

Health care and correctional staff shall take particular care to monitor any inmate who is potentially a suicide risk. See the Program Statement on Suicide Prevention Program.

b. Chronic-Care Clinics. Each HSU shall conduct chronic-care clinics at least quarterly. The CD shall have professional responsibility for all chronic-care clinics. Clinics may not be scheduled during peak sick call hours. Every effort shall be made to schedule consultant visits during non-peak sick call hours. A physician shall supervise and monitor all chronic-care clinics, and shall examine and evaluate any patient placed in or removed from a clinic. A MLP, under the direction of a physician, may manage the care of a stable patient in the clinics. The physician shall evaluate a patient requiring ongoing medication as often as clinically necessary.

The HSA shall ensure a tracking system is maintained that is accessible to all Health Services staff, to ensure identification and follow-up of patients for chronic-care clinics (the SMD tracking system is mandatory). The system shall:

- (1) Identify inmates using specific identifiers, by roster, who have specific chronic diseases, and require follow-up care.
- (2) Provide periodic review of the status of these inmates.
- (3) Identify for each patient the last visit and next visit dates and retrieve patients who have missed appointments.

The CD shall ensure that Health Services staff make all appropriate health record entries. Staff shall maintain complete notes from these clinics, using SF 600. Each entry on the SF 600 shall be preceded by a block stamp identifying the specialty clinic.

c. Eye Care

(1) Eyeglasses. The Bureau shall furnish prescription eyeglasses to any inmate requiring them, as documented through a professional prescription. Federal Prison Industries, FCI Butner, NC, is the only approved vendor at Government expense.

Inmates may retain their eyeglasses at admission, or may obtain eyeglasses from their home upon determination of need by medical staff. All such glasses are subject to inspection for contraband. The form permitting glasses to be sent to an inmate shall have attached the documentation of need.

An inmate desiring more than one pair of glasses, or a pair of a different style than provided by the Bureau, may obtain a copy of his or her prescription through the respective Unit Manager or Case Worker, for purchase at personal expense. Local guidelines shall govern the type and style of glasses obtainable. The Unit Manager may approve repair of privately obtained glasses by a non-Bureau optical firm.

MEDICAL RECORD

PROGRESS NOTES

DATE
7-28-00
1165
Psychology
Note
Care Conference

A care conference was held this morning with the following staff present: AW(MH) Dr. R. Westrick, AW(Med.) Good, AW(P) L. Wynn, Dr. D. Shine, Dr. R. Thompson, Dr. F. Roberson, PA M. Koepke, Psychologists C. Scrance and J. Imp, CCS J. Castaneda, CC L. Schatte, staff Interpreter S. Davenport. Other persons in Mental Health attended ^{on 9/8} including nursing staff. Dr. Sigurdson reported that it appears that the patient has been getting adequate amounts of sleep, that he is not judged as suffering from a major mental illness at this time, and that the Paxil and Depakote which has been prescribed does not appear to have benefitted his mood or behavior. Nursing staff reported that he has recently stopped taking the medications. PA M. Koepke reported that she approached Mr. Alonzo-Llerena to give him Ensure and he was lucid, talkative and cooperative until one of the nurses came by; when he saw the nurse he poured out the Ensure. PA Koepke also reported the patient was flirtatious with her. A nurse reported that he had told he liked to look at the pretty women at the institution. S. Davenport reported that the patient immediately stopped yelling and flailing his arms and stood and stared at her yesterday, after she told him to stop screeching and she called him by his nickname which he did not know she knew. I attempted to interview
(continued on other side) (Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

ALONZO-LLERENA, ROBERTO

PROGRESS NOTES
Medical Record

01121-131

DOB 04-02-1949
FNC ROCHE IR, RA

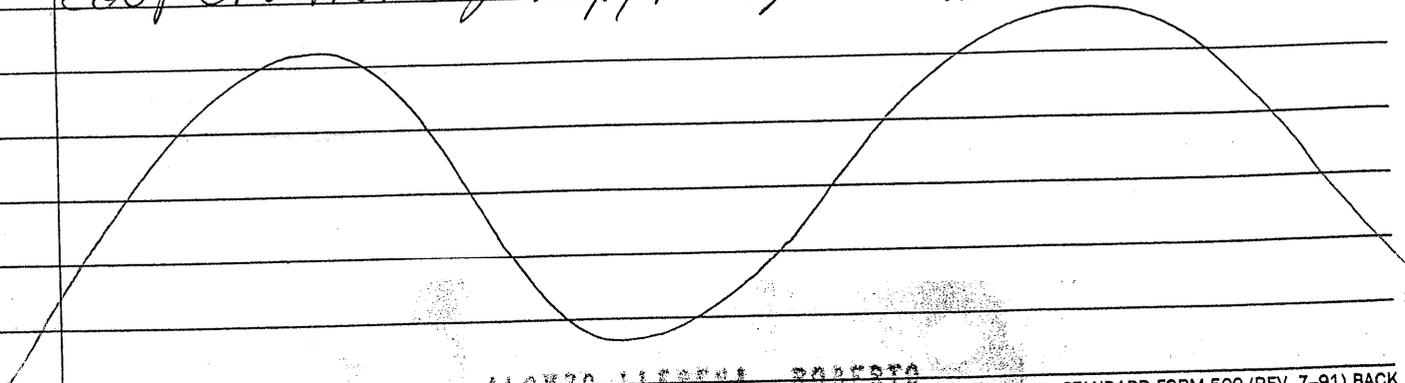
PROGRESS NOTES

note
continued from other side)

DATE
5-00

him at 0915 today. Initially he did not speak. He dipped a piece of orange in the toilet water and then stared at it. He attempted to pull the toilet from the wall, he attempted to pull the bed loose from the floor, he climbed up and stood on top the sink, and he pointed and pantomimed and slapped the wall, sometimes in response to my questions about possibly seeing bugs and ghosts. His nodded in assent when I asked him if he wanted to use the sink/toilet and the bed as weapons against a ghost by the outer window. He said the ghost was his "grand father". The Medical, Psychiatric/Psychology, Central files were reported on and discussed. It was concluded that the patient does not have any significant medical problems needing treatment and that he does not have a major mental illness to treat. The goal is to get him to normalize his behavior so that the suicide watch can be discontinued and that he can be transferred to an appropriate institution. Ms. Davenport will confront him with the conclusions of the care conference, and attempt to enlist his cooperation. J. Imp, Ph.D., L.P.

John M. Imp, Ph.D.
FMC Rochester



ALONZO LLEUSA, ROBERTO

STANDARD FORM 509 (REV. 7-91) BACK

01121-131

01-09-1980

Next Register Number Submit Reg Number Summary Listing Comments NEW Suicide Reports**01121-131 ALONSO-LLERENA, ROBERTO****-Summary Listing-**

Date	Contact Type	Institution	Author
<u>6/8/2004</u>	EVAL/RPT STAFF CONSULT	MEM	C.HUNTER, PSY.D.
<u>6/4/2004</u>	EVAL/RPT STAFF REFERRAL	MEM	STACY SPIER, PH.D.
<u>6/4/2004</u>	CONTACT, BRIEF COUNSELING	MEM	C.HUNTER, PSY.D.
<u>5/10/2004</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>4/14/2004</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>3/17/2004</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>3/17/2004</u>	EVAL/RPT MONTHLY MONITORING - ADMIN NOTE	MEM	JOHN F. WEAVER, PH.D.
<u>3/1/2004</u>	EVAL/RPT ASSESSMENT PER STAFF REQUEST	MEM	STACY SPIER, PH.D.
<u>2/17/2004</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>2/17/2004</u>	EVAL/RPT HOSPITAL RETURN MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>2/5/2004</u>	EVAL/RPT ASSESSMENT PER STAFF REQUEST	MEM	JOHN F. WEAVER, PH.D.
<u>2/4/2004</u>	EVAL/RPT ASSESSMENT PER STAFF REQUEST	MEM	STACY SPIER, PH.D.
<u>1/20/2004</u>	EVAL/RPT HOSPITAL RETURN MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>1/20/2004</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>1/14/2004</u>	EVAL/RPT ASSESSMENT PER STAFF REQUEST	MEM	JOHN F. WEAVER, PH.D.
<u>12/22/2003</u>	EVAL/RPT HOSPITAL RETURN MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>12/22/2003</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>11/25/2003</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
	EVAL/RPT FOLLOW-UP		

Attachment 3

<u>11/19/2003</u>	ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>11/18/2003</u>	EVAL/RPT FOLLOW-UP ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>11/17/2003</u>	EVAL/RPT FOLLOW-UP ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>11/15/2003</u>	EVAL/RPT ASSESSMENT PER STAFF REQUEST	MEM	JOHN F. WEAVER, PH.D.
<u>10/24/2003</u>	EVAL/RPT HOSPITAL RETURN MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>9/16/2003</u>	EVAL/RPT HOSPITAL RETURN MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>8/26/2003</u>	EVAL/RPT HOSPITAL RETURN MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>8/4/2003</u>	INTAKE SCREENING	MEM	JOHN F. WEAVER, PH.D.
<u>7/30/2003</u>	EVAL/RPT FTC	OKL	STACY J. GATHMAN, PSY.D.
<u>7/30/2003</u>	EVAL/RPT TRANSFER SUMMARY	MEM	STACY SPIER, PH.D.
<u>7/24/2003</u>	EVAL/RPT DISCHARGE SUMMARY	DEV	BECOTTE, DENNIS P.
<u>1/28/2003</u>	SHU REVIEW	DEV	STACIE VERNICK
<u>1/30/2002</u>	SHU REVIEW	DEV	LEISCHNER, MICHELLE
<u>12/5/2001</u>	SHU REVIEW	DEV	SONNEGA, JEFFREY
<u>10/12/2001</u>	SHU REVIEW	DEV	SEKULIC, KEN
<u>10/3/2001</u>	INTAKE SCREENING	DEV	SONNEGA, JEFFREY
<u>9/26/2001</u>	POST-SUICIDE WATCH REPORT	MEM	STACY SPIER, PH.D.
<u>9/25/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	DR. RON WELCH
<u>9/24/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	STACY SPIER, PH.D.
<u>9/23/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	DR. JAMIE WASILEWSKI
<u>9/22/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	DR. JAMIE WASILEWSKI
<u>9/21/2001</u>	EVAL/RPT SUICIDE WATCH CONTACT	MEM	DR. RON WELCH
<u>9/20/2001</u>	EVAL/RPT SUICIDE WATCH CONTACT	MEM	STACY SPIER, PH.D.
<u>9/19/2001</u>	EVAL/RPT SUICIDE WATCH CONTACT	MEM	DR. RON WELCH
<u>9/18/2001</u>	EVAL/RPT SUICIDE WATCH CONTACT	MEM	DR. RON WELCH

<u>9/17/2001</u>	EVAL/RPT SUICIDE WATCH CONTACT	MEM	STACY SPIER, PH.D.
<u>9/16/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	STACY SPIER, PH.D.
<u>9/15/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	STACY SPIER, PH.D.
<u>9/14/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	STACY SPIER, PH.D.
<u>9/14/2001</u>	EVAL/RPT 204 REFERRAL	MEM	STACY SPIER, PH.D.
<u>9/13/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	STACY SPIER, PH.D.
<u>9/12/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	STACY SPIER, PH.D.
<u>9/11/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	DR. JAMIE WASILEWSKI
<u>9/10/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	STACY SPIER, PH.D.
<u>9/9/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	STACY SPIER, PH.D.
<u>9/8/2001</u>	EVAL/RPT SUICIDE WATCH NOTE	MEM	STACY SPIER, PH.D.
<u>9/7/2001</u>	EVAL/RPT RECORDS NOTE	MEM	DR. RON WELCH
<u>9/6/2001</u>	SUICIDE RISK ASSESSMENT	MEM	DR. JAMIE WASILEWSKI
<u>8/22/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>7/25/2001</u>	EVAL/RPT FURTHER STATUS UPDATE	MEM	DR. RON WELCH
<u>7/25/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>7/5/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>6/22/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>6/4/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>5/31/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>5/30/2001</u>	SUICIDE RISK ASSESSMENT	MEM	DR. RON WELCH
<u>4/30/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>4/5/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>3/7/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>2/21/2001</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>2/20/2001</u>	EVAL/RPT PSYCHIATRY CLINIC	MEM	DR. JAMIE WASILEWSKI
<u>2/18/2001</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ

<u>2/16/2001</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>2/14/2001</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>2/13/2001</u>	EVAL/RPT REPORT OF CONTACT	MEM	DR. TED MORETZ
<u>2/12/2001</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>2/9/2001</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>2/8/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>2/7/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>1/29/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>1/10/2001</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>1/5/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>12/21/2000</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>12/20/2000</u>	CONTACT, CRISIS INTERVENTION	MEM	DR. TED MORETZ
<u>12/5/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>11/22/2000</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>11/15/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>10/13/2000</u>	EVAL/RPT MENTAL HEALTH EVALUATION	MEM	DR. TED MORETZ
<u>10/11/2000</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>10/2/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>9/11/2000</u>	CONTACT, BRIEF COUNSELING	MEM	DR. RON WELCH
<u>9/5/2000</u>	EVAL/RPT REFUSED APPOINTMENT	MEM	DR. JAMIE WASILEWSKI
<u>8/28/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>8/23/2000</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>8/22/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>8/14/2000</u>	CONTACT, BRIEF COUNSELING	MEM	DR. RON WELCH
<u>8/9/2000</u>	TREATMENT PLAN	MEM	DR. RON WELCH
<u>8/8/2000</u>	EVAL/RPT PSYCHOLOGY CONTACT	MEM	DR. TED MORETZ
<u>8/3/2000</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>8/2/2000</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>8/1/2000</u>	EVAL/RPT R & D REVIEW	MEM	DR. JAMIE WASILEWSKI
<u>7/24/2000</u>	SHU REVIEW	RCH	JOHN IMP, PH.D., L.P.
<u>7/24/2000</u>	EVAL/RPT MDS CODE	RCH	JOHN IMP, PH.D., L.P.

<u>7/14/2000</u>	EVAL/RPT PSYCHIATRIC EVALUATION	RCH	CHRIS SIGURDSON, M.D.
<u>7/5/2000</u>	INTAKE SCREENING	RCH	CHERYL RENAUD, MSC
<u>6/22/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>6/20/2000</u>	CONTACT, BRIEF COUNSELING	MEM	DR. TED MORETZ
<u>6/16/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>6/15/2000</u>	TREATMENT PLAN	MEM	DR. RON WELCH
<u>6/14/2000</u>	SHU REVIEW	MEM	DR. RON WELCH
<u>6/14/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>6/12/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>6/9/2000</u>	SUICIDE RISK ASSESSMENT	MEM	DR. TED MORETZ
<u>6/2/2000</u>	EVAL/RPT PSYCH REVIEW	MEM	DR. JAMIE WASILEWSKI
<u>6/1/2000</u>	EVAL/RPT PSYCHOLOGY NOTE	MEM	DR. TED MORETZ
<u>5/31/2000</u>	CONTACT, CRISIS INTERVENTION	MEM	DR. TED MORETZ
<u>5/31/2000</u>	CONTACT, CRISIS INTERVENTION	MEM	DR. TED MORETZ
<u>5/31/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>5/30/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. TED MORETZ
<u>5/30/2000</u>	EVAL/RPT PSYCHIATRIC CONSULT	MEM	DR. JAMIE WASILEWSKI
<u>5/25/2000</u>	EVAL/RPT PSYCHOLOGY UPDATE	MEM	DR. TED MORETZ
<u>5/23/2000</u>	EVAL/RPT PSYCHOLOGY UPDATE	MEM	DR. TED MORETZ
<u>5/20/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. TED MORETZ
<u>5/19/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. JAMIE WASILEWSKI
<u>5/18/2000</u>	SHU REVIEW	MEM	DR. RON WELCH
<u>5/17/2000</u>	SHU REVIEW	MEM	DR. RON WELCH
<u>5/17/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>5/15/2000</u>	EVAL/RPT PSYCH. REVIEW	MEM	DR. JAMIE WASILEWSKI
<u>5/12/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. TED MORETZ
<u>5/10/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. TED MORETZ
<u>5/9/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>5/4/2000</u>	SUICIDE RISK ASSESSMENT	MEM	DR. JAMIE WASILEWSKI
<u>5/3/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH

RCH
7.17.24

<u>5/1/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>4/25/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>4/25/2000</u>	EVAL/RPT MEMO	MEM	DR. RON WELCH
<u>4/25/2000</u>	CONTACT, BRIEF COUNSELING	MEM	DR. JAMIE WASILEWSKI
<u>4/25/2000</u>	CONTACT, BRIEF COUNSELING	MEM	DR. RON WELCH
<u>1/21/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>5/11/1999</u>	EVAL/RPT PSYCHOLOGICAL REVIEW	MEM	DR. JAMIE WASILEWSKI
<u>5/10/1999</u>	SUICIDE RISK ASSESSMENT	MEM	DR. JAMIE WASILEWSKI
<u>4/6/1999</u>	CONTACT, CRISIS INTERVENTION	MEM	DR. ANTHONY JIMENEZ
<u>3/11/1999</u>	CONTACT, BRIEF COUNSELING	MEM	MS. SHAUNTA ADAMS
<u>3/1/1999</u>	EVAL/RPT TREATMENT PLAN CLOSURE NOTE	MEM	MS. SHAUNTA ADAMS
<u>2/4/1999</u>	INTAKE SCREENING	MEM	DR. RON WELCH
<u>1/28/1999</u>	EVAL/RPT PSYCH. REVIEW	MEM	DR. JAMIE WASILEWSKI
<u>1/4/1999</u>	TREATMENT PLAN	THA	BILL ELLIOTT, PH.D.
<u>12/29/1998</u>	EVAL/RPT SUICIDE PREVENTION UPDATE	THA	BILL ELLIOTT, PH.D.
<u>12/26/1998</u>	EVAL/RPT SUICIDE PREVENTION FOLLOW-UP	THA	BILL ELLIOTT, PH.D.
<u>12/23/1998</u>	CONTACT, INDIVIDUAL THERAPY	THA	C. A. BIGLER, PH.D.
<u>12/22/1998</u>	POST-SUICIDE WATCH REPORT	THA	BILL ELLIOTT, PH.D.
<u>12/21/1998</u>	EVAL/RPT SUICIDE WATCH UPDATE	THA	BILL ELLIOTT, PH.D.
<u>12/20/1998</u>	SUICIDE RISK ASSESSMENT	THA	C. A. BIGLER, PH.D.
<u>12/18/1998</u>	CONTACT, BRIEF COUNSELING	THA	TED MORETZ, PH.D.
<u>12/14/1998</u>	CONTACT, BRIEF COUNSELING	THA	TED MORETZ, PH.D.
<u>12/14/1998</u>	CONTACT, CRISIS INTERVENTION	THA	TED MORETZ, PH.D.
<u>12/11/1998</u>	SUICIDE RISK ASSESSMENT	THA	TED MORETZ, PH.D.
<u>12/11/1998</u>	EVAL/RPT MENTAL STATUS EXAMINATION	THA	TED MORETZ, PH.D.

o: Psychiatry From: J. Weaver, Ph.D. Date of request: 08/20/2003

REASON FOR REQUEST: Routine psychiatry assessment. Inmate returning from acute psychiatric hospitalization

PROVISIONAL DIAGNOSIS: Deferred. D/C summary indicates no medication, consider D/C from H.H.C.C. Recent complaints of "depression"

PATIENT: 41 y.o. Cuban from Miami that has Dx of MDD w/ psychotic features. An acute decline previously. Long h/o mental illness, multiple hunger strike and suicide attempt, he tried to hang himself from a tree. Patient has been in acute SUBJECTIVE: hurt x2 20% suicide. At present he refuses to take med. He agree try Tegretol and to continue w/ Vistamil. Dose 5/1h. no thoughts of noted no suicid. no prison. insight & Judgment + good. Mx very reluctant

Presence of Medication Side Effects: None Other:

ASSESSMENT:

- is I 300.00 Anxiety Disorder, NOS 309.81 PTSD 296.90 Mood Disorder, NOS 296.80 Bipolar Disorder, NOS 311 Depressive Disorder, NOS 295.70 Schizoaffective Disorder, NOS 295.90 Schizophrenia, NOS 298.90 Psychotic Disorder, NOS 305.00 Alcohol Abuse 304.80 Polysubstance Dependence Other (specify)
is II 301.7 Antisocial Personality Disorder 301.83 Borderline Personality Disorder 301.9 Personality Disorder, NOS Other (specify)

is III General Medical Conditions (Specify) BPPD
is IV Psychosocial And Environmental Problems (Specify) evaluation
is V S.A.F. 70

Client Education: Medication Information Counseling Services Support Groups Follow Up: 4 weeks 8 weeks 12 weeks Other (specify) By Medical By Psychology None At This Time Other (specify) [signature]

Medication: Tegretol XR 200 mg AT 8pm VISTAMIL 50 mg AT 8pm DR. NAHEM A. NAIMEY CLINICAL DIRECTOR FCI MEMPHIS 9/26/03

Laboratory Studies: None Other CONSULTANT SIGNATURE & STAMP CLINICAL DIRECTOR SIGNATURE & STAMP: DATE: 9.26.03

NAME: Alonzo Hojena R REGISTRATION NUMBER: #06219-033 01121-131 BIRTH DATE: 05/15/1961 4/2/49 CONSULTATION SHEET

****LIMITED OFFICIAL USE****

FEDERAL BUREAU OF PRISONS

HOSPITAL RETURN MONITORING

Friday, October 24, 2003

ALONSO-LLERENA, ROBERTO Reg #: 01121-131

Inmate Alonso-Llerena presented on-time and in appropriate attire for monitoring. He exhibited a bright affect, and he reported his mood in positive terms. The inmate denied any concerns or complaints, and he adamantly denied any homicidal or suicidal ideation. He reported satisfaction with his current work assignment as a unit orderly. The inmate denied any need for increased contact with this service. Will follow again next month.

JOHN F. WEAVER, PH.D.

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

12-03

MENTAL HEALTH

1200

S. Pt is seen today to discuss compliance with prescribed medication (psychotropic). Pt states he does not desire to take any medication because he does not need them. Pt denies suicidal ideation / homicidal ideation. Continued to smoke. No key as an orderly in his unit.

Desires analgesic for chronic neck & pain.
D. BP 100/60 P 72 R. 15 T 97.2 PS 9/10 = 0 new.

AOX3 Speech is fluent and coherent. Pt presents well groomed. Memory is intact. Mood is appropriate. Affect is appropriate. No SIF or HI. Neck: ⊕ Dysphagia. ROM complete.

A. Depressed by Hx - 311. Bordenline Personality 0301.83

Reported Denial NOS 296.80. This pt was last seen by Dr. Sargent, contract psychiatrist, on 9-26-03 and was to be seen and found needed follow up and care. This is not mandatory. At this time pt will not comply with medical care.

Due to nature of his past psychiatric history included suicide attempt and gesture I will recommend care follow up with psychology.

Pt is unable to understand availability of treatment if he does desire to re-start his treatment. I have sent Dr. Sargent - Chief Psychiatrist as current primary care follow up. Pt number is V15-81

P-DIC Tergitol - DIC-Vistarol DIC Meprothalamine

Class follow up & psychology. *[Signature]*
Note 800, 1 to 510 PAW for copy #30 of jail status.

CLINICAL DIRECTOR
FCI MEMPHIS

12-03

1415

[Handwritten notes and signatures]

GARY D. TOMLINSON, DPH

15-03

[Handwritten notes]

WALEM A. NAIMY
CLINICAL DIRECTOR
FCI MEMPHIS

1815

OPTIONAL FORM 99 (7-90)

*Health Services Manual***FAX TRANSMITTAL**

of pages ▶

From

Phone #

Fax #

P.S. 6000.05
September 15, 1996
Chapter IX, Page 5TX #
202 307 6912

SN 7540-01-317-7388

5099-101

GENERAL SERVICES ADMINISTRATION

The forensic evaluator must explain and lack of confidentiality in the forensic situation. However, see Rule 12.2c of the Federal Rules of Criminal Procedure.

Section 6. Use of Psychiatric Medications

Psychiatric medication is to be used only for a diagnosable psychiatric disorder for which it is the most acceptable treatment. It is not designed for, nor should it be used as, a method of chemical control for behaviors unrelated to mental illness.

→ Absent a court order, involuntarily committing a person to a hospital, or otherwise allowing involuntary treatment, or a psychiatric emergency, psychiatric medications can only be administered voluntarily.

If an inmate is to receive psychiatric medications voluntarily, his/her informed consent must be documented. This must at least include documentation that, prior to he/she giving written consent (see drug specific sample consent forms on BOPDOCS; BP-S538.060, BP-S539.060, BP-S540.060, BP-S542.060, BP-S545.060, BP-S616.060, BP-S617.060), every effort was made to explain to the person why the medication was necessary, how it could improve his/her condition, possible side effects, consequences of not taking the medication, and any alternative treatment deemed appropriate. All of this shall be documented in the health record.

→ If involuntary medication has to be administered in an emergency setting outside a Psychiatric Referral Center, there should be an immediate emergency referral to one of the referral centers for evaluation and possible hospitalization.

→ A psychiatric emergency is defined as a person suffering from a mental illness that creates an immediate threat of bodily harm to self or others, serious destruction of property, or extreme deterioration of functioning secondary to psychiatric illness.

If psychiatric medication is to be administered in an emergency situation, a physician or psychiatrist must be prepared to testify that this medication constitutes appropriate treatment for the illness from which the patient is thought to suffer.

The physician or psychiatrist must also be prepared to testify that less restrictive alternatives were not available or indicated or would not have been effective. Less restrictive alternatives could include seclusion, physical restraint, and the use of minor tranquilizers prior to administration of neuroleptic medication.

Emergency treatment with psychiatric medications will ordinarily not be continued for more than 72 hours outside of Psychiatric Referral Centers.

****LIMITED OFFICIAL USE******FEDERAL BUREAU OF PRISONS****ASSESSMENT PER STAFF REQUEST****Saturday, November 15, 2003****ALONSO-LLERENA, ROBERTO Reg #: 01121-131**

This writer was contacted at home this evening at approx. 8:30 p.m. by the Medical Services Clinical Director (Dr. Naimey) concerning inmate Alonso-LLerena. The inmate was reportedly involved in an assault at 3:00 this afternoon, in which he reportedly assaulted three other inmates. The injuries sustained by several of the inmate were quite serious, and required outside hospitalization. Dr. Naimey expressed his concern that inmate Alonso may possibly decompensate and become suicidal as he realizes the extent of the injuries he inflicted; cited the inmate's past attempt at suicide while housed at this institution several years ago. This writer met with the inmate in SHU at approx. 9:15 p.m. Inmate Alonso-LLerena was standing near the cell door when I arrived. The inmate was celled alone. Obvious injuries and bandage around his left eye was easily observed. He was calm, and he exhibited a bright smile. He spoke with this writer at length, explaining what happened and his reasons for assaulting the other inmates. His narrative reflected considerable awareness of the degree of injuries he inflicted. The inmate's affect, as well as his narrative, reflected considerable pride in his actions, and he boasted at length about carrying out the assaults. His narrative was devoid of any symptoms of clinical relevance, and he denied any need for services from this department; he adamantly denied any need to talk with this writer in a more private setting. The inmate also denied any experience of suicidal ideation. No overt symptoms of mental illness were observed. This writer will follow on an as needed basis.

CC: Medical Record

JOHN F. WEAVER, PH.D.

MEDICAL RECORD CONSULTATION SHEET

REQUEST

TO: *2. Stacy Spence - Psychology* FROM: (Requesting physician or activity) DR. NAHEM A. NAIMEY DATE OF REQUEST 11-12-03

REASON FOR REQUEST (Complaints and findings) I have evaluated this patient today for his prolonged non-compliance with prescribed psychotropic medications. He is adamant about not taking his medication. I recommend that this patient be followed up

PROVISIONAL DIAGNOSIS *depression in your clinical in view of his past psychiatric history. The threshold for intervention should be very low with this patient*

PHYSICIAN'S SIGNATURE *[Signature]* APPROVED DR. NAHEM A. NAIMEY CLINICAL DIRECTOR FCI MEMPHIS PLACE OF CONSULTATION ROUTINE TODAY 72 HOURS EMERGENCY BESIDE ON CALL

CONSULTATION REPORT

RECORD REVIEWED YES NO PATIENT EXAMINED YES NO

Reviewed/approved by Utilization committee for scheduling.

Continue on reverse side)

SIGNATURE AND TITLE DATE IDENTIFICATION NO. ORGANIZATION REGISTER NO. WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)

Alonso-Illescas, Ruben

06-07-61

21121-131

Next Register Number **31185-083 PORTER, GERALD****-Summary Listing-**

Date	Contact Type	Institution	Author
<u>6/4/2004</u>	EVAL/RPT MDS CONTACT	COP	RICHARD D. HERMAN, PH.D.
<u>6/4/2004</u>	EVAL/RPT NO SHOW FOR CALL OUT	COP	RICHARD D. HERMAN, PH.D.
<u>5/4/2004</u>	TREATMENT PLAN	COP	RICHARD D. HERMAN, PH.D.
<u>5/4/2004</u>	EVAL/RPT MDS CONTACT	COP	RICHARD D. HERMAN, PH.D.
<u>4/2/2004</u>	EVAL/RPT PSYCH CLINIC	COP	RICHARD D. HERMAN, PH.D.
<u>3/29/2004</u>	INTAKE SCREENING	COP	JAVIER MOURIZ, PHD
<u>3/10/2004</u>	CONTACT, BRIEF COUNSELING	OKL	STACY J. GATHMAN, PSY.D.
<u>3/9/2004</u>	SHU REVIEW	OKL	J. DOUGLAS MOORE, PH.D.
<u>3/1/2004</u>	CONTACT, BRIEF COUNSELING	OKL	J. DOUGLAS MOORE, PH.D.
<u>2/19/2004</u>	CONTACT, BRIEF COUNSELING	OKL	STACY J. GATHMAN, PSY.D.
<u>2/17/2004</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>1/23/2004</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.
<u>1/20/2004</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>1/9/2004</u>	EVAL/RPT PSYCHIATRY CLINIC	MEM	DR. CHERRIE HUNTER
<u>12/22/2003</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>12/22/2003</u>	EVAL/RPT MDS MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>11/25/2003</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>11/15/2003</u>	EVAL/RPT BRIEF ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>10/28/2003</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>10/14/2003</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.
<u>9/25/2003</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.
<u>8/26/2003</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.
<u>7/25/2003</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.

<u>7/3/2003</u>	EVAL/RPT PSYCHOLOGICAL EVALUATION	MEM	STACY SPIER, PH.D.
<u>6/26/2003</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.
<u>5/27/2003</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.
<u>5/27/2003</u>	SHU REVIEW	MEM	MICHAEL PINKOWSKI, PH.D.
<u>5/21/2003</u>	EVAL/RPT PSYCHIATRY CLINIC	MEM	JOHN F. WEAVER, PH.D.
<u>5/16/2003</u>	EVAL/RPT DAP FOLLOW-UP	MEM	JOSH AVONDOGLIO, M.S.
<u>4/16/2003</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.
<u>4/16/2003</u>	EVAL/RPT PSYCHIATRY CLINIC	MEM	JOHN F. WEAVER, PH.D.
<u>3/26/2003</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.
<u>3/3/2003</u>	SHU REVIEW	MEM	MICHAEL PINKOWSKI, PH.D.
<u>2/27/2003</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.
<u>2/6/2003</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.
<u>2/4/2003</u>	SHU REVIEW	MEM	MICHAEL PINKOWSKI, PH.D.
<u>1/23/2003</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.
<u>1/15/2003</u>	EVAL/RPT PSYCHIATRY CLINIC	MEM	JOHN F. WEAVER, PH.D.
<u>1/6/2003</u>	SHU REVIEW	MEM	MICHAEL PINKOWSKI, PH.D.
<u>12/31/2002</u>	EVAL/RPT MDS MONITORING	MEM	STACY SPIER, PH.D.
<u>12/18/2002</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>11/26/2002</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>11/26/2002</u>	EVAL/RPT MDS MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>11/25/2002</u>	TREATMENT PLAN	MEM	STACY SPIER, PH.D.
<u>10/4/2002</u>	EVAL/RPT FOLLOW-UP ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>9/6/2002</u>	INTAKE SCREENING	MEM	JOHN F. WEAVER, PH.D.
<u>8/26/2002</u>	EVAL/RPT FTC	OKL	STORMY ADAMS, PSY.D.
<u>2/12/1990</u>	SHU REVIEW	BAS	JOHN RUBEL, PH.D.

****LIMITED OFFICIAL USE****

FEDERAL BUREAU OF PRISONS

PSYCHIATRY CLINIC

Wednesday, May 21, 2003

PORTER, GERALD Reg #: 31185-083

Inmate Porter was assessed in tandem with the contract psychiatrist on this date. The inmate was oriented in all spheres. He related to the clinicians in an active and genuine manner; he was friendly and respectful as well. He exhibited a blunt affect that was consistent with his baseline presentation. Thought process was clear and goal-directed; content was appropriate and relevant. The inmate reported a significant decrease in of auditory hallucinations, and stated "they're almost gone." Thought process was observed to be significantly more organized. He denied any homicidal or suicidal ideation. Review of pharmacy records revealed the inmate has been fully compliant with his psychotropic medication regimen for the past month.

Clinical impression is Schizophrenia, NOS; Seizure D/O NOS. Dr. Salgueiro recommended maintaining current medication regimen of Risperdal, 2 mg. @ 6:30 a.m. & 4 mg. @ 8 p.m.; Benadryl, 100 mg. @ 8 p.m.

Inmate Porter will RTC in 12 weeks. He agreed to contact Psychology Services upon any emergent need.

CC: Medical Record

JOHN F. WEAVER, PH.D.

****LIMITED OFFICIAL USE****

FEDERAL BUREAU OF PRISONS

PSYCHOLOGICAL EVALUATION
Thursday, July 03, 2003
PORTER, GERALD Reg #: 31185-083

I met with Inmate Porter in conjunction with Dr. Naimey in response to this inmate being placed into the SHU "pending medical and psychological evaluation." The referral question stems from this inmate's repeated incontinence of feces and urine. Consultation with Dr. Naimey verifies that this inmate has no medical condition contributing to this behavior. Though he has seizure disorder and has likely been noncompliant with his medication to control seizures (as evidenced by a low blood level of the medication even though it has been increased), the incontinence is not related to the seizures. The inmate today admitted to having a purpose for his behavior, namely "trying to get to Butner." He clearly is trying to achieve secondary gains with his behavior.

This inmate carries a diagnosis of Schizophrenia. However, this diagnosis is not related to the incontinence either.

In conclusion, this inmate's problems are under his control. Today he told me and Dr. Naimey that he was going to "straighten (his) act" and stop the incontinence behavior. Inmate Porter wants back out on the compound and expressed understanding that he must stop such behavior in order to be safe on the compound. There is no psychological reason to maintain this inmate in the SHU.

STACY SPIER, PH.D.

****LIMITED OFFICIAL USE****

FEDERAL BUREAU OF PRISONS

MDS MONITORING

Friday, July 25, 2003

PORTER, GERALD Reg #: 31185-083

I spoke with inmate individually. He arrived on time for his appointment. His affect was bright. He denied having any current concerns or symptoms of mental illness. He denied experiencing auditory hallucinations. He reported not having any more problems with incontinence of feces or with getting along with others. I updated his treatment plan and he signed it on this date. I will continue monthly monitoring.

STACY SPIER, PH.D.

****LIMITED OFFICIAL USE******FEDERAL BUREAU OF PRISONS****MDS MONITORING****Tuesday, August 26, 2003****PORTER, GERALD Reg #: 31185-083**

I met with inmate. He presented with his typical inappropriate affect (frequent giggling and smiling). He denied having any current concerns or difficulties adjusting, including problems with his cellmates. The previous problems with incontinence were denied, though this inmate is not always reliable in his reports. He reported that approximately once a week he hears a voice that says, "I love you." He denied having any problems with depression. He reported being compliant with his medication, which has also been a behavioral problem in the past. I will continue to monitor this inmate at least monthly.

STACY SPIER, PH.D.

****LIMITED OFFICIAL USE******FEDERAL BUREAU OF PRISONS****URGENT ASSESSMENT**

Monday, October 06, 2003

GONZALEZ-CORRAL, BLAS Reg #: 04114-131

Inmate Gonzales-Corrales was referred on this date by his housing unit officer, secondary to exhibiting "odd" behavior. Upon presentation to this writer, the inmate appeared agitated, mildly confused and moderately disheveled. The inmate was wearing earplugs, which he explained was a means for "blocking out" auditory hallucinations; this behavior is noted in PDS during previous psychotic episodes in 1999 and 1992. His speech was tangential, and content was positive for delusional content and paranoid ideation. The inmate was escorted to the operations office in order to employ a Spanish interpreter (Officer Brown); psychotic symptoms remained evident with translation. He denied any homicidal or suicidal ideation. Consultation with unit staff revealed the inmate was convicted of an incident report yesterday for insolence, and was reportedly moved to a different cell against the inmate's wishes.

This writer consulted the Clinical Director (Dr. Naimey), and contract psychiatrist (Dr. Salgueiro), and the Captain. Plan is to house the inmate in SHU with a cellmate, and render psychotropic intervention. Dr. Salgueiro recommended 2 mg. of Risperdal BID; inmate will be scheduled for next psychiatry clinic. This writer will follow as needed. Need for MDS monitoring will be ruled out after treatment of acute psychotic symptoms.
CC: Medical Record

JOHN F. WEAVER, PH.D.

Next Register Number

While it was true he was waiting for Peval he

Received clox f/w medication & responded well to treatment.

04114-131 GONZALEZ-CORRAL, BLAS

-Summary Listing-

Date	Contact Type	Institution	Author
<u>2/24/2004</u>	EVAL/RPT FOLLOW-UP ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>1/20/2004</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>1/9/2004</u>	EVAL/RPT PSYCHIATRY CLINIC	MEM	DR. CHERRIE HUNTER
<u>12/22/2003</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>12/22/2003</u>	EVAL/RPT FOLLOW-UP ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>12/5/2003</u>	CONTACT, BRIEF COUNSELING	MEM	STACY SPIER, PH.D.
<u>11/25/2003</u>	SHU REVIEW	MEM	JOHN F. WEAVER, PH.D.
<u>11/25/2003</u>	EVAL/RPT FOLLOW-UP ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>11/13/2003</u>	EVAL/RPT FOLLOW-UP ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>10/21/2003</u>	EVAL/RPT FOLLOW-UP ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>10/14/2003</u>	EVAL/RPT FOLLOW-UP ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>10/10/2003</u>	EVAL/RPT FOLLOW-UP ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>10/8/2003</u>	EVAL/RPT FOLLOW-UP ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>10/6/2003</u>	EVAL/RPT URGENT ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>9/30/2003</u>	CONTACT, BRIEF COUNSELING	MEM	STACY SPIER, PH.D.
<u>1/8/2002</u>	CONTACT, BRIEF COUNSELING	MEM	JOHN F. WEAVER, PH.D.
<u>10/30/2001</u>	CONTACT, BRIEF COUNSELING	MEM	STACY SPIER, PH.D.
<u>9/19/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH

<u>8/9/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>1/3/2001</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>10/24/2000</u>	EVAL/RPT EDUCATION MEMO	MEM	DR. RON WELCH
<u>10/23/2000</u>	CONTACT, BRIEF COUNSELING	MEM	DR. RON WELCH
<u>10/2/2000</u>	EVAL/RPT FOLLOWUP NOTE	MEM	DR. JAMIE WASILEWSKI
<u>9/20/2000</u>	CONTACT, BRIEF COUNSELING	MEM	DR. RON WELCH
<u>9/11/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>8/14/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>8/10/2000</u>	EVAL/RPT RECORDS UPDATE	MEM	DR. RON WELCH
<u>7/27/2000</u>	EVAL/RPT RECORDS REVIEW	MEM	DR. RON WELCH
<u>7/26/2000</u>	EVAL/RPT STATUS UPDATE	MEM	DR. RON WELCH
<u>7/25/2000</u>	EVAL/RPT PSYCHIATRIC CONSULT	MEM	DR. JAMIE WASILEWSKI
<u>7/13/2000</u>	INTAKE SCREENING	MEM	DR. RON WELCH
<u>7/13/2000</u>	EVAL/RPT RECORDS REVIEW	MEM	DR. RON WELCH
<u>7/10/2000</u>	EVAL/RPT R & D REVIEW	MEM	DR. JAMIE WASILEWSKI
<u>6/23/2000</u>	CONTACT, BRIEF COUNSELING	ALP	KATHERINE ORTIZ
<u>5/5/2000</u>	EVAL/RPT MENTAL STATUS EXAM	ALP	JOHN R. MITCHELL, PSY.D.
<u>4/11/2000</u>	EVAL/RPT TELEPSYCHIATRY CLINIC	ALP	JOHN R. MITCHELL, PSY.D.
<u>3/19/2000</u>	CONTACT, BRIEF COUNSELING	ALP	JOHN R. MITCHELL, PSY.D.
<u>3/14/2000</u>	EVAL/RPT TELEPSYCHIATRY CLINIC	ALP	JOHN R. MITCHELL, PSY.D.
<u>12/16/1999</u>	EVAL/RPT TELEPSYCHIATRY CONSULT	ALP	P.R. MAGALETTA, PH.D.
<u>12/9/1999</u>	EVAL/RPT MENTAL STATUS EXAM	ALP	JOHN R. MITCHELL, PSY.D.
<u>6/1/1999</u>	INTAKE SCREENING	ALP	P.R. MAGALETTA, PH.D.
<u>4/3/1998</u>	EVAL/RPT CONSIDERATION OF EDUCATION EXEMPT	FLP	DAVID A. CRAGO, PH.D.
<u>5/29/1997</u>	INTAKE SCREENING	FLP	DAVID A. CRAGO, PH.D.
<u>10/22/1996</u>	EVAL/RPT INTAKE REFUSAL	LVN	JAVIER MOURIZ, PH.D.
<u>8/31/1995</u>	INTAKE SCREENING	GRE	DUSTIN J. WARNER, PSY.D.
<u>12/27/1993</u>	SHU REVIEW	LEW	GERARD BRYANT, PH.D.
<u>11/10/1993</u>	SHU REVIEW	FAI	DIANNE RACKLIFFE, PSY.D.
<u>10/14/1993</u>	SHU REVIEW	FAI	DIANNE RACKLIFFE, PSY.D.

<u>3/25/1993</u>	EVAL/RPT PSYCHIATRIC CONSULT	FAI	JOEL FRIEDMAN, PH.D.
<u>2/24/1993</u>	EVAL/RPT MEMO TO LT'S OFFICE	FAI	JOEL FRIEDMAN, PH.D.
<u>2/23/1993</u>	CONTACT, BRIEF COUNSELING	FAI	JOEL FRIEDMAN, PH.D.
<u>2/19/1993</u>	CONTACT, BRIEF COUNSELING	FAI	JOEL FRIEDMAN, PH.D.
<u>2/12/1993</u>	CONTACT, BRIEF COUNSELING	FAI	JOEL FRIEDMAN, PH.D.
<u>2/8/1993</u>	CONTACT, BRIEF COUNSELING	FAI	JOEL FRIEDMAN, PH.D.
<u>2/2/1993</u>	CONTACT, BRIEF COUNSELING	FAI	JOEL FRIEDMAN, PH.D.
<u>1/22/1993</u>	CONTACT, INDIVIDUAL THERAPY	FAI	JOEL FRIEDMAN, PH.D.
<u>1/14/1993</u>	EVAL/RPT PSYCHIATRIC CONSULT	FAI	JOEL FRIEDMAN, PH.D.
<u>1/7/1993</u>	CONTACT, BRIEF COUNSELING	FAI	JOEL FRIEDMAN, PH.D.
<u>12/24/1992</u>	CONTACT, BRIEF COUNSELING	FAI	JOEL FRIEDMAN, PH.D.
<u>12/10/1992</u>	EVAL/RPT PSYCHIATRIC CONSULT	FAI	JOEL FRIEDMAN, PH.D.
<u>12/4/1992</u>	CONTACT, BRIEF COUNSELING	FAI	JOEL FRIEDMAN, PH.D.
<u>11/27/1992</u>	CONTACT, BRIEF COUNSELING	FAI	JOEL FRIEDMAN, PH.D.
<u>11/20/1992</u>	EVAL/RPT MISSED SESSION	FAI	JOEL FRIEDMAN, PH.D.
<u>10/30/1992</u>	EVAL/RPT MISSED SESSION	FAI	JOEL FRIEDMAN, PH.D.
<u>10/22/1992</u>	EVAL/RPT PSYCHIATRIC CONSULT	FAI	JOEL FRIEDMAN, PH.D.
<u>10/15/1992</u>	CONTACT, CRISIS INTERVENTION	FAI	JOEL FRIEDMAN
<u>10/15/1992</u>	EVAL/RPT MEDICATION NOTE	FAI	JOEL FRIEDMAN
<u>10/14/1992</u>	CONTACT, CRISIS INTERVENTION	FAI	JOEL FRIEDMAN
<u>8/12/1992</u>	CONTACT, BRIEF COUNSELING	FAI	JOEL FRIEDMAN
<u>4/1/1992</u>	CONTACT, BRIEF COUNSELING	FAI	MARGARET LUTZ, PSY.D.
<u>11/19/1991</u>	INTAKE SCREENING	FAI	MARY THORNQUIST, M.A.

****LIMITED OFFICIAL USE****

FEDERAL BUREAU OF PRISONS

FOLLOW-UP ASSESSMENT

Wednesday, October 08, 2003

GONZALEZ-CORRAL, BLAS Reg #: 04114-131

Conducted a follow-up assessment with inmate Gonzales-Corrales in SHU on this date. Upon my arrival, the inmate was laying in the top bunk. He remained in the bunk, however, he sat up and indicated that he was "doing o.k." He appeared considerably less agitated, and his hygiene appeared to be improved. He reported some improvement with hallucinations. Consultation with pharmacy staff revealed the inmate has been receiving the Risperdal since 10/06/2003; this writer observed the inmate receive and take the medication during the assessment. This writer will follow again in several days; will consider appropriateness of return to compound at that time.
CC: medical record

JOHN F. WEAVER, PH.D.

****LIMITED OFFICIAL USE******FEDERAL BUREAU OF PRISONS****FOLLOW-UP ASSESSMENT****Tuesday, October 14, 2003****GONZALEZ-CORRAL, BLAS Reg #: 04114-131**

Conducted a follow-up assessment with inmate Gonzales on this date. The inmate's thought process was improved, more logical, and easy to comprehend. He exhibited a moderately depressed affect, and he reported his mood in depressive terms; at times the inmate was tearful. The inmate reported a persistent experience of auditory hallucinations; description was command-oriented..."don't talk to Negroes." The inmate denied any experience of homicidal or suicidal ideation. He reported a desire to terminate use of Risperdal; after some discussion, the inmate was willing to continue use of meds. Will pursue an imminent psychiatric consultation to rule out any benefit of an antidepressant. Impression is a Major Depressive Disorder with psychotic features. He will also have a follow-up with this writer in approx. one week.

CC: Medical Record

JOHN F. WEAVER, PH.D.

****LIMITED OFFICIAL USE****

FEDERAL BUREAU OF PRISONS

FOLLOW-UP ASSESSMENT

Tuesday, October 21, 2003

GONZALEZ-CORRAL, BLAS Reg #: 04114-131

Inmate Gonzales-Corrales presented on-time and without any assistance. He exhibited an improved hygiene, and his affect reflected slightly more range. The inmate's thought process was more rational, clear, and less obsessive. The inmate reported daily compliance with medication; consultation with the pharmacist revealed sporadic misses, and approx. a 75% compliance rate. The inmate has returned to his job in UNICOR without incident. On this date, he denied any experience of hallucinations, and he adamantly denied any homicidal or suicidal ideation. Upon acquisition of a new psychiatry contract, the inmate will be referred to rule out any benefit of antidepressant intervention. The inmate will be scheduled for follow-up with this writer in approx. two weeks.

CC: Medical Record

JOHN F. WEAVER, PH.D.

****LIMITED OFFICIAL USE******FEDERAL BUREAU OF PRISONS****FOLLOW-UP ASSESSMENT****Thursday, November 13, 2003****GONZALEZ-CORRAL, BLAS Reg #: 04114-131**

Inmate Gonzales-Corrales presented on-time and in appropriate attire for follow-up. He exhibited considerably improved hygiene, as well as a brighter affect. The inmate reported his mood in positive terms. Thought process was rational and coherent. He denied any experience of hallucinations or delusions; a/v hallucinations were not observed. The inmate also reported not taking any medication for several weeks; discussion with the pharmacist confirmed the inmate's report. At this time, it is this writer's opinion the inmate suffered from a Major Depressive episode with Psychotic features, secondary to stress associated with a recent and disciplinary-type cell change. Acute symptoms appear to be resolved. Will follow again in one month, and determine need for further follow-up at that time.
CC: Medical Record

JOHN F. WEAVER, PH.D.

****LIMITED OFFICIAL USE****

SHU REVIEW

Date.....: Tuesday, November 25, 2003
Inmate.....: GONZALEZ-CORRAL, BLAS
Reg. No.....: 04114-131

Author.....: JOHN F. WEAVER, PH.D.
Title.....: DAP COORDINATOR
Institution.: MEM

Inmate GONZALEZ-CORRAL was placed in the Special Housing Unit on 11/22/2003. In accord with Discipline and SHU policy, a psychological review was conducted.

At the time of this review, inmate GONZALEZ-CORRAL was housed in the Special Housing Unit with a quarters assignment of ADMIN. DETENTION.

Inmate GONZALEZ-CORRAL was interviewed. Other staff members and/or available record were consulted as necessary and appropriate.

MENTAL STATUS : Current mental status, emotional expression, and behavior do not suggest significant mental health problems.

ADJUSTMENT : Based on current information, current adjustment to the Special Housing Unit appears to be SATISFACTORY.

THREAT TO SELF..... : Precise prediction of self-injurious behavior is difficult and should be modified over time as individual circumstances change. Based on the inmate's history, existing conditions, and other information available at the time of the review, the current risk of self-harm is judged to be LOW.

THREAT TO OTHERS .. : Precise prediction of dangerousness is difficult and should be modified over time as individual circumstances change. Based on the inmate's history, existing conditions, and other information available at the time of the review, the current potential for harm to others is judged to be LOW.

COMMENTS:

Inmate Gonzales-Corrales was standing near the cell door when I arrived to conduct a SHU review. He easily complied with an assessment. The inmate was oriented in all spheres. He expressed considerable frustration over remaining in SHU. However, He denied any homicidal or suicidal ideation, as well as any symptoms of clinical significance. No overt symptoms of mental illness were observed. No problems with SHU placement noted.

CC: SHU Lt. CC: Unit Team

****LIMITED OFFICIAL USE****

FEDERAL BUREAU OF PRISONS

FOLLOW-UP ASSESSMENT

Tuesday, November 25, 2003

GONZALEZ-CORRAL, BLAS Reg #: 04114-131

Conducted a follow-up assessment with inmate Gonzales-Corrales on this date. The inmate was standing near the cell door in SHU when I arrived. He had obvious swelling to the face as a result of the assault he recently sustained. The inmate expressed some frustration over remaining in SHU, and stated his desire to return to the compound and to UNICOR. His thought process was clear and linear; content was appropriate and relevant. His narrative was devoid of significant depressive symptomatology; he adamantly denied any homicidal or suicidal ideation. He also denied any appropriate needs from this service. Will continue to follow on an as-needed basis.
CC: Medical Record

JOHN F. WEAVER, PH.D.

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
- 24-03	<p>A. P. psychiatric Number NOS 300-89. Pt. doing well. No further further. Document direct to the Bureau. He stated about primary function meeting. History. Pt. is doing very well. His medication is correct. There are no other issues. He is satisfied with the results. He is doing well. He is doing well. P. DIC Report Enter in my notes. Report to the Bureau FIO memo to the Bureau 2-04</p> <p style="text-align: right;">DR. NAHEM A. NAIMEY CLINICAL DIRECTOR FCI MEMPHIS</p>
11-24-03 1500	<p>Adm. Note: Paperwork done in Central Board today. Moved back to CD at this time. Phy. Please dispense: Clonazepam 300, 10 96 Ls x 72p - Pt. on em. / 110</p> <p style="text-align: right;">DR. NAHEM A. NAIMEY CLINICAL DIRECTOR FCI MEMPHIS</p>
11/25/03 810	<p>Therapy appropriate? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Drug interactions? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Contraindications? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Patient Consultation? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Comments: _____</p> <p>Pharmacist: <i>[Signature]</i></p>

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BRIEF COUNSELING SESSION

Date.....: Friday, December 05, 2003
Inmate.....: GONZALEZ-CORRAL, BLAS
Reg. No.....: 04114-131

Author.....: STACY SPIER, PH.D.
Title.....: CHIEF PSYCHOLOGIST
Institution.: MEM

I spoke with this inmate while doing rounds in the SHU. He recognized me as one of the psychologists and asked if he could be placed "back on the medication" he was taking earlier. Today he complained that he was depressed. His affect was congruent with his mood. He expressed frustration with his placement in the SHU after his recent assault. Earlier Dr. Weaver contacted our contract psychiatrist and the Clinical Director Dr. Naimey when this inmate started showing signs of psychosis after developing clinical depression, with the end result being a prescription of Risperdol. The inmate become noncompliant after he improved. He also complained that he was too sedated while he was taking the medication, so it is likely that he would respond to a smaller dose than he was given previously. This information was given to Dr. Naimey, who agreed to review this case.

Next Register Number **24067-038 URENA-QUEZADA, RAFAEL****-Summary Listing-**

Date	Contact Type	Institution	Author
<u>5/19/2004</u>	EVAL/RPT MONTHLY MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>4/21/2004</u>	EVAL/RPT MONTHLY MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>3/17/2004</u>	EVAL/RPT MONTHLY MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>2/19/2004</u>	EVAL/RPT MONTHLY MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>1/21/2004</u>	EVAL/RPT FOLLOW-UP ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>1/21/2004</u>	EVAL/RPT MDS MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>1/9/2004</u>	EVAL/RPT PSYCHIATRY CLINIC	MEM	DR. CHERRIE HUNTER
<u>12/17/2003</u>	EVAL/RPT MDS MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>11/25/2003</u>	EVAL/RPT MDS MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>10/24/2003</u>	EVAL/RPT MDS MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>9/16/2003</u>	EVAL/RPT MDS MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>8/21/2003</u>	EVAL/RPT MDS MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>7/24/2003</u>	EVAL/RPT MDS MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>6/13/2003</u>	EVAL/RPT MDS MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>6/3/2003</u>	EVAL/RPT PSYCHIATRY CLINIC	MEM	JOHN F. WEAVER, PH.D.
<u>5/21/2003</u>	EVAL/RPT PSYCHIATRY CLINIC	MEM	JOHN F. WEAVER, PH.D.
<u>5/16/2003</u>	EVAL/RPT WALK-IN ASSESSMENT	MEM	JOHN F. WEAVER, PH.D.
<u>5/14/2003</u>	EVAL/RPT MDS MONITORING	MEM	JOHN F. WEAVER, PH.D.
<u>5/13/2003</u>	TREATMENT PLAN	MEM	JOHN F. WEAVER, PH.D.
<u>4/9/2003</u>	EVAL/RPT FOLLOW-UP	MEM	JOHN F. WEAVER, PH.D.

ASSESSMENT

<u>3/31/2003</u>	INTAKE SCREENING	MEM	JOHN F. WEAVER, PH.D.
<u>3/24/2003</u>	EVAL/RPT FTC	OKL	STACY J. GATHMAN, PSY.D.
<u>3/23/2003</u>	CONTACT, BRIEF COUNSELING	LEW	DAVID J. MCINTYRE, PH.D.
<u>3/22/2003</u>	CONTACT, BRIEF COUNSELING	LEW	DAVID J. MCINTYRE, PH.D.
<u>3/19/2003</u>	CONTACT, BRIEF COUNSELING	LEW	CARL MIDDLETON, PH.D.
<u>3/14/2003</u>	CONTACT, INDIVIDUAL THERAPY	ALM	RON BONNER, PSY.D.
<u>3/14/2003</u>	EVAL/RPT PDS RECORDS SENT	ALM	RON BONNER, PSY.D.
<u>3/1/2003</u>	CONTACT, BRIEF COUNSELING	ALM	RON BONNER, PSY.D.
<u>2/22/2003</u>	CONTACT, BRIEF COUNSELING	ALM	RON BONNER, PSY.D.
<u>2/13/2003</u>	CONTACT, INDIVIDUAL THERAPY	ALM	RON BONNER, PSY.D.
<u>2/11/2003</u>	EVAL/RPT MDS ASSIGNMENT- MENTAL ILLNESS	ALM	RON BONNER, PSY.D.
<u>2/11/2003</u>	TREATMENT PLAN	ALM	RON BONNER, PSY.D.
<u>2/5/2003</u>	EVAL/RPT TELEPSYCHIATRY	ALM	JAMES E. DAVISON, PH.D.
<u>2/1/2003</u>	EVAL/RPT FOLLOW-UP	ALM	RON BONNER, PSY.D.
<u>1/25/2003</u>	EVAL/RPT FOLLOW-UP	ALM	RON BONNER, PSY.D.
<u>1/23/2003</u>	INTAKE SCREENING	ALM	JAMES E. DAVISON, PH.D.
<u>1/16/2003</u>	INTAKE SCREENING	BRO	LORIE A. NICHOLAS, PH.D.

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FEDERAL BUREAU OF PRISONS

PSYCHIATRY CLINIC

Wednesday, May 21, 2003

URENA-QUEZADA, RAFAEL Reg #: 24067-038

Inmate Urena-Quezada was assessed in tandem with the contract psychiatrist on this date. The inmate was oriented in all spheres. He related to the clinicians in a genuine and respectful manner. He exhibited a flat affect that was appropriate to mood, and congruent with thought content; prominent negative symptoms were evident (flat affect, avolition, & anhedonia). The inmate reported a continued and daily experience of auditory hallucinations; generally many voices talking at once. Assessment did not reveal any command orientation. He denied any homicidal or suicidal ideation. Review of pharmacy records revealed the inmate has been fully compliant with his psychotropic medication regimen for the past month.

Clinical impression is Schizophrenia, NOS; & a Major Depressive Disorder with Psychotic Features. Dr. Salgueiro recommended maintaining Risperdal, 3 mg. HS; Remeron, 30 mg. HS; & Wellbutrin SR, 150 mg. @ 11 a.m.

Inmate Urena-Quezada will RTC in 4 weeks. He agreed to contact Psychology Services upon any emergent need.

CC: Medical Record

JOHN F. WEAVER, PH.D.

MEDICAL RECORD

CONSULTATION REQUEST

To: Psychiatry

From: J. Weaver, Ph.D.

Date of request: 06/03/2003

REASON FOR REQUEST: Routine Psychiatric Assessment.

ADDITIONAL DIAGNOSIS: Deferred.

CLINICAL: 4240 Hispanic male with NDDC psychotic features. Patient reported voices of many people but never engaged. Disturbances about the Devil are resolved. The voices of the Devil telling him to kill himself are resolved. Delus s/h. No tardive at present time, auditory

OBJECTIVE: Delus s/h. No tardive at present time, auditory

Presence of Medication Side Effects: None Other: halucinations improved!

ASSESSMENT:

Axis I

- 300.00 Anxiety Disorder, NOS
- 309.81 PTSD
- 296.90 Mood Disorder, NOS
- 296.80 Bipolar Disorder, NOS
- 311 Depressive Disorder, NOS

- 295.70 Schizoaffective Disorder, NOS
- 295.90 Schizophrenia, NOS
- 298.90 Psychotic Disorder, NOS
- 305.00 Alcohol Abuse
- 304.80 Polysubstance Dependence
- Other (specify) NDDC psychotic features 300.29

Axis II

- 301.7 Antisocial Personality Disorder
- 301.83 Borderline Personality Disorder

- 301.9 Personality Disorder, NOS
- Other (specify) _____

General Medical Conditions (Specify) Aspirin

Psychosocial and Environmental Problems (Specify) unemployed

G.A.F. 50/50

PLAN:

Patient Education:

- Medication Information
- Counseling Services
- Support Groups

Follow Up:

- 4 weeks
- 8 weeks
- 12 weeks
- Other (specify) 1M

Follow Up

- By Medical
- By Psychology
- None At This Time
- Other (specify) 4

Medication:

Risperdal 3mg hs

Remeron 30mg hs

Wellbutrin 400mg at 11AM

CTM 4mg #15 TAD RQ

Humirin #30 TAD RQ

[Signature]
 DR. NAHEM A. NAMEY
 CLINICAL DIRECTOR
 FCI MEMPHIS
 6/4/03

Laboratory Studies: None Other:

CONSULTANT SIGNATURE & STAMP: *[Signature]* CLINICAL DIRECTOR SIGNATURE & STAMP: *[Signature]* DATE: 6.4.03

TE NAME: Urena-Quezada, R. REGISTRATION NUMBER: #24067-038 BIRTH DATE: 02/16/1961

MEDICAL RECORD CONSULTATION REQUEST

To: Psychiatry From: J. Weaver, Ph.D. Date of request: 07/02/2003

REASON FOR REQUEST: Routine Psychiatric assessment.

PROVISIONAL DIAGNOSIS: Deferred.

SUBJECTIVE: 42 y.o Hispanic male w MDD w psychotic features. He reported feeling better, delusions resolved, auditory & visual hallucinations w/drawn. He feels overall improved. Denies sl/h, (+ depression).

OBJECTIVE: at times he reported depressive symptoms mostly feeling hopeless and worthless when he thinking about family.

Presence of Medication Side Effects: None Other:

ASSESSMENT:

- Axis I
- 300.00 Anxiety Disorder, NOS
 - 309.81 PTSD
 - 296.90 Mood Disorder, NOS
 - 296.80 Bipolar Disorder, NOS
 - 311 Depressive Disorder, NOS
 - 295.70 Schizoaffective Disorder, NOS
 - 295.90 Schizophrenia, NOS
 - 298.90 Psychotic Disorder, NOS
 - 305.00 Alcohol Abuse
 - 304.80 Polysubstance Dependence
 - Other (specify) MDD w psychotic features
- Axis II
- 301.7 Antisocial Personality Disorder
 - 301.83 Borderline Personality Disorder
 - 301.9 Personality Disorder, NOS
 - Other (specify) _____

Axis III General Medical Conditions (Specify) Asthma
Psychosocial And Environmental Problems (Specify) suicidal
G.A.F. 50/60

PLAN:

- Patient Education:
- Medication Information
 - Counselling Services
 - Support Groups
- Follow Up:
- 4 weeks
 - 8 weeks
 - 12 weeks
 - Other (specify) _____
- Follow Up:
- By Medical
 - By Psychology
 - None At This Time
 - Other (specify) Phyllis

Medication:
Risperdal 3mg hs
Remeron 30 mg hs
Wellbutrin SA 150mg qd 11 am

7/2/03
DR. NAHEM A. NAIMEY
CLINICAL DIRECTOR
FCI MEMPHIS

Laboratory Studies: None Other:
CONSULTANT SIGNATURE & STAMP: _____ CLINICAL DIRECTOR SIGNATURE & STAMP: 7.9.03 DATE: _____

NAME: Quena-Quezada, R. REGISTRATION NUMBER: #24067-038 BIRTH DATE: 02/16/1961

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | **SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)**

7-2-03 | **PATIENT SEEN BY PSYCHIATRIST**
ADMINISTRATIVE NOTE: - Dr. Salgado, Consultant

1400 | **DR. NAHEM A. NAIMEY**
CLINICAL DIRECTOR 27
FCI MEMPHIS

7/10/03
820
Pharmacy appropriate?
Diagnosis appropriate?
Drug interactions?
Drug allergies?
Patient Consultation?
Comments: *[Handwritten signature]* GARY D. TOMLINSON, DPH
Pharmacist: *[Handwritten signature]*

7.11.03
1400
Psychiatric Consulting
P: Atypical Antipsychotic meds.
S: patient w/ h/o schizophrenia currently taking
atypical neuroleptics specifically Risperidol. Patient
aware of pros & cons of medication. Desired at
least 2 lab tests, he verbalized understanding of
results agree to continue drug medication. Ps. no
well on Risperidol no psychosis present, mood
well controlled. Documented A child & grandchild
diet recommendations, care of teeth and feet
care of feet & vision. Aware need for medication to
lower triglyceride. He agree to Ho plan.
D: PE Defined
A: Counseling V65.40 Hyperlipidemia J72.4

HOSPITAL OF FCI MEMPHIS, TN. | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | REGISTER NO. | WARD NO.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)
Quayle, Rafael

24067-038
2-16-61
CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USP LVN

****LIMITED OFFICIAL USE******FEDERAL BUREAU OF PRISONS****MDS MONITORING****Thursday, August 21, 2003****URENA-QUEZADA, RAFAEL Reg #: 24067-038**

Inmate Urena-Quezada presented on-time and in appropriate attire for MDS monitoring. He exhibited a mildly subdued affect that was considerably improved relative to previous meetings. The inmate reported his mood in positive terms. Thought process was clear and linear; content was appropriate and relevant. The inmate reported full compliance and satisfaction with his medication regimen. He also reported satisfaction with his current work assignment on the Captain's yard. The inmate reported that he continues to experience voices at various times throughout the day; reported full recognition of auditory hallucinations, and stated in reference.. "I keep them under control, they don't even phase me anymore"; narrative was negative for command-oriented hallucinations. Inmate Urena reported he continues to experience "occasional" thoughts of wishing he was dead. However, he denied any plan or intent to harm himself; agreed to contact this service immediately upon any desire to harm himself. The inmate denied any need for increased contact with this service. Will follow again next month.

CC: Medical Record

JOHN F. WEAVER, PH.D.



U.S. Department of Justice

Federal Bureau of Prisons

Washington, D.C. 20534

June 26, 2004

MEMORANDUM FOR TAMARA E. CHRISLER

THRU CAPT NEWTON KENDIG, MD, USPHS
MEDICAL DIRECTOR
HEALTH SERVICES DIVISION

/s/
FROM: Ralph Spada, M.D., F.A.C.P.
Clinical Specialty Consultant
Health Services Division

SUBJECT: Office of Special Council Follow Up Review

I reviewed four of the six cases that Dr Namey identified as having illustrated the impact of the changes to the provision of laboratory services on inmate health care. One case was at the satellite camp which was not available, and the other Dr Namey could not recall the name of the inmate. He stated that there were other cases but when asked to provide the names he was unable to do so. The four cases reviewed did not demonstrate that a delay in the performance of the requested laboratory procedure had any impact on the inmate's medical status or in the ability of the physician to manage the condition.

I reviewed 10 of the 40 records of inmates with diabetes and found that, in fact, the required HgbA1c laboratory studies were performed and in the charts more regularly and as recommended after July 2003 and to the present than before. I also reviewed 10 of the 15 records of inmates infected with HIV and, again, found that the required viral loads and CD4 counts were obtained as recommended after July 2003 and to the present than before.

The Improving Operational Review minutes were reviewed and clearly document that the changes in laboratory and Psychiatry services were discussed and alternate plans for the provision of the necessary services were formulated with Dr Namey's signature on the minutes.

Case Reviews

A relationship between frequent Chronic Care Clinic visits (CCC) and lack of requested laboratory studies was not found suggesting a low index of concern or suspicion that the inmate's condition was unstable.

Case #1 15533-075 Inmate with hyperthyroidism underwent ablation therapy twice, Aug 2002, Nov 2002. He developed iatrogenic hypothyroidism and in Feb 2003 he required thyroid hormone replacement therapy. Several months (Oct 2003) after initiation of hormone therapy the inmate became non compliant with his medication and subsequently symptomatically hypothyroid which was addressed and corrected. The delay in obtaining the requested laboratory study did not impact significantly the care of the inmate.

CCC visits: 08/02, 11/02, 02/03, 05/03, 07/03, 08/03, 10/03, 11/03

TSH Lab values (Normal 0.4-5.5): 08/02 <0.01, 10/02 <0.01, 02/03 56, 06/03 41.89, 07/03 3.04, 10/03 89.34, 11/03 12.07, 01/04 15.44, 03/04 7.02, 05/04 3.11

Although monthly TSH level are desirable, every three month values are acceptable.

Case #2 Chart at Camp and not available.

Case #3 02382-088 Inmate with hyperlipidemia manifested by both elevated total cholesterol and triglycerides and a history of pancreatitis, apparently from hyperlipidemia on two occasions. A lipid panel was ordered on 08/12/03 and performed on 08/26/03. The result was not given to the physician until 11/06/03 and his triglycerides were 1228 mg/dl (normal <250). He did not become symptomatic, his lipids were not well controlled for the year prior to this incident, and only became better controlled when appropriate combination therapy was instituted. The delay in obtaining the requested laboratory study did not impact significantly the care of the inmate.

CCC visits: 05/03, 08/03, 11/03, 02/04

Lipid panels (Normal Tchol <200, Trig <250): 09/02 366/213, 04/03 264/476, 08/03 280/1228, 11/03 279/629, 12/03 275/724, 02/04 260/454, 04/04 206/141

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Tests should generally be done every three months while trying to get them under control.

Case #4 Name and number not available.

Case #5 17121-075 Inmate with chronic hepatitis. Laboratory ordered 07/15/03 and performed 10/01/03. This inmate is not, and according to the medical record, was never considered a candidate for liver biopsy or antiviral therapy. The delay in obtaining the requested laboratory study did not impact significantly the care of the inmate.

ALT obtained 10/02, 03/03, 10/03, 04/04

Case #6 26564-044 Inmate with a history of hypertension and slowly progressive renal insufficiency. Laboratory ordered 10/06/03 and not done until 11/24/03. The creatinine levels were obtained more frequently and regularly after 07/03 than for the year before. The delay in obtaining laboratory studies did not cause a delay in care or a worsening of his clinical status.

Cr 10/02 1.4, 01/03 1.6, 12/03 2.4, 01/04 1.6, 01/04 2.4, 02/04 2.6, 04/04 2.5

CCC 04/02, 07/02, 10/02, 01/03, 04/03, 07/03, 10/03

CCC visits were every three months and there was no documentation that there was any concern for the slow decline in renal function.

OSC Follow Up Review

Spada

June 26, 2004

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Frequency and regularity of laboratory testing before and after
July 2003

HIV viral loads/CD4 counts

13647-076	06/04	02/04	12/03	09/03	05/03	03/03	
12868-001		01/04	11/03	08/03	06/03	02/03	
53754-008	New with lab						
06755-043	New with lab						
14596-076	06/04	03/04	12/03	10/03	06/03		07/02
20787-424	04/04	02/04	11/03		06/03	03/03	
04769-025	05/04	02/04	11/03	09/03	05/03		11/02
19098-076	New without labs						
29795-054	new dx, pre release test						
22973-001		02/04	10/03		05/03		

Diabetes HgbA1c

14501-045	04/04	02/04					12/02
00120-128	06/04	03/04	12/03	10/03	04/03		
16221-076		02/04				03/03	
08340-045		02/04	12/03		05/03		11/02
18360-076	06/04				07/03	03/03	
29168-044	05/04	02/04		10/03		03/03	
02762-025	05/04	02/04					
09664-045	04/04	01/04				02/03	
12868-001		02/04				02/03	
17691-076	05/04	01/04	12/03			03/03	