SHIFT COMMANDER SIGNATURE: [Signature] DATE: 02/12/14
UNIT CONTROL OFFICER SIGNATURE: _____

SHIFT 1: _____
SHIFT 2: _____
SHIFT 3: _____

SIGNATURE: Larry Benda _____

SUIICIDE WATCH COORDINATOR
SUIICIDE WATCH DESIGNEE
ASSIGNED ALTERNATE

DATE: 2-12-14 TIME: 10:30

- DIRECTIONS:**
1. Implement the restrictions checked until further notice.
 2. I/M's are not to shave unless permission given and always under supervision.
 3. Unit Control Officer on each shift should read, sign, and date on the line indicated above to show knowledge of ICI-O treatment plan.
 4. Keep a log of all checks indicating inmate activity or condition at the time of each check.
 5. Continuous observation requires log entries every 5 minutes. Observation is through the cell door.
 6. Restraint checks require physically checking the points of restraint to make sure they are not too tight (every 30 minutes).

CHECK LIST

<input type="checkbox"/> Suicide Smock	<input type="checkbox"/> Suicide Blanket	<input checked="" type="checkbox"/> Rubber Tray/Utensils
<input type="checkbox"/> Paper Underwear	<input checked="" type="checkbox"/> Second Suicide Blanket	<input checked="" type="checkbox"/> Styrofoam Cup
<input checked="" type="checkbox"/> Regular Underwear	<input type="checkbox"/> Segregation Blankets	<input checked="" type="checkbox"/> Regular Tray/Utensils
<input checked="" type="checkbox"/> Socks	<input type="checkbox"/> Water Shut Off	<input checked="" type="checkbox"/> Access to Books
<input checked="" type="checkbox"/> Undershirt	<input checked="" type="checkbox"/> Shower w/ Observation	<input type="checkbox"/> Pencil and Paper
<input checked="" type="checkbox"/> Jumpsuit	<input checked="" type="checkbox"/> Brush Teeth w/ observation	<input type="checkbox"/> Receive Mail
<input checked="" type="checkbox"/> Sandals	<input checked="" type="checkbox"/> NO Shave	<input type="checkbox"/> Send Mail
<input type="checkbox"/> Prescription Eye Glasses	<input type="checkbox"/> Shave with Observation	<input checked="" type="checkbox"/> Toilet Paper

Additional Instructions: _____

EXTREME/RESTRAINTS
Leather restraints with continuous observations.
No property of any kind.
Suicide gown and blanket.
Check restraints every 30 minutes to ensure they
Are not creating injury or an obvious medical problem.
Bathroom break offered hourly.

Please fill out this form each shift before you leave. Thank you.

Client Watch Sheet

Call-out time: _____

Client Name: Edmond Mason

IDOC# 94691

Institution: (circle one)

ICI-O

NICI

Other: _____

Start Date: _____

Name	IDOC#	1st shift		2nd shift		3rd shift		4th shift		5th shift		Total
		Hours	Date	Initial	Hours	Date	Initial	Hours	Date	Initial	Hours	
Acheson	22208	4	2-13-14	MS	4	2-16-14	MS					
Adams	93750	4	2/14/14	MF	4	2/15/14	MF					
Anderson	95564											
Bello	58914	4	2-13-14	FB	5	2-13-14	FB	4	2-14-14	FB	4	2-16-14
Corr	85584	4	15-Feb-2014	SR	4	2/15/14	SR					
Jman	48356	4	2/12/14	SR	4	2/15/14	SR					
Farnworth	72119	4	2/15/14	MS								
Fetter	93922											
Fredrickson	89604											
Golden	104771											
Hernandez	82788											
Hunter	60317											
Joy	98150											
Lawson	54111	4	2-12-14	TL	4	2-14-14	TL					
McCoy	41914	4	2-14-14	MM								
McDonald	82214											
Nice	83854	4	2-13-14	AF								
Nichols	61586											
Ynez	65722											
Parvin	59529											
Reed	35581	4	2-13-14	HR								
Stevens	57751	4	2-14-2014	MS								
Thomas	67060											
Tisdale	88389	4	2-12-14	ST								
Underwood	62014	4	2-13-14	RL								

Idaho Correctional Institution Orofino

 SUICIDE WATCH (continuous observation) A **Close Observation** (15 minute checks)

INMATE NAME: Edmo **IDOC #:** 94691 **Location** A 147

SHIFT COMMANDER SIGNATURE: [Signature] **DATE:** 02/14/14
UNIT CONTROL OFFICER SIGNATURE: _____

SHIFT 1: _____
SHIFT 2: _____
SHIFT 3: _____

SIGNATURE: [Signature]

SUIICIDE WATCH COORDINATOR
SUIICIDE WATCH DESIGNEE
ASSIGNED ALTERNATE

DATE: 2-14-14 **TIME:** 16:30

- DIRECTIONS:**
1. Implement the restrictions checked until further notice.
 2. I/M's are not to shave unless permission given and always under supervision.
 3. Unit Control Officer on each shift should read, sign, and date on the line indicated above to show knowledge of ICI-O treatment plan.
 4. Keep a log of all checks indicating inmate activity or condition at the time of each check.
 5. Continuous observation requires log entries every 5 minutes. Observation is through the cell door.
 6. Restraint checks require physically checking the points of restraint to make sure they are not too tight (every 30 minutes).

CHECK LIST

<input type="checkbox"/> Suicide Smock	<input type="checkbox"/> Suicide Blanket	<input checked="" type="checkbox"/> Rubber Tray/Utensils
<input type="checkbox"/> Paper Underwear	<input checked="" type="checkbox"/> Second Suicide Blanket	<input checked="" type="checkbox"/> Styrofoam Cup
<input checked="" type="checkbox"/> Regular Underwear	<input checked="" type="checkbox"/> Segregation Blankets	<input checked="" type="checkbox"/> Regular Tray/Utensils
<input checked="" type="checkbox"/> Socks	<input type="checkbox"/> Water Shut Off	<input checked="" type="checkbox"/> Access to Books
<input checked="" type="checkbox"/> Undershirt	<input checked="" type="checkbox"/> Shower w/ Observation	<input checked="" type="checkbox"/> Pencil and Paper
<input checked="" type="checkbox"/> Jumpsuit	<input checked="" type="checkbox"/> Brush Teeth w/ observation	<input checked="" type="checkbox"/> Receive Mail
<input checked="" type="checkbox"/> Sandals	<input checked="" type="checkbox"/> NO Shave	<input checked="" type="checkbox"/> Send Mail
<input type="checkbox"/> Prescription Eye Glasses	<input type="checkbox"/> Shave with Observation	<input checked="" type="checkbox"/> Toilet Paper

Additional Instructions: _____

EXTREME/RESTRAINTS
Leather restraints with continuous observations.
No property of any kind.
Suicide gown and blanket.
Check restraints every 30 minutes to ensure they
Are not creating injury or an obvious medical problem.
Bathroom break offered hourly.

Inmate Companion Watch
Client Notes

Client Name: Edmo, Mason IDOC# 94691

Nice, 83854, 2-12-14 @ 0835 I/m is not talkative, I/m just wants to lay down.

Nice, 83854, 2-12-14 @ 1010 Clinician Bearden put I/m on close observation. @ 1105 Got new treatment plan I/m is on 15 min. watch.

Lawson, T. #5411 2.12.14 2733

I/M was talkative as long as I kept the conversation going. He seems concerned & stressed about having gender re-assignment surgery. Says he needs the surgery sooner rather than later & feels the clinicians & Dr's don't grasp the gravity of his emotions. He says this causes him depression & anger. After talking w/ I/M he seemed in better spirits. He realized his actions were somewhat drastic but wanted staff & Dr's to take him seriously.

- Acheson - 22208 - 2-13-14/ ~~1940~~ 1940 Hours -

Mr. GOME seems a bit melancholy this evening. I gave him some different books to pick from for his reading pleasure. He wants to be woken up for shower opportunity tonight; if he is asleep during shower times. I only briefly spoke with Mr. Edmo tonight. He just wanted to read and relax, as this "Tier-(A-3)" is pretty noisy tonight.

Bello 58914 2.14.14 0:50 AM.

40 Dames found a plastic bag with coffee while doing a cell search. I/m Edmo was taking a shower at the time.

ENTER YOUR NAME, IDOC#, DATE, & TIME AT THE BEGINNING OF ENTRIES

Inmate Companion Watch
Client Notes

Client Name: EDMO, MASON

IDOC# 94691

FEBRUARY 14, 2014 1623 -

CLINICIAN BEARDEN MET WITH EDMO AND HAS ADVISED ME THAT HE (BEARDEN) WILL UPDATE TREATMENT PLAN TO INCLUDED PENCIL, PAPER, AND MAIL.

[Signature] 57751

1830 2/15/14

Clinician Tuckett told me she would be taking Mr. Edmo off watch. Waiting for the paper work.

- Duman 48356

ACHESON-22208 - 2/16/14 @ 0615 HRS -

C/O Richter Handled Mr. Edmo his New "RESTRICTED Housing Orders", placing him on "TRANSIT" STATUS, EFFECTIVELY Taking him OFF the watch, AT THIS TIME.

Ah 22208

ENTER YOUR NAME, IDOC#, DATE, & TIME AT THE BEGINNING OF ENTRIES

IDAHO DEPARTMENT OF CORRECTIONS
BEHAVIOR OBSERVATION SHEET

Cell 147
Sm n watch

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Mason	94691	2-12-14	Nice, 83854

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
0815	watch	started		I/m	laying on bunk			[Signature]
0820	count	time					"	[Signature]
0824					X to cms			[Signature]
0830				I/m	laying on bunk			[Signature]
0835							"	[Signature]
0840							"	[Signature]
0845							"	[Signature]
0852							"	[Signature]
0855							"	[Signature]
0900	I/m appears to be sleeping							[Signature]
0905			X					[Signature]
0910			X					[Signature]
0915			X					[Signature]
0920			X					[Signature]
0925			X					[Signature]
0930	do tierk		X					[Signature]
0935					X To Clinician Bearden			[Signature]
1010	I/m talking to Clinician Bearden from 0935 to 1010 Clinician Bearden put I/m on Close Observation.							
1015					I/m on bunk eating			[Signature]
1020					I/m wants to keep apple to eat later			[Signature]
1025					I/m laying on bunk			[Signature]
1030					X			[Signature]
1035					I/m laying on bunk			[Signature]
1040					"			[Signature]
1045					"			[Signature]
1050					"			[Signature]
1055					"			[Signature]
1100					"			[Signature]

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower
	1005 Ate		
	1020 everything but apple.		



IDOC Behavior Observation Sheet

IDAHO DEPARTMENT OF CORRECTIONS
BEHAVIOR OBSERVATION SHEET

Cell 147
S.M.W. watch

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Mason	94691	2-12-14	Nice, 83854

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
0815	watch started			I/m laying on bunk				[Signature]
0820	count time							[Signature]
0824					X to cms			[Signature]
0830				I/m laying on bunk				[Signature]
0835								[Signature]
0840								[Signature]
0845								[Signature]
0850								[Signature]
0855								[Signature]
0900	I/m appears to be sleeping							[Signature]
0905			X					[Signature]
0910			X					[Signature]
0915			X					[Signature]
0920			X					[Signature]
0925			X					[Signature]
0930	do tier ✓		X					[Signature]
0935					X To Clinician Bearden			[Signature]
1010	I/m talking to Clinician Bearden from 0935 to 1010 Clinician Bearden put I/m on close observation							
1015	I/m on bunk eating							[Signature]
1020	I/m wants to keep apple to eat later							[Signature]
1025	I/m laying on bunk							[Signature]
1030				X				[Signature]
1035	I/m laying on bunk							[Signature]
1040								[Signature]
1045								[Signature]
1050								[Signature]
1055								[Signature]
1100								[Signature]

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower
	1005 Ate		
	1020 everything but apple.		



IDOC Behavior Observation Sheet

IDAHO DEPARTMENT OF CORRECTION
BEHAVIOR OBSERVATION SHEET

Cell 147
S.M.N. watch

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Mason	94691	2-12-14	Nice, 83854

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
0815	watch	started		I/m	laying on back			[Signature]
0820	count	time					"	[Signature]
0824					X to cms			[Signature]
0830				I/m	laying on back			[Signature]
0835							"	[Signature]
0840							"	[Signature]
0845							"	[Signature]
0850							"	[Signature]
0855							"	[Signature]
0900	I/m appears to be sleeping							[Signature]
0905			X					[Signature]
0910			X					[Signature]
0915			X					[Signature]
0920			X					[Signature]
0925			X					[Signature]
0930	do tie		X					[Signature]
0935					X to Clinician Bearden			[Signature]
1010	I/m talking to Clinician Bearden from 0935 to 1010 Clinician Bearden put I/m on close observation							[Signature]
1015	I/m on bunk eating							[Signature]
1020	I/m wants to keep apple & eat latter							[Signature]
1025	I/m laying on bunk							[Signature]
1030					X			[Signature]
1035	I/m laying on bunk							[Signature]
1040							"	[Signature]
1045							"	[Signature]
1050							"	[Signature]
1055							"	[Signature]
1100							"	[Signature]

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower
	1005 Ate		
	1020 everything but apple.		



IDOC Behavior Observation Sheet

**DAHO DEPARTMENT OF CORRECTION
BEHAVIOR OBSERVATION SHEET**

cell 47
15 min watch.

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Mason	94691	2-12-14	Duman 48353

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
1610	1 assume	watch of Mr. Edmo			who is	resting on bunk		SRD
1615			X					SRD
1630			X					SRD
1634	c/o Sgt. Check	X						SRD
1645	c/o exchanged blankets							SRD
1700			X					SRD
1715	c/o Sgt. Check		X					SRD
1730			X					SRD
1745			X					SRD
1800			X					SRD
1806	c/o Sgt. Check		X					SRD
1815			X					SRD
1830	c/o Sgt. Check		X					SRD
1845			X					SRD
1900			X					SRD
1915			X					SRD
1930			X					SRD
1945			X					SRD
2000			X					SRD
2007	<i>Relieved by Lawson</i>							

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower



IDAHO DEPARTMENT OF CORRECTIONS
BEHAVIOR OBSERVATION SHEET

Cell 147
15 min. watch

INMATE NAME	IDOC #	DATE	OBSERVER
Edmond Mason	94691	2/12/14	Lawson, T #54111

Check One:

Suicide Watch Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
2007	Assumed	watch	I/M	sleeping				TL
2015					X			TL
2030					X			TL
2045					X			TL
2100					X			TL
2115					X			TL
2130					X			TL
2132	P.U. call	I/M	took	meds				TL
2145					X			TL
2200					X			TL
2215				laying down				TL
2230								TL
2245	I/M received		mail					TL
2300				laying down; appears asleep				TL
2306	called up; no visual							TL
2310	back on watch		X					TL
2315			X					TL
2327	calmt time		X					TL
2350			X					TL
2345			X					TL
0000			X					TL
<p>End of Shift</p> <p>0000</p>								
Relieved by: Bello								

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower
/	/	/	/



IDAHO DEPARTMENT OF CORRECTIONS
BEHAVIOR OBSERVATION SHEET

cell 147
15 min watch

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Plason	94691	2/3/14	Bello # 58914

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
0:00	Assessment Watch		X					J.B
0:15			X					FB
0:30	do cell check		X					FB
0:45			X					FB
1:00	do cell check		X					FB
1:15			X					FB
1:30			X					FB
0133	Reviewed by 4th watch							FB
1:45			X					FB
2:00	do cell check		X					FB
2:15			X					FB
2:30			X					FB
2:45	do cell check		X					FB
3:00			X					FB
3:15			X					FB
3:25	court time		X					FB
3:30			X					FB
3:45			X					FB
4:00			X					FB
4:08	End of shift		X					FB
Released by: Andrew Wood								

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower



DAHO DEPARTMENT OF CORRECTION
BEHAVIOR OBSERVATION SHEET

cell #147
15 minute watch

INMATE NAME	IDOC #	DATE	OBSERVER
Edwards, Mason	94691	2-13-14	Underwood #62014

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
4:08	Assumed watch I/m sleeping Radio ✓ OK							RU
4:15	C/O Hogan serving chapel X							RU
4:30	C/O May & medical doing pill pass & unit check						I/m eating	RU
4:45	I/m laying back down trying to sleep.							RU
5:00			X					RU
5:15			X					RU
5:30			X					RU
5:45			X					RU
6:00	C/O May tray ✓		X					RU
6:15					X=ME			RU
6:30					X=ME			RU
6:45					X=ME			RU
7:00	C/O Licht P tray ✓				X=ME			RU
7:15	I/m pacing cell							RU
7:30	C/O Licht P & C/O Blanford taking I/m to medical							RU
7:45	I/m at medical							RU
8:00	I/m still at medical. Lt. Swearingen tray ✓							RU
8:15	I/m back from medical Talking to ME							RU
8:25	End of Shift							
<p>Reviewed By: Reid</p>								

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower
4:20 Accepted Tray			
4:35 Returned Tray			
4:35 Ate All			

4:30 Medical gave I/m meds



IDOC Behavior Observation Sheet

DAHO DEPARTMENT OF CORRECTION
BEHAVIOR OBSERVATION SHEET

cell #147
15 MIN
watch
OBSERVER

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Mason	94691	2-13-14	Harry J Reed

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
08:25		X	Relieved Underwood					HR
08:30		X						HR
08:35	Count time		X	C/O Page	C/O Blandford			HR
08:45	misspelled		X					HR
08:50	Sgt Swellner		X	✓	I M			HR
09:00			X					HR
09:15			X					HR
09:30			X	C/O Blandford	✓	I M		HR
09:45			X	C/O Blandford	✓	I M		HR
10:00			X					HR
10:15		X	X					HR
10:30		X	X	C/O Emerson	✓	I M		HR
10:45		X						HR
11:00		X	Returned tray		MT			HR
11:15	Reading	X	C/O Bond	✓	I M			HR
11:30		X						HR
11:45		X	Sgt Blander pickup trays	✓	I M			HR
12:00			X					HR
12:10		X						HR
Relieved by								
Bello								

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower
	10:07 Relieved Tray		
	11:00 ate all returned tray		



IDOC Behavior Observation Sheet

IDAHO DEPARTMENT OF CORRECTION
BEHAVIOR OBSERVATION SHEET

CELL #147

15-MIN. WATCH

INMATE NAME	IDOC #	DATE	OBSERVER
EDMO, MASON	94641	2.13.14	ACHESON, ZZZOB

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
1645	Assumed watch	(X)					MR. EDMO is patiently waiting for a shower.	A
1700	got MASON a new book						he's laying down reading - Radio - good	(X) A
1715	Rec'd T. Plan / notes / post leg sheets						(Reading) x	A
1720	Called up to #145 - say move - thru door of sig ht							A
1727	Returned to post - sitting upon bunk						quietly reading	A
1730							(X)	A
1745							reading x	A
1753	Truck V: c/o Paige - knocked in on sign						Laying down (X)	A
1800	MR. EDMO received "housing orders" from staff -							A
1815	MR. EDMO is laying quietly, trying to sleep							A
1830			(X)				MR. EDMO appears to be sleeping quietly	A
1845			X					A
1900			X					A
1915			X					A
1930	Cpl. Fleming - try (X) looked in on MR. EDMO.							A
1935	Count-time - c/o Paige (X) c/o Dames - looked in on sign							A
1945			X					A
2000			X					A
MR. EDMO WANTS A SHOWER TONIGHT. THANKS!								
2007	SHIRT OVER - RELIEVED BY: FACHMACH							A

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower



IDOC Behavior Observation Sheet

IDAHO DEPARTMENT OF CORRECTIONS
BEHAVIOR OBSERVATION SHEET

cell # 147
15 minute watch

INMATE NAME Edmo, Mason	IDOC # 94691	DATE 2-14-14	OBSERVER WM McCoy 91914
----------------------------	-----------------	-----------------	----------------------------

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
0417	Assumed	Watch	I'm standing at door					WM
0430			I'm layed down to sleep					WM
0445			X					WM
0500			X					WM
0515			X					WM
0530			X					WM
0545			X					WM
0600			X					WM
0615			X					WM
0630			X					WM
0645			X					WM
0700	Sgt Brewer did tear ✓		X					WM
0715			X					WM
0730			X					WM
0745	% did tear ✓		X					WM
0800			X					WM
0814	End of shift							
Relieved By Lawson								

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower



DAHO DEPARTMENT OF CORRECTIONS
BEHAVIOR OBSERVATION SHEET

cell 147
15 min watch

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Mason	94691	2-14-14	Lawson, T. #54111

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
0814	Assumed watch		IM Laying down					TL
0823				X				TL
0830					X			TL
0835	cell V cpl. Lichti		IM brushing teeth					TL
0845			laying down					TL
0900	Count time		IM Laying down					TL
0915			laying down					TL
0930								TL
0936	cell V cpl. Lichti							TL
0945					X			TL
1000					X			TL
1015	eating lunch							TL
1030		X						TL
1045			laying down					TL
1100								TL
1107	IM puts tray in bean slot							TL
1108	cell V cpl. Lichti		tray pick up					TL
1115			laying down					TL
1130					X			TL
1145			laying down					TL
1200								TL
End of Shift								
1209								
Relieved by: Adams-Frew								

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower
	1010 lunch accepted		
	1027 finished lunch		



IDOC Behavior Observation Sheet

CCU 147
15 min Watch

IDAHO DEPARTMENT OF CORRECTION
BEHAVIOR OBSERVATION SHEET

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo Mason	94681	2.14.14	Edmo Mason Adams-Frunt 9350

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
1209	Assumed watch I/M laying on bunk awake							
1215	" "							
1230	I/M appears to be sleeping							
1245	" "							
1300	I/M sitting @ door							
1315	I/M laying on bunk awake							
1330	" " Count Time							
1345	" "							
1400	" "							
1415	I/M laying on bunk reading							
1430	" "							
1445	Dinner							
1500	" "							
1515	I/M laying on bunk							
1530	" "							
1545	" " Clinician Bearden talking to I/M							
1600	I/M still talking to Clinician Bearden							
1610	Shift end							
1610	Relieved by Stephens							

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower
		1445 Received Tray	
		1500 Tray Pickup <small>Ate everything</small>	



FIFTEEN (15) MIN LOG UPDATE CELL 147

OHIO DEPARTMENT OF CORRECTIONS
BEHAVIOR OBSERVATION SHEET PAGE 1 OF 1

INMATE NAME 1/2	IDOC #	DATE	OBSERVER 1/2
EDMO, M.	94691	02.14.2014	STEVENS, E. #57751

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated. W/S = WATCH SUBJECT N/C = NO (NOTABLE) CHANGE

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
1610	RECEIVED LOGBOOK, RADIO, AND BRIEFING - W/S TALKING							- NOTE -
1610	CONT - WITH CLINICIAN BARDEN AT DOOR - AWAKE / ALERT							[Signature]
1614	COMPANION MOVED TO SEG CELL (SEG MOVE)							[Signature]
1618	COMPANION RELEASED FROM SEG CELL - W/S N/C							[Signature]
1625	CLINICIAN BARDEN REVIEWING W/S LYING IN BED							[Signature]
1630	W/S LYING IN BED - APPEARS ASLEEP							[Signature]
1645	N/C							[Signature]
1651	CLINICIAN BARDEN RETURNED WITH THE NEW TREATMENT							[Signature]
1700	N/C - W/S LYING IN BED - APPEARS ASLEEP							[Signature]
1715	CPL LITCHY IN FOR CHECKS							[Signature]
1715	W/S - N/C							[Signature]
1730	N/C							[Signature]
1745	N/C							[Signature]
1800	N/C							[Signature]
1804	C/O CHECK COMPLETED (BLANKFORD)							[Signature]
1815	W/S LYING IN BED - APPEARS ASLEEP							[Signature]
1830	N/C							[Signature]
1845	N/C							[Signature]
1900	N/C							[Signature]
1915	N/C							[Signature]
1930	N/C - C/O'S BY FOR COUNT / CHECKS							[Signature]
1945	N/C							[Signature]
1956	Sgt HIGGINS BY FOR CHECKS							[Signature]
2000	N/C							[Signature]
2006	CHECKS COMPLETED - C/O MAY							[Signature]
2011	COMPANION CALLED (SEG MOVE) 8014 RETURNED							[Signature]
2015	N/C							[Signature]
2020	RELIEVED BY THOMAS							[Signature]
- NONE FOLLOWS - END OF SHIFT								

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower
N/A	N/A	N/A	N/A



END OF SHIFT

Cell #197
15-Min Watch

**AHO DEPARTMENT OF CORRECTED JON
BEHAVIOR OBSERVATION SHEET**

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Mason	94691	2-14-14	Thomas

Check One:

Suicide Watch Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
2020			X					JT
2030			X					JT
2045			X					JT
2100	% Dames her check		X					JT
2115			X					JT
2130	pill call		X					JT
2145			X					JT
2200			X					JT
2215			X					JT
2230			X					JT
2239	end shift							JT
Retrieved By: Fredrickson								

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower

AHO DEPARTMENT OF CORRECTIONS
BEHAVIOR OBSERVATION SHEET

15 min watch

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Mason	94691	2/14/14	Fredrickson, Zachary #896041

Check One:
 Suicide Watch Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
2240	Assumed watch		X					
2245			X					
2300			X					
2315			X					
2330	Count time		X					
2345			X					
0000			X					
0002	End of shift		X					
Relieved By: Adams Frow								

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower



**AHO DEPARTMENT OF CORRECTIONS JN
BEHAVIOR OBSERVATION SHEET**

Cell 147
15-min watch

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Mason	94691	2/15/14	Adams-Frew #93750

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
0002	Assumed watch I/M appears to sleeping							[Signature]
0015	" "							[Signature]
0030	" "							[Signature]
0045	" "							[Signature]
0100	" "							[Signature]
0115	" "							[Signature]
0130	" "							[Signature]
0145	" "							[Signature]
0200	" "							[Signature]
0215	" "							[Signature]
0230	" "							[Signature]
0245	" "							[Signature]
0300	" "							[Signature]
0315	" "							[Signature]
0330	" "							[Signature]
0345	" "							[Signature]
0400	" "							[Signature]
0405	End of shift							[Signature]
0405	Relieved by Nunet							[Signature]

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower



OHIO DEPARTMENT OF CORRECTIONS
BEHAVIOR OBSERVATION SHEET

Cell #147
15-Min Watch

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Mason	94691	2/15/14	D. Nunez 65722

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
0405	assumed watch, Mr. Edmo is sleeping							
	Radio is working							
0415			X					
0430			X					
0445			X	C.O. made cell ✓				
0500			X					
0510	Medical gave Mr. Edmo his meds							
0515			X					
0530			X					
0545			X					
0600			X					
0603			X	C.O. made cell ✓				
0615			X					
0630			X					
0645			X					
0700			X	C.O. made cell ✓				
0715			X					
0730			X	C.O. made cell ✓				
0740	Breakfast Served							
0745	Eating							
0800					X	TO me		
0807	End of Shift							
Reviewed by Thomas								

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower
0740-0800 ate cereal and milk			



IDOC Behavior Observation Sheet

OHIO DEPARTMENT OF CORRECTIONS
BEHAVIOR OBSERVATION SHEET

cell 151
15 min watch

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Mason	94691	2-15-14	Bello # 58914

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
12:15	Assumed Watch	X						F.B
12:30			X					F.B
12:45				X				F.B
13:00	90 cell check	laying on bunk.						F.B
13:15		Reading						F.B
13:30	loud noise	a 4						F.B
13:45			X					F.B
14:00			X					F.B
14:15	90 cell check		X					F.B
14:30		X						F.B
14:45	Eating dinner							F.B
15:00				X				F.B
15:15		Reading						F.B
15:30		" "						F.B
15:45			X					F.B
16:00			X					F.B
16:15		X						F.B
16:15	End of shift							Beloved by: Doreen

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower
		14:40 - 15:00	
		ATE EVERYTHING	



INDO DEPARTMENT OF CORRECTIONS IN
 BEHAVIOR OBSERVATION SHEET

cell # 147
 15 minute watch

INMATE NAME	IDOC #	DATE	OBSERVER
Elmore, Mason	94691	2-15-63	Duman 48352

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
1615	I assume watch of Mr. Edmo who is resting							SRD
1620	Radio Check Good							SRD
1630					X			SRD
1645			X		X		SRD	SRD
1700			X					SRD
1715			X					SRD
1720	Up: Emson + Blanche		X					SRD
1730				X				SRD
1742	Up Gray				X			SRD
1800					X			SRD
1815		X						SRD
1820	Speaking duration Tarkett							SRD
1825	Finished speaking w/ Edmo							SRD
1830					X			SRD
1835	Up Richter See Check							SRD
1845		X						SRD
1900							Pacing	SRD
1915			X					SRD
1930			X					SRD
1945			X					SRD
1950	Count		X					SRD
2000			X					SRD
2015			Resting					SRD
2020	Second Count		X					SRD
2030			X					SRD
2034	Relieved by Carr							

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower



AHO DEPARTMENT OF CORRECTIONS
BEHAVIOR OBSERVATION SHEET

15 min unit
cell 147

INMATE NAME	IDOC #	DATE	OBSERVER
Edmo, Mason	94691	2/15/17	Cortez, JD. 85584

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
2039	Assumed Watch,		Appears to be asleep,				Radio Check gone	[Signature]
2045	I.M. Appears to be asleep.		Ⓚ					[Signature]
2054	C.O. Richter Tree Check,		Appears to be Asleep.					[Signature]
2100	Laying on bunk, facing wall, tapping fingers against wall.							[Signature]
2115	I.M. Laying on bunk, facing wall.							[Signature]
2121	C.O. Richter and A3-Tree Checks,		I.M. Laying on bunk.					[Signature]
2130	I.M. Laying on bunk, eyes closed, don't believe asleep.							[Signature]
2145	"							[Signature]
2156	Medical/Pill call on Unit. w/ C.O. Graham							[Signature]
2200	I.M. Laying on bunk. Doesn't appear to be asleep							[Signature]
2215	Medical w/ I.M. for Pill call. Inmate took pills.							[Signature]
2230	I.M. Appears to be asleep. Ⓚ							[Signature]
2239	"						C.O. Richter-Tree Checks	[Signature]
2245	I.M. Appears to be asleep. Ⓚ						LT-Shriver Tree checks	[Signature]
2300	"		Ⓚ					[Signature]
2315	"		Ⓚ					[Signature]
2330	"		Ⓚ				Count-time C.O. Richter + Jackson	[Signature]
2337	"		Ⓚ				Batt-Low Alzam on Radio	[Signature]
2345	I.M. Appears to be asleep. Ⓚ							[Signature]
2350	"		Ⓚ				C.O. Graham on floor	[Signature]
/								
2043	retrieved by Bello							

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower



Cell # 141
15-MIN WATCH

**AHO DEPARTMENT OF CORRECTIONS
BEHAVIOR OBSERVATION SHEET**

INMATE NAME	IDOC #	DATE	OBSERVER
EDMON, MASON	94691	16 Feb 2014	Bello # 58914

Check One:

Suicide Watch

Close Observation

Please record time of the observation, check the behavior observed, or write in the appropriate space the behavior observed and sign where indicated.

Time	Acting out (racking down, yelling, throwing things, flooding cell, etc.)	Sitting quietly or standing at door	Sleeping	Using Bathroom	Talking to Others	Laughing or crying to self	Self-stimulating (rocking, talking to self etc.)	Observer's Signature
0:03			X					FB
0:15			X					FB
0:30	40 tree check		X					FB
0:45			X		Radio check	ok		FB
1:00			X					FB
1:15	40 tree check		X					FB
1:30			X					FB
1:45	40 tree check		X					FB
2:00			X					FB
2:15			X					FB
2:30			X					FB
2:45	40 tree check		X					FB
3:00			X					FB
3:15			X					FB
3:30	Count time		X					FB
3:45			X					FB
4:00			X					FB
4:04	Out of strip							Relieved by: Schesor

Check if the inmate ate his or her meals and record the time of each meal. Also record the time of his or her shower.

Breakfast Time	Lunch Time	Dinner Time	Time of Shower



Team: 3

Shift: 6

Location: 416 HC# 33

Patient IDOC#: 94691
94693

Date: 3-2-14

Watch #: 2332

Companion Name, IDOC#: Joy, Steve 77643

Companion Name, IDOC#: _____

Hours Worked: 2

Hours Worked: _____

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
21 :00				X					PT taking meds at door	J	
:05	X								on bed	J	
:10				X					out cell door	J	
:15				X					out cell door	J	
:20	X								on bed	J	
:25				X					out cell door	J	
:30				X					out cell door	J	
:35				X					out cell door	J	
:40	X								on bed	J	
:45	X								on bed	J	
:50				X					out cell door	J	
:55				X					out cell door	J	
22 :00				X					out cell door	J	
:05			X						out cell door	J	
:10			X						on bed	J	
:15				X					out cell door	J	
:20	X								on bed	J	
:25				X					out cell door	J	
:30				X					out cell door	J	
:35		X							on bed	J	
:40		X							on bed	J	
:45		X							on bed	J	
:50		X							on bed	J	
:55		X							on bed	J	
21 00									PT took evening meds	J	
21 01									Watch transferred from Geisv to Joy	J	
FOR											

Breakfast: _____ Lunch: _____ Dinner: _____ Shower: _____ Coffee: 7

*Acting out (screaming, profanity, throwing things, flooding cell, etc.)

** Stemming (rocking, talking to self, singing, etc.)

*** Emotional (laughing or crying)

Team 3

Shift 6

Unit 16AHC 33

94691
94693

3-2/3-3-14

2332

Companion Name, IDOC#: Joy, Steve 77643

Companion Name, IDOC#: _____

Hours Worked: 2

Hours Worked: _____

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff checks
23:00			X						on bed		
:05			X						on bed		
:10			X						on bed		
:15			X						on bed		
:20			X						on bed (obs movement)		
:25			X						on bed		
:30			X						on bed		
:35			X						on bed		
:40			X						on bed		
:45			X						on bed		
:50			X						on bed		
:55			X						on bed		
00:00			X						on bed		
:05			X						on bed (obs movement)		
:10			X						on bed		
:15			X						on bed		
:20			X						on bed		
:25			X						on bed		
:30			X						on bed		
:35			X						on bed		
:40			X						on bed		
:45			X						left side	KS	
:50			X						left side	KS	
:55			X						right side	KS	
									transferred to Ellis at 00:40		

St. C. 4209

Breakfast: _____ Lunch: _____ Dinner: _____ Shower: _____ Coffee: _____

*Acting out (screaming, profanity, throwing things, flooding cell, etc.)

** Stemming (rocking, talking to self, singing, etc.)

*** Emotional (laughing or crying)

Team 3

Shift #1

Unit-16A-HC#33

Parent IDOC#: 94693

Date: 3-3-14

Watch #: 2332

Companion Name, IDOC#: Ellis, K #60074

Companion Name, IDOC#: _____

Hours Worked: 2

Hours Worked: _____

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
01 :00			X						appears asleep on right side	KE	
:05			X						appears asleep on right side	KE	
:10			X						appears asleep on right side	KE	
:15			X						appears asleep on right side	KE	
:20			X						appears asleep on right side	KE	
:25			X						appears asleep on right side	KE	
:30			X						appears asleep on right side	KE	
:35			X						appears asleep on right side	KE	
:40			X						appears asleep on right side	KE	
:45			X						appears asleep on right side	KE	
:50			X						appears asleep on right side	KE	
:55			X						appears asleep on right side	KE	
02 :00			X						appears asleep on left side	KE	
:05			X						appears asleep on left side	KE	
:10			X						appears asleep on left side	KE	
:15			X						appears asleep on back	KE	
:20			X						appears asleep on back	KE	
:25			X						appears asleep on back	KE	
:30			X						appears asleep on left side	KE	
:35			X						appears asleep on left side	KE	
:40			X						appears asleep on back	KE	
:45			X						appears asleep on back	KE	
:50			X						appears asleep on left side	KE	
:55			X						appears asleep on left side	KE	

Breakfast: _____ Lunch: _____ Dinner: _____ Shower: _____ Coffee: 44

- *Acting out (screaming, profanity, throwing things, flooding cell, etc.)
- ** Stemming (rocking, talking to self, singing, etc.)
- *** Emotional (laughing or crying)

Team 3

Shift #1

Unit 16A-HC#33

P.T. # 94693

Date 3-3-14

watch# 2332

Companion Name, IDOC#: Ellis. K #60074

Companion Name, IDOC#: _____

Hours Worked: 2

Hours Worked: _____

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
03:00			X						Comp. asleep on left side	KS	
:05			X						appears asleep on left side	KS	
:10			X						appears asleep on stomach	KS	
:15			X						appears asleep on stomach	KS	
:20			X						appears asleep on stomach	KS	
:25			X						appears asleep on stomach	KS	
:30			X						appears asleep on right side	KS	
:35			X						appears asleep on right side	KS	
:40			X						appears asleep on right side	KS	
:45			X						appears asleep on right side	KS	
:50			X						appears asleep on right side	KS	
:55			X						appears asleep on right side	KS	
04:00			X						appears asleep on right side	KS	
:05			X						appears asleep on right side	KS	
:10			X						appears asleep on right side	KS	
:15			X						appears asleep on right side	KS	
:20			X						appears asleep on right side	KS	
:25			X						appears asleep on right side	KS	
:30			X						appears asleep on right side	KS	
:35			X						appears asleep on right side	KS	
:40			o						lying on side - covered	JH	
:45			o						lying on side - covered	JH	
:50			o						lying on side - covered	JH	
:55			o						lying on side - covered	JH	
04:45	Transferred into shift 2 from 1									JH	
ER											

Breakfast: _____ Lunch: _____ Dinner: _____ Shower: _____ Coffee: 44

*Acting out (screaming, profanity, throwing things, flooding cell, etc.)

** Stemming (rocking, talking to self, singing, etc.)

*** Emotional (laughing or crying)

TEAM 3

SHIFT - 2

Unit - 16 HC 33

Patrol IDOC #: 94693

Date: 3-3-14

Watch #: 2332

Companion Name, IDOC #: Huboe 34015

Companion Name, IDOC #: _____

Hours Worked: 2

Hours Worked: _____

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
05:00			o						lying on side - covered	JH	
:05			o						lying on side - covered	JH	
:10			o						lying on side - covered	JH	
:15			o						lying on side - covered	JH	
:20			o						lying on stomach - covered	JH	
:25			o						lying on side - covered	JH	
:30			o						lying on side - covered	JH	
:35			o						lying on side - covered	JH	
:40			o						lying on side - covered	JH	
:45			o						lying on stomach - covered	JH	
:50			o						lying on stomach - covered	JH	
:55			o						lying on side - covered	JH	
06:00			o						lying on side - covered	JH	
:05			o						lying on side - covered	JH	
:10			o						lying on side - covered	JH	
:15			o						lying on side - covered	JH	
:20			o						lying on side - covered	JH	
:25			o						lying on side - covered	JH	
:30			o						lying on side - covered	JH	
:35			o						lying on side - covered - eyes open	JH	
:40			o						lying on back - covered	JH	
:45			o						lying on back - covered	JH	
:50			o						lying on side - covered	JH	
:55			o						sitting on bed - eating breakfast	JH	
									NOTES		
04:45									Transferred into shift 2 from 1	JH	
06:55									PT offered breakfast - Accepted	JH	

Breakfast: 0655 Accepted Lunch: _____ Dinner: _____ Shower: _____ Coffee: /

*Acting out (screaming, profanity, throwing things, flooding cell, etc.)
** Stemming (rocking, talking to self, singing, etc.)
*** Emotional (laughing or crying)

TEAM - 3

Shift - 2

Unit - 16 HC33

9469

3-3-14

2332

Companion Name, IDOC#: HUBCE 34015 Companion Name, IDOC#: _____
 Hours Worked: 2 Hours Worked: _____

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
07:00		e							Sitting on bed - eating breakfast	JH	
:05					e				standing at door - looking out	JH	
:10			e						lying on side - covered	JH	
:15			e						lying on side - covered	JH	
:20			e						lying on side - covered	JH	
:25			e						lying on side - covered	JH	
:30			e						lying on side - covered	JH	
:35			e						lying on side - covered	JH	
:40			e						lying on side - covered	JH	
:45			e						lying on side - covered	JH	
:50			e						lying on side - covered	JH	
:55			e						lying on side - covered	JH	
08:00			e						lying on side - covered	JH	
:05			e						lying on side - covered	JH	
:10			e						lying on side - covered	JH	
:15			e						lying on side - covered	JH	
:20			e						lying on side - covered	JH	
:25			e						lying on side - covered	JH	
:30			e						lying on side - covered	JH	
:35			e						lying on side - covered	JH	
:40			e						lying on side - covered	JH	
:45			x						on bed, fully covered	JH	
:50			x						on bed, fully covered	JH	
:55			x						on bed, fully covered	JH	
NOTES											
08:42	Transferred over to shift 3 from 2 (weight)									JH	

Breakfast: _____ Lunch: _____ Dinner: _____ Shower: _____ Coffee: _____

- *Acting out (screaming, profanity, throwing things, flooding cell, etc.)
- ** Stemming (rocking, talking to self, singing, etc.)
- *** Emotional (laughing or crying)

Team - 3

Shift - 3

Unit 16-HC-33

PT. ID# 94693

Date 3-3-14

watch ID 2332

Companion Name, IDOC#: Wight # 59714

Companion Name, IDOC#: _____

Hours Worked: 2

Hours Worked: _____

I started on wrong side of page. Sorry - Wight 59714

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
09:00			X						on bed, eyes closed	W	
:05			X						on bed, eyes closed	W	
:10			X						on bed, eyes closed	W	
:15			X						on bed, eyes closed	W	
:20			X						on bed, eyes closed	W	
:25			X						on bed, eyes closed	W	
:30			X						on bed, eyes closed	W	
:35			X						on bed, eyes closed	W	
:40			X						on bed, eyes closed	W	
:45			X						on bed, eyes closed	W	
:50			X						on bed, eyes closed	W	
:55			X						on bed, eyes closed	W	
10:00			X						on bed, eyes closed	W	
:05						X			with clinician	W	
:10						X			with clinician	W	
:15		X							on Toilet	W	
:20		X							on bed, eating lunch	W	
:25		X							on bed, eating lunch	W	
:30		X							on bed, eating lunch	W	
:35								X	out cell door window	W	
:40								X	out cell door window	W	
:45		X							on bed, fully covered	W	
:50		X							on bed, fully covered	W	
:55		X							on bed, fully covered	W	
Notes:											
10:02	Clinician arrives to visit with PT									W	
10:11	Clinician ends visit - watch continues									W	
10:11	PT accepts meds from CMS									W	
10:14	PT accepts lunch									W	

Breakfast: _____ Lunch: 10:14 Accepted Dinner: _____ Shower: _____ Coffee: _____

*Acting out (screaming, profanity, throwing things, flooding cell, etc.)

** Stemming (rocking, talking to self, singing, etc.)

*** Emotional (laughing or crying)

Team 13

Shift 4

Unit: 16 HC#33

Patient Number ~~94691~~
94691

Date 3-3-14

Watch 2332

Companion Name, IDOC#: Geiser, Andrew 32618 Companion Name, IDOC#:

Hours Worked: 2

Hours Worked:

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
15 :00			X						Lying on bed facing wall	g	
:05			X						Lying on bed facing wall	g	
:10			X						Lying on bed facing wall	g	
:15			X						Lying on bed facing wall	g	
:20			X						Lying on bed facing wall	g	
:25			X						Lying on bed obs. movement	g	
:30			X						Lying on bed facing wall	g	
:35			X						Lying on bed facing wall	g	
:40		X							Sitting on bed eating	g	
:45		X							Sitting on bed eating	g	
:50		X							Sitting on bed eating	g	
:55				X					standing at door	g	
16 :00						X			talking to cin. nelder	g	
:05				X					standing at door	g	
:10		X							Lying on bed looking up	g	
:15		X							Lying on bed looking up	g	
:20		X							Sitting on bed looking ground	g	
:25		X							Sitting on bed looking ground	g	
:30		X							Sitting on bed looking ground	g	
:35		X							Lying on bed covered	g	
:40		X							Lying on bed covered	g	
:45		X							Lying on bed covered	g	
:50		X							Lying on bed covered	g	
:55		X							Lying on bed covered	g	
15 14									I noticed the PT's DOC # on the C.C.C Notes and the obs. memo were not the same I notified the Combridge and he said he would have PT's number verified and let me know.	g	
15 37									PT received dinner, PT returned Rubber trays	g	
15 55									PT attempting to communicate w/inmates behind me	g	
EOR.											

Breakfast: _____ Lunch: _____ Dinner: 1537 Shower: _____ Coffee: _____

*Acting out (screaming, profanity, throwing things, flooding cell, etc.)
 ** Stemming (rocking, talking to self, singing, etc.)
 *** Emotional (laughing or crying)

Team # 3

Shift # 5

Location: Unit 16 HCH 33

Patient # Doc # ~~9491~~
94691

Date: 3/3/14

Watch # 2322

Companion Name, IDOC#: Cillepie 92102

Companion Name, IDOC#: _____

Hours Worked: 2

Hours Worked: _____

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
19:00			X	X					Standing at Door, looking out	CC	
:05			X	X					Standing at Door, looking out	CC	
:10			X	X					Standing at Door, looking out	CC	
:15		X							Lying on bunk, eyes closed	CC	
:20		X							Lying on bunk, eyes closed	CC	
:25		X							Lying on bunk, eyes open	CC	
:30		X							Lying on stomach, eyes open	CC	
:35		X							Lying on stomach, covered	CC	
:40		X							Lying on stomach, covered	CC	
:45		X							Lying on bunk, face down	CC	
:50		X							Lying on bunk, eyes closed	CC	
:55		X							Lying on bunk, eyes closed	CC	
20:00		X							Lying on bunk, covered	CC	
:05			X	X					Standing at door, looking out	CC	
:10			X	X					Standing at door, looking out	CC	
:15			X	X					Standing at door, looking out	CC	
:20			X	X					Standing at door, looking out	CC	
:25			X	X					Standing at door, looking out	CC	
:30			X						Using restroom	CC	
:35		X							Lying on back, eyes closed	CC	
:40				X					out cell door	CC	
:45				X					out cell door	CC	
:50				X					out cell door	CC	
:55		X							on bed	CC	
Notes											
19:01	Inmate crossed Red line and talked to P/T, said he wrote a good witness statement for him.									CC	
19:05	P/T asked who believed me I replied Jay									CC	
19:57	Lt checked on P/T									CC	
20:24	P/T received Mch									CC	
20:35	Watch transferred to Jay									CC	
<i>Foot</i>											

Breakfast: _____ Lunch: _____ Dinner: _____ Shower: _____ Coffee: 22

*Acting out (screaming, profanity, throwing things, flooding cell, etc.)

** Stemming (rocking, talking to self, singing, etc.)

*** Emotional (laughing or crying)

Team 3 Shift 6 Location 16A HC 33

IDOC#: 94691 Date: 3-3-14 Watch #: 2332

Companion Name, IDOC#: Joy, Steve 77643 Companion Name, IDOC#: _____
 Hours Worked: 2 Hours Worked: _____

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
21:00			X						on right		
:05			X						on right		
:10			X						on right		
:15			X						on right		
:20	X								on bed, head down		
:25	X								on bed, looking around		
:30				X					out cell door		
:35		X							on right		
:40		X							on back		
:45		X							on back		
:50		X							on back		
:55		X							on back		
22:00		X							on right		
:05		X							on right		
:10		X							on right		
:15		X							on right		
:20		X							on right		
:25		X							on right		
:30		X							on right		
:35		X							on right		
:40		X							on right		
:45		X							on right		
:50		X							on right		
:55		X							on right		
FOR											

Breakfast: _____ Lunch: _____ Dinner: _____ Shower: _____ Coffee: 52

- *Acting out (screaming, profanity, throwing things, flooding cell, etc.)
- ** Stemming (rocking, talking to self, singing, etc.)
- *** Emotional (laughing or crying)

52

IDAHO DEPARTMENT OF CORRECTION
Behavior Observation Log/Suicide Watch

Team #: 3
Patient IDOC #: 94691

Shift #: 1
Date: 3-4-14

Location: 16A HC 33
Watch #: 2332

Companion Name, IDOC#: Ellis, K # 60074 Companion Name, IDOC #: _____
Hours Worked: 2 Hours Worked: _____

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
01 :00			X						left side	KE	
:05			X						left side	KE	
:10			X						left side	KE	
:15			X						left side	KE	
:20			X						left side	KE	
:25			X						left side	KE	
:30			X						left side	KE	
:35			X						left side	KE	
:40			X						left side	KE	
:45			X						left side	KE	
:50			X						left side	KE	
:55			X						left side	KE	
02 :00			X						left side	KE	
:05			X						left side	KE	
:10			X						left side	KE	
:15			X						on back	KE	
:20			X						on back	KE	
:25			X						left side	KE	ML
:30			X						right side	KE	
:35			X						right side	KE	ML
:40			X						right side	KE	
:45			X						right side	KE	
:50			X						right side	KE	
:55			X						right side	KE	

Breakfast: _____ Lunch: _____ Dinner: _____ Shower: _____ Coffee: 30

*Acting out (screaming, profanity, throwing things, flooding cell, etc.)
** Stemming (rocking, talking to self, singing, etc.)
*** Emotional (laughing or crying)

IDAHO DEPARTMENT OF CORRECTION
Behavior Observation Log/Suicide Watch

Team #: 3
Patient IDOC #: 94691

Shift #: 1
Date: 3-4-14

Location: 16A HC33
Watch #: 2332

Companion Name, IDOC#: Ellis, K #60074
Hours Worked: 2

Companion Name, IDOC #: _____
Hours Worked: _____

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
03:00			X						right side	KS	
:05			X						right side	KS	JK
:10			X						right side	KS	JK
:15			X						right side	KS	JK
:20			X						right side	KS	
:25			X						right side	KS	
:30			X						right side	KS	ML
:35			X						right side	KS	ML
:40			X						right side	KS	ML
:45			X						left side	KS	
:50			X						left side	KS	
:55			X						left side	KS	
04:00			X						left side	KS	B
:05			X						left side	KS	
:10			X						left side	KS	B
:15			X						left side	KS	
:20			X						left side	KS	
:25			X						left side	KS	JK
:30			X						left side	KS	
:35			X						left side	KS	JK
:40			X						left side	KS	
:45		@							lying on side - covered	JH	
:50		@							lying on side - covered	JH	
:55		@							lying on side - covered	JH	
Relieved by Humbler at 04:40 E.O.R. Ellis JK											

Breakfast: _____ Lunch: _____ Dinner: _____ Shower: _____ Coffee: _____

- *Acting out (screaming, profanity, throwing things, flooding cell, etc.)
- ** Stemming (rocking, talking to self, singing, etc.)
- *** Emotional (laughing or crying)

Team #3

Shift #2

Unit 16A-HC#33

PT # 94691

Date: 3-4-14

Watch #: 2332

Companion Name, IDOC#: HUBBCK 34015

Companion Name, IDOC#:

Hours Worked: 2

Hours Worked:

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff	Checks
05:00			e						lying on side - covered	JH		
:05			e						lying on side - covered	JH		
:10			e						lying on side - covered	JH		
:15			e						lying on side - covered	JH		
:20			e						lying on side - covered	JH		
:25			e						lying on side - covered	JH		
:30			e						lying on side - covered	JH		
:35			e						lying on side - covered	JH		
:40			e						lying on back - covered	JH		
:45			e						lying on side - covered	JH		
:50			e						lying on side - covered	JH		
:55			e						lying on side - covered	JH		
06:00			e						lying on side - covered	JH		
:05			e						lying on side - covered	JH		
:10			e						lying on side - covered	JH		
:15			e						lying on side - covered	JH		
:20			e						lying on side - covered	JH		
:25			e						lying on side - covered	JH		
:30			e						lying on side - covered	JH		
:35			e						lying on side - covered	JH		
:40			e						lying on side - covered	JH		
:45			e						lying on side - covered	JH		
:50			e						lying on side - covered	JH		
:55			e						standing at door - looking out	JH		
Dares												
04:40	Transferred into shift 2 from 1									JH		
06:57	PT served breakfast - Accepted									JH		
06:57	PT put out dinner trays from last night									JH		

Breakfast: 0657 Accepted Lunch: Dinner: Shower: Coffee:

- * Acting out (screaming, profanity, throwing things, flooding cell, etc.)
- ** Stemming (rocking, talking to self, singing, etc.)
- *** Emotional (laughing or crying)

Team #3

Shift # 2

Unit 16A-HC#33

PT# 94691

Date 3-4-14

Watch# 2332

Companion Name, IDOC#: Heisler 34015

Companion Name, IDOC#: _____

Hours Worked: 2

Hours Worked: _____

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
07:00		@							sitting on bed - eating breakfast	JH	
:05		@							sitting on bed - eating breakfast	JH	
:10					@				standing at door - looking out	JH	
:15		@							lying on side - covered	JH	
:20		@	@						lying on side - covered	JH	
:25		@	@						lying on side - covered	JH	
:30		@	@						lying on side - covered	JH	
:35		@	@						lying on side - covered	JH	
:40		@	@						lying on side - covered	JH	
:45		@	@						lying on side - covered	JH	
:50		@	@						lying on side - covered	JH	
:55		@	@						lying on side - covered	JH	
08:00		@	@						lying on side - covered	JH	
:05		@	@						lying on stomach - covered	JH	
:10		@	@						lying on stomach - covered	JH	
:15		@	@						lying on stomach - covered	JH	
:20	@			@					sitting on bed - looking out window	JH	
:25		@							lying on back - covered	JH	
:30		@							lying on back - covered	JH	
:35		@							lying on back - covered	JH	
:40		X							on bed, fully covered	@	
:45		X							on bed, fully covered	@	
:50		X							on bed, fully covered	@	
:55		X							on bed, fully covered	@	
NOTES											
08:39	Transferred shift 2 to 3									JH	
E.O.R.											

Breakfast: _____ Lunch: _____ Dinner: _____ Shower: _____ Coffee: /

*Acting out (screaming, profanity, throwing things, flooding cell, etc.)
 ** Stemming (rocking, talking to self, singing, etc.)
 *** Emotional (laughing or crying)

Team 3

Shift 3

16A-HC#83

PT # 94691

Date: 3-4-14

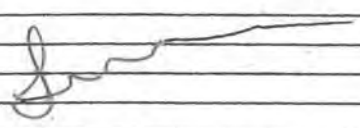
Watch #: 2332

Companion Name, IDOC#: Wight 59714

Companion Name, IDOC#:

Hours Worked: 1

Hours Worked:

Time	Acting Out	Sitting	Lying	Pacing	Gazing	Talking	Emotional	Stemming	Notes/Comments (including staff checks)	Initials	Staff Checks
09:00			X						on bed, fully covered	Q	
:05			X						on bed, fully covered	Q	
:10			X						on bed, fully covered	Q	
:15						X			with clinician	Q	
:20											
:25											
:30											
:35											
:40											
:45											
:50											
:55											
10:00											
:05											
:10											
:15											
:20											
:25											
:30											
:35											
:40											
:45											
:50											
:55											
Notes:											
09:11	Clinician arrives to visit with PT 1Q										
											

Breakfast: _____ Lunch: _____ Dinner: _____ Shower: _____ Coffee: _____

*Acting out (screaming, profanity, throwing things, flooding cell, etc.)

** Stemming (rocking, talking to self, singing, etc.)

*** Emotional (laughing or crying)

IN TAKE? 1010

Segregation Record Review and Visit Log

Date notified: _____ Time notified: _____ Time of Assessment: _____
 Vital Signs: BP _____ P _____ R _____
 Medical Record Reviewed: No Yes
 Current Medical Conditions _____
 Existing Medical conditions precluding housing in segregation
 No Yes If yes, describe: _____
 History of suicide watch or attempts? No Yes
 Currently on medications No Yes
 if yes, speak to inmate and ask if s/he is currently having suicidal thought.
 Arrangements made for medication administration
 if yes, place on suicide precautions and notify both MH & Security. Not indicated Yes
 Mental Health notified of admission to segregation Not indicated Yes Date/Time _____
 Signs of trauma Yes No
 if yes, describe: _____

Assessment Key: (1) No complaints (2) Medical Complaint/Assessment completed (3) Oriented X3 (4) Sleeping/Resp. observed (5) Agitated (6) Anxious (7) Withdrawn (8) Altered thought processes, (9) Refuses to respond (10) hallucinating (11) Delusional (12) Suicidal (13) Homicidal (14) Self-mutilating (*) See Note in Medical Record (15) Depressed
 5) Mood

Visit Log

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan																																
Feb																																
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																

Comments:

Nurses Sign & Initial: R. Spock, RN R. Spock, LPN R. S. H. Smith, LPN

Name EDMO ID # 94691 DOB _____ YEAR 2013

B-49

Segregation Record Review and Visit Log

Date notified: 2-12-14 Time notified 0830 Time of Assessment 0830
 Medical Record Reviewed: No Yes
 Existing Medical conditions precluding housing in segregation
 No Yes If yes, describe: N/A
 History of suicide watch or attempts? No Yes 2-10-10
 If yes, speak to inmate and ask if s/he is currently having suicidal thought. denies s/1/11
 If yes, place on suicide precautions and notify both MH & Security.
 Mental Health notified of admission to segregation Not indicated Yes Date/Time 2-12-14 0830
Assessment Key: (1) No complaints (2) Medical Complaint/Assessment completed (3) Oriented X3 (4) Sleeping/Resp. observed (5) Agitated (6) Anxious (7) Withdrawn (8) Altered thought processes, (9) Refuses to respond (10) hallucinating (11) Delusional (12) Suicidal (13) Homicidal (14) Self-mutilating (*) See Note in Medical Record (15) Depressed (16) Mood

Visit Log

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan																																
Feb												3:58	11MC	1/28	1/28	11MC	11MC	11MC	11MC													
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																

Comments: Mariah Cunningham, CMS

Nurses Sign & Initial: Mariah Cunningham CMS MC
Chris Amberopoulos CMS Chris Amberopoulos CA
_____ _____
 Marcus Samson, LPN

Name Edmo Masol ID # 94691 DOB _____ YEAR 2014 147

Segregation Record Review and Visit Log

Date notified: 7/24/14 Time notified: 12:15 Time of Assessment: 7:10

Vital Signs: BP: 117/87 P: 87 R: 18 O2: 98 RA

Medical Record Reviewed: No Yes

Existing Medical conditions precluding housing in segregation: 610

No Yes If yes, describe: 610

History of suicide watch or attempts? No Yes of dnris thoughts of suicide

If yes, speak to inmate and ask if she is currently having suicidal thought. Spoke to clinician, inmate bring medication assessment.

If yes, place on suicide precautions and notify both MH & Security. Spoke to clinician, inmate bring medical assessment.

Mental Health notified of admission to segregation: Not indicated Yes No

Spoke to clinician, inmate bring medical assessment.

Assessment Key: (1) No complaints (2) Medical Complaint/Assessment completed (3) Oriented X3 (4) Sleeping/Resp. observed (5) Agitated (6) Anxious (7) Withdrawn (8) Altered thought processes, (9) Refuses to respond (10) hallucinating (11) Delusional (12) Suicidal (13) Homicidal (14) Self-mutilating (*) See Note in Medical Record (15) Depressed (16) Mood

sit Log

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															
Aug																															
Sep																															
Oct																															
Nov																															

Comments: _____

Nurses Sign & Initial: K. Larsen LPN KL Kelly Larsen, LPN

Barbara Revard CMS

Name: Edmo, Mason ID # 94691 DOB [REDACTED] YEAR 2014

Segregation Record Review and Visit Log

Date notified: 3/21/14 Time notified: 1800 Time of Assessment: 1805
 Vital Signs: BP 122/80 P 108 R 20 O2 96 RA
 Medical Record Reviewed: No Yes
 Existing Medical conditions precluding housing in segregation
 No Yes If yes, describe:
 History of suicide watch or attempts? No Yes no pharmacics thoughts of suicide
 If yes, speak to inmate and ask if s/he is currently having suicidal thought.
 If yes, place on suicide precautions and notify both MH & Security.
 Mental Health notified of admission to segregation: Not indicated Yes Date/Time
 Currently on medications No Yes
 Arrangements made for medication administration
 Not indicated Yes
 Signs of trauma Yes No
 if yes, describe:
Assessment Key: (1) No complaints (2) Medical Complaint/Assessment completed (3) Oriented X3 (4) Sleeping/Resp. observed (5) Agitated (6) Anxious (7) Withdrawn (8)
 Altered thought processes, (9) Refuses to respond (10) hallucinating (11) Delusional (12) Suicidal (13) Homicidal (14) Self-mutilating (*) See Note in Medical Record: (15) Depressed
 (16) Mood

sit Log

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan																																
Feb																																
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																

Comments:

Nurses Sign & Initial:

Kodalaran LPN KL Kelly Larsen, LPN

Name Edmo, Mason ID # 94691 DOB [REDACTED] YEAR 2014

C-7A

Segregation Record Review and Visit Log

Date notified: 4/14 Time notified: 1:00 Time of Assessment: 1:00

Medical Record Reviewed: No Yes

Existing Medical conditions precluding housing in segregation:
 No Yes If yes, describe:

History of suicide watch or attempts? No Yes pt just came off suicide watch cleared by clinician Ruth. Denied thoughts of suicide or self harm if yes, speak to inmate and ask if she is currently having suicidal thought. Of this time if yes, place on suicide precautions and notify both MH & Security.

Mental Health notified of admission to segregation Not indicated Yes Date/Time pt spoke: 2/11/14 Ruth being coming to Unit 8

Assessment Key: (1) No complaints (2) Medical Complaint/Assessment completed (3) Oriented X3 (4) Sleeping/Resp. observed (5) Agitated (6) Anxious (7) Withdrawn (8) Altered thought processes, (9) Refuses to respond (10) hallucinating (11) Delusional (12) Suicidal (13) Homicidal (14) Self-mutilating (*) See Note in Medical Record (15) Depressed (16) Mood

Vital Signs: BP 110/71 P 102 R 20 RA 5-18

Current Medical Conditions: GID

Currently on medications No Yes
 Arrangements made for medication administration Not indicated Yes

Signs of trauma Yes No
 If yes, describe:

Visit Log

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															

Comments:

Nurses Sign & Initial: Kelly Larsen, LPN Kelly Larsen, LPN Signe Vreeds, LPN SD
Veronica Ferro, LPN Veronica Ferro, LPN Benjen, LPN

Name Edmo, Mason ID # 94691 DOB [REDACTED] YEAR 2014

A-2

Segregation Intake and Orientation

Patient Name Edmo, Adree IDOC# 94691

Date 2/7/15 Time 1105


Medical staff has provided me with information on how to access routine, urgent, and emergent Medical/Mental Healthcare.

In addition to the verbal information the following items were provided to me:

- One Health Service Request
- One Concern form
- Educational Handout on Depression
- Educational Handout on how to access Medical and Clinicians
- Educational Handout on expectation of verbal daily welfare checks
- Puzzles to help with boredom

I understand how to access medical and mental health staff for routine, urgent, and emergent healthcare and I have been given the opportunity to ask questions at this time.

Patient Signature 

Nurse Signature Ashley Cooley, LPN 

Witness Signature _____ (only needed if patient unable to sign)



Segregation Welfare Checks Record Review and Visit Log * this section completed annually

Date notified: 2/7 Time notified 1105 Time of Assessment 1105
 Medical Record Reviewed Yes No Explain: _____
 Existing Medical conditions precluding housing in segregation
 No Yes If yes, describe: _____
 History of suicide watch or attempts? No Yes NO CURRENT SI
 If yes, speak to inmate and ask if s/he is currently having suicidal thought.
 If yes, place on suicide precautions and notify both MH & Security.
 Referral to Mental Health Clinician Yes Date/Time: 2/7/15 1105
 Urgent 72 hr. 72 hr.
 _____ to M.H. for review for routine mental health follow up Date/Time: _____

Vital Signs: BP 116/75 P 91 R 18
 Current Medical Conditions

Currently on medications No Yes
 Arrangements made for medication administration
 Not indicated Yes

Signs of trauma Yes No
 If yes, describe :

Signature: AC Date: 2/7/15 Intent: Ensure that offenders placed in segregation maintain their medical and mental health.

Visit Log

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															
Aug																															
?																															
Oct																															
Nov																															
Dec																															

Signature: Ashley Cooley, LPN Initials: AC Date: 2/7/15 Signature: _____ Date: _____
 Signature: _____ Date: _____
 Signature: _____ Date: _____

Name Edmo, Adre ID # 941091 DOB [REDACTED] YEAR 2015

Segregation Intake and Orientation

Patient Name Edmo, Mason IDOC# 94691

Date 4/21/15 Time 2130

Medical staff has provided me with information on how to access routine, urgent, and emergent Medical/Mental Healthcare.

In addition to the verbal information the following items were provided to me:

- One Health Service Request
- One Concern form
- Educational Handout on Depression
- Educational Handout on how to access Medical and Clinicians
- Educational Handout on expectation of verbal daily welfare checks
- Puzzles to help with boredom

I understand how to access medical and mental health staff for routine, urgent, and emergent healthcare and I have been given the opportunity to ask questions at this time.

Patient Signature Edmo Mason

Nurse Signature [Signature]

Witness Signature _____ (only needed if patient unable to sign)



Segregation Welfare Checks Record Review and Visit Log * this section completed annually

Date notified: 4/21/15 Time of Assessment 2:30
 Medical Record Reviewed Yes No Explain: _____
 Existing Medical conditions precluding housing in segregation
 No Yes If yes, describe: _____
 History of suicide watch or attempts? No Yes pt desires thoughts of plan, indications
 If yes, speak to inmate and ask if s/he is currently having suicidal thought. Method, intent of self
 If yes, place on suicide precautions and notify both MH & Security. have @ his home
 Referral to Mental Health Clinician Yes No Date/Time: 4/21/15
 Urgent 24hr. 72 hr. Routine
 Report to M.H. for review for routine mental health follow up Date/Time: 4/21/15 @ 2:30

Vital Signs: BP 122/85 P 91 R 18 O₂ 98% RA
 Current Medical Conditions
MDO GID HTN
 Currently on medications No Yes
 Arrangements made for medication administration
 Not indicated Yes KOP
 Signs of trauma Yes No
 If yes, describe: _____

Signature: AMSCOO Date: 4/21/15 Intent: Ensure that offenders placed in segregation maintain their medical and mental health.

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															

Signature: AMSCOO Initials: AMSCOO Date: 4/21/15 Signature: Clyde Young, LPN Initials: SY Date: 4-20-15
 Signature: _____ Date: _____ Signature: _____ Date: _____
 Signature: _____ Date: _____ Signature: _____ Date: _____

Name Edmo Mason ID # 94091 DOB [REDACTED] YEAR 2015

ER 1870

Segregation Intake and Orientation

Patient Name Edmo, Mason IDOC# 94691

Date 11/15/15 Time 1830

Medical staff has provided me with information on how to access routine, urgent, and emergent Medical/Mental Healthcare.

In addition to the verbal information the following items were provided to me:

- One Health Service Request
- One Concern form
- Educational Handout on Depression
- Educational Handout on how to access Medical and Clinicians
- Educational Handout on expectation of verbal daily welfare checks
- Puzzles to help with boredom

I understand how to access medical and mental health staff for routine, urgent, and emergent healthcare and I have been given the opportunity to ask questions at this time.

Patient Signature 

Nurse Signature  Kelly Larsen, LPN

Witness Signature _____ (only needed if patient unable to sign)



Segregation Welfare Checks Record Review and Visit Log * this section completed annually

Date notified: 11/15/15 Time notified: 1730 Time of Assessment: 1800
 Medical Record Reviewed: Yes No Explain: _____
 Existing Medical conditions precluding housing in segregation:
 No Yes If yes, describe: 610
 History of suicide watch or attempts? No Yes pt denies thoughts of suicide or self harm at this time.
 If yes, speak to inmate and ask if s/he is currently having suicidal thought. If yes, place on suicide precautions and notify both MH & Security.
 Referral to Mental Health Clinician: Yes No Date/Time: 11/15/15 1930
 Urgent: 24 hr. 72 hr. _____
 Sent to M.H. for review for routine mental health follow up Date/Time: _____

Signature: K. Larsen Date: 11/15/15 Intent: Ensure that offenders placed in segregation maintain their medical and mental health.

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															
Aug																															
Sep																															
Oct																															
Dec																															

Signature: K. Larsen Initials: KL Date: 11/15/15 Signature: Clyde Young, LPN Initials: SY Date: 11-20-15
 Signature: Davin Jensen, LPN Initials: DJ Date: 11-21-15 Signature: _____ Initials: _____ Date: _____
 Signature: _____ Initials: _____ Date: _____

Name: Edmo Mason ID # 94691 DOB [REDACTED] YEAR 2015

ER 1872

Segregation Intake and Orientation

Patient Name Edmo, Mason IDOC# 94691

Date 12/30/15 Time 1400

Medical staff has provided me with information on how to access routine, urgent, and emergent Medical/Mental Healthcare.

In addition to the verbal information the following items were provided to me:

- One Health Service Request
- One Concern form
- Educational Handout on Depression
- Educational Handout on how to access Medical and Clinicians
- Educational Handout on expectation of verbal daily welfare checks
- Puzzles to help with boredom

I understand how to access medical and mental health staff for routine, urgent, and emergent healthcare and I have been given the opportunity to ask questions at this time.

Patient Signature

Edmo

Nurse Signature

Veronica Ferris, L.P.

Witness Signature _____

patient unable to sign)

(only needed if



Segregation Welfare Checks Record Review and Visit Log * this section completed annually

Transferred from 2015 logs

Date notified: 12-30 Time notified: 1350 Time of Assessment: 1400
 Medical Record Reviewed: Yes No Explain: _____
 Existing Medical conditions precluding housing in segregation
 No Yes If yes, describe: _____
 History of suicide watch or attempts? No Yes *was on watch this year*
 If yes, speak to inmate and ask if s/he is currently having suicidal thought. *denies any SI*
 If yes, place on suicide precautions and notify both MH & Security.
 Referral to Mental Health Clinician: Yes Date/Time: 12-30-15
 Urgent: _____ 24hr. _____ 72 hr. _____
 Sent to M.H. for review for routine mental health follow up Date/Time: 12-30-15

Vital Signs: BP 121/83 P 113 R 14

Current Medical Conditions

GD, MH Depression

Currently on medications No Yes
 Arrangements made for medication administration
 Not indicated Yes
 Signs of trauma Yes No
 If yes, describe: _____

Signature: V. Ferro LPW Date: 12-30-15 Intent: Ensure that offenders placed in segregation maintain their medical and mental health.

Visit Log

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	00'	
Feb																																
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																

Signature: Devin Jensen, LPN Initials: DJ Date: 12-31 Signature: Mandy Cymb Young, LPN Initials: MC Date: 1-2016
 Signature: Tammy Case, LPN Initials: TC Date: 1-17 Signature: Kristine Harvey, LPN Initials: KH Date: 1-2016
 Signature: Donna Ferro, LPN Initials: DF Date: 1-17 Signature: _____ Initials: _____ Date: _____

Name: Edmo Mason ID # 94691 DOB [REDACTED] YEAR 2016

ER 1874



Segregation Welfare Checks Record Review and Visit Log * this section completed annually

Date notified: 12-30 Time notified: 13:50 Time of Assessment: 1400
 Medical Record Reviewed: Yes No Explain: _____
 Existing Medical conditions precluding housing in segregation
 No Yes If yes, describe: _____
 History of suicide watch or attempts? No Yes He was on watch with 700 day
 If yes, speak to inmate and ask if s/he is currently having suicidal thought. To self-harm. He
 if yes, place on suicide precautions and notify both MH & Security. Series and SI call
 Referral to Mental Health Clinician: 12/30/15 Date/Time: 12/30/15
 Urgent: X 24hr. X 72 hr. _____
 Sent to M.H. for review for routine mental health follow up Date/Time: 12/30/15

Signature: Veronica Ferris, LP Date: 12-30-15 Intent: **Ensure that offenders placed in segregation maintain their medical and mental health.**

Visit Log

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															

Signature: Veronica Ferris Initials: VF Date: 12-30-15
 Signature: Devia Jensen, LP Initials: DJ Date: 12-30-15
 Signature: _____ Initials: _____ Date: _____

Name: Edmo, Mason ID # 94691 DOB [REDACTED] YEAR 2015

Segregation Intake and Orientation

Patient Name: Edmo IDOC# 94691

Date: 7/3/16 Time: 1245

Medial staff has provided me with information on how to access routine, urgent, and emergent Medical/Mental Healthcare.

In addition to the verbal information, the following items were provided to me:

- One Health Service Request
- Educational Handout on Depression
- Educational Handout on how to access medical and Clinicians
- Educational Handout on expectation on verbal daily welfare checks
- Puzzles to help with boredom

I understand how to access medical and mental health staff for routine, urgent, and emergent healthcare and I have been given the opportunity to ask questions at this time.

Patient Signature: Edmo

Nurse Signature: TCase Tammy Case, LPN

Witness Signature: _____ (only needed if patient unable to sign)



Segregation Welfare Checks Record Review and Visit Log * this section completed annually

Date notified: 7/13/14 Time notified: 12:30 Time of Assessment: 14:55
 Medical Record Reviewed: Yes No Explain: _____
 Existing Medical conditions precluding housing in segregation
 No Yes If yes, describe: GTD Depression
 History of suicide watch or attempts? No Yes
 If yes, speak to inmate and ask if s/he is currently having suicidal thought.
 If yes, place on suicide precautions and notify both MH & Security.
 Referral to Mental Health Clinician: Yes Date/Time: 7/13/14 10:30
 Urgent: _____ 24hr. _____ 72 hr. _____
 Sent to M.H. for review for routine mental health follow up Date/Time: _____

Signature: Touman Date: 7/13/14 Intent: Ensure that offenders placed in segregation maintain their medical and mental health.

Visit Log

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan																																
Feb																																
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																

Signature: Natasha Hamilton Date: 7/13/14 Signature: Devin Jensen, LPN Date: 7/15/14
 Signature: Natasha Hamilton Date: 7/13/14 Signature: Kassidee Bamey, LPN Date: 7/22/14
 Signature: _____ Date: _____ Signature: _____ Date: _____

Name: Edmo Mason ID # 94691 DOB [REDACTED] YEAR 2014

ER 1877



Segregation Welfare Checks Record Review and Visit Log * this section completed annually

Date notified: 9-2-16 Time of Assessment 9:00
 Medical Record Reviewed: Yes No Explain: _____
 Existing Medical conditions precluding housing in segregation
 No Yes If yes, describe: W/ht 10 sht / close ops status
 History of suicide watch or attempts? No Yes
 If yes, speak to inmate and ask if s/he is currently having suicidal thought.
 If yes, place on suicide precautions and notify both MH & Security.
 Referral to Mental Health Clinician Yes Date/Time: Feb 14 M.H. Screen
 Urgent 24hr. 72 hr. _____
 _____ sent to M.H. for review for routine mental health follow up Date/Time: _____

Vital Signs: BP 128 P 126 R 118
 Current Medical Conditions GD Major Depression
 Currently on medications No Yes
 Arrangements made for medication administration
 Not indicated Yes
 Signs of trauma Yes No
 If yes, describe: _____

Signature: Devin Jensen, LPN Date: SEP 02 2016 Intent: Ensure that offenders placed in segregation maintain their medical and mental health.

Visit Log

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan																																
Feb																																
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sept																																
Oct																																
Nov																																
Dec																																

Signature: Devin Jensen, LPN Initials: DJ Date: 9-2-16 Signature: Tammy Case, LPN Initials: TC Date: 9/2/16
 Signature: _____ Initials: _____ Date: _____
 Signature: _____ Initials: _____ Date: _____

Name: Edmo Adree ID # 94691 DOB [REDACTED] YEAR 2016

A-37 29
 2016 SH

ER 1878

Segregation Intake and Orientation

Patient Name: EDMO IDOC# 94691

Date: 09/05/16 Time: 12:00

Medial staff has provided me with information on how to access routine, urgent, and emergent Medical/Mental Healthcare.

In addition to the verbal information, the following items were provided to me:

- One Health Service Request
- Educational Handout on Depression
- Educational Handout on how to access medical and Clinicians
- Educational Handout on expectation on verbal daily welfare checks
- Puzzles to help with bordom

I understand how to access medical and mental health staff for routine, urgent, and emergent healthcare and I have been given the opportunity to ask questions at this time.

Patient Signature: _____

Nurse Signature: _____

Tammy Case, LPN

Witness Signature: _____ (only needed if patient unable to sign)

Segregation Intake and Orientation

Patient Name: Edmo IDOC# 94691

Date: 1/9/17 Time: 1000

Medial staff has provided me with information on how to access routine, urgent, and emergent Medical/Mental Healthcare.

In addition to the verbal information, the following items were provided to me:

- One Health Service Request
- Educational Handout on Depression
- Educational Handout on how to access medical and Clinicians
- Educational Handout on expectation on verbal daily welfare checks
- Puzzles to help with boredom

I understand how to access medical and mental health staff for routine, urgent, and emergent healthcare and I have been given the opportunity to ask questions at this time.

Patient Signature: Edmo

Nurse Signature: TCase Tammy Case, LPN

Witness Signature: _____ (only needed if patient unable to sign)



Segregation Welfare Checks Record Review and Visit Log * this section completed annually

Date notified: 1/17/17 Time notified: 0955 Time of Assessment: 0955

Medical Record Reviewed: Yes No Explain: _____

Existing Medical conditions precluding housing in segregation: WMA

No Yes If yes, describe: _____

History of suicide watch or attempts? No Yes

If yes, speak to inmate and ask if s/he is currently having suicidal thoughts at this time

If yes, place on suicide precautions and notify both MH & Security.

Referral to Mental Health Clinician: Yes Date/Time: 1/17/17 1100

Urgent: X 24hr. X 72 hr. _____

Sent to M.H. for review for routine mental health follow up Date/Time: _____

Signature: JAM Date: 1/17/17 Intent: Ensure that offenders placed in segregation maintain their medical and mental health.

Visit Log

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															

Signature: Tammy Case, LPN Initials: TC Date: 1/17/17 Signature: David Jensen, LPN Initials: DJ Date: 1-13-17

Signature: _____ Initials: _____ Date: _____ Signature: NDT Initials: NDT Date: 1/17/17

Signature: _____ Initials: _____ Date: _____ Signature: _____ Initials: _____ Date: _____

Name: Edmo, Arce ID# 94691 DOB: [REDACTED] YEAR: 2017

ER 1881



Chronic Disease Clinic Initial Baseline Medical Data

Check all that apply and complete appropriate clinic HX:

- Pulmonary/Asthma/COPD
- General Medical
- Liver Disease/HCV
- Other: GID
- HTN/CV
- Seizures
- Diabetes
- TB
- HIV

Personal Risk Factors:		Family History:		Surgeries/Hospitalizations:
Y	N	Y	N	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<u>Cholecystectomy - lap chole</u>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<u>Repair of laceration R artificial area - attempted suicide</u>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<u>Meds: Zolof</u>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<u>Paracetamol - stopped</u>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<u>Aspirin - stopped</u>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	

General Description/Chief Complaint: (Attach medication profile or list medications)

Happy to be on GID treatment - however been unyt.
No hx blood clots, no hx bleeding ulcer etc.
Generally healthy except as above.

Cardiovascular/Hypertension/Diabetes (Date of onset of symptoms:)

Y	N	Y	N	Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of boxes checked Y _____

Seizures (Date of onset of symptoms:)

Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of boxes checked Y _____

Inmate Name: <u>Edmo, Edward, Mason</u>	Number: <u>94891</u>	Institution: <u>ISCT</u>	Date: <u>8-29-12</u>
---	----------------------	--------------------------	----------------------

HIV/HCV Infection (Date of onset of symptoms:)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Weight loss/gain	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Abnormal Pap smear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Malaise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Peripheral neuropathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hx previous antiviral Tx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oral lesions (herpes/thrush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TB Infection/tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	(list drugs below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hx pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Jaundice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opportunistic infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Joint pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AIDS diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pruritis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Anorectal pain/lesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abdominal pain/swelling			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stool changes						

Details of boxes checked Y _____

Asthma/Pulmonary/COPD/Tuberculosis (Date of onset of symptoms:)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Asthma attacks per week _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nighttime awaking symptoms _____ per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Exposure to environmental risk (asbestos, chemical exposure, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hospitalized for asthma within the last year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hemoptysis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Number of ER visits in past 3 months _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> History of intubations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Liver disease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Short acting inhalers use _____ times per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Night sweats
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prior systemic steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Weight loss
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Activity intolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Persistent cough (> 3 weeks)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GERD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prior TB history
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Allergies			

Details of boxes checked Y _____

Physical Exam

Vital Signs: *NAD*

Temp: <i>97.0</i>	Blood Pressure: <i>127/81</i>	Pulse: <i>73</i>	Resp: <i>18</i>	Height: <i>5'9"</i>	Weight: (Lbs) <i>230</i>	Peak Flow:	Pain Scale:	Functional Assessment:
-------------------	-------------------------------	------------------	-----------------	---------------------	--------------------------	------------	-------------	------------------------

HEENT: *Sclera white, mouth moist*

Neck: *Possibly mildly enlarged symmetrical thyroid but maybe fatty tissue - r2*

Heart: *RDR*

Lungs: *clear*

Abdomen: *Soft & nontender*

Extremities: *No edema*

GU/rectal: *-*

Other: *-*

A: 6 ID
Pi Stat Estrac 0.5mg bid
Spirinact 35 bid
Oscor 500/0
EC ASA 8/1d
Labs 1st - testosterone, LH, FSH, prolactin, TSH
2nd visit
Recheck 90 days & prn. Testosterone, prolactin
Cathy Whinnery, M.D.

Inmate Name: <i>Edmo, Mason</i>	Number: <i>94691</i>	Institution: <i>ISCI</i>	Date: <i>8/29/12</i>
---------------------------------	----------------------	--------------------------	----------------------



Chronic Disease Clinic Follow-Up

Inmate Name: <u>Edmo, Mason</u>
Number: <u>94691</u> Institution: <u>ISU</u>

List chronic diseases:

1) <u>COPD</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications:

ASA 81 see attached MAR Oscor D
Spiramacta 25 bid 2/21/11
Estrova 0.625

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain ↓ ↑ <u>0</u> #lbs <u>since 8/29/10</u>
CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____	
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____	

For all diseases, since last visit, describe new symptoms:

Med written - ok for him to have cbc
Questions on his meds - what they're for - discussed & questions answered.
No problem with meds - would like higher doses - discussed that I've been informed policy is to maintain current doses as long as no need to d/c

Patient adherence (Y/N): with medications? Y with diet? Maintain with exercise? Walking

Vital signs: Temp 97.9 BP 117/75 Pulse 74 Resp 16 Wt 230 PEFR _____ INR _____
 Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol 135 LDL 79 HDL 27 Trig 145
 Range of fingerstick glucose/BP monitoring: 75-118 1.890 Testosterone 358.8
prolactin 20.6 estradiol 26.28

PE: WAD - density

HEENT/neck: <u>schroeder's, neck mass</u>	Extremities: <u>swollen, bilateral</u>
Heart: <u>RRR</u>	Neurological: <u>grossly intact</u>
Lungs: <u>clear</u>	GU/rectal: _____
Abdomen: <u>soft/tender - /active BS - no masses or masses felt</u>	Other: <u>145 facial hair</u>

Assessment:	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 <u>COPD - continue current meds per his request</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:
 Medication changes: _____
 Diagnostics: _____
 Labs: _____
 Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A
 Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____
 Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____
 Referral (list type): Specialist: _____ Chronic care program: _____
 # days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Level Provider Signature: Cathy Whitely, M.D. Date: 12/3/12 11:15
3/4/13 MD

NCCHC (11/06) This form is provided for the public domain and may be freely copied and used.
 CMS 4 7211 NCCHC Chronic Disease Clinic Follow Up revised 09/08

Nursing Chronic Disease Flowsheet		Clinic (s) GI-D
Name: Edmo, Mason	IDOC # 94691	Institution: ISSI

Influenza vaccine: (date) _____

Entry into CCC database

DATE: 2-14-13	DATE:	DATE:	DATE:
Vital Signs: PEFR:	Vital Signs: PEFR:	Vital Signs: PEFR:	Vital Signs: PEFR:
T P R	T P R	T P R	T P R
Wt BP	Wt BP	Wt BP	Wt BP
Medication Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant TX Plan Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Dietary Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Other:	Medication Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant TX Plan Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Dietary Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Other:	Medication Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant TX Plan Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Dietary Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Other:	Medication Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant TX Plan Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Dietary Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Other:
Education: <input type="checkbox"/> Diet <input type="checkbox"/> Disease Process <input type="checkbox"/> Exercise <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> ETOH Cessation <input type="checkbox"/> Other:	Education: <input type="checkbox"/> Diet <input type="checkbox"/> Disease Process <input type="checkbox"/> Exercise <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> ETOH Cessation <input type="checkbox"/> Other:	Education: <input type="checkbox"/> Diet <input type="checkbox"/> Disease Process <input type="checkbox"/> Exercise <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> ETOH Cessation <input type="checkbox"/> Other:	Education: <input type="checkbox"/> Diet <input type="checkbox"/> Disease Process <input type="checkbox"/> Exercise <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> ETOH Cessation <input type="checkbox"/> Other:
Medications: <input type="checkbox"/> Actions <input type="checkbox"/> Side-effects <input type="checkbox"/> Handouts	Medications: <input type="checkbox"/> Actions <input type="checkbox"/> Side-effects <input type="checkbox"/> Handouts	Medications: <input type="checkbox"/> Actions <input type="checkbox"/> Side-effects <input type="checkbox"/> Handouts	Medications: <input type="checkbox"/> Actions <input type="checkbox"/> Side-effects <input type="checkbox"/> Handouts

Nursing Exam	Date: 2-14-13	Date:	Date:
TPR, SO2			
BP			
Peak Flow (pulmonary patients)			
Foot Exam (diabetic patients)			
Weight			
Lung sounds			
Heart sounds			
Bleeding			
Skin integrity			
Ambulatory/gait			
Mental state/orientation			
MAR Reviewed			
Nurse Signature	M. Jordan, RN		



Chronic Disease Clinic Follow-Up

Inmate Name: <u>EDMO, MASON</u>	
Number: <u>94691</u>	Institution: <u>1541</u>

List chronic diseases:

1) <u>G.I.D</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications: SEE MAR Ostrat 0.500 tid
ASA 81 Aldactone 25 bid Prozac 20
Estrat 0.625 tid

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain (↓)↑ <u>7 #lbs since 12/2/12</u>
CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____	
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____	

For all diseases, since last visit, describe new symptoms: _____

"I am doing pretty good"
No side effects med except upset stomach. 13 girth seen
broad development. Notes hair thinning on face.

Patient adherence (Y/N): with medications? Y with diet? Maintain with exercise? Walking

Vital signs: Temp 97.0 BP 131/76 Pulse 101 Resp 20 Wt 223 PEFr _____ INR _____
 Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____
 Range of fingerstick glucose/BP monitoring: _____

PE: WAD. over wt

HEENT/neck: <u>soft white, mouth moist</u>	Extremities: <u>no edema @ Heels</u>
Heart: <u>RRR</u>	Neurological: <u>grossly intact</u>
Lungs: <u>clear</u>	GU/rectal: _____
Abdomen: <u>soft / active BS / no masses / no sig full / normal</u>	Other: _____

Assessment:	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 <u>G.I.D - 9 spirin tablets. Change Estrat to estradiol</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan: Medication changes: 9 spirin tablets 50 bid + 1 x Estrat 1mg OTC Estrat

Diagnostics: _____

Labs: before next visit check prolactin again, lipids, CMP

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Level Provider Signature: <u>C. Whinnery, M.D.</u>	Date: <u>3/26/13 10:15</u> <u>6/20/13</u>
--	--

NCCHC (11/06) This form is provided for the public domain and may be freely copied and used.
 CMS# 7302. NCCHC-Chronic Disease Clinic Follow Up, revised 09/08



Chronic Disease Clinic Follow-Up

Inmate Name:	Edmo Mason	
Number:	94691	Institution: 1301

List chronic diseases:

Age: 25

1) <u>GLD</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications: See MAR Dec 12 5:00
ASA 81 Entrenant 20 Pro 20
Pro 5

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain <u>13 #lbs</u> <u>5-3/26/17</u>
CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____	
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____	

For all diseases, since last visit, describe new symptoms:

No problem with meds. I'm happy with proscar.
Trying to keep a healthy diet & walk for exercise.

Reviewed labs

Patient adherence (Y/N): with medications? Y with diet? vegan with exercise? walks

Vital signs: Temp 97.8 BP 123/75 Pulse 83 Resp 16 Wt 210 PEFR _____ INR _____
 Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol 155 LDL 98 HDL 35 Trig 109

PE: NAD obesity

HEENT/neck: <u>silvery white plaque</u>	Extremities: <u>No edema</u>
Heart: <u>RAD</u>	Neurological: <u>grossly intact</u>
Lungs: <u>clear</u>	GU/rectal: _____
Abdomen: <u>soft/protruberant/no masses</u>	Other: _____

Assessment:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 <u>GLD - Patient current med, encouraged to</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <u>Adopt healthy lifestyle & wt loss</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: _____

Diagnostics: _____

Labs: Dec 2013

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: Pro provider 90 mins Chronic care program: _____

days to next visit? 90 60 30 Other: Pro provider Discharged from CCC: [name] _____

Advance Level Provider Signature: <u>S</u>	C. Whinnery, M.D.	Date: <u>7/1/13 14:00</u>
--	-------------------	---------------------------



Chronic Disease Clinic Follow-Up

Inmate Name:	<i>Edmo / Mason</i>
Number:	<i>94691</i>
Institution:	<i>200</i>

List chronic diseases:

1) <i>GTD</i>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications:

Prozac, Proton, Ocal, Spasmodone, Estrodiol

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain ↓ ↑ _____ #lbs
CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____	
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____	

For all diseases, since last visit, describe new symptoms:

GTD - Wants Estrogen ↑

Patient adherence (Y/N): with medications? *Y* with diet? *N* with exercise? *occ*

Vital signs: Temp *98.2* BP *115/71* Pulse *65* Resp *16* Wt *221* PEFr _____ INR _____
 Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol *155* LDL *98* HDL *35* Trig *109*

Range of fingerstick glucose/BP monitoring:

PE: *10mg 33*

HEENT/neck: <i>Supple & moist</i>	Extremities: <i>0 edema</i>
Heart: <i>girth 30 cm 9/8/02</i>	Neurological: <i>normal</i>
Lungs: <i>clear</i>	GU/rectal: <i>normal</i>
Abdomen: <i>soft & non-tender</i>	Other: <i>normal</i>

Assessment:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 <i>GTD</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: *see Rx Return for Estrogen*

Diagnostics: *pre-prostate*

Labs: _____

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: *NA* Chronic care program: *cont*

days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Level Provider Signature: <i>[Signature]</i>	Rory York, ARNP	Date: <i>9/13/03</i>
--	-----------------	----------------------

NCCHC (11/06) This form is provided to the public domain and may be freely copied and used. CMS# 7302- NCCHC-Chronic Disease Clinic Follow-Up revised 09/08

Nursing Chronic Disease Flowsheet		Clinic (s) <u>BID</u>
Name: <u>Edmo, Mason</u>	IDOC # <u>9961</u>	Institution: <u>ICI-D</u>

Influenza vaccine: (date) 10/14/13 Entry into CCC database

DATE: <u>10/7/13</u>	DATE:	DATE:	DATE:
Vital Signs: PEFR: <u>98%</u> T <u>98.0</u> P <u>67</u> R <u>18</u>	Vital Signs: PEFR:	Vital Signs: PEFR:	Vital Signs: PEFR:
Wt <u>200.5</u> BP <u>128/76</u>	Wt BP	Wt BP	Wt BP
Medication Compliance: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant TX Plan Compliance: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Dietary Compliance: <input checked="" type="checkbox"/> Compliant <u>main line</u> <input type="checkbox"/> Non-Compliant Other:	Medication Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant TX Plan Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Dietary Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Other:	Medication Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant TX Plan Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Dietary Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Other:	Medication Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant TX Plan Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Dietary Compliance: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Other:
Education: <input checked="" type="checkbox"/> Diet <input checked="" type="checkbox"/> Disease Process <input checked="" type="checkbox"/> Exercise <u>cardio/ strength</u> <input checked="" type="checkbox"/> Tobacco Cessation <input checked="" type="checkbox"/> ETOH Cessation <input type="checkbox"/> Other:	Education: <input type="checkbox"/> Diet <input type="checkbox"/> Disease Process <input type="checkbox"/> Exercise <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> ETOH Cessation <input type="checkbox"/> Other:	Education: <input type="checkbox"/> Diet <input type="checkbox"/> Disease Process <input type="checkbox"/> Exercise <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> ETOH Cessation <input type="checkbox"/> Other:	Education: <input type="checkbox"/> Diet <input type="checkbox"/> Disease Process <input type="checkbox"/> Exercise <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> ETOH Cessation <input type="checkbox"/> Other:
Medications: <u>ASA 81mg</u> <input checked="" type="checkbox"/> Actions <u>Oscalo</u> <input type="checkbox"/> Side-effects <u>estrace</u> <input checked="" type="checkbox"/> Handouts <u>proscar</u> <u>spirinolacton</u>	Medications: <input type="checkbox"/> Actions <input type="checkbox"/> Side-effects <input type="checkbox"/> Handouts	Medications: <input type="checkbox"/> Actions <input type="checkbox"/> Side-effects <input type="checkbox"/> Handouts	Medications: <input type="checkbox"/> Actions <input type="checkbox"/> Side-effects <input type="checkbox"/> Handouts

Nursing Exam <u>12/7/13</u>	Date:	Date:	Date:
TPR, SO2 <u>98.6 67 18 98%</u>			
BP <u>128/76</u>			
Peak Flow (pulmonary patients)			
Foot Exam (diabetic patients)			
Weight <u>200.5</u>			
Lung sounds <u>MTA</u>			
Heart sounds <u>S, S, WNL</u>			
Bleeding <u>0</u>			
Skin integrity <u>CDI</u>			
Ambulatory/gait <u>WNL</u>			
Mental state/orientation <u>x4</u>			
MAR Reviewed <u>WED</u>			
Nurse Signature <u>Sharon</u>			

Nursing Chronic Disease Flowsheet	Clinic (s) <u>GID</u>
Name: <u>Edmo, Mason</u>	IDOC # <u>941091</u> Institution: <u>ICU</u>

Additional Documentation

Date: 12/7/13

Notes: Seen in clinic for chronic care. Assessment completed. No complaints or questions. Concern about hard mass under areolas and about medical memo for bra.

Nurse Signature: Brown Sharon Brown, RN

Date:

Notes:

Nurse Signature:

Date:

Notes:

Nurse Signature:

Date:

Notes:

Nurse Signature:

Chronic Disease Clinic Follow-Up

Inmate # Edmo, Mason
 Number: 94691 Institution: ISCI

List chronic diseases:

1) <u>GID</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications: see mar As of 8/1 As med D 2 out of 150

Subjective:

Estradrol 2mg
prosa 5
spirinolact 500.0

Asthma: # attacks in last month? _____
 # short acting beta agonist canisters in last month? _____
 # times awakening with asthma symptoms per week? _____
 CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____
 HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____

For all diseases, since last visit, describe new symptoms:

Requests ↑ estrogen

wants to be sure bra memo in chart
up on the prosa put on spirinolact again & still on prosa - he
says that combo works good.

Patient adherence (Y/N): with medications? y with diet? vegan with exercise? y

Vital signs: Temp 97.8 BP 138/81 Pulse 86 Resp 18 Wt 215 PEFR _____ INR 98/1.04
 Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____

Range of fingerstick glucose/BP monitoring: _____

PE: NAID

HEENT/neck: <u>sclera white, mouth moist</u>	Extremities: <u>No ankle edema</u>
Heart: <u>RAR</u>	Neurological: <u>grossly intact</u>
Lungs: <u>clear</u>	GU/rectal: _____
Abdomen: <u>soft distended BS & protruding -</u>	Other: _____

No mass or major tend.

Assessment:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 <u>Coarctation dysphagia</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: ↑ Estradrol to 3mg/d.

Diagnostics: _____

Labs: CBC CMP Lipids Prostate TSH testosterone estrogen

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Care Provider Signature: Cathy Whinnery, M.D. Date: 3/6/14 Akron

6/4/14 MD



Chronic Disease Clinic Follow-Up

Inmate Name: <u>Edmo</u>	Institution: <u>ISCI</u>
Number: <u>94691</u>	

List chronic diseases:

1) <u>GID</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications:

ASA 81

Oscid D 500 204450
Estroval 3mg
provera 5

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain (↓)↑ <u>4</u> #lbs <u>5m x 3/6/14</u>
CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____	
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____	

For all diseases, since last visit, describe new symptoms: EDR 2021

wants to get built on spironolactone - Glucos & suppressed testosterone better.

Reviewed labs. He has questions about regularly changing his name, getting female panties, sex reassignment surgery - all discussed.

Patient adherence (Y/N): with medications? Y with diet? maintain with exercise? walks - lungs etc SP68 987. PA

Vital signs: Temp 97.1 BP 132/86 Pulse 68 Resp _____ Wt 211 PEFr _____ INr _____
Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____

Range of fingerstick glucose/BP monitoring: _____

PE: NAD

HEENT/neck: <u>clear white, mouth moist</u>	Extremities: <u>No ankle edema</u>
Heart: <u>NAD</u>	Neurological: <u>grossly intact</u>
Lungs: <u>clear</u>	GU/rectal: _____
Abdomen: <u>soft & active BS & nontender - no mass or rigidity felt</u>	Other: _____

Assessment:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 <u>GID - continue estradiol.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <u>Switch to spironolactone</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: Add spironolactone 25 bid *w/gradual ↑

Diagnostics: _____

Labs: End Sept - testosterone, Ch 7, estrone Check Ch 7 August also

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Level Provider Signature: C. Whinnery, M.D. Date: 7/3/14 Noon

10/1/14 MD



Chronic Disease Clinic Follow-Up

Inmate Name: Edmo	
Number: 94691	Institution: ISCI

List chronic diseases:

1) GID	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications: **ASIT 81** **Sec Man Naproxen** **Estroval 3mg** **Fiberlan** **Zoloff** **Aldacton 100 bid** **Micropuzol**

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain (↓) 5 #lbs since 7/2/14
CV/hypertension (Y/N): Chest pain? _____ SOB? _____	Palpitations? _____ Ankle edema? _____
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____	Diarrhea? _____ Rashes/lesions? _____

For all diseases, since last visit, describe new symptoms: **Still would like female underwear**
No side effects med's that he can tell.
Reviewed lab - total estrogen 366
testosterone 467.9
He thinks he did better when on Proscar plus lower dose
Spironolactone 50 bid

Patient adherence (Y/N): with medications? **Y** with diet? **Y** with exercise? **N** - **not in the mood** **100% SpO2 KA**

Vital signs: Temp **97.2** BP **127/79** Pulse **66** Resp **12** Wt **206** PEFR _____ INR _____
 Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____
 Range of fingerstick glucose/BP monitoring: _____

PE: N/A **Thyroid feels diffusely mildly symmetrically enlarged**

HEENT/neck: slightly white, mucosa moist	Extremities: NO edema
Heart: N/A	Neurological: grossly intact
Lungs: clear	GU/rectal: -
Abdomen: soft & active BS, nontender	Other: -

No masses or enlarged cells

Assessment:	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 GID - add Proscar & Spironolactone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 advised to exercise get outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 for general physical/mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:
 Medication changes: **add Proscar 5/1d** **Spironolactone 50 bid**

Diagnostics: _____

Labs: **TSH, estrogen, prolactin, testosterone, A1C, CMP Dec 2014**

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Local/Provider Signature: C. Whinnery, M.D.	Date: 10/8/14 noon
--	---------------------------

NCCHC (11/06) This form is provided for the public domain and may be freely copied and used.
 MD 1/6/15

Chronic Disease Clinic Follow-Up

Inmate Name: Edmo
 Number: 94691 Institution: JSCI

List chronic diseases:

1) <u>GLD</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications: ASA 81 Estradot 2mg Oscud D Fibrolin

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain (L) ↑ <u>1</u> #lbs <u>Since 10/8/14</u>
CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____	
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____	

For all diseases, since last visit, describe new symptoms:
Asks to go higher in Spiramactone - notes facial hair thickening again
& feels testosterone seems more evident.
Usually no erections now - sometimes feels aroused.
No testicles shrinking or sore - needs something more supportive

Patient adherence (Y/N): with medications? Y with diet? vegan with exercise? N SPC 96% RA

Vital signs: Temp 97.7 BP 121/65 Pulse 78 Resp 14 Wt 205 PEFr _____ INR _____
 Labs: Hgb A1C 5.2 HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____
 Range of fingerstick glucose/BP monitoring: Labs reviewed with pt - see lab sheet

PE: NAD - well groomed

HEENT/neck: <u>scleromucous, mucous moist</u>	Extremities: <u>No edema</u>
Heart: <u>RRR</u>	Neurological: <u>grossly intact</u>
Lungs: <u>clear</u>	GU/rectal: _____
Abdomen: <u>soft & active BS & no tenderness</u>	Other: _____

Assessment:	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 <u>GLD - will ↑ Spiramactone - try to get testosterone</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <u>Also support for genital</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan: Medication changes: ↑ Spiramactone 100 bid Jacking strong - med under pad.

Diagnostics: Bru memo

Labs: End March - total testosterone, Estrone

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Level Provider Signature: [Signature] C. Whinnery, M.D. Date: 1/8/15 Noon

NCCHC (11/06) This form is provided for the public domain and may be freely copied and used. © 2004-2006 NCCHC Chronic Disease Clinic Follow-Up, revised 09/08

Chronic Disease Clinic Follow-Up

Inmate Name: Edmo
 Number: 94691 Institution: 15C1

List chronic diseases:

1) <u>GID</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications:

See MAP

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain <u>↓ 5</u> #lbs
CV/hypertension (Y/N): Chest pain? _____ SOB? _____	Palpitations? _____ Ankle edema? _____
HIV/HCV (Y/N): Nausea/vomiting? _____	Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____

For all diseases, since last visit, describe new symptoms:

On estrogen therapy x 3 years. Has noted modest feminizing effects, no adverse SE. Periodic PUE/UTI. Volunteering & has lost weight. Discarded exercise strategies, weight loss strategies. Requests new athletic supporter.

Patient adherence (Y/N): with medications? Y with diet? MC with exercise? Walks QOP weekly sporadically

Vital signs: Temp 99 BP 115/71 Pulse 84 Resp 14 Wt 201 PEFr _____ INR _____

Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____

Range of fingerstick glucose/BP monitoring: _____

PE: Pleasant, NAP

HEENT/neck: <u>NC/AT/Antril. Lary injected</u>	Extremities: <u>Ed 10/10/10/10</u>
Heart: <u>RRR/normal</u>	Neurological: <u>non-focal</u>
Lungs: <u>CTAD</u>	GU/rectal: <u>✓</u>
Abdomen: <u>Act. vel soft/BA/S/M</u>	Other: <u>✓</u>

Tot T = 107, Total Est = 465 12/14 Prolactin = 17

Assessment:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 <u>Gender dysphoria</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: No A

Diagnostics: ✓

Labs: ✓

Reviewed Lab/Procedures/Reports with pt YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? 90 60 30 Other: Asler Discharged from CCC: [name] _____

Advance Level Provider Signature: [Signature] **William Poulson, NP** Date: _____

MD 7-5-15

Chronic Disease Clinic Follow-Up

Inmate Name: Edmo
 Number: 94691 Institution: 13C1

List chronic diseases:

1) <u>GID</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications:

See Mar

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain <u>↓ 11</u> #lbs
CV/hypertension (Y/N): Chest pain? _____ SOB? _____	Palpitations? _____ Ankle edema? _____
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____	Dizziness? _____ Rashes/lesions? _____

For all diseases, since last visit, describe new symptoms: has several questions regarding medicality of GID treatment. feels at base line state of health. denies CP, SOB, palpitations. denies previous challenges. notes testicles sore & requires monthly (HSD) packs used & athletic supporter.

Patient adherence (Y/N): with medications? yes with diet? main with exercise? walking 5000 9970 21

Vital signs: Temp 98.4 BP 120/77 Pulse 96 Resp 12 Wt 212 PEFR _____ INR _____
 Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____

Range of fingerstick glucose/BP monitoring:

PE:

HEENT/neck: <u>Ø JVD Ø lymphadenopathy</u>	Extremities: <u>Ø edema cyanosis</u>
Heart: <u>RBC Ø M</u>	Neurological: <u>grossly intact</u>
Lungs: <u>CTAB</u>	GU/rectal: _____
Abdomen: <u>NABS overweight</u>	Other: _____

Assessment:

	Assessment	Degree of Control				Clinical Status			
		G	F	P	NA	I	S	W	NA
1	<u>GID estrogen 348 testosterone 107</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<u>discouraged improved exercise</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: N/A

Diagnostics: N/A

Labs: as scheduled @ 6 months Estrogen level & testosterone level Sept 29th wk

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Level Provider Signature: Christian Gelok, NP Date: JUN 26 2015

9/24/15

Chronic Disease Clinic Follow-Up

Inmate Name: Edmo
 Number: 94691 Institution: ISU

List chronic diseases:

1) <u>610</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications:

See in file

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain ↓ ↑ _____ #lbs
CVHypertension (Y/N): _____ Chest pain? _____ SOB? _____	Fatigability? _____ Ankle edema? _____

For all diseases, since last visit, describe new symptoms:
Feels lumpy. Thinks not enough Estrogen. States she takes Estrodial daily
on pulled dose.
P. discussed total E level ↓ 4 fold. Plan to single dose + va-√ in
10 days. Can't dose if subtherapeutic which it appears to be
today. She is happy & this plan looks ML

Patient adherence (Y/N): with medications? Y with diet? ML with exercise? Some SPD-986RA

Vital signs: Temp 98.1 BP 142/90 Pulse 78 Resp 14 Wt 211 PEFR _____ INK _____
 Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____

Range of fingerstick glucose/BP monitoring: _____

PE: NAD

HEENT: neck: <u>NCLAT</u>	Extremities: <u>0 ed/4/16</u>
Heart: <u>RR 92/6</u>	Neurological: _____
Lungs: <u>CTMO</u>	GU/rectal: _____
Abdomen: <u>Active/soft/10/10/10</u>	Other: _____

Assessment:

1 Grade dysplasia Problematiz? compliance
 2
 3
 4

Degree of Control				Clinical Status			
G	F	P	NA	I	S	W	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: Single Dose Estrodial

Diagnostics: Total + Practinest Estrogen in 10 days

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

#days to next visit: 90 60 30 Other: 2 weeks Discharged from C/C: Name _____

Attending/Ref Provider Signature: [Signature] Date: SEP 23 2015 1100

Chronic Disease Clinic Follow-Up

Ed 40
94691 15C1

List chronic diseases:

1) BD 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

Attach pharmacy profile or list current medications:

See MTR

Subjective:

Asthma: # attacks in last month? _____ Seizure disorder: # seizures since last visit? _____
 # short acting beta agonist canisters in last month? _____ Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
 # times awakening with asthma symptoms per week? _____ Weight loss/gain ↓ ↑ _____ #lbs _____
 CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____
 HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rash/eczema? _____

For all diseases, since last visit, describe new symptoms: *Thinner & E2 helping. L.L. do suppressed, no erections. Discussed wide variability in labs, steady falling not so dyspeptic. Total T has remained 100 or more so will ↑ Spironolactone if Re-v. I have requested MD visit / review of labs.*

Patient adherence (Y/N): with medications? Y with diet? ML with exercise? Y SpO2: 98% on

Vital signs: Temp 97.7 BP 133/88 Pulse 88 Resp 18 Wt 202 PEFR _____ INR _____
 Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____

Range of fingerstick glucose/BP monitoring:

PE: *Pleasant, fair, no effluence*

HEENT/neck: <i>Thick hair</i>	Extremities: <i>2 edema</i>
Heart: <i>RR</i>	Neurological: <i>-</i>
Lungs: <i>CTA</i>	GU/rectal: <i>-</i>
Abdomen: <i>-</i>	Other: <i>-</i>

Assessment:

1 GD
2 _____
3 _____
4 _____

Degree of Control				Clinical Status			
G	I	P	NA	I	S	W	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan: Medication changes: ↑ Spironolactone to 125 BID

Diagnostics: Labs: March E2, Total T, Cholesterol - F

Reviewed Lab/Procedures/Reports with pt YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? 90 60 30 Other: William Paulson, NP Discharged from CCC: [name] _____

Advance Level Provider Signature: *[Signature]* Date: DEC 23 2015 1/00

Chronic Disease Clinic Follow-Up

Inmate Name: Edmo
Number: 94691 Institution: ISCI

List chronic diseases:

1) <u>GID</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications:

SO MATC

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain ↓ ↑ _____ #lbs
CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____	
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____	

For all diseases, since last visit, describe new symptoms:

Pt feels "tired + groggy" recently that Edmo presumes is assoc w ↑ testosterone. Very adamant that estrogen dose does not change, especially ↓. While takes pills most days, Edmo admits to not taking meds @ same time each day. ⊕ CP, ⊕ SOB

Patient adherence (Y/N): with medications? yes with diet? NA with exercise? NA SPDC 98% RA

Vital signs: Temp 98.7 BP 118/76 Pulse 91 Resp 14 Wt 199 PEFr _____ INR _____
Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____
Range of fingerstick glucose/BP monitoring: Tot. Test: 420.0 SHBG 115 estradiol 57 (←36.4)

PE:

HEENT/neck: <u>significantly feminized features</u>	Extremities: <u>⊕ LE edema</u>
Heart: <u>RRR ⊕ M</u>	Neurological: _____
Lungs: <u>CTA ⊕</u>	GU/rectal: <u>deformed</u>
Abdomen: _____	Other: _____

Assessment:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 <u>Gender Dysphoria</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

↑ estrogen

Plan:

Medication changes: ⊕. S/S of fatigue likely 2 1/2 low testosterone. These levels imply estrogen dose is too high, may also be associated w timing of meds. Change pills to pill cell only

Diagnostics: ⊕ to outside w timing (per pt request). ⊕ med dose change yrb if labs same next time

Labs: 2 months

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Level Provider Signature: David Agler, MD Date: 3/16/16

6/15/16

Chronic Disease Clinic Follow-Up

Insurance Number: Edmo
 Number: 94691 Institution: ISC

List chronic diseases:

1) <u>GD</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications:

See notes

Subjective:

Asthma: # attacks in last month? <u>0</u>	Seizure disorder: # seizures since last visit? <u>0</u>
# short acting beta agonist canisters in last month? <u>0</u>	Diabetes mellitus: # of hypoglycemic reactions since last visit? <u>0</u>
# times awakening with asthma symptoms per week? <u>0</u>	Weight loss/gain <u>0</u> ↑ <u>1</u> #lbs
CV/hypertension (Y/N): Chest pain? <u>0</u> SOB? <u>0</u> Palpitations? <u>0</u> Ankle edema? <u>0</u>	
HIV/HCV (Y/N): Nausea/vomiting? <u>0</u> Abdominal pain/swelling? <u>0</u> Diarrhea? <u>0</u> Rashes/lesions? <u>0</u>	

For all diseases, since last visit, describe new symptoms:

PT feels well, but "feels Testosterone is ↑", PT would like to go up on Estrogen if he can't go ↑ on Testosterone Blockers

Patient adherence (Y/N): with medications? Yes with diet? ML with exercise? Yes SPO² 99% on A

Vital signs: Temp 97.2 BP 123/77 Pulse 103 Resp 16 Wt 198 PEFr _____ INR _____
 Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____

Range of fingerstick glucose/BP monitoring:

PE:

HEENT/neck: <u>WNL</u>	Extremities: <u>WNL</u>
Heart: <u>RRR, 0 murmur</u>	Neurological: <u>NO</u>
Lungs: <u>CTAB</u>	GU/rectal: <u>NP</u>
Abdomen: <u>Soft non tender</u>	Other: _____

Assessment:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1) <u>GD</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: 0

Diagnostics: 0

Labs: _____

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

Days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Level Provider Signature: Daniel Dellwo, PA-C Date: JUN 16 2016

9-14-16

Chronic Disease Clinic Follow-Up

List chronic diseases:

Inmate Name: <u>Edmo</u>
Number: <u>94691</u> Institution: <u>ISCI</u>

1) <u>GD</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications:

See MAR

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? <u>4</u>
# times awakening with asthma symptoms per week? _____	Weight loss/gain ↓ ↑ _____ #lbs
CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____	
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____	

For all diseases, since last visit, describe new symptoms:

Pt currently in segregation status & "feels okay". He again asks to ↑ his estrogen level.

Patient adherence (Y/N): with medications? Yes with diet? NA with exercise? NA SpO2 97%

Vital signs: Temp 96.6 BP 114/77 Pulse 124 Resp 18 Wt 183 PEFr _____ INR _____
Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____

Range of fingerstick glucose/BP monitoring: _____

PE: Mildly feminine-appearing

HEENT/neck: <u>normal</u>	Extremities: <u>φ LE edema</u>
Heart: <u>RRR φ</u>	Neurological: <u>nonfocal</u>
Lungs: <u>CTA (B)</u>	GU/rectal: _____
Abdomen: <u>soft, NT/ND</u>	Other: _____

Assessment:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 <u>G.D.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: ↑ estrogen to 6 mg as max dose based on recent lab findings.

Diagnostics: φ Continue Aldactone & proscar.

Labs: Q 6-12 monthly

Reviewed Lab/Procedures/Reports with pt: YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Level Provider Signature: [Signature] David Agler, MD Date: 9/8/16

12/7/16

Chronic Disease Clinic Follow-Up

Inmate Name:	Edmo
Number: 94691	Institution: YSCI

List chronic diseases:

1) GID	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications:

see MAR

Subjective:

Asthma: # attacks in last month? <u>0</u>	Seizure disorder: # seizures since last visit? <u>0</u>
= short acting beta agonist canisters in last month? <u>0</u>	Diabetes melitus: # of hypoglycemic reactions since last visit? <u>0</u>
= times awakening with asthma symptoms per week? <u>0</u>	Weight loss/gain <u>0</u> #lbs
CV/hypertension (Y/N): Chest pain? <u>0</u> SOB? <u>0</u> Palpitations? <u>0</u> Ankle edema? <u>0</u>	
HIV/HCV (Y/N): Nausea/vomiting? <u>0</u> Abdominal pain/swelling? <u>0</u> Diarrhea? <u>0</u> Rashes/lesions? <u>0</u>	

For all diseases, since last visit, describe new symptoms:

PT feels "off" still struggles w/ Depression w/ Anatomy issues. PT admits medications do help. PT will be compliant w/ Aldactone usage.

Patient adherence (Y/N): with medications? Yes with diet? ML with exercise? Yes Sp O₂ 99 % RA

Vital signs: Temp 97.8 BP 113/71 Pulse 90 Resp 18 Wt 185 PEFr _____ INr _____
Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____

Range of fingerstick glucose/BP monitoring:

PE:

HEENT/neck: <u>WNL</u>	Extremities: <u>WNL</u>
Heart: <u>RRO2 0 mur</u>	Neurological: <u>Box 3 NND</u>
Lungs: <u>G7AD</u>	GU/rectal:
Abdomen: <u>Soft non tender</u>	Other:

Assessment:

	1	2	3	4	Degree of Control				Clinical Status					
					G	F	P	NA	I	S	W	NA		
	<u>GID</u>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: 0

Diagnostics: 0

Labs: 0

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Level/Provider Signature: <u>[Signature]</u>	Date: <u>NOV 28 2016</u>
--	--------------------------

207-17



Chronic Disease Clinic Follow-Up

Inmate Name: <u>Edmo</u>
Number: <u>94691</u> Institution: <u>ISCI</u>

List chronic diseases:

1) <u>GID</u>	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications:

Discal D Proscar Allectone SEE MAR
estrae Provera Effera Remeron

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
= short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? <u>4</u>
# times awakening with asthma symptoms per week? _____	Weight loss/gain ↓ ↑ _____ #lbs
CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____	
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____	

For all diseases, since last visit, describe new symptoms:

29 y omul in NAD - pt states he is satisfied w/ what he currently has, states there are no problems w/ it, still has gender dysphoria

Patient adherence (Y/N): with medications? Y with diet? Kush with exercise? 4 SpO₂ 96% on RA

Vital signs: Temp 97.2 BP 116/79 Pulse 112 Resp 18 Wt 180 PEFr _____ INR _____
 Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____

Range of fingerstick glucose/BP monitoring: _____

PE:

HEENT/neck: _____	Extremities: <u>Edema</u>
Heart: <u>RRR; murmur, rubs, gallops</u>	Neurological: _____
Lungs: <u>CTA bilat; wheezes, rales, crackles</u>	GI/rectal: _____
Abdomen: <u>soft, NT; (+) BS</u>	Other: _____

Assessment:	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 <u>GID</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: @ this time

Diagnostics: @ this time

Labs: @ this time

Reviewed Lab/Procedures/Reports with pt. YES NO N/A Indicated Treatment Plan changes discussed YES NO N/A

Monitoring: BP: _____ X day/week/month Glucose: _____ X day/week/month Peak flow: _____ Other: _____

Education provided: Nutrition Exercise Smoking Test results Medication management Other: _____

Referral (list type): Specialist: _____ Chronic care program: _____

days to next visit? 90 60 30 Other: _____ Discharged from CCC: [name] _____

Advance Level Provider Signature: _____ Date: 2-16-17 1100

©CCHC (11-06) This form is provided for the public domain and may be freely copied and used.
 TMS# 7307 - CCHC Chronic Disease Clinic Follow-Up - revised 09-08 5/17/17

PROVIDER INFIRMARY ADMISSION

INMATE NAME: <u>Edmo</u> INMATE #: <u>94891</u>	
DATE: <u>1/1/17</u> TIME: <u>1100</u>	
SOAP	PLANS
S: BRIEF HISTORY	P:
<u>APT incarcerated Scrotum w/ razor</u>	VITALS: <u>Q Shift</u>
<u>blade last evening and was</u>	DIET: <u>ML</u>
<u>sent to ER. where he was seen</u>	ACTIVITY: <u>Restricted</u>
<u>by Dr King who closed laceration</u>	MEDICATION ORDERS:
<u>and placed on drain.</u>	<u>See Mar</u>
<u>Ch Fever PT feels well.</u>	
O: PHYSICAL EXAMINATION	IV ORDERS:
<u>Acute NAD VSD</u>	<u>Ø</u>
<u>Chimpere Present</u>	
<u>Scrotum: well closed laceration</u>	
<u>W/ Penrose drain in place</u>	
<u>Ø Stabs intact</u>	
<u>Abdomen Benign WNL</u>	
	OTHER ORDERS:
	<u>Augmentin 500mg PO TID</u>
A: ADMITTING DIAGNOSIS	<u>X 10 days</u>
<u>Scrotal Laceration w/ Drain</u>	<u>Ty 1 PO TID X 5 days</u>
	<u>PT may Shower after 24h</u>
ADMITTED BY:	<u>I anticipate removing drain</u> <u>in 3-4 days and then</u> <u>discharge from infirmary. I will</u> <u>like to see Mr. King's notes</u> <u>pertaining to timeline etc, and</u> <u>we will work on that.</u>
<u>Daniel Bellwo PA-C</u> JAN 01 2017	
Signature	

JEAN BUCKLES,
Buckles
1-1-17
1100

MORSE FALL SCALE ASSESSMENT

INMATE NAME: Edmo, Atrve INMATE # 94691 DATE: 1-1-17

Mason

VARIABLE	NOTES	SCORE
History of Falling: * Yes = 25 * No = 0	This is scored as 25 if the patient has fallen during the present hospital admission or if there was an immediate history of physiological falls, such as from seizures or an impaired gait prior to admission. If the patient has not fallen, this is scored 0. Note: If a patient falls for the first time, then his or her score immediately increases by 25.	<u>0</u>
Secondary Diagnosis: * Yes = 15 * No = 0	This is scored as 15 if more than one medical diagnosis is listed on the patient's chart; if not, score 0.	<u>0</u>
Ambulatory Aids: * Furniture = 30 * Crutches, cane, walker = 15 * None, bed rest, W/C, nurse assist = 0	This is scored as 0 if the patient walks without a walking aid (even if assisted by a nurse), uses a wheelchair, or is on a bed rest and does not get out of bed at all. If the patient uses crutches, a cane, or a walker, this item scores 15; if the patient ambulates clutching onto the furniture for support, score this item 30.	<u>0</u>
Intravenous Therapy: * Yes = 20 * No = 0	This is scored as 20 if the patient has an intravenous apparatus or a heparin lock inserted; if not, score 0.	<u>0</u>
Gait/Transferring: * Impaired = 20 * Weak = 10 * Normal, bed rest = 0	Normal gait: Patient walking with head erect, arms swinging freely at the side, and striding without hesitant. Weak gait: Patient is stooped but is able to lift the head while walking without losing balance. Steps are short and the patient may shuffle. Impaired gait: Patient may have difficulty rising from the chair, attempting to get up by pushing on the arms of the chair/or by bouncing (i.e., by using several attempts to rise). The patient's head is down, and he or she watches the ground. Because the patient's balance is poor, the patient grasps onto the furniture, a support person, or a walking aid for support and cannot walk without this assistance.	<u>0</u>
Mental Status: * Understands Limitations = 0 * Does not understand Limitations = 15	Ask the patient, "Are you able to go the bathroom alone or do you need assistance?" If the patient's reply exhibits knowledge of appropriate limitations, the patient is rated as "normal" and scored 0. If the patient's reponse is unrealistic he is scored 15.	<u>0</u>
TOTAL SCORE		<u>0</u>

RISK LEVEL

No Risk

Low Risk

High Risk

MFS SCORE

0 - 24

25 - 50

≥ 51

J. Buckles, RD
Signature

1-1-17
Date

1100
Time

INFIRMARY ADMISSION RECORD

NAME: Mason
 Edmo Adree ID# 94691 RACE: X DOB: [REDACTED]

ADMISSION TO BE COMPLETED BY PERSON RECEIVING PATIENT IN INFIRMARY
 Date: 1/1/17 Time: 1100 From: 1501/yard U-15

Method: Ambulatory Wheelchair Stretcher Admitting M.D. Dellwa, PA
 Admitting Diagnosis: Scrub laceration with Drain Admitting M.D. notified: 1100 A.M. P.M.

Admitting Orders: Yes No Medical Record: Yes No Transfer Medical Information: N/A Yes No

VITAL SIGNS: Time 1100 WI 170 BP 107/67 Pulse 60 Repr 16 Temp 97.0

PPD: Date: 10.14.16 Results: 0 mm

Known Allergies None If Yes, list and describe reaction:
 Food: none
 Drug: none

MEDICATIONS Patient is currently taking (include over-the-counter medications)

NAME	DOSE/TIME/LAST DOSE	NAME	DOSE/TIME/LAST DOSE
		<u>"SEE MAX"</u>	

EMOTIONAL STATUS Relaxed Cooperative Withdrawn Openly anxious Uncooperative

IMPAIRMENTS:
 Hearing: Adequate Decreased Rt. Lt.
 Vision: Adequate Decreased Rt. Lt. Glasses Contacts Cataracts Artificial Eye Glaucoma
 Communication: Language N/A English Other _____ Interpreter _____
 Social History: _____
 Drug or Alcohol use: Drugs - methamphetamine Alcohol - 9 yrs
 Educational Level: Patrol
 Smoking: none

SKIN ASSESSMENT:
 Presence of Skin Lesions Yes No If Yes, describe on Skin Assessment Form.
 Skin Color pink Skin temperature: Warm Dry Cool Moist
 Edema none Describe: _____
 Fingernails: Color pink Condition good
 Toenails: Color pink Condition good

NUTRITION ASSESSMENT:
 Last Intake: Food Breakfast 1-1.17 Am (Date/Time) Fluid 1-1.17 Am Breakfast (Date/Time)
 Recent weight changes (reason) none Increase Decrease
 Difficulty in swallowing none
 Special Diet none
 Feeding Tube Yes No Type none

ELIMINATION ASSESSMENT:
 Last Bowel Movement Yesterday 12-31-16 Constipation Yes No Diarrhea Yes No
 Urine: Frequency normal Urgency Yes No Discharge Yes No Burning Yes No

POTENTIAL FOR INJURY:
 Steady on feet Yes No Aids to mobility: N/A Cane Walker Crutches Wheelchair Prosthesis
 Recent Falls: Yes No

Signature: J. Buckles, RN Date: 1.1.17
JEAN BUCKLES, RN

Mason

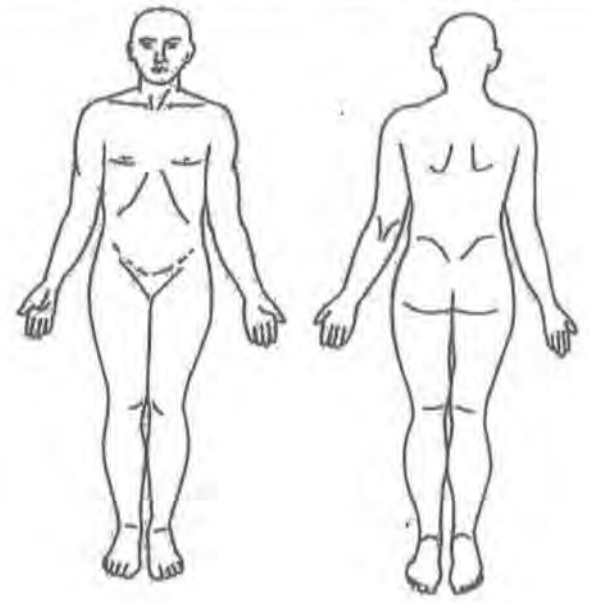
Inmate Name	Edmo Adree	ID#	94691
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB	Age	29
Date of Intake	1.1.17	Housing Unit	15

Subjective:
 Inmate's description of problem "I tried to cut out my testicle"

Recent hospitalizations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain
Recent Invasive Procedures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain Drain

Objective:
 Temperature 97.0 Blood Pressure 107/67 Pulse 60 Respiration 16

Location	Drainage	Size
R testicle	penrose	
Foot		



Other documentation as indicated
 R testicle Laceration with penrose drain

Site(s) cultured	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain:
Dry sterile dressing applied and drainage contained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Security notified for Special Housing	<input type="checkbox"/> Yes (if drainage not contained or inmate uncooperative Medical Isolation)	n/a
Inmate given written and verbal instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Antibiotic Prescribed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Identify antibiotic regimen augmentin

Signature/Title	J. Buckles JEAN BUCKLES, RN	Date	1.1.17	Time	1100
-----------------	-----------------------------	------	--------	------	------

Original Inmate Medical Record Copy Infection Control Nurse

Infection Control Nurse Only	
Added to the listing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Organism	<input type="checkbox"/> MRSA <input type="checkbox"/> Other
Culture Results Received Date	
Organism Sensitivity to Prescribed Antibiotic	<input type="checkbox"/> Yes <input type="checkbox"/> No
No explain follow up	
Signature/Title	Date Time

05/2005

NURSING ASSESSMENT

see offsite

Date: 12-31-16
 Nurse: _____ D
 Nurse: _____ E
 Nurse: Eileen Mitchell RN N
 Eileen Mitchell, RN

		Day Shift	Evening Shift	Night Shift
		B/P _____ T _____ P _____ R _____ Blood Glucose _____ Time _____ Oxygen Sat _____	B/P _____ T _____ P _____ R _____ Blood Glucose _____ Time _____ Oxygen Sat _____	B/P <u>138/81</u> T <u>98.5</u> P <u>95</u> R <u>16</u> Blood Glucose <u>Ø</u> Time <u>2:40</u> Oxygen Sat <u>98%</u> <u>RT</u>
Neurologic	Normal: Alert, oriented to time, place, person, follows command, speech clear	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Respiratory	Normal: Regular, unlabored symmetrical respirations, no adventitious lung sounds	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Cardiovascular	Normal: Heart rhythm regular, peripheral pulses easily palpable and strong bilaterally, no edema, capillary refill brisk	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Musculo-Skeletal	Normal: Full ROM of all joints, no weakness, steady balance and gait, handgrips equal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Gastro-Intestinal	Normal: Abdomen soft, non-tender, bowel sounds present all 4 quadrants, no nausea/vomiting, diarrhea/constipation Last BM _____	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Genital-Urinary	Normal: Voiding (or catheter intact and patient no s/s of infection) without difficulty, clear urine, no bladder distention	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <i>RT testicle injury - drug & pemose.</i>
Skin	Normal: Skin warm, dry, intact turgor elastic, oral cavity moist and intact	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Psychosocial	Normal: Thought process logical, memory intact, behavior appropriate for situation	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <i>flat affect</i>
Patient Name: <u>EDMO</u>		IDOC# <u>94691</u>	Location <u>2-1 / 1-4</u>	

		Day Shift	Evening Shift	Night Shift
Incision	Normal: Incision clean, no redness, no drainage, healing Site: _____	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <input type="checkbox"/> Abnormal
Wound(s)	Normal: Dry, no drainage, no odor, healing Site: <u>R testicle</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input checked="" type="checkbox"/> Abnormal <u>penrose c sero/sang drainage</u>
Pain	Pain Level 0 1 2 3 4 5 6 7 8 9 10 Location: _____ Description: sharp(s), aches(a), dull(d), burns(b), radiates(r)	Level: _____ Description: _____ Location: _____ Intervention: _____	Level: _____ Description: _____ Location: _____ Intervention: _____	Level: <u>4/10</u> Description: <u>ache testicle</u> Location: <u>had meds in ED</u>
Nutrition	<input type="checkbox"/> Diet Type: _____ <input type="checkbox"/> NPO <input type="checkbox"/> Other _____	Breakfast <input type="checkbox"/> None. <input type="checkbox"/> < 1/2 <input type="checkbox"/> > 1/2	Lunch <input type="checkbox"/> None <input type="checkbox"/> < 1/2 <input type="checkbox"/> > 1/2	Dinner <input type="checkbox"/> None <input type="checkbox"/> < 1/2 <input type="checkbox"/> > 1/2
IV		<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>⊖</u>
Central Line		<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>⊖</u>
Other		<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Other		<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Other		<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Patient Education	Topic/Subject: <u>Notify RN for questions or concerns</u>	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____	<input checked="" type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____
Patient Education	Topic/Subject:	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____
For any other treatments or concerns, please indicate in progress notes				
Patient Name: <u>Edmo</u>		IDOC# <u>94691</u>	Location <u>2-1 / 1-4</u>	

CP7115-Nursing Assessment Infirmiry Log-111908
Copyright©2008 by Correctional Medical Services, Inc. All Rights Reserved

NURSING ASSESSMENT

Date: 1-1-17
 Nurse: WNA/RL D
 Nurse: Tina Lee, RN E
 Nurse: Eileen Mitchell, RN N
 Eileen Mitchell, RN

73° obs admitted 01.01.17

		Day Shift	Evening Shift	Night Shift
		B/P <u>101/67</u> T <u>97.0</u>	B/P _____ T _____	B/P <u>115/62</u> T <u>97.5</u>
		P <u>60</u> R <u>16</u>	P _____ R _____	P <u>87</u> R <u>16</u>
		Blood Glucose _____ Time <u>1100</u>	Blood Glucose _____ Time _____	Blood Glucose <u>Ø</u> Time <u>2100</u>
		Oxygen Sat <u>97%</u>	Oxygen Sat _____	Oxygen Sat <u>97%</u>
		<u>RA</u>		<u>RA</u>
Neurologic	Normal: Alert, oriented to time, place, person, follows command, speech clear	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>OXOX3</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Respiratory	Normal: Regular, unlabored symmetrical respirations, no adventitious lung sounds	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>L-C7H Bilat</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Cardiovascular	Normal: Heart rhythm regular, peripheral pulses easily palpable and strong bilaterally, no edema, capillary refill brisk	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>NPPR Deedema</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Musculo-Skeletal	Normal: Full ROM of all joints, no weakness, steady balance and gait, handgrips equal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Gastro-Intestinal	Normal: Abdomen soft, non-tender, bowel sounds present all 4 quadrants, no nausea/vomiting, diarrhea/constipation Last BM <u>12/31/16</u>	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>B.S. X4</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Genital-Urinary	Normal: Voiding (or catheter intact and patient no s/s of infection) without difficulty, clear urine, no bladder distention	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>Ø C/O</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>voiding s % dysuria</u>
Skin	Normal: Skin warm, dry, intact turgor elastic, oral cavity moist and intact	<input type="checkbox"/> WNL <input checked="" type="checkbox"/> Abnormal <u>Self Harm Test</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Psychosocial	Normal: Thought process logical, memory intact, behavior appropriate for situation	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>SI/MI Denies</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Patient Name: <u>Edmo</u>		IDOC# <u>941091</u>	Location <u>1-4</u>	

		Day Shift	Evening Shift	Night Shift
Incision	Normal: Incision clean, no redness, no drainage, healing Site: <u>RT testicle</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <input type="checkbox"/> Abnormal <i>patient doing his own dressings in supervision</i>
Wound(s)	Normal: Dry, no drainage, no odor, healing Site: <u>RT testicle</u> <u>penrose drain</u>	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <i>RT testicle self harm sutured</i>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <input type="checkbox"/> Abnormal <i>intact</i>
Pain	Pain Level 0 1 2 3 4 5 6 7 8 9 10 Location: Description: sharp(s), aches(a), dull(d), burns(b), radiates(r)	Level: <u>10</u> Description: <u>ache</u> Location: <u>testicle</u> Intervention:	Level: _____ Description: _____ Location: _____ Intervention: _____	Level: <u>10</u> Description: <u>ache</u> Location: <u>RT testicle</u> Intervention: <u>meds for pain</u>
Nutrition	<input type="checkbox"/> Diet Type: <u>ML</u> <input type="checkbox"/> NPO <input type="checkbox"/> Other _____	Breakfast <input type="checkbox"/> None <input checked="" type="checkbox"/> < 1/2 <input type="checkbox"/> > 1/2	Lunch <input type="checkbox"/> None <input type="checkbox"/> < 1/2 <input checked="" type="checkbox"/> > 1/2	Dinner <input type="checkbox"/> None <input type="checkbox"/> < 1/2 <input type="checkbox"/> > 1/2
IV		<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <i>⊙</i>
Central Line		<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <i>⊙</i>
Other	<u>Penrose Drain</u> <u>RT testicular</u>	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <i>patient self harm</i>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Other	<u>area</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <i>⊙</i>
Other		<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <i>⊙</i>
Patient Education	Topic/Subject: <u>↑ fluids PO</u> <u>↑ ambulate</u>	<input checked="" type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: <u>1/1/17</u>	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____
Patient Education	Topic/Subject: <u>Notify RN for questions or concerns</u>	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____	<input checked="" type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____
For any other treatments or concerns, please indicate in progress notes				
Patient Name:	<u>Edmo</u>	IDOC# <u>94691</u>	Location <u>1.4</u>	

NURSING ASSESSMENT

Date: 01.02.17
 Nurse: AB [Signature] D
 Nurse: Amanda Benton, RN, DON E
 Nurse: Eileen Mitchell RN N
 BP: 102/100 0925 06

Eileen Mitchell, RN

		Day Shift	Evening Shift	Night Shift
		105/62 T 98.5 103/62 R 18 Pulse: 76 Blood Glucose _____ Time 0637 Oxygen Sat 98%	B/P _____ T _____ P _____ R _____ Blood Glucose _____ Time _____ Oxygen Sat _____	B/P 109/68 97.3 P 95 R 16 Blood Glucose _____ Time _____ Oxygen Sat 97% A
Neurologic	Normal: Alert, oriented to time, place, person, follows command, speech clear	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal A50X4	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Respiratory	Normal: Regular, unlabored symmetrical respirations, no adventitious lung sounds	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Wings CTA(B)	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Cardiovascular	Normal: Heart rhythm regular, peripheral pulses easily palpable and strong bilaterally, no edema, capillary refill brisk	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Hepp B is edema	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Musculo-Skeletal	Normal: Full ROM of all joints, no weakness, steady balance and gait, handgrips equal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal Full ROM x4 extremities	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Gastro-Intestinal	Normal: Abdomen soft, non-tender, bowel sounds present all 4 quadrants, no nausea/vomiting, diarrhea/constipation Last BM 1/1/17 HS	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal B x 4 quads abd. soft/NT B N VID	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Genital-Urinary	Normal: Voiding (or catheter intact and patient no s/s of infection) without difficulty, clear urine, no bladder distention	<input type="checkbox"/> WNL <input checked="" type="checkbox"/> Abnormal Denies concerns voiding independently * Stitches & penrose drain intact @ system - see incisions	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Skin	Normal: Skin warm, dry, intact turgor elastic, oral cavity moist and intact	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal w/d	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Psychosocial	Normal: Thought process logical, memory intact, behavior appropriate for situation	<input type="checkbox"/> WNL flat affect <input checked="" type="checkbox"/> Abnormal Calm & cooperative E assessment	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL talkative <input type="checkbox"/> Abnormal E me.
Patient Name: <u>Edmo</u>		ID# <u>94691</u>	Location <u>1.4</u>	

		Day Shift	Evening Shift	Night Shift
Incision	Normal: Incision clean, no redness, no drainage, healing Site: <u>scrotum</u>	<input checked="" type="checkbox"/> WNL Sutures intact, penrose drain covered & gauze <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal - warmth, redness, swelling	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal <input type="checkbox"/> Abnormal
Wound(s)	Normal: Dry, no drainage, no odor, healing Site: _____	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal see above	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Pain	Pain Level 0 1 2 3 4 5 6 7 8 9 10 Location: _____ Description: sharp(s), aches(a), dull(d), burns(b), radiates(r)	Level: <u>5/10</u> Description: <u>throbbing</u> Location: <u>scrotum</u> Intervention: <u>Tylenol</u> <u>helps "a lot"</u>	Level: _____ Description: _____ Location: _____ Intervention: _____	Level: <u>5/10</u> Description: <u>ache</u> Location: <u>scrotum</u> Intervention: <u>pain med.</u>
Nutrition	<input checked="" type="checkbox"/> Diet Type: <u>ML</u> <input type="checkbox"/> NPO <input type="checkbox"/> Other: _____	Breakfast <input type="checkbox"/> None <input type="checkbox"/> < 1/2 <input checked="" type="checkbox"/> > 1/2 <u>looking well</u>	Lunch: <input type="checkbox"/> None <input type="checkbox"/> < 1/2 <input type="checkbox"/> > 1/2	Dinner <input type="checkbox"/> None <input type="checkbox"/> < 1/2 <input type="checkbox"/> > 1/2
IV		<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>NA</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>Ø</u>
Central Line		<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>NA</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>Ø</u>
Other	<u>penrose drain to @ scrotum</u>	<input checked="" type="checkbox"/> WNL <u>dressing minimal amt. serosanguinous discharge</u> <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal
Other		<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>NA</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>Ø</u>
Other		<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>NA</u>	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <u>Ø</u>
Patient Education	Topic/Subject: <u>↑ oral fluid intake</u>	<input checked="" type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: <u>1/2/17</u>	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____
Patient Education	Topic/Subject: <u>↑ ambulation as tolerated</u>	<input checked="" type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: <u>1/2/17</u>	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____	<input type="checkbox"/> Verbalizes Understanding <input type="checkbox"/> Follow up Date: _____
For any other treatments or concerns, please indicate in progress notes				
Patient Name:	<u>Edmo</u>	IDOC# <u>94691</u>	Location <u>1.4</u>	

INFIRMARY DISCHARGE/TRANSFER SUMMARY

NAME: <u>Edmo, Adree Mason</u>	ID#: <u>94691</u>	DOB: [REDACTED]
--------------------------------	-------------------	---

Date: 1-3-17 Time: 0900 From: INF

Method: Ambulatory Wheelchair Stretcher Ambulance

Escorted By: Self

Discharge/Transfer Ordered by: PA Dellwo

Accompanying Patient: Outpt Medical Record Discharge Summary Prosthetic Devices _____

VITAL SIGNS:						
Time: <u>0820</u>	Wt: <u>192</u>	BP: <u>114/69</u>	Pulse: <u>103</u>	Resp: <u>16</u>	Temp: <u>98.5</u>	O2: <u>99% RA</u>

Patient condition at time of discharge: Stable

Is patient experiencing discomfort (pain, respiratory, muscle/skeletal, etc.)? Slight scrotal discomfort

Discharge Diet: ML PPD Date: 10-17-16 Results: Neg mm

CONDITION OF SKIN	YES	NO	LOCATION/DESCRIPTION
Good Condition	X		
Rash		X	
Reddened Areas		X	
Decubitus Ulcers		X	
Surgical Incision		X	
Wound Closures	X		
Tubes or Drains		X	
Other			

NAME	DOSE	TIME/FREQ	LAST DOSE	SPECIAL INSTRUCTIONS
~~~ SEE MAR ~~~				

**INSTRUCTIONS:**

Physician Follow (If Applicable): Flu & OPL in 1 week

Additional Comments: _____

Sidney Deeds, RN (Nurse's Signature)  
Sidney Deeds, RN

PROVIDER INFIRMARY DISCHARGE SUMMARY

INMATE NAME: <u>Felino</u> INMATE #: <u>94691</u> DATE: <u>1/3/16</u> TIME: <u>1400</u>	
ADMITTED DATE: <u>1/1/17</u> DISCHARGED DATE: <u>1/2/17</u> ADMITTING DIAGNOSIS: <u>Scrotal Laceration</u>	CONDITION ON DISCHARGE: <u>Stable</u>
DISCHARGE DIAGNOSIS: <u>Resolving Laceration</u>	LAB/TESTS PERFORMED:
INFIRMARY COURSE: PT has been well & free of bleeding & signs of infection of Dysuria & Exquisite pain  PT still has a Penrose drain Place which we will D/L tomorrow.	MEDICATIONS ON DISCHARGE: <u>See Mar</u> <u>Augmentin specifically for this incident</u>
DISCHARGED BY: <u>Daniel Dellwo PA-C</u> JAN 02 2017 Print Name	FOLLOW UP TREATMENT/PLANS: <u>OPC</u> - F/U w/ provider in 1 week  - Discuss w/ Dr King to see if sutures placed are absorbable or they need to be removed in 7-10 days OPC
Signature _____  Date _____ Time _____	Patient Discharge Teaching: <input type="checkbox"/> Yes <input type="checkbox"/> No

Amanda Benton, RN, DON  
 1545  
 1/2/17



OOL: 12/19/11  
 EDR: 7/3/24  
 PAR ELIG: 7/4/14



Authorization #: 570244

**Consultation Request**

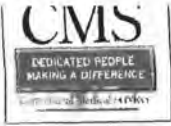
(Note: Always send with UM1100 - Consultation Report and Instruction to Provider)

Inmate: Edmo, Mason	Inmate #: 94691	Date of Birth: [REDACTED]	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Site: ISCI	Phone:	Fax:	Cost center:
Date of Request: 9/19/16	DOI:	EDR:	
<input checked="" type="checkbox"/> Off-site <input type="checkbox"/> On-site clinic <input type="checkbox"/> Telemedicine		<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Retro request	
Responsible Party: <input checked="" type="checkbox"/> Corizon <input type="checkbox"/> Health Insurance <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Other:			
Service Type Requested: <input checked="" type="checkbox"/> complete additional applicable fields: <input checked="" type="checkbox"/> Office Visit (OV) <input type="checkbox"/> X-Ray (XR)			
<input type="checkbox"/> Scheduled Admission (SA) <input type="checkbox"/> Outpatient Surgery (OS) <input type="checkbox"/> Dialysis (DA)			
Multiple Visit Treatments: <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other:			Number of Visits/Treatments:
Procedure/test/Specialty Service Requested: G.D. Consult			
Specialist/Facility referred to: Dr. Alviso - Wellness Center			<input checked="" type="checkbox"/> Initial Visit <input type="checkbox"/> Follow up #:
Presumed diagnosis: Gender Dysphoria			
Describe signs and symptoms: Pt is previously-diagnosed gender dysphoria, currently on hormones.			
Date of Onset:			
Exam Data/Objective Findings:			
Lab & X-ray data:			
Current medications:			
Failed outpatient therapies:			
Enrolled in Chronic Care Clinic: <input type="checkbox"/> Yes <input type="checkbox"/> No		Which Clinic(s):	
Other diagnosis:			
Comments: Requesting GD assessment by Dr. Alviso for initiation of annual visits.			
Site Medical Provider:		Signature:	Date:
Site Medical Director: David Agler, MD		Signature: [Signature]	Date: 9/19/16
<input type="checkbox"/> Proceed with requested service as described above by site director <input type="checkbox"/> Alternative Treatment Plan for consideration as described by the RMD			
RMD Signature: [Signature]		REBEKAH M. HAGGARD, M.D. REGIONAL MEDICAL DIRECTOR	Date: 9/20/16
<small>Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by practitioner or midlevel practitioner to determine service is still necessary and appropriate.</small>			
<small>IF AN ATP OF ANOTHER SERVICE HAS BEEN RECOMMENDED BY THE RMD A NEW REFERRAL (401) NEEDS TO BE GENERATED FOR THIS SERVICE BY THE SITE PROVIDER AND SENT TO THE UM REVIEWER. FOR ATP OF SITE PROVIDER FOLLOW-UP, NEW REFERRAL IS NOT INDICATED.</small>			



### Emergency Department Referral

From:	<u>ISCI</u>	Today's Date:	<u>12/31/16</u>
	Site Name - Do Not Abbreviate      Site Number		
Inmate Name:	<u>Edmo, Mason</u>	Exam Time:	<u>1730</u>
	Last, First, MI		
<b>PRISONERS PLAN ESCAPES!</b>			
DO NOT Inform prisoners of the date/time of revisits or possible hospitalization.		<u>94691</u>	Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span>
	Inmate Number		
ER PHYSICIANS - If hospital admission is recommended, please notify: <u>0881 381-1195</u>			
REASON FOR REFERRAL: include date of onset, present treatment, history of injury or illness, physical examination and pertinent X-rays and lab results			
Onset: <u>approx 1720 this evening</u>			
Vital Signs: T: <u>97.7</u> P: <u>104</u> RR: <u>16</u> BP: <u>124/87</u> Pulse Ox: <u>97%</u>			
Present Treatment: <u>Supportive. Keep patient warm while protecting site</u>			
Comments: PT has " <del>sexual</del> ^{Gender} dysmorphic disorder" and states "she" was trying to remove the testicle. She reported disappointment that she failed.			
Current Meds: _____ (or attach MAR)			
Allergies: <u>NKDA</u>			
Approving Practitioner: <u>Dellwo</u>			
ER Contact: Case discussed with: Name <u>St. AIs Access Center Triage Nurse</u>			
Hospital: <input checked="" type="checkbox"/> <u>St. AIs</u> <input type="checkbox"/> Other: _____			
Mode of Transportation: <input type="checkbox"/> Security <input checked="" type="checkbox"/> Ambulance <u>911</u> <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Referral Form FAX to Utilization Management at: _____			
Form completed by: <u>L Eagle RN</u>		Signature: <u>emailed to admin</u>	
<b>HOSPITAL PHYSICIAN REPORT</b>			
Significant Findings, including tests done: _____ _____ _____			
Diagnosis: _____			
Recommendations: _____			
Physician Name: Last: _____		First: _____	
Signature: _____		Date: _____	
<b>BILL DIRECT TO:</b> Corizon P. O. Box 981639 El Paso, TX 79998			
<b>DO NOT BILL MEDICAID OR MEDICARE</b>			



ENTERED: *Jake Simmons*  
 DATE: 11-15-12  
 Jake Simmons, MRC

**OFFENDER MEDICAL STATUS REPORT**

NAME: Edmo IDOC: 94691 DATE: 11/13/12

This report indicates current medical status, changes, and / or updates regarding the above named offender and supersedes all previous Medical Status Reports.

STATUS CATEGORY	ADD	DELETE	REMARKS	EXPIRATION DATE
Recreation Restriction				
Medical Lay In				
Medical Idle				
Lower Bunk				
Work Limitation				
Meals in Tier / Unit				
Cotton Blankets				
Ice Memo				
Medical Hold				
Food Handling				
Special Diet				
Shaving				
Other: May buy bras from commissary.	X		medical	11/13/13

*[Handwritten signature]*

- cc: Unit
- Unit Sergeant
- Inmate
- Recreation
- DW Security
- Food Services
- Laundry
- Social Worker
- Control



ENTERED: *Jake Simmons*  
 DATE: 12-4-12  
 Jake Simmons, MRC

**OFFENDER MEDICAL STATUS REPORT**

NAME: Edmo, Mason IDOC: 94691 DATE: 12/3/12

This report indicates current medical status, changes, and / or updates regarding the above named offender and supersedes all previous Medical Status Reports.

STATUS CATEGORY	ADD	DELETE	REMARKS	EXPIRATION DATE
Recreation Restriction				
Medical Lay In				
Medical Idle				
Lower Bunk				
Work Limitation				
Meals in Tier / Unit				
Cotton Blankets				
Ice Memo				
Medical Hold				
Food Handling				
Special Diet				
Shaving				
Other: <i>May have a bra</i>	<i>x</i>		<i>medical</i>	<i>12/3/13</i>

Family Witness

*[Signature]*  
 Medical Staff

- cc: Unit
- Unit Sergeant
- Inmate
- Recreation
- DW Security
- Food Services
- Laundry
- Social Worker
- Control



IDAHO DEPARTMENT OF CORRECTIONS

OFFENDER MEDICAL STATUS REPORT

INMATE NAME: Edmo, Mason IDOC #: 94691 DATE: 12/11/13

STATUS CATEGORY	ADD	DELETE	REMARKS	EXPIRATION DATE
Recreation Restriction				
Medical Lay In				
Medical Idle				
Lower Bunk				
Work Limitation				
Meals in Tier/Unit				
Cotton Blankets				
Ice Memo				
Medical Hold				
Food Handling				
Special Diet				
Shaving				
Other:			per psych: Inmate my hair State issued bra & underwear. (female)	

CC: UNIT: C1  
 Unit Sergeant  
 Inmate  
 Recreation  
 DW Security

Food Service  
 Laundry  
 Social Worker  
 Control

Kim Powers Cms Supervisor  
 MEDICAL STAFF  
Anthony F. Bushnell PA-C  
Anthony F. Bushnell PA-C



IDAHO DEPARTMENT OF CORRECTIONS

OFFENDER MEDICAL STATUS REPORT

INMATE NAME: Edms, Masem IDOC #: 54691 DATE: 12-23-13

STATUS CATEGORY	ADD	DELETE	REMARKS	EXPIRATION DATE
Recreation Restriction				
Medical Lay In				
Medical Idle				
Lower Bunk				
Work Limitation				
Meals in Tier/Unit				
Cotton Blankets				
Ice Memo				
Medical Hold				
Food Handling				
Special Diet				
Shaving				
Other:	12-23-13		MAY have IDOC issued Bra in his possession	1-23-14

  
MEDICAL STAFF  
Fran Palazzo RN, BSN

CC: UNIT: _____  
Unit Sergeant  
Inmate  
Recreation  
DW Security

Food Service  
Laundry  
Social Worker  
Control



IDAHO DEPARTMENT OF CORRECTIONS

OFFENDER MEDICAL STATUS REPORT

INMATE NAME: MASON Edmo IDOC #: 94691 DATE: 1-15-14

STATUS CATEGORY	ADD	DELETE	REMARKS	EXPIRATION DATE
Recreation Restriction				
Medical Lay In				
Medical Idle				
Lower Bunk				
Work Limitation				
Meals in Tier/Unit				
Cotton Blankets				
Ice Memo				
Medical Hold				
Food Handling				
Special Diet				
Shaving				
Other:	1-15-14		<i>I'm may have IDOC issued on own Bra in his possession</i>	1-15-15

CC: UNIT: C-1  
Unit Sergeant  
Inmate  
Recreation  
DW Security

Food Service  
Laundry  
Social Worker  
Control

*[Signature]*  
MEDICAL STAFF

Fran Palazzo RN, BSN



## OFFENDER MEDICAL STATUS REPORT

NAME: Edmo, Mason IDOC: 54691 DATE: 3/6/14

This report indicates current medical status, changes, and / or updates regarding the above named offender and supersedes all previous Medical Status Reports.

STATUS CATEGORY	ADD	DELETE	REMARKS	EXPIRATION DATE
Recreation Restriction				
Medical Lay In				
Medical Idle				
Lower Bunk				
Work Limitation				
Meals in Tier / Unit			ENTERED: <i>jm</i> DATE: <u>3/6/14</u>	
Cotton Blankets				
Ice Memo				
Medical Hold				
Food Handling				
Special Diet				
Shaving				
Other: <i>May have IDOC issued or own bra in his possession</i>	x		<i>gender dysphoria</i>	<i>3/6/15</i>

Medical Staff

Cathy Whinnery, M.D.

cc: Unit _____  
 Unit Sergeant _____  
 Inmate _____  
 Recreation _____  
 DW Security _____

Food Services  
 Laundry  
 Social Worker  
 Control





*copy to med unit  
wednesday  
3/11/14  
Stephanie, LPN*

**OFFENDER MEDICAL STATUS REPORT**

NAME: Edmo, Mason IDOC: 54691 DATE: 3/6/14

This report indicates current medical status, changes, and / or updates regarding the above named offender and supersedes all previous Medical Status Reports.

STATUS CATEGORY	ADD	DELETE	REMARKS	EXPIRATION DATE
Recreation Restriction				
Medical Lay In				
Medical Idle				
Lower Bunk				
Work Limitation				
Meals in Tier / Unit				
Cotton Blankets				
Ice Memo				
Medical Hold				
Food Handling				
Special Diet				
Shaving				
Other: <i>May have IDOC issued on own bra in his possession</i>	<i>x</i>		<i>gender dysphoria</i>	<i>3/6/15</i>

Medical Staff

Cathy Whinnery, M.D.

cc: Unit _____  
Unit Sergeant _____  
Inmate _____  
Recreation _____  
DW Security _____

Food Services  
Laundry  
Social Worker  
Control



### OFFENDER MEDICAL STATUS REPORT

NAME: Edmo, Mason IDOC: 94691 DATE: 1/8/15

This report indicates current medical status, changes, and / or updates regarding the above named offender and supersedes all previous Medical Status Reports.

STATUS CATEGORY	ADD	DELETE	REMARKS	EXPIRATION DATE
Lower Bunk				
Meals in Tier / Unit (one month)				
Ice Memo (72 hours)				
Medical Hold (6 months maximum)				
Medical Lay in (3 days)				
May have a bra	x			1/8/16

E. Whinnery, M.D.

E. Whinnery MD  
Medical Staff



### OFFENDER MEDICAL STATUS REPORT

NAME: Edman, Mason IDOC: 94691 DATE: 2-13-15

This report indicates current medical status, changes, and / or updates regarding the above named offender and supersedes all previous Medical Status Reports.

STATUS CATEGORY	ADD	DELETE	REMARKS	EXPIRATION DATE
Lower Bunk				
Meals in Tier / Unit (one month)				
Ice Memo (72 hours)				
Medical Hold (6 months maximum)				
Medical Lay In (3 days)				
MAY have jock strap	X		Entered: <u>[Signature]</u> Date: <u>2/16/15</u>	<u>2-16-16</u>

[Signature] 2/13/15 G. Eide - NTC  
Medical Staff 1000



### OFFENDER MEDICAL STATUS REPORT

NAME: Edmo IDOC: 94691 DATE: 2-2-16

This report indicates current medical status, changes, and / or updates regarding the above named offender and supersedes all previous Medical Status Reports.

STATUS CATEGORY	ADD	DELETE	REMARKS	EXPIRATION DATE
Lower Bunk				
Meals in Tier / Unit (one month)				
Ice Memo (72 hours)				
Medical Hold (6 months maximum)				
Medical Lay in (3 days)				
may purchase $\frac{1}{2}$ have commissary bra x 2	X		GID	2/2/17

Medical Staff Christian Gelek, NP  
Feb 02 2016

Entered: bdy  
Date: 2/3/16



## DENTAL MEDICAL HISTORY

NAME: Mason Dean Meeks IDOC #: _____ DOB: [REDACTED]

CHIEF DENTAL COMPLAINT: _____

DATE OF LAST DENTAL EXAM / TREATMENT: 2007

1. Do you have, or have you ever had, any of the following diseases or problems? Circle if Yes.

- |                      |                       |                      |                   |                     |
|----------------------|-----------------------|----------------------|-------------------|---------------------|
| abnormal bleeding    | AID/ HIV              | allergies            | anemia            | any blood disorder  |
| asthma / hay fever   | <u>blood pressure</u> | cancer               | diabetes          | epilepsy            |
| fainting / seizures  | glaucoma              | heart condition      | heart murmur      | heart valve problem |
| hepatitis / jaundice | hives or skin rash    | IV drug abuse        | joint replacement | kidney trouble      |
| pacemaker            | rheumatic fever       | rheumatism/arthritis | sinus trouble     | stomach ulcers      |
| stroke               | tuberculosis          | venereal disease     |                   |                     |

2. Have you ever had any homosexual encounters?  Yes  No

3. Have you ever received a blood transfusion?  Yes  No

4. Check Yes or No

	YES	NO
(A) Have you been under the care of a physician during the last two years?		<input checked="" type="checkbox"/>
(B) (Women) Are you pregnant?		<input checked="" type="checkbox"/>
(C) Have you had any surgery?		<input checked="" type="checkbox"/>
(D) Are you presently using any medications or drugs?		<input checked="" type="checkbox"/>
(E) Do you have any known allergies?		<input checked="" type="checkbox"/>
(F) Are you subject to prolonged bleeding?		<input checked="" type="checkbox"/>
(G) Are you subject to any nervous disorders, fainting, dizziness?		<input checked="" type="checkbox"/>
(H) Have you experienced ill effects from Novocain, penicillin, other drugs?		<input checked="" type="checkbox"/>
(I) Have you experienced any unfavorable reactions to dental treatments?		<input checked="" type="checkbox"/>
(J) Are your teeth sensitive to heat - cold - sweet - sour?	<input checked="" type="checkbox"/>	
(K) Do you go longer than one day without brushing your teeth?		<input checked="" type="checkbox"/>
(L) Do you use dental floss? How often? <u>3 days</u>	<input checked="" type="checkbox"/>	
(M) Do you have a problem with bleeding gums?	<input checked="" type="checkbox"/>	
(N) Do you have a problem with food wedging between your teeth?		<input checked="" type="checkbox"/>
(O) Do you smoke? Do you chew tobacco?		<input checked="" type="checkbox"/>
(P) Do you have frequent bad breath or unpleasant taste in your mouth?		<input checked="" type="checkbox"/>
(Q) Have you ever experienced problems with thumb-sucking, finger-sucking?		<input checked="" type="checkbox"/>
(R) Do you bite your nails or chew your tongue?		<input checked="" type="checkbox"/>
(S) Do you clench or grind your teeth?		<input checked="" type="checkbox"/>
(T) Are you concerned about having dental x-rays taken?		<input checked="" type="checkbox"/>
(U) Are you happy with the appearance of your teeth?		<input checked="" type="checkbox"/>
(V) Are you interested in learning how to care for your teeth?	<input checked="" type="checkbox"/>	
(W) Have you had hepatitis? What types? <u>A</u>	<input checked="" type="checkbox"/>	

5. Briefly explain any question above answered "yes"

Letter (L) 3 days when I have floss

Letter (W) hep A

Letter (J) cold liquids freeze & hurt my teeth

Letter (M) when I brush too hard they bleed

Letter ( ) _____

Letter ( ) _____

6. Purpose of this visit:

Complete examination

Pain

Broken Tooth

Other: _____



Idaho Department of Correction  
Correctional Medical Services

**DENTAL  
MEDICAL HISTORY**

NAME: Mason Edmo IDOC #: 94691 DOB: [REDACTED]

CHIEF DENTAL COMPLAINT: _____

DATE OF LAST DENTAL EXAM / TREATMENT: 11/2009

1. Do you have, or have you ever had, any of the following diseases or problems? Circle if yes.

- |                       |                     |                        |                      |
|-----------------------|---------------------|------------------------|----------------------|
| heart murmur          | abnormal bleeding   | epilepsy               | rheumatic fever      |
| diabetes              | anemia              | heart condition        | hepatitis / jaundice |
| cancer                | allergies           | rheumatism / arthritis | stroke               |
| sinus trouble         | stomach ulcers      | glaucoma               | asthma / hay fever   |
| kidney trouble        | pacemaker           | hives or skin rash     | tuberculosis         |
| heart valve problem   | fainting / seizures | any blood disorder     | joint replacement    |
| <u>blood pressure</u> | AIDS / HIV          | venereal disease       | IV drug abuse        |

2. Have you ever had any homosexual encounters?  Yes  No  
 3. Have you ever received a blood transfusion?  Yes  No

4. Check Yes or No

	YES	NO
(A) Have you been under the care of a physician during the last two years?		<input checked="" type="checkbox"/>
(B) (Women) Are you pregnant?		<input checked="" type="checkbox"/>
(C) Have you had any surgery?	<input checked="" type="checkbox"/>	
(D) Are you presently using any medications or drugs?	<input checked="" type="checkbox"/>	
(E) Do you have any known allergies?		<input checked="" type="checkbox"/>
(F) Are you subject to prolonged bleeding?		<input checked="" type="checkbox"/>
(G) Are you subject to any nervous disorders, fainting, dizziness?		<input checked="" type="checkbox"/>
(H) Have you experienced ill effects from Novocain, penicillin, other drugs?		<input checked="" type="checkbox"/>
(I) Have you experienced any unfavorable reactions to dental treatments?		<input checked="" type="checkbox"/>
(J) Are your teeth sensitive to heat - cold - sweet - sour?		<input checked="" type="checkbox"/>
(K) Do you go longer than one day without brushing your teeth?		<input checked="" type="checkbox"/>
(L) Do you use dental floss? How often?	<input checked="" type="checkbox"/>	
(M) Do you have a problem with bleeding gums?		<input checked="" type="checkbox"/>
(N) Do you have a problem with food wedging between your teeth?		<input checked="" type="checkbox"/>
(O) Do you smoke? Do you chew tobacco?		<input checked="" type="checkbox"/>
(P) Do you have frequent bad breath or unpleasant taste in your mouth?		<input checked="" type="checkbox"/>
(Q) Have you ever experienced problems with thumb-sucking, finger-sucking?		<input checked="" type="checkbox"/>
(R) Do you bite your nails or chew your tongue?		<input checked="" type="checkbox"/>
(S) Do you clench or grind your teeth?		<input checked="" type="checkbox"/>
(T) Are you concerned about having dental x-rays taken?		<input checked="" type="checkbox"/>
(U) Are you happy with the appearance of your teeth?		<input checked="" type="checkbox"/>
(V) Are you interested in learning how to care for your teeth?	<input checked="" type="checkbox"/>	
(W) Have you had hepatitis? What types?		<input checked="" type="checkbox"/>

5. Briefly explain any question above answered "yes"

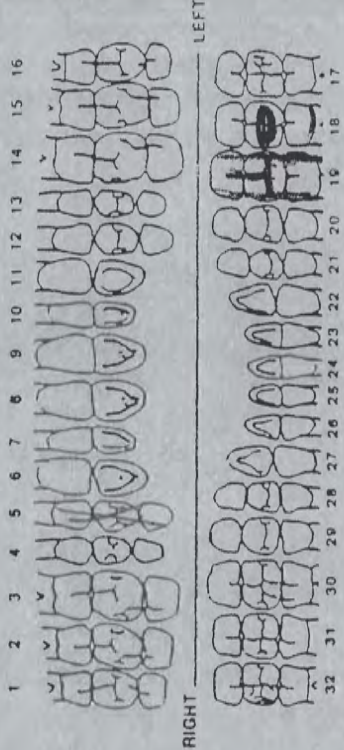
- Letter (C) Gall Bladder Surgery 2/2010  
 Letter (D) gabapentin, zolof, vistaril, preform forte  
 Letter (L) Maxent flosses for 1yr  
 Letter (V) Teeth are in bad shape - don't hurt  
 Letter ( ) _____  
 Letter ( ) _____

6. Purpose of this visit:  Complete examination  Pain  Broken Tooth  Other: _____

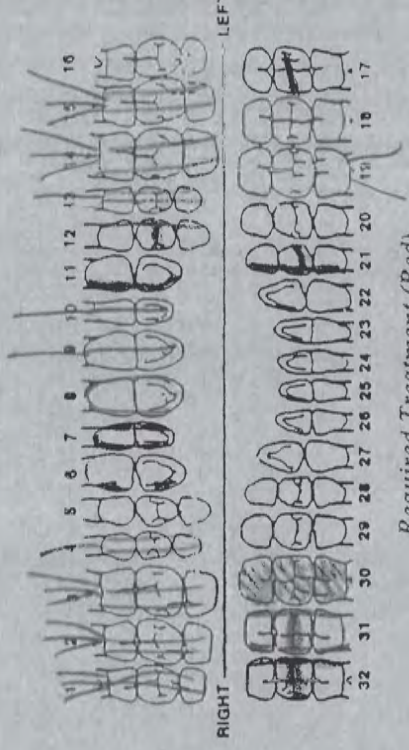


Idaho Department of Correction  
Correctional Medical Services

NAME: Meeks, Mason  
 IDOC #: 94691  
 ALLERGIES: NKDA  
 CHIEF DENTAL COMPLAINT: le  
 LAST DENTAL EXAM / TREATMENT: 2007  
 PROPHYLAXIS:  
 RESTORATIONS:  
 EXTRACTIONS:  
 CONDITION OF GINGIVA:  
 good  fair  poor  
 CARE OF MOUTH:  
 good  fair  poor  
 OCCLUSION: Class III  
 CALCULUS:  
 slight  moderate  heavy  
 PERIODONTAL OR GINGIVAL DISEASE?  
 yes  no  
 DENTURES:  
 Upper:  yes  no  
 Lower:  yes  no  
 PARTIAL:  
 Upper:  yes  no  
 Lower:  yes  no



Initial Exam Findings (Blue)



Required Treatment (Red)

Treatment Plan / Date

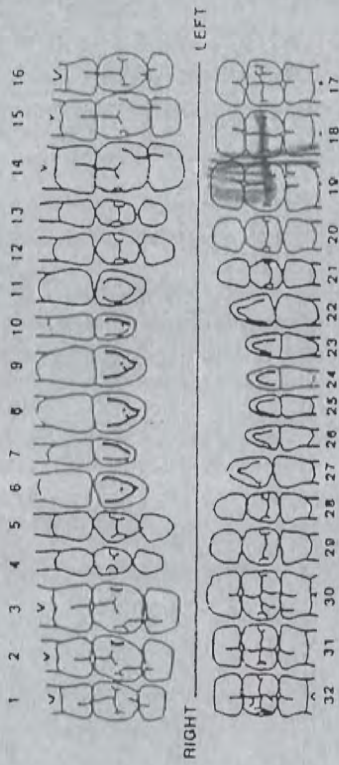
- 
- 
- 
- 

DATE	SERVICE RENDERED
JAN 11 2010	EXAM 4BW X RAYS
	Oral hygiene instructions given.

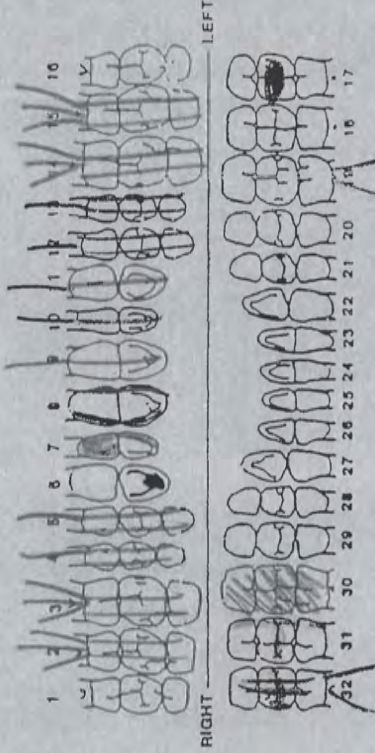


Idaho Department of Correction  
Correctional Medical Services

NAME: Edmo M  
 IDOC #: 94691  
 ALLERGIES: NKDA  
 CHIEF DENTAL COMPLAINT: Ø  
 LAST DENTAL EXAM / TREATMENT: 09  
 PROPHYLAXIS:  
 RESTORATIONS:  
 EXTRACTIONS:  
 CONDITION OF GINGIVA:  
 good  fair  poor  
 CARE OF MOUTH:  
 good  fair  poor  
 OCCLUSION: 1 III  
 CALCULUS:  
 slight  moderate  heavy  
 PERIODONTAL OR GINGIVAL DISEASE?  
 yes  no  
 DENTURES:  
 Upper:  yes  no  
 Lower:  yes  no  
 PARTIAL:  
 Upper:  yes  no  
 Lower:  yes  no



Initial Exam Findings (Blue)



Required Treatment (Red)

DATE		SERVICE RENDERED
1.		Treatment Plan / Date
2.		
3.		
4.		

MAY 01 2012 DPH dental DS EXAM 4BW XRAYS

Oral hygiene instructions given.



DATE	SERVICE RENDERED	DATE	SERVICE RENDERED
	6-25-12	10-3-11	⑤ carpal A 26 Lib eg 1:100 Rut hp ant 33, 4, 5 w, uk I-be way
	C/C wants front teeth looked at Upper all NRA Lowers carriers not on bet.		MARK CUSHING, DDS MEDICAL DEPARTMENT
	Panorex: Terrible hygiene. FM upper 3000 molar last	1-9-13	5.4, 11 26 Lib eg 1:100 #30, 31, 32 - all NRA. Concast for seat! RFE #30, 31, 32 3-0 silk x 2.
	Revised final est. Very unattached he has to go to doctor? He does not take responsibility for his action	1-14-13	5.4, 11 26 Lib eg 1:100 w, upper. Suture removed x 2. Tissue ok. Est. enter just of foot. Disp. period. w, continue into
	M.C. pt. was moved to Imsl & is now back. pt. still wants to ob with original plan to extract teeth and have a denture made. will schedule back to start the process.	9/4/13	5:10 head teeth o/A 1:10, 1:10 RPD from ICE. P. 142 - Del to CD, 1:10 RPD - P. 142 w/ record. DR. PRN. Miller, DDS
9-17-12			



Correctional Medical Services  
Inter Disciplinary Progress Notes

Patient Name: _____

ID#: _____

Institution: _____

Date	Time	Notes	Signature
		2-12-13	
		Edmo 94681	
		2/10 ext.	
		NKDA	
		#17 - AFE.	
		#15, 16 - Root tip ext.	
		Six carpals of 2% abd 2% 1: root	
		Root 6. ——— M. C.	
		M. Finish ext. upper.	MARK CUSHING, DDS MEDICAL DEPARTMENT
		4-2-13: FIU exts.	
		Six carpals of 2% abd 2% 1: root	
		6-13 AFE.	
		FIU lower.	
		Rx: Narco. 5/25. ——— M. C.	MARK CUSHING, DDS MEDICAL DEPARTMENT
		4-25-13.	
		Alginate upper/lower. For CP.	
		M. C. C. C.	
5-30-13		Upper custom tray impression. P. N. i.	
		6-12-13: bite registration. Same class II	
		Shade 67. Same class III	
		M. C.	
7-14-13		Max try in. Pt. ok & load. Had to place CBE soft in upper to tighten it up	
		M. deliver upper complete / lower plate	
		M. C.	



# OPHTHALMIC RECORD

Name EDMO IDOC Number 94691  
 Site PSCI  
 DOB _____ AGE _____ Date of Service 1/29/13  
 Current Medications _____ Current Rx PD (69)  
 _____ OD  
 _____ OS 1.5 - 2.50  
 Chief Complaint Needs New Eye Ocular Hx _____  
Ref  
 Health Hx _____ Family Hx _____  
 VA OD KS OS _____

Entrance Tests	Cover Test	NPC	Muscle Fields
	Pupils <u>SM</u>	Color	Stereo
Refraction	OD -25 -100 160	20/20	add
	OS -50 -25 180	20/20	add
Internal	OD	OS	Tono OD OS
	C/D <u>35</u>		Time <u>19/18</u> Type
	A/V <u>2/3</u>		Diagnosis <u>DCHW</u>
	Mac _____		<u>QAC Eo</u>
	Background _____		Treatment <u>OPD</u>
External	Lids/Lashes _____		<u>OPD 2 am</u>
	Conjunctiva _____	RxOD	
	Cornea _____		
	A/C _____	OS	
		Add	

**DILATED**  
 Signature: [Signature]  
**Brian McNeel, OD**

"size 56"

# TITUTIONAL EYE CARE

P.O. Box 390  
Lewisburg, PA 17837  
(570) 523-3493  
FAX (570) 524-2817

Reorder 7/29/14

PATIENT: EDMO      DATE: 1/29/13

NUMBER: 94691      INSTITUTION: JSCI

	SPHERE	CYLINDER	AXIS	PRISM	BASE
OD	-25	100	160		
OS	-50	-25	180		
	ADD	HEIGHT	DIST PD	NEAR PD	SEG STYLE
OD			69		SV
OS					

LENS COLOR/COATINGS

FRAME: Gallery      STYLE: _____      FRAME COLOR: Grey

EYE SIZE: 56      BRIDGE: 18      TEMPLE: 145      HEAT: _____      CHEM: _____

DATE REC'D: _____      DROP BALL: _____      FINAL INSPECTION: _____

LENSES: _____

FRAME: _____

OVERSIZE: _____

TINT/PGX: _____

CHEM. TEMP. GLASS: _____

DIOPTERS: _____

S/H: _____

TOTAL DUE (\$): _____

SV

**VISION SAFETY NOTICE:**

- Your lenses meet or exceed American National Standard Z80.1 and FDA requirements 21 CFR Sec. 101.110 for impact resistance but are not unbreakable or shatterproof. Clear lenses that are made from polycarbonate or the most impact resistant material.
- If struck with sufficient force, the lenses can break into sharp pieces that can cause serious injury to the eye, or blindness. Even if the lenses do not break, the force of impact may cause the lenses or spectacle frame to contact the eye or surrounding area causing injury.
- The certified impact resistance of your lenses depends on how well you protect them from physical shocks and abuse. For your own protection, scratched or pitted lenses should be replaced immediately.
- For maximum protection, please consider you to the risk of being exposed to physical impacts, your eye safety requires special safety spectacles with safety lenses, side shields, goggles and/or a full face shield.

# STITUTIONAL EYE CARE

Box 390  
Lewisburg, PA 17837  
(570) 23-3493  
FAX (570) 524-2817

PATIENT	Edmo			DATE	4/28/15
NUMBER	94691			INSTITUTION	ISI 6340
	SPHERE	CYLINDER	AXIS	PRISM	BASE
OD	-25	100	160		
OS	-50	-25	180		
	ADD	HEIGHT	DIST PD	NEAR PD	SEG STYLE
OD		SV	(69)		
OS					

## LENS COLOR/COATINGS

FRAME	STYLE	FRAME COLOR
Gallery	Nick	Grey
EYE SIZE	BRIDGE	HEAT
56	18	CHEM
DATE REC'D	TEMPLE	FINAL INSPECTION
	145	
	DROP BALL	

Replacement Pair  
HSR 734123

LENSES: _____  
 FRAME: _____  
 OVERSIZE: _____  
 TINT/PGX: _____  
 CHEM. TEMP. GLASS: _____  
 DIOPTERS: _____  
 S/H: _____  
 TOTAL DUE (\$): _____

**VISION SAFETY NOTICE:**

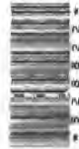
- Your lenses meet or exceed American National Standard Z80.1 and FDA requirements (21 CFR Sec. 801.410) for impact resistance but are not unbreakable or shatterproof.
- Resistant but lenses can be made from polycarbonate or CR-39.
- If struck with sufficient force, the lenses can crack into sharp pieces that can cause serious injury to the eye, or blindness. Even if the lenses do not break, they may splinter or shatter the lenses or supporting frame to contact the eye or surrounding area causing injury.
- The continued impact resistance of your lenses depends on how well you protect them from physical shock and abuse. For your own protection, scratched or pitted lenses should be replaced.
- A year occupational or recreational activities expose you to the risk of being struck by objects or physical impacts, your eye safety requires special safety spectacles with safety lenses, side shields, goggles and/or a full face shield.

# INSTITUTIONAL EYE CARE

(570) 523-3493  
 P.O. Box 366550  
 Bonita Springs FL 34136  
 FAX (570) 524-2817

PATIENT	EDMO.	DATE	4/29/2015	
NUMBER	94691	INSTITUTION	IDAHO STATE CORRECTIONAL	
		ISCI		
SPHERE	CYLINDER	AXIS	PRISM	BASE
OD -0.25	-1.00	160	0	
OS -0.50	-0.25	180	0	
ADD	HEIGHT	DIST PD	NEAR PD	
OD 0.00	0	69	0	
OS 0.00	0	0	0	
LENS COLOR/COATINGS				
Clear				
FRAME	NICK	STYLE	FRAME COLOR	GREY
EYE SIZE	56	DROP BALL/FINAL INSPECTION	FAX FILENAM	20150428234626

LENSES:	\$9.75
FRAME:	\$3.75
OVERSIZE:	\$0.00
TINT/PGX:	
POLYCARB:	\$0.00
DIOPTERS:	\$0.00
PRISM:	\$0.00
CASE:	
OTHER:	



S/H:	\$2.10
TOTAL DUE (\$):	\$15.60

**VISION SAFETY NOTICE:**  
 * You have been prescribed American National Standard Z80.1 and FDA requirement 21CFR 801.410 for impact resistance but are not unbreakable or shatterproof. Of all the materials that lenses can be made from, polycarbonate is the most impact resistant.  
 - If struck with sufficient force, the lenses can break into sharp pieces that can cause serious injury to the eyes or blindness. Even if the lenses do not break, they may become loose and fall out of your eyes.  
 - If your occupational or recreational activities expose you to the risk of flying objects or physical impacts, your eye safety requires special safety spectacles with safety lenses, side shields, goggles and/or a full face shield.  
 - The confirmed impact resistance of your lenses depends on how well they are maintained. Your lenses should be replaced immediately if scratched, scuffed or pitted lenses should be replaced immediately.

# INSTITUTIONAL EYE CARE

P.O. Box 390  
Lewisburg, PA 17837

(570) 523-3493  
FAX (570) 524-2817

PATIENT	Edmo, Masor		DATE	10/25/16
NUMBER	94691		INSTITUTION	ISCI-814
	SPHERE	CYLINDER	AXIS	PRISM
OD	-25	-75	X003	
OS	-50	sphere		
	ADD	HEIGHT	DIST PD	NEAR PD
OD			PA	
OS				

LENS COLOR/COATINGS

FRAME	STYLE	FRAME COLOR
Galaxy	Nick	Grey
EYE SIZE	BRIDGE	HEAT
56		CHEM
DATE REC'D	DROP BALL	FINAL INSPECTION

SV

LENSES: _____

FRAME: _____

OVERSIZE: _____

TINT/PGX: _____

CHEM. TEMP. GLASS: _____

DIOPTERS: _____

S/H: _____

TOTAL DUE (\$): _____

**VISION SAFETY NOTICE:** This contact lens conforms to American National Standard Z80.1 and FDA requirements 21 CFR 801.410 for impact resistance but are not unbreakable or shatterproof. Of all the materials that lenses can be made from polycarbonate is the most impact resistant. However, lenses can break into sharp pieces that can cut or scratch your eyes. Always wear your eye protection. If you are engaged in any activity that may cause you to be in the line of fire or subject to a high velocity impact, the force of impact may cause the lenses to break and injure your eyes. If you are engaged in any activity that may cause you to be in the line of fire or subject to a high velocity impact, the force of impact may cause the lenses to break and injure your eyes. If you are engaged in any activity that may cause you to be in the line of fire or subject to a high velocity impact, the force of impact may cause the lenses to break and injure your eyes.



52-56

### OPHTHALMIC RECORD

Name Edmo, Mason IDOC Number 94691

Site ISCI 6340

DOB [REDACTED] AGE 28 Date of Service 10/25/10

Current Medications _____ Current Rx PD (60)  
OD  
OS

Chief Complaint HSR# 878816 Ocular Hx last exam 1/29/13 *childhood Int. injury OS (stroke)*  
exam Needs no Rx

Health Hx _____ Family Hx _____

VA OD 5/20/40 # OS (-25 - 75 x 003) (fo. 4)  
40 - (-50 - 25 x 150)

Entrance Tests Cover Test + NPC Muscles Fields  
Pupils FAAD Color Stereo

Refraction OD - 25 - 75 x 003 20/20 add  
OS - 50 sphere 20/20 add

Internal OD r35 OS Tono OD OS  
C/D 4/0 Type  
A/V 2/5  
Mac mm

External 8-12 Background Diagnosis ① CAH  
Lens Treatment ② No Rx E  
Lids/Lashes = K-Sch  
Conjunctiva ① SLP  
Cornea ② CAT x 2  
A/C  
Rx OD  
OS  
Add

Signature: [Signature] **Brian McNeel, OD**  
Provider Signature



# INSTITUTIONAL EYE CARE



140604

LAB PHONE: (570) 523-3493

FAX: (570) 524-2817

<b>PATIENT</b>	<b>DATE</b>	<b>CONTRACT</b>	<b>ORDER #</b>
EDMO, MASON	10/26/2016	CMS	140604
<b>PATIENT ID</b>	<b>INSTITUTION</b>		
94691	ISCI - IDAHO STATE CORRECTIONAL INST		

	SPHERE	CYLINDER	AXIS	PRISM	BASE
OD	-0.25	-0.75	03		
OS	-0.50				
	ADD	HEIGHT	DIST PD	NEAR PD	SEG STYLE
OD			69		
OS					
LENS TYPE		LENS TINT		LENS COLOR	
Single		Clear			
FRAME		FRAME COLOR		EYE SIZE	
NICK		GREY		56	

**NOTES**

CHARGES			
LENSES:	\$ 9.75	PRISM:	\$ 0.00
FRAME:	\$ 3.75	TRANSITION:	\$ 0.00
OVERSIZE:	\$ 5.00	PHOTOGRAY:	\$ 0.00
TINT/PGX:	\$ 0.00	HIGH INDEX:	\$ 0.00
POLYCARB:	\$ 0.00	CASE:	\$ 0.00
DIOPTERS:	\$ 0.00	ADDITIONAL:	\$ 0.00
CREDIT:	- \$ 0.00	ENGRAVING:	\$ 0.00
DISCOUNT:	- \$ 0.00	REPAIR:	\$ 0.00
PREPAY:	- \$ 0.00		
S/H:	\$ 2.75		
<b>TOTAL DUE:</b>	<b>\$ 21.25</b>		

**VISION SAFETY NOTICE**

- Your lenses meet or exceed American Nation Standard Z80.1 and FDA requirement 21CFR Sec 801.410 for impact resistance but are not unbreakable or shatterproof. Of all the materials that lenses can be made from polycarbonate is the most impact resistant.
- If struck with sufficient force, the lenses can break into sharp pieces that can cause serious injury to the eye, or blindness. Even if the lenses do not break, the force of impact may cause the lenses or spectacle frame to contact the eye or surrounding area causing injury.
- The continued impact resistance of your lenses depends on how well you protect them from physical shocks and abuse. For your own protection, scratched or pitted lenses should be replaced immediately.
- If your occupational or recreational activities expose you to the risk of flying objects or physical impacts, your eye safety requires special safety spectacles with safety lenses, side shields, goggles and/or a full face shield.

Final Inspection: _____

**INSTITUTIONAL EYE CARE**



**SCANNED**

LAB PHONE: (570) 523-3493

FAX: (570) 524-2817

<b>PATIENT</b>	<b>DATE</b>	<b>CONTRACT</b>	<b>ORDER #</b>
EDMO, MASON	04/10/2017	CMS	170234
<b>PATIENT ID</b>	<b>INSTITUTION</b>		
94691	ISCI - IDAHO STATE CORRECTIONAL INST		

	SPHERE	CYLINDER	AXIS	PRISM	BASE
OD	-0.25	-0.75	03		
OS	-0.50				
	ADD	HEIGHT	DIST PD	NEAR PD	SEG STYLE
OD			69		
OS					
LENS TYPE		LENS TINT		LENS COLOR	
Single		Clear			
FRAME		FRAME COLOR		EYE SIZE	
NICK		GREY		56	

**NOTES**

CHARGES			
<b>LENSES:</b>	\$ 9.75	<b>PRISM:</b>	\$ 0.00
<b>FRAME:</b>	\$ 3.75	<b>TRANSITION:</b>	\$ 0.00
<b>OVERSIZE:</b>	\$ 5.00	<b>PHOTOGRAY:</b>	\$ 0.00
<b>TINT/PGX:</b>	\$ 0.00	<b>HIGH INDEX:</b>	\$ 0.00
<b>POLYCARB:</b>	\$ 0.00	<b>CASE:</b>	\$ 0.00
<b>DIOPTERS:</b>	\$ 0.00	<b>ADDITIONAL:</b>	\$ 0.00
<b>CREDIT:</b>	- \$ 0.00	<b>ENGRAVING:</b>	\$ 0.00
<b>DISCOUNT:</b>	- \$ 0.00	<b>REPAIR:</b>	\$ 0.00
<b>PREPAY:</b>	- \$ 0.00		
<b>S/H:</b>	\$ 2.75		
<b>TOTAL DUE:</b>	\$ 21.25		

**VISION SAFETY NOTICE**

- Your lenses meet or exceed American Nation Standard Z80.1 and FDA requirement 21CFR Sec 801.410 for impact resistance but are not unbreakable or shatterproof. Of all the materials that lenses can be made from polycarbonate is the most impact resistant.
- If struck with sufficient force, the lenses can break into sharp pieces that can cause serious injury to the eye, or blindness. Even if the lenses do not break, the force of impact may cause the lenses or spectacle frame to contact the eye or surrounding area causing injury.
- The continued impact resistance of your lenses depends on how well you protect them from physical shocks and abuse. For your own protection, scratched or pitted lenses should be replaced immediately.
- If your occupational or recreational activities expose you to the risk of flying objects or physical impacts, your eye safety requires special safety spectacles with safety lenses, side shields, goggles and/or a full face shield.

Final Inspection: _____

# INSTITUTIONAL EYE CARE

P.O. Box 390  
Lewisburg, PA 17837

(570) 523-3493  
FAX (570) 524-2817

PATIENT <i>Edmo, Mason</i>			DATE <i>4/10/17</i>		
NUMBER <i>94691</i>			INSTITUTION <i>1501-814</i>		
	SPHERE	CYLINDER	AXIS	PRISM	BASE
OD	<i>-0.25</i>	<i>-0.75</i>	<i>X03</i>		
OS	<i>-0.50</i>	<i>sphere</i>			
	ADD	HEIGHT	DIST PD	NEAR PD	SEG STYLE
OD			<i>69</i>		
OS					
LENS COLOR/COATINGS					
FRAME <i>Gallery</i>		STYLE <i>hick</i>		FRAME COLOR <i>gray</i>	
EYE SIZE <i>56</i>	BRIDGE	TEMPLE	HEAT	CHEM	
DATE REC'D			DROP BALL	FINAL INSPECTION	

LENSES: _____

FRAME: _____

OVERSIZE: _____

TINT/PGX: _____

CHEM. TEMP. GLASS: _____

DIOPTERS: _____

_____

S/H: _____

**TOTAL DUE (\$):** _____

**VISION SAFETY NOTICE:**

- Your lenses must or exceed American National Standard Z80.1 and FDA requirements 21 CFR Sec 801.410 for impact resistance but are not unbreakable or shatterproof. Of all the materials, that lenses can be made from polycarbonate is the most impact resistant.

- If struck with sufficient force, the lenses can break into sharp pieces that can cause serious injury to the eye, or blindness. Even if the lenses do not break, the force of impact may cause the lenses or spectacle frame to contact the eye or surrounding area causing injury.

- The certified impact resistance of your lenses depends on how well you protect them from physical abuse and abuse. For your own protection, scratched or pitted lenses should be replaced immediately.

- If your occupational or recreational activities expose you to the risk of flying objects or physical impacts, your eye safety requires special safety spectacles with safety lenses, side shields, goggles and/or a full face shield.







# MEDICATION ADMINISTRATION RECORD

Facility: USC

Month: MAY 2012

Date	Drug - Dose - Mode - Interval	Start Date	Stop Date	HR	21	22	23	24	25	26	27	28	29	30	31
	APAP 500 mg $\dot{\bar{t}}$ PO BID x 7 days			K											
	<del>VALIUM 5/6/12</del>	<del>5/6</del>	<del>5/12/12</del>	O											
	TORIN 100 mg $\dot{\bar{t}}$ PO QDAY x 21 days			P											
	<del>VALIUM 5/6/12</del>	<del>5/6</del>	<del>5/12/12</del>	A											
	Neurontin 600 mg $\dot{\bar{t}}$ P.O. <del>12</del>			A											
	TID x 180			X											
	Prescriber: <u>BISH</u>	Order Date: <u>5/7/12</u>	Start Date: <u>5/7/12</u>	Stop Date: <u>10-7-12</u>	NS										
	PAREFON forte 500mg $\dot{\bar{t}}$ P.O.			A											
	BID x 90 days														
	Prescriber: <u>BISH</u>	Order Date: <u>5/7/12</u>	Start Date: <u>5/7/12</u>	Stop Date: <u>8-7-12</u>	NS										

Diagnosis: EDMO, MASON #94691

Allergies: D.O.B. [REDACTED] T

Allergies: NADA

DOB/Inmate #: _____ Location: _____

4150 REV 4/10





MEDICATION ADMINISTRATION RECORD

Facility: I SCF 6340-R

Month: May 2012

Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
miconazole 200 Applm to affected ARE 2 BID x 7 days Prescriber: Takagi, Mike PA Order Date: 4-26-12 Start Date: 4-27-12 Stop Date: 5-3-12																																
TRAMICET 75mg PO QAM x 14 days Prescriber: [unclear] Order Date: [unclear] Start Date: [unclear] Stop Date: [unclear]	A																															
LAMICTAL 50 mg PO QAM x 120 days Prescriber: [unclear] Order Date: [unclear] Start Date: [unclear] Stop Date: [unclear]	A																															
PARAFORTIC 500 mg TPO BID x 7 days Prescriber: [unclear] Order Date: [unclear] Start Date: [unclear] Stop Date: [unclear]	A																															
NEURONTIN 400 mg TPO TID x 7 days Prescriber: [unclear] Order Date: [unclear] Start Date: [unclear] Stop Date: [unclear]	A																															
VISTANI 50 mg TPO TID x 21 days Prescriber: [unclear] Order Date: [unclear] Start Date: [unclear] Stop Date: [unclear]	A																															

Diagnosis: [REDACTED]  
 Allergies: NADA  
 Name: Edmo, Meson  
 Location: 6340-R  
 DOB/Inmate #: [REDACTED]



MEDICATION ADMINISTRATION RECORD

Facility: M 6340-R IDAHO STATE CORR INST (RDU) ID Month: June 2012

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<p>Drug - Dose - Mode - Interval</p> <p>CHLORZOXAZONE 500 MG TABS -PARAFON FORTE-                      TAKE 1 TAB BY MOUTH TWICE DAILY FOR 90 DAYS &gt;&gt;&gt; MAY CAUSE DROWSINESS &lt;&lt;&lt;</p> <p>Prescriber BISH, BENJAMIN NP Rx#25849117                      Order Date 05/08/12 Start Date 08/06/12 Stop Date</p> <p>GABAPENTIN 600 MG TABS -NEURONTIN-                      TAKE 1 TAB BY MOUTH THREE TIMES DAILY FOR 180 DAYS &gt;&gt;&gt; MAY CAUSE DROWSINESS &lt;&lt;&lt;</p> <p>Prescriber BISH, BENJAMIN NP Rx#25849119                      Order Date 05/08/12 Start Date 11/04/12 Stop Date</p> <p>LAMOTRIGINE 25 MG TABS -LAMICTAL-                      TAKE 2 TABS (50MG) BY MOUTH EACH MORNING FOR 120 DAYS (NOTE START DATE) &gt;&gt;&gt; MAY CAUSE DROWSINESS &lt;&lt;&lt;</p> <p>Prescriber BARRETT, KAREN-PA/DAW Rx#25838929                      Order Date 05/22/12 Start Date 09/19/12 Stop Date</p> <p>Zoloft 100mg PO QHS X 1week then Pines, Psy                      Order Date 6-25-12 Start Date 6-28-12 Stop Date 7-4-12</p> <p>Zoloft 150mg PO QHS X 120days Pines, Psy                      Order Date 6-25-12 Start Date 7-5-12 Stop Date 10-31-12</p>																															
<p>HR</p> <p>A</p> <p>HS</p> <p>A</p> <p>HS</p> <p>A</p> <p>H</p>																															
<p>Handwritten notes and signatures in the grid cells.</p>																															

Diagnosis: No Known Drug Allergy

Allergies: No Known Drug Allergy

DOB/Inmate #: 94691

Location: 6340-R RDU

Name: EDMOND MASON

**NAME ALERT**

PharmCare

















**MEDICATION ADMINISTRATION RECORD**

Month: September 2012

Facility: M 6340- IDAHO STATE CORR INST (ISCI) ID

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Drug - Dose - Mode - Interval	CHLORZOXAZONE 500 MG TABS -PARAFON FORTE-																														
Take 1 TAB BY MOUTH DAILY FOR 30 DAYS >>> MAY CAUSE DROWSINESS <<<																															
Prescriber	POULSON, WILLIAM PA R#26334813																														
Order Date	08/03/12 Start Date 09/02/12 Stop Date																														
Drug - Dose - Mode - Interval	GABAPENTIN 600 MG TABS -NEURONTIN-																														
Take 1 TAB BY MOUTH DAILY FOR 30 DAYS >>> MAY CAUSE DROWSINESS <<<																															
Prescriber	POULSON, WILLIAM PA R#26334815																														
Order Date	08/03/12 Start Date 09/02/12 Stop Date																														
Drug - Dose - Mode - Interval	SERTRALINE HCL 50 MG TABS -ZOLOFT-																														
Take 3 TABS (150MG) DAILY FOR 30 DAYS >>> MAY CAUSE DROWSINESS <<<																															
Prescriber	POULSON, WILLIAM PA R#26334822																														
Order Date	08/03/12 Start Date 09/02/12 Stop Date																														
Drug - Dose - Mode - Interval	SERTRALINE HCL 50 MG TABS -ZOLOFT-																														
Take 1 TAB AT BEDTIME FOR 120 DAYS >>> MAY CAUSE DROWSINESS <<<																															
Prescriber	ELIASON, SCOTT PSY R#26400823																														
Order Date	08/16/12 Start Date 12/14/12 Stop Date																														
Drug - Dose - Mode - Interval	ZOLOFT 150 MG PO QHS X 120 DAYS																														
Prescriber	ELIASON																														
Order Date	8/22/2012 Start Date 8/22/2012 Stop Date 12/21/2012																														
EDMUN, ELIASON	94691																														
SPIRINOAC TONF 25 MG TABS (ALDAC TONF)	R# 26491788																														
WHISEN, CATHERINE	O.D. OR JUL 12 B. 02.27.13																														
TAKI 188 (MAY CAUSE DROWSINESS) MAY CAUSE DROWSINESS	9/1/12																														
DIZZINESS	6340-																														

*See order*

*new order 9-19-12*

*See order 9-19-12*

*EDMUN*

Diagnosis:

No Known Drug Allergy

Allergies:

94691

EDMO, MASON

MAIN

6340-

DOB/Inmate #:

Location:



MEDICATION ADMINISTRATION RECORD

Month: SEPTEMBER 2012

Facility: 6349 IDAHO STATE CORRECTIONAL INSTITUTION ID

ISCI

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Med	<p>EDMO, MASON 94691                      CALLIBY CARB 150MG TABS (OSCALO-SR 26491789)                      WHINNEY, ATERINE (D-D-083E12 IN-022713)                      TAKE 1 TAB DAILY FOR 18 DAYS                      9/1/12 <i>de</i></p>																														
Med	<p>EDMO, MASON 94691                      ASPIRIN 81MG REC (ASA FC) RX 26491790                      YHO, NEA, CATHURON (D-D-083E12 IN-022713)                      TAKE 1 TAB DAILY WITH FOOD FOR 18 DAYS - (DONUT)                      9/1/12 <i>de</i></p>																														
Med	<p><i>Estimate 0.5mg po BID x 90D</i>                      Prescriber <i>Whinnery</i> <i>per de</i>                      Order Date <i>9-20-12</i> Start Date <i>9-21-12</i> Stop Date <i>11-29-12</i> <i>HS</i></p>																														
Med	<p><i>Relief 150mg po QHS x 120D</i>                      Prescriber <i>Edison</i>                      Order Date <i>9-19-12</i> Start Date <i>9-19-12</i> Stop Date <i>1-18-13</i> <i>HS</i></p>																														

Diagnosis: [REDACTED]

Allergies: NKDA

DOB/Inmate #: 94691 Location: 6340 MAIN Name: EDMO, MASON

















MEDICATION ADMINISTRATION RECORD

Facility: IDAHO STATE CORRECTIONAL INSTITUTION (ISCI) ID 6340 Month: DECEMBER 2012

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
EDMO, MASON	94691	Drug - Dose - Mode - Interval		ASPIRIN 81 MG TABS (EC) (ASA, EC) Rx: 27007679		WHINNEY, CATHERINE		OD: 12-03-12		D/C: 06-01-13		K		O		P															
EDMO, MASON	94691	Drug - Dose - Mode - Interval		CALCIUM CARB 1250 MG TABS (OSCAL-D) Rx: 27007685		WHINNEY, CATHERINE		OD: 12-03-12		D/C: 06-01-13		K		O		P															
EDMO, MASON	94691	Drug - Dose - Mode - Interval		SPIRONOLACTONE 25 MG TABS (ALDACTONE) Rx: 27007696		WHINNEY, CATHERINE		OD: 12-03-12		D/C: 06-01-13		K		O		P															
EDMO, MASON	94691	Drug - Dose - Mode - Interval		ZOLPIDEM 150mg QHS x120D		Edison		Start Date: 12-12-12		Stop Date: 3-11-13		H																			

Diagnosis: [REDACTED] NKDA

DOB/Tramite #: 94691 Location: 6340 MAIN Name: EDMO, MASON

Pages: 4 REV 4/10

Medication Administration Record

Documentation Codes	Staff Signature	Date	Initials	Staff Signature	Date	Initials
S. Bajovich, RN, DON	T. Koch, RN	11/13/12	J. Prudhomme, LPN			
K. Batista, RN	T. Lee, RN		D. Rainier, LPN			
D/C - Discontinued Order	A. Beshnars, RN		C. Ralston, RN			
R - Refused	G. Blackburn, LPN		E. Reed, LPN			
A - Absent	L. Brown, LPN		J. Revard, CMS			
O - Other	E. Camillo, LPN		D. Richardson, LPN			
	T. Castello, HST		M. Scifres			
	S. Cates, LPN		K. Shearer, RN			
	J. Dixon, LPN		E. Smith, LPN			
	B. Durkee, LPN		H. Smith, LPN			
	E. Eastman, RN		B. Van Sickle, LPN			
	A. Gage, RN		L. Whitworth, RN			
	G. Goodman, LPN		T. Williams, HAS			
	L. Hill		C. Wilson, LPN			
	M. Howard, RN		W. Wingert, RN			
	D. Jensen, LPN		C. Young, LPN			
	M. Jordan, RN		M. Henderson, RN			
	Kelly Larson, LPN		Monty Henderson, RN			

NOTES

Jan Drake LPN  
 Mark Bryant RN  
 2-23-12 HS Refused HS









Medication Administration Record

Documentation Codes	Staff Signature	Date	Initials	Staff Signature	Date	Initials
A. Beshears, RN	<i>[Signature]</i> 2/13	T. Koch, RN	<i>[Signature]</i>	J. Prudhomme, LPN	<i>[Signature]</i>	<i>[Signature]</i>
G. Blackburn, LPN	<i>[Signature]</i>	K. Larsen, LPN	<i>[Signature]</i>	D. Rainier, LPN	<i>[Signature]</i>	<i>[Signature]</i>
D/C - Discontinued Order	<i>[Signature]</i> 2/2013	T. Lee, RN		C. Ralston, RN		
R - Refused	<i>[Signature]</i> MS	S. Mallet, LPN		E. Reed, LPN	<i>[Signature]</i>	
E. Camillo, LPN	<i>[Signature]</i> 2/2013	C. Marria, LPN		J. Revard, CMS		
A - Absent	<i>[Signature]</i> 2/2013	J. Maxey, LPN	<i>[Signature]</i>	G. Rodriguez, LPN	<i>[Signature]</i>	
O - Other	<i>[Signature]</i>	C. McDonald, RN	<i>[Signature]</i>	M. Scifres, <i>[Signature]</i>	<i>[Signature]</i>	
J. Dixon, LPN		S. McGrew, LPN	<i>[Signature]</i> 1/2013 gm	H. Smith, LPN	<i>[Signature]</i>	
J. Drake, LPN	<i>[Signature]</i>	J. Melchior, LPN	<i>[Signature]</i> 2/2013	B. Van Sickle, LPN	<i>[Signature]</i>	
B. Durkee, LPN	<i>[Signature]</i>	K. Murray, RN		L. Whitworth, RN	<i>[Signature]</i>	
G. Goodman, LPN	<i>[Signature]</i>	C. Newby, CMS		T. Williams, HSA	<i>[Signature]</i>	
M. Henderson, RN	<i>[Signature]</i>	B. Olson, LPN	<i>[Signature]</i>	C. Wilson, LPN	<i>[Signature]</i>	
L. Hill, Pharm Tech	<i>[Signature]</i> 2-13	S. Patterson, LPN	<i>[Signature]</i>	W. Wingert, RN	<i>[Signature]</i>	
D. Jensen, LPN	<i>[Signature]</i>	S. Phillips, LPN		C. Young, LPN	<i>[Signature]</i>	
M. Jordan, RN		H. Pierce, LPN				
		<b>DeeAnn McCool, LPN</b>	<i>[Signature]</i>			

Date/Time	NOTES
2/9/13	Wanted pill pass - Admin
2-17-13 AM	Refused Meds
2-18-13 AM	Absent for pill pass
2-19-13 AM	Refused pill pass
2-20-13 AM	Refused AM pill pass
2-24-13 AM	" " " "
2-25-13 AM	" " " "
2-26-13 AM	" " " "
2-27-13 AM	" " " "
2-28-13 AM	" " " "
3/18/13 AM	J/M NON-COMPLIANT WITH MEDICATION PROVIDER NOTIFIED
	Marvin Scifres, MA





MEDICATION ADMINISTRATION RECORD

Facility: 6340

Month: March 2013

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Drug - Dose - Mode - Interval	94691																														
EDMO, MASON	Rx: 2772-5154																														
ASPIRIN EC 81 MG IBEC (ECOTRIN (ASA-EC))	O.D.: 03/26/13 D/C: 09/22/13																														
WHINNER, CATHERINE	6340- MAIN																														
TAKE 1 TAB BY MOUTH DAILY WITH FOOD FOR 180 DAYS >>>	3-27-13																														
DO NOT CRUSH <<<																															
EDMO, MASON	94691																														
CALCIUM CARB 1250MG/VIT D 1250 MG TABS (OSCAL-D 300)	27725162																														
WHINNER, CATHERINE	O.D.: 03/26/13 D/C: 09/22/13																														
TAKE 1 TAB BY MOUTH DAILY WITH FOOD FOR 180 DAYS	3-27-13																														
ESTRADIOL 1mg P.O. daily	3-27-13																														
NF																															
Whinner, MB	3/26/13																														
Order Date	3/29/13																														
Stop Date	6/25/13																														
Prescriber																															
Order Date																															
Stop Date																															
Prescriber																															
Order Date																															
Stop Date																															
Prescriber																															
Order Date																															
Stop Date																															

Diagnosis: NKDA

Allergies: NKDA

DOB/Inmate #: 94691

Location: 6340

Name: Edmo, Mason



MEDICATION ADMINISTRATION RECORD  
IDAHO STATE CORR INST (TSCI)

6340- M April 2013

Facility: M

Month:

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
HR																																
Drug - Dose - Mode - Interval	ASPIRIN EC 81 MG TBEC -ECOTRIN ~																															
Instructions	TAKE 1 TAB BY MOUTH DAILY FOR 180 DAYS >>> DO NOT CRUSH <<<																															
Prescribed By	WHINNERY, CATHERINE Rx#27007679																															
Order Date	12/03/12 Start Date 12-3-12 Stop Date 06/01/13																															
Drug - Dose - Mode - Interval	CALCIUM CARB 1250MG/VIT D 1250 MG TABS -OSCAL-D 500-																															
Instructions	TAKE 1 TAB BY MOUTH DAILY FOR 180 DAYS																															
Prescribed By	WHINNERY, CATHERINE Rx#27007685																															
Order Date	12/03/12 Start Date 12-3-12 Stop Date 06/01/13																															
Drug - Dose - Mode - Interval	ESTROGENS ESTERIFY 0.625 MG TABS -ESTRATAB/MENEST-																															
Instructions	TAKE 1 TAB BY MOUTH DAILY FOR 180 DAYS																															
Prescribed By	WHINNERY, CATHERINE Rx#26975436																															
Order Date	11/27/12 Start Date Stop Date 05/26/13																															
Drug - Dose - Mode - Interval	FLUOXETINE 20 MG CAPS -PROZAC-																															
Instructions	TAKE 1 CAP BY MOUTH EACH MORNING FOR 120 DAYS>>> MAY CAUSE DROWSINESS <<<																															
Prescribed By	ELIASON, SCOTT PSY Rx#27249577																															
Order Date	01/16/13 Start Date Stop Date 05/16/13																															
Drug - Dose - Mode - Interval	SPIRONOLACTONE 25 MG TABS -ALDACTONE-																															
Instructions	TAKE 1 TAB BY MOUTH TWICE DAILY FOR 180 DAYS >>> MAY CAUSE DIZZINESS <<<																															
Prescribed By	WHINNERY, CATHERINE Rx#27007696																															
Order Date	12/03/12 Start Date 12-3-12 Stop Date 06/01/13																															
Drug - Dose - Mode - Interval	EDMO, MASON																															
Instructions	ESTRADIOL 1 MG TABS (ESTRACE)																															
Prescribed By	WHINNERY, CATHERINE																															
Order Date	12/03/12 Start Date 12-3-12 Stop Date 06/01/13																															
Additional Info	Rx# 27734029 D.C. 06/25/13 D.C. 06/25/13 TAKE 1 TAB BY MOUTH EVERY DAY FOR 90 DAYS **APPROVED** 5340- MAIN																															

DOB/Inmate #: 94691 Location: 6340- MAIN Name: EDMO, MASON

Diagnosis: No Known Drug Allergy

Allergies:

93120 REV-4/10

ER 1978











Medication Administration Record

Documentation Codes	Staff Signature	Date	Initials	Staff Signature	Date	Initials
A. Beshears, RN	<i>[Signature]</i>	5/2014	A. Huddleston, CNA	<i>[Signature]</i>	5/2014	C. Neuhay, CMS
G. Blackburn, LPN	<i>[Signature]</i>	5/2014	D. Jensen, LPN	<i>[Signature]</i>	5/2014	S. Patterson, LPN
D/C - Discontinued Order	<i>[Signature]</i>	5/2014	K. Larsen, LPN	<i>[Signature]</i>	5/2014	S. Pines, CNA
C. Brenenstahl, dialysis tech	<i>[Signature]</i>	5/2014	T. Lee, RN	<i>[Signature]</i>	5/2014	H. Pierce, LPN
L. Brown, LPN	<i>[Signature]</i>	5/2014	S. Mallet, LPN	<i>[Signature]</i>	5/2014	J. Prudhomme, LPN
M. Bryant, RN	<i>[Signature]</i>	5/2014	G. Marria, LPN	<i>[Signature]</i>	5/2014	D. Rainier, LPN
T. Castello, HST	<i>[Signature]</i>	5/2014	J. Maxey, LPN	<i>[Signature]</i>	5/2014	E. Reed, LPN
S. Cates, LPN	<i>[Signature]</i>	5/2014	T. McCall, LPN	<i>[Signature]</i>	5/2014	J. Revard, CMS
F. Coltrin, LPN	<i>[Signature]</i>	5/2014	D. Mccool, LPN	<i>[Signature]</i>	5/2014	G. Rodriguez, LPN
C. Conklin, MA	<i>[Signature]</i>	5/2014	C. McDonald, RN	<i>[Signature]</i>	5/2014	M. Scifres, HST
J. Drake, LPN	<i>[Signature]</i>	5/2014	S. McGrew, LPN	<i>[Signature]</i>	5/2014	H. Smith, LPN
B. Durkee, LPN	<i>[Signature]</i>	5/2014	J. Melchor, LPN	<i>[Signature]</i>	5/2014	L. Whitworth, RN
M. Henderson, RN	<i>[Signature]</i>	5/2014	B. Murphy, LPN	<i>[Signature]</i>	5/2014	G. Wilson, LPN
L. Hill, Pharm Tech	<i>[Signature]</i>	5/2014	K. Murray, RN	<i>[Signature]</i>	5/2014	G. Young, LPN
D. Hoxey, CMS	<i>[Signature]</i>	5/2014	V. Thompson, LPN	<i>[Signature]</i>	5/2014	S. Field, RN
V. Ferrero, LPN	<i>[Signature]</i>	5/2014				

Date/Time

5-3-13

NOTES

~~1125 P4 absent to AM put call - missed AM Prozac - S. Huddleston error~~







Medication Administration Record

Documentation Codes	Staff Signature	Date	Initials	Staff Signature	Date	Initials
A. Beshears, RN		6/2014	D. Hoxey, CMS		6/2014	S. Pertus, LPN
G. Blackburn, LPN		6/2014	A. Huddleston, CNA		6/2014	H. Pierce, LPN
C. Brenenstahl, dialysis tech		6/2014	D. Jensen, LPN		6/2014	J. Prudhomme, LPN
L. Brown, LPN		6/2014	N. Kaur, LPN		6/2014	D. Rainier, LPN
M. Bryant, RN		6/2014	K. Larsen, LPN		6/2014	E. Reed, LPN
T. Castello, HST		6/2014	S. Mallet, LPN		6/2014	J. Newton, CMS
S. Cates, LPN		6/2014	C. Marria, LPN		6/2014	G. Rodriguez, LPN
J. Drake, LPN		6/2014	J. Maxey, LPN		6/2014	M. Scifres, HST
B. Durkee, LPN		6/2014	T. McCall, LPN		6/2014	H. Smith, LPN
A. Elliot, LPN		6/2014	D. Mccood, LPN		6/2014	K. Thompson, LPN
V. Ferro, LPN		6/2014	S. McGrew, LPN		6/2014	L. Whitworth, RN
S. Field, RN		6/2014	K. Murray, RN		6/2014	C. Wilson, LPN
M. Henderson, RN		6/2014	S. Patterson, LPN		6/2014	C. Young, LPN
L. Hill, Pharm Tech		6/2014	Y. Peltier, RN		6/2014	
		6/2014	K. Thompson		6/2014	

Date/Time

NOTES

6/27/13 AM Refused med - All LPN







**MEDICATION ADMINISTRATION RECORD**  
ID

July 2013

Month:

6340-

M

IDAHO STATE CORR INST (ISC)

Facility:

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
ASPIRIN EC 81 MG TABEC -ECOTRIN -																																			
TAKE 1 TAB BY MOUTH DAILY WITH FOOD FOR 180 DAYS->> DO NOT CRUSH <<																																			
Prescriber: WHINNERY, CATHERINE																																			
Order Date: 03/26/13																																			
Stop Date: 09/22/13																																			
CALCIUM CARB 1250MG/MT D 1250 MG TABS -OSCAL-D 500-																																			
TAKE 1 TAB BY MOUTH DAILY WITH FOOD FOR 180 DAYS																																			
Prescriber: WHINNERY, CATHERINE																																			
Order Date: 03/26/13																																			
Stop Date: 09/22/13																																			
ESTRADIOL 2 MG TABS -ESTRACE-																																			
TAKE 1 TAB DAILY FOR 80 DAYS "APPROVED"																																			
Prescriber: WHINNERY, CATHERINE																																			
Order Date: 05/31/13																																			
Stop Date: 08/29/13																																			
FINASTERIDE 5 MG TABS -PROSCAR-																																			
TAKE 1 TAB DAILY FOR 90 DAYS "APPROVED" >>WOMEN OF CHILD BEARING AGE SHOULD NOT HANDLE THIS DRUG<<																																			
Prescriber: WHINNERY, CATHERINE																																			
Order Date: 05/31/13																																			
Stop Date: 08/29/13																																			
FLUOXETINE 20 MG CAPS -PROZAC-																																			
TAKE 1 CAP EACH MORNING FOR 120 DAYS >> MAY CAUSE DROWSINESS																																			
Prescriber: ELIASON, SCOTT PSY																																			
Order Date: 04/11/13																																			
Stop Date: 08/09/13																																			
Handwritten notes: I made Prozac to 30mg, 80 QAM X180D, Eliason																																			
Order Date: 06-26-13																																			
Stop Date: 10-25-13																																			

Diagnosis: No Known Drug Allergy

Allergies:

#3150 REV 4/10

94691

6340- MAIN() EDMO, MASON

DOB/Inmate #: Location: Name: PharmaCorr







MEDICATION ADMINISTRATION RECORD  
IDAHO STATE CORR INST (ISCI)

Month: August 2013

ID

6340-

M

6340- IDAHO STATE CORR INST (ISCI)

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Drug - Dose - Mode - Interval	FINASTERIDE 5 MG TABS ~PROSCAR~ 7-29-13																														
Instructions	TAKE 1 TAB DAILY FOR 90 DAYS **APPROVED** >>WOMEN OF CHILD BEARING AGE SHOULD NOT HANDLE THIS DRUG<< #30																														
Prescriber	WHINNERY, CATHERINE R#28218129																														
Order Date	05/31/13 Start Date 5-31-13 Stop Date 08/29/13																														
Drug - Dose - Mode - Interval	FINASTERIDE 5 MG TABS ~PROSCAR~																														
Instructions	TAKE 1 TAB BY MOUTH DAILY FOR 90 DAYS (NOTE START DATE) **APPROVED** >>WOMEN OF CHILD BEARING AGE SHOULD NOT HANDLE THIS DRUG<<																														
Prescriber	WHINNERY, CATHERINE R#28488331																														
Order Date	08/29/13 Start Date 8-29-13 Stop Date 11/27/13																														
Drug - Dose - Mode - Interval	FLUOXETINE 10 MG CAPS ~PROZAC~																														
Instructions	TAKE 3 CAPS BY MOUTH EACH MORNING FOR 120 DAYS >> MAY CAUSE DROWSINESS <<																														
Prescriber	ELIASON, SCOTT PSY R#28404866																														
Order Date	06/27/13 Start Date 6-27-13 Stop Date 10/25/13																														
Drug - Dose - Mode - Interval	EDMO, MASON 94691																														
Instructions	CHLORZOXAZONE 500 MG TABS Rx: 28634198 (PARAFON FORTI) O/D: 07/31/13 SAYALA, EDWARD MD D/C: 08/30/13 TAKE 1 TAB THREE TIMES DAILY AS NEEDED X>> MAY CAUSE DROWSINESS <<																														
Prescriber	EDMO, MASON																														
Order Date	8-1-13 6340- MAIN																														

Diagnoses: No Known Drug Allergy

Allergies:

DOB/Inmate #: 94691

Location: 6340- MAIN B-49

Name: EDMO, MASON

PharmaCorr









































**MEDICATION ADMINISTRATION RECORD**  
IDAHO CORR INST-OROFINO (ICI-O)

Month: December 2013

Facility: M

6344-

IDAHO CORR INST-OROFINO (ICI-O)

ID

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
ASPIRIN EC 81 MG TBEC ~ECOTRIN ~	TAKE 1 TAB EACH MORNING FOR 90 DAYS >> DO NOT CRUSH <<	11/8																																			
Prescriber: YORK, RORY NP	Rx# 29316321																																				
Order Date: 11/04/13	Start Date: 02/02/14																																				
CALCIUM CARB 1250MG/MT D 1250 MG TABS ~OSCAL-D 500~	TAKE 1 TAB DAILY FOR 90 DAYS	11/8																																			
Prescriber: YORK, RORY NP	Rx# 29316322																																				
Order Date: 11/04/13	Start Date: 02/02/14																																				
ESTRADIOL 2 MG TABS ~ESTRACE~	TAKE 1 TAB BY MOUTH DAILY FOR 90 DAYS **APPROVED**	11/8																																			
Prescriber: YORK, RORY NP	Rx# 29387050																																				
Order Date: 11/12/13	Start Date: 02/10/14																																				
FINASTERIDE 5 MG TABS ~PROSCAR~	TAKE 1 TAB BY MOUTH DAILY FOR 90 DAYS **APPROVED** >> WOMEN OF CHILD BEARING AGE SHOULD NOT HANDLE THIS DRUG <<	11/8																																			
Prescriber: YORK, RORY NP	Rx# 29387046																																				
Order Date: 11/12/13	Start Date: 02/10/14																																				
SERTRALINE HCL 100 MG TABS ~ZOLOFT~	TAKE 1 TAB DAILY FOR 120 DAYS (NOTE START DATE) >> MAY CAUSE DROWSINESS <<	11/8																																			
Prescriber: MONTGOMERY, RICHARD, MD	Rx# 29120574																																				
Order Date: 10/14/13	Start Date: 02/11/14																																				
SPIRONOLACTONE 50 MG TABS ~ALDACTONE~	TAKE 1 TAB BY MOUTH TWICE DAILY FOR 90 DAYS >> MAY CAUSE DIZZINESS <<	11/8																																			
Prescriber: YORK, RORY NP	Rx# 29103989																																				
Order Date: 10/05/13	Start Date: 01/03/14																																				

Diagnosis: **EDMO, MASON**

No Known Drug Allergy

Allergies:

#3150 REV 4/10

DOB/Inmate #: **94691**

Location: **6344- MAIN**

Name: **EDMO, MASON**



MEDICATION ADMINISTRATION RECORD  
ID

December 2013

Month:

6344-

M

IDAHO CORR INST-ORFINO (ICI-O)

Facility:

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
APAP-ASA-CAFFEINE (24) 250-250-65 MG TABS -EXCEDRIN		#12																																			
MIGRAINE- TAKE 2 TABS BY MOUTH EVERY 6 HOURS AS NEEDED FOR 90 DAYS #24-> TAKE WITH FOOD <<		11/13																																			
Prescriber: YORRORY NP	Ref: 29384625	**PRN**PRN**																																			
Order Date: 11/13/13	Start Date:	Stop Date: 02/11/14																																			
Hydrocortisone cream 1% OAD x 30 days		#1																																			
Prescriber: YORR NP	Order Date: 11/13/13	Start Date: 11/16/13																																			
spironolactone 50mg PO BID x 120 days		#1																																			
Prescriber: YORR NP	Order Date: 12/24/13	Start Date: 12/27/13																																			
Order Date: 12/24/13	Start Date: 12/27/13	Stop Date: 4/27/13																																			
Prescriber:	Order Date:	Start Date:																																			
Prescriber:	Order Date:	Start Date:																																			

Diagnosis: **No Known Drug Allergy**

Allergies:

DOB/Immune #: **94691**

Location: **6344-MAIN**

Name: **EDMO, MASON**

PharmaCorr



**MEDICATION ADMINISTRATION RECORD**  
ID

Month: January 2014

6344- IDAHO CORR INST-OROFINO (ICI-O

Facility: M

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Drug - Dose - Mode - Interval	ASA 81mg PO QD X 120 days																														
Prescriber	Montgomery																														
Order Date	1-21-14																														
Start Date	1-22-14																														
Stop Date	5-21-14																														
Drug - Dose - Mode - Interval	Zolof 150mg PO Qday X 120 days																														
Prescriber	Bushman																														
Order Date	1-3-14																														
Start Date	1-3-14																														
Stop Date	1-11-14																														
Drug - Dose - Mode - Interval	CTM 4mg TID PO TID X 8 days																														
Prescriber	Bushman																														
Order Date	11/13/13																														
Start Date	02/11/14																														
Stop Date																															
Drug - Dose - Mode - Interval	ASA 81mg PO QD X 120 days																														
Prescriber	Bushman PA-C																														
Order Date	1/28/14																														
Start Date	1/28/14																														
Stop Date	5/28/14																														
Drug - Dose - Mode - Interval	Calcium carb 1500mg/ vit D 1000iu PO QD X 120 days																														
Prescriber	Bushman PA-C																														
Order Date	1/28/14																														
Start Date	1/28/14																														
Stop Date	5/28/14																														

Diagnosis: No Known Drug Allergy

Allergies:

DOB/Inmate #: 94691

Location: 6344- MAIN

Name: EDMO, MASON













**MEDICATION ADMINISTRATION RECORD**

Facility: **M** IDAHO CORR INST-ORFINO (ICI-O) **6344-** **ID** **February 2014** Month: **February 2014**

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Drug - Dose - Mode - Interval	ASPIRIN EC 81 MG TBEC ~ ECOTRIN ~																														
TAKE 1 TAB DAILY FOR 120 DAYS >> DO NOT CRUSH <<																															
Prescriber: BUSHNELL, ANTHONY, PA	Rx# 29849736																														
Order Date: 01/28/14	Start Date: 05/28/14																														
Drug - Dose - Mode - Interval	CALCIUM CARB 1250MG/VIT D 1250 MG TABS ~ OSCAL-D 500~																														
TAKE 1 TAB DAILY FOR 120 DAYS																															
Prescriber: BUSHNELL, ANTHONY, PA	Rx# 29949741																														
Order Date: 01/28/14	Start Date: 05/28/14																														
Drug - Dose - Mode - Interval	ESTRADIOL 2 MG TABS ~ ESTRACE~																														
TAKE 1 TAB BY MOUTH DAILY FOR 90 DAYS **APPROVED**																															
Prescriber: YORK, RORY NP	Rx# 29387050																														
Order Date: 11/12/13	Start Date: 02/10/14																														
Drug - Dose - Mode - Interval	FINASTERIDE 5 MG TABS ~ PROSCAR~																														
TAKE 1 TAB BY MOUTH DAILY FOR 90 DAYS **APPROVED** >> WOMEN OF CHILD BEARING AGE SHOULD NOT HANDLE THIS DRUG <<																															
Prescriber: YORK, RORY NP	Rx# 29387046																														
Order Date: 11/12/13	Start Date: 02/10/14																														
Drug - Dose - Mode - Interval	SERTRALINE HCL 50 MG TABS ~ ZOLOFT~																														
TAKE 3 TABS (150MG) DAILY FOR 120 DAYS >> MAY CAUSE DROWSINESS																															
Prescriber: MONTGOMERY, RICHARD, MD	Rx# 29889039																														
Order Date: 01/21/14	Start Date: 05/21/14																														
Drug - Dose - Mode - Interval	SPIRONOLACTONE 50 MG TABS ~ ALDACTONE~																														
TAKE 1 TAB BY MOUTH TWICE DAILY FOR 120 DAYS **APPROVED** >> MAY CAUSE DIZZINESS <<																															
Prescriber: BUSHNELL, ANTHONY, PA	Rx# 29882734																														
Order Date: 12/24/13	Start Date: 04/23/14																														

Diagnosis: **No Known Drug Allergy**

Allergies:

#3150 REV 4/10

94691

6344- MAIN0

EDMO, MASON

Location: **BZ** Name:

DOB/Inmate #:

PharmaCorr



**MEDICATION ADMINISTRATION RECORD**

February 2014

Month: _____

ID _____

6344- IDAHO CORR INST-OROFINO (ICI-O)

Facility: M

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Drug - Dose - Mode - Interval																															
APAP-ASA-CAFFEINE (24) 250-250-65 MG TABS ~EXCEDRIN																															
MIGRAINE~																															
TAKE TABS BY MOUTH EVERY 6 HOURS AS NEEDED FOR 90 DAYS #24>>																															
TAKE WITH FOOD <<																															
Prescriber: YORK, RORY NP																															
Order Date: 11/13/13																															
R# 29394625																															
Stop Date: 02/11/14																															
Start Date: 11/13/13																															
Extrace 2mg po QD x 12w days																															
Prescriber: Bushnell																															
Order Date: 1/28/14																															
Start Date: 1-28-14																															
Stop Date: 5-28-14																															
Proscar 5mg po Q day x 12w days																															
Prescriber: Bushnell																															
Order Date: 1-28-14																															
Start Date: 1-28-14																															
Stop Date: 5-28-14																															
Prescriber:																															
Order Date:																															
Stop Date:																															
Prescriber:																															
Order Date:																															
Stop Date:																															
Prescriber:																															
Order Date:																															
Stop Date:																															

Diagnosis: _____

Allergies: **No Known Drug Allergy**

DOB/Inmate #: **94691**

Location: **6344- MAINO**

Name: **EDMO, MASON**

PharmaCarr









**MEDICATION ADMINISTRATION RECORD**

Facility: ISCI

Month: March 2014

Int.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
	Pruscar 5mg TpoDly XA019 Prescriber: <u>Whitney 415</u> Order Date: <u>3/16</u> Start Date: _____ Stop Date: _____																																			
	Prescriber: _____ Order Date: _____ Start Date: _____ Stop Date: _____																																			
	Prescriber: _____ Order Date: _____ Start Date: _____ Stop Date: _____																																			
	Prescriber: _____ Order Date: _____ Start Date: _____ Stop Date: _____																																			

STOP  
STOP 4/15/14

Diagnosis: _____

Allergies: AKDA

DOB/Inmate #: AKDA1

Location: 6390

Name: Edmo, Mason







MEDICATION ADMINISTRATION RECORD

Facility: 6340

Month: MARCH 2014

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aspirin 81mg Take 1 TAB PO DAILY x 30 days Prescriber: Whimney Order Date: 2/19/14 Start Date: 2/20/14 Stop Date: 3/20/14	AM	DL							New order											STOP											
Oscar-D 500mg/1250mg Take 1 TAB PO DAILY x 30 days Prescriber: Whimney Order Date: 2/19/14 Start Date: 2/20/14 Stop Date: 3/20/14	AM	DL							New order											STOP											
Sentinel 50mg (Zolofid) Take 3 TABS (150mg) PO daily x 30 days Prescriber: Whimney Order Date: 2/19/14 Start Date: 2/20/14 Stop Date: 3/20/14	AM	DL							New Order											STOP											
Spiroonolactone 50mg (ALDACTONE) Take 1 TAB PO BID x 30 days Prescriber: Whimney Order Date: 2/19/14 Start Date: 2/20/14 Stop Date: 3/20/14	AM	DL							New Order											STOP											
Estradiol 2mg Take 1 TAB PO q day x 30 days Prescriber: Whimney Order Date: 2/19/14 Start Date: 2/20/14 Stop Date: 3/20/14	AM	DL							New Order											STOP											
Proscar 5mg (FINASTERIDE) Take 1 TAB PO q day x 30 days Prescriber: Whimney Order Date: 2/19/14 Start Date: 2/20/14 Stop Date: 3/20/14	AM	DL							New order											STOP											

Diagnosis: [REDACTED]

Allergies: [REDACTED]

DOB (format #): #94691

Location: 6340

Name: EDMOND, MASON