



Santa Clara Valley Health & Hospital System
Adult-Custody Health Services

CONSENT TO RELEASE MENTAL HEALTH INFORMATION

Patient's Name * OLGA DEFARIA Birthdate * 02/09/1971

I, * OLGA DEFARIA and / or (Name of Parent or Conservator)

authorize Elmwood Mental Health (Releasing Agency) to disclose to Andrew Defaria, Husband (Receiving Agency) (Address)

68 (circled)

the following information, with the knowledge that such contact discloses the fact that the named person has received mental health services. This disclosure of records is required for evaluation, and treatment planning or for the following purpose:

Treatment planning

It shall be limited to the following specific information:

- 1. X diagnosis
2. X pertinent summary of psychosocial and psychiatric history
3. medical information including the results of medical tests
4. results of psychological and vocational tests
5. legal status
6. educational assessment and behavioral reports (including school observation and educational testing)
7. X Other General Information She is anxious but coping. She wants her lawyer to contact her Kaiser therapist

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance thereon. If not earlier revoked, this consent terminates on

x OAServer (Signature of Patient)

11/25/02 (Date)

(Signature of Patient or Conservator)

(Date)

(Signature of Other Parent or Guardian, if applicable)

(Date)

I certify that I have reviewed this consent to release information with the patient or authorized representative of the patient. I find he / she has the capacity to give informed consent. I hereby authorize release of the requested information.

I find he / she does not have the capacity to give informed consent, and do not authorize release of the requested information.

CONFIDENTIAL

J Clark LMFT (Signature of Authorized Staff Member)

11/25/02 (Date)



NAME: ANA FEDOR YANCA MEDICAL CLEARANCE: 4-178-66-24

DATE: <u>10-20-02</u>	PFN #: <u>DST 578</u>	BOOKING #: <u>0206/181</u>	DOB: <u>02-09-7</u>
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QUESTIONS FOR ALL INMATES

1. Do you have any of the following? ¿Tiene usted alguno de los siguientes problemas?

YES/SÍ		NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes.....	Diabetes.....	Asthma/Emphysema.....	Asma/Enfisema.....
Heart Disease.....	Enfermedades del corazón.....	Hepatitis.....	Hepatitis.....
High blood pressure.....	Presión arterial alta.....	Contagious disease.....	Enfermedades contagiosas.....
Seizures.....	Ataques epilépticos.....	Food/drug allergy.....	Alergias a comidas o medicinas.....
AIDS.....	SIDA ("AIDS").....	Sexually transmitted diseases.....	Enfermedades transmitidas sexualmente.....
Tuberculosis.....	Tuberculosis.....	Lice, crabs, scabies.....	Piojos, piojos púbicos, sarna.....

2. Have you ever had a positive reaction to a tuberculosis test? ¿Alguna vez ha tenido una reacción positiva a la prueba de la tuberculosis? YES NO

3. Have you had a cough for more than three weeks with any of the following: fever, weight loss, fatigue, night sweats? ¿Ha tenido tos por más de tres semanas con cualquiera de los siguientes síntomas: fiebre, pérdida de peso, fatiga o sudores nocturnos? YES NO

4. Have you recently been exposed to anyone with active tuberculosis? If yes, who was your contact? How were you exposed? ¿Ha estado expuesto a alguien con tuberculosis activa? Si es así, ¿quién es la persona? ¿Qué tipo de contacto tuvo con esa persona? YES NO

5. Have you had a head injury, LOC or been involved in a traffic accident within the past three days? ¿Ha sufrido un golpe o herida en la cabeza, ha perdido el conocimiento o tuvo un accidente de tráfico en los últimos tres días? YES NO

6. Do you have any illnesses or other injuries? ¿Padece de otras enfermedades o heridas? YES NO

7. Do you take any medication including psychiatric medications, that should be continued in jail? YES NO

8. Do you have any physical disabilities? ¿Tiene alguna incapacidad física? YES NO

9. Are you hearing impaired or deaf? ¿Es usted sordo? YES NO

10. Are you using contact lenses, a prosthesis, cast or crutches? ¿Usa lentes de contacto, prótesis, yeso o muletas? YES NO

11. Are you developmentally disabled? ¿Tiene alguna incapacidad mental? YES NO

12. Do you have any rashes, cuts, boils or abscesses? ¿Tiene erupciones en la piel, cortaduras, furúnculos (granos profundos) o abscesos? YES NO

13. Do you feel like ending your life? ¿Siente deseos de quitarse la vida? YES NO

14. Have you ever attempted suicide? ¿Alguna vez ha intentado suicidarse? YES NO

15. Do you use any drugs (including street drugs) or alcohol that could cause withdrawal problems? ¿Usa alguna droga (incluyendo drogas ilegales) o bebidas alcohólicas que pudiesen causarle problemas al dejar de usarlas? YES NO

16. Do you have a history of alcohol or drug related problems? ¿Tiene usted un historial de alcoholismo o uso de drogas? YES NO

17. Have you ever had any problems with mood swings, depression or hearing voices? ¿Alguna vez ha tenido algún problema con un estado de ánimo inestable, depresión o escuchado voces? YES NO

18. Are you currently receiving psychiatric treatment? ¿Está recibiendo tratamiento psiquiátrico en la actualidad? YES NO

19. Is this your first time in jail? ¿Es ésta la primera vez que ha estado en la cárcel? YES NO

20. Is there anything we should know about you for your welfare or protection? ¿Hay alguna otra cosa que nosotros deberíamos saber acerca de usted, para su bienestar o protección? YES NO

21. Do you request protective custody housing? ¿Está usted pidiendo custodia protectora en su vivienda? YES NO

22. Do you have medical insurance? If yes, name of insurer. ¿Tiene usted seguro médico? Si tiene seguro médico, dé el nombre del asegurador. YES NO

COMPANY: Kerr POLICY NO. _____

WOMEN ONLY

1. Do you think you might be pregnant? ¿Cree que podría estar embarazada? YES NO

2. When was your last menstrual period? ¿Cuándo tuvo su última regla? 2 wks ago YES NO

3. In the last 6 weeks have you had a baby, miscarriage or abortion? En las últimas 6 semanas ¿ha dado a luz, ha tenido un aborto espontáneo o un aborto provocado? YES NO

4. Do you have any problems with your female organs? ¿Tiene algún problema con sus órganos femeninos? YES NO

5. Are you on any birth control medications? i.e. BCP, Norplant or IM Provera? ¿Está usando algún medicamento anticonceptivo (por ejemplo: píldoras, implante "Norplant" o inyección de "Provera")? YES NO

Arrestee's Signature/Firma del Arrestado: [Signature]

OBSERVATIONS: DOES INMATE HAVE, OR DOES HE/SHE APPEAR TO BE:

YES	NO	YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Visible sign of illness/injury.....	7. Depressed, hyperactive.....	<input type="checkbox"/>	<input type="checkbox"/>	12. Needle tracks, scars.....	<input checked="" type="checkbox"/>
2. Unconscious/difficult to arouse.....	8. Talking to self/hearing voices.....	<input type="checkbox"/>	<input type="checkbox"/>	13. Unable to walk on own.....	<input checked="" type="checkbox"/>
3. Confused, disoriented.....	9. Shortness of breath.....	<input type="checkbox"/>	<input type="checkbox"/>	14. Unable to understand questions.....	<input type="checkbox"/>
4. Intoxicated/Under the influence.....	10. Feverish.....	<input type="checkbox"/>	<input type="checkbox"/>	15. Suicidal.....	<input checked="" type="checkbox"/>
5. Bizarre behavior.....	11. Yellow eyes or skin.....	<input type="checkbox"/>	<input type="checkbox"/>	16. Wrist scars.....	<input checked="" type="checkbox"/>
6. Mentally retarded.....					

DISPOSITION: General Population Mental Health Housing Refer to Mental Health Cleared by Mental Health

Medical Housing Emergency Room Place in Lobby

Signature of interviewer: [Signature] Time: 3:30

FOR MEDICAL USE ONLY

**SANTA CLARA VALLEY MEDICAL CENTER
NURSING ASSESSMENT**

IDENTIFY ALL CURRENT MEDICATIONS:

MEDICATIONS

SIG

DATE/TIME LAST DOSE

Prozac

2 caps

QD -

10/19/02

~~Fluoxetine~~ Paxil

1 wk ago

Zantac

QD

10/20/02 AM

DISPOSITION OF MEDICATIONS:

PHYSICIAN

ADDRESS

DATE SEEN

Tran / medical MD

7 Kuree - Sta Helena

Oct 17-

NURSING ASSESSMENT: HIGH RISK ASSESSMENT COMPLETED

TPR _____

BP _____

ORIENTATION TPP

ALLERGIES: FOOD _____ MEDICATION _____ OTHER _____

ARMBAND GIVEN TO PATIENT

ACCESS TO MEDICAL CARE EXPLAINED AND INFORMATION BOOKLET GIVEN TO PATIENT

DATE APPLIED	APPLIED BY	PPD AMOUNT	SITE/ROUTE		DATE READ	MM OF INDURATION	READ BY	X RAY ORDERED	
				ID				YES	NO
12/1/02	M	2ml	IR	ID	10/24/02	Qmm	LA	<input type="checkbox"/>	<input type="checkbox"/>

PLAN:

R.N. SIGNATURE _____

DATE _____

TIME _____

**SANTA CLARA COUNTY
DEPARTMENT OF CORRECTION
AGENCY ADVISORY FORM**

ARRESTEES NAME: MOFFAT, OLGA A. BOOKING #: 02061181

DATE: 10-20-02 TIME: 2115

This form must be completed by the arresting agency prior to the arrestee being received by the Santa Clara County Jail.

1. Do you have any information or observations which would indicate that the arrestee has/had any of the following symptoms/problems prior to or during the contact that resulted in his/her arrest?

	YES	NO
a. Loss of Consciousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Seizure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Respiratory Problem/Difficulty	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Heart Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Hypertension (High Blood Pressure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Alcohol or Drug Intoxication	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Bizarre or Aggressive Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Psychiatric/Mental Health History/Developmentally Disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Known or reported injury/illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Any physical trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Involved in a traffic collision	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m. Disabilities, ie. hearing impaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other _____

2. Were any of the following used on the arrestee prior to or during the arrest?

a. * Chemical agents (O.C., Mace, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. * T.A.R.P. (Total Appendage Restraint Procedure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. * Carotid Restraint	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. * Taser/Any electric control/stun device	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Baton (if yes, what part of the body was hit? _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Proned during handcuffing, approximate duration _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* These conditions must be evaluated as indicated on the reverse side of this form.

3. Was there any physical resistance by the arrestee prior to or during the arrest?
APPROXIMATE DURATION _____ (MINUTES)

4. Is the arrestee on any type of Mental Health Hold (5150, W&I, etc.)?

B. CHIKAYASU 3525 SJPD
ARRESTING OFFICER BADGE # AGENCY

Reviewed by Receiving Officer: _____ Badge #: _____

Any affirmative answers will be referred to a nurse for clearance prior to acceptance.

Reviewed by Medical/Mental Health: h

The following guidelines should be used to help the officer in the field determine when it is appropriate to take an arrestee to the Emergency Room prior to taking him/her to the Santa Clara County Jail. The arresting officer should view these as guidelines only. If in the arresting officer's judgment an arrestee exhibits behavior which the officer believes indicates a medical problem, the arrestee should be taken to a medical facility.

CHEMICAL AGENTS

When the following symptoms are present the inmate must be evaluated in the ER prior to booking:

- Wheezing
- Shortness of Breath
- Labored Breathing

TARP (Total Appendage Restraint Procedure)

When the following symptoms are present the inmate must be evaluated in the ER prior to booking:

- Cyanosis-blue/purplish lips, mouth area, nail beds
- Labored respirations, snoring
- Change in level of consciousness - e.g., was active and talking, now is quiet and subdued or appears to be sleeping
- Non-responsive to verbal or tactile stimuli

CAROTID RESTRAINT

When the following symptoms are present the inmate must be evaluated in the ER prior to booking:

- Cyanosis-blue/purplish lips, mouth area, nail beds
- Labored respirations, snoring
- Change in level of consciousness - e.g., was active and talking, now is quiet and subdued or appears to be sleeping
- Non-responsive to verbal or tactile stimuli
- Fainting
- Collapsing
- Unable to Walk

TASER/ELECTRONIC CONTROLLED DEVISE

When the following symptoms are present the inmate must be evaluated in the ER prior to booking:

- Chest Pain
- Difficulty breathing
- Change in level of consciousness - e.g., was active and talking, now is quiet and subdued or appears to be sleeping
- Non-responsive to verbal or tactile stimuli
- Fainting
- Collapsing
- Unable to Walk

SANTA CLARA COUNTY HEALTH AND HOSPITAL SYSTEM
CUSTODY HEALTH SERVICES

ADDENDUM TO CMI

Please assist us in HELPING YOU!!!!!!

“IF YOU RECEIVE SOCIAL SECURITY DISABILITY INSURANCE (SSDI) OR SOCIAL SECURITY (SSI) CHECKS, YOUR TIME IN JAIL MAY CAUSE TO LOSE THE RIGHT TO RECEIVE YOUR CHECK. WOULD YOU LIKE US TO HELP YOU TO OBTAIN YOUR BENEFIT CHECK AS SOON AS POSSIBLE AFTER YOU ARE RELEASED FROM JAIL?”

ARE YOU CURRENTLY RECEIVING SOCIAL SECURITY CHECKS?

Circle your answer

YES

NO

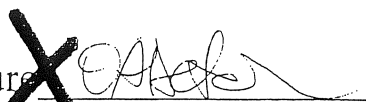
ARE YOU CURRENTLY RECEIVING SOCIAL SECURITY DISABILITY BENEFITS?

Circle your answer

YES

NO

Patient signature

~~EA~~ 

DOB

02-09-71

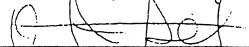
Print Name

MOTTAT, OLGA

PFN

21m

Nurse




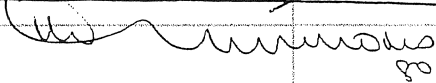
Date

10/20/02



Santa Clara Valley
Health & Hospital System
Adult Custody Health Services
PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

Moffat, Olga 02061181
DST 578 2/9/71

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
10/20/02	S/R	UT 10 days, sooner if S/S infection Motrin 600mg T tablet po q8h as needed of fnd - Vacc OK / Surg Peter Jay 10/20/02	 2/10	 801203



SANTA CLARA VALLEY MEDICAL CENTER

751 South Bascom Avenue
San Jose, California 95128

Mogbat Olga

DST 578

2/9/71

INPATIENT PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
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10/22/02

Zantac 150mg PO BID
 verified from Kaiser pharmacy
 Dr Tran
 Sp no pinto /supm

noted Sep 11
 10/21/02 1500

240 J
 C. N. [unclear]
 10/22/02
 5015

Print Physician Name

Physician Signature

Physician Number

USE ANTIBIOTIC ORDER FORM (FORM-28A) TO ORDER ANTIBIOTICS



Santa Clara Valley
Health & Hospital System
Adult Custody Health Services
PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)



Moffat, Olga

DST 528
2-9-71

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
<i>10/21/02</i>	<i>9 AM</i>	1. ADMIT TO 8A ✓		
		2. ADMITTING DIAGNOSIS <i>Adj do with dep mood</i>		
		3. LPC STATUS <input checked="" type="checkbox"/> 5150 <input type="checkbox"/> 5250 <input type="checkbox"/> Conservatorship (includes T-CON)		
		4. LAB <input type="checkbox"/> CBC <input type="checkbox"/> Panel 7 <input type="checkbox"/> VDRL (Patients on Psychotropics and as needed) <input type="checkbox"/> LFT <input type="checkbox"/> U/A <input type="checkbox"/> URINE TOXICOLOGY BLOOD LEVEL <input type="checkbox"/> TLI <input type="checkbox"/> VPA <input type="checkbox"/> <input type="checkbox"/> Tegretol		
		5. SUICIDE CHECKS <input type="checkbox"/> ASSAULTIVE RISK <input type="checkbox"/>		
		6. MEDICATIONS (INFORMED CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO)		
		<i>Prozac 20 mgm PO AM x 5 weeks</i>		
		<i>A-Curena (m) 0/1/2/3</i>		
		<i>noted 5000</i>		
		<i>10/21/02</i>		
		<i>2400</i>		
		<i>Chakler</i>		
		<i>10/21/02</i>		
		<i>0010</i>		
		<i>10/21/02</i>		



Santa Clara Valley
Health & Hospital System
Adult Custody Health Services
PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)



Moffat Olga
2-9-71
DST 578

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
02/23/02	1010 AM			
		1. DISCHARGE FROM 8A ✓		
		2. DISCHARGE DIAGNOSIS Adjustment disorder with depressed mood - #309.0		
		3. DISCONTINUE <input checked="" type="checkbox"/> 5150 <input type="checkbox"/> 5250		
		4. LEGAL STATUS <input type="checkbox"/> Conservatorship (includes T-CON) <input type="checkbox"/> Please write at bottom of MAR in red pen, "Notify MD if patient refuses medication"		
		5. DISCONTINUE 15-MINUTE CHECKS <input type="checkbox"/>		
		6. RECOMMENDED HOUSING <input checked="" type="checkbox"/> Housing per Classification <input type="checkbox"/> Special Management <input type="checkbox"/> CCW Special Management <input type="checkbox"/> (Single Cell) 8B <input type="checkbox"/> (Open Dorm) <input type="checkbox"/> Other _____ <input type="checkbox"/> Keep on 8A until bed is available		
		7. FOLLOW UP LAB <input type="checkbox"/> CBC <input type="checkbox"/> LFT's <input type="checkbox"/> Panel 7 on Date _____ <input type="checkbox"/> Blood Level <input type="checkbox"/> Li <input type="checkbox"/> VPA <input type="checkbox"/> Tegretol on Date _____		
		8. FOLLOW-UP PSYCH MD APPOINTMENT ^{PW} <u>3 wks</u> WEEKS		
		9. DISCHARGE MEDICATIONS to Prange 20mg qd in AM, po Alanzo L. Johnson M.D. #030528		
		noted soap 10/23/02		



SANTA CLARA VALLEY MEDICAL CENTER

751 South Bascom Avenue
San Jose, California 95128

Moffat, Olga
02/09/71

INPATIENT PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

DST 578

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
10/30/02		1. Kelex 500 bid x 1wk 2. Regular bandaid bid x 1wk to Bng 3. TyL 650 qid prn x 1wk 4. Recheck tomorrow 10/31		
		Wrote		
		Rx		
		Wrote Mox 10/30/02	Sheel PA 10/30/02	
10/31/02	10:25	① Polysporin with band-aid change BID x 5 days to ② index finger & ③ palm		
		Wrote Mox 10/31/02		

Print Physician Name

Physician Signature

Physician Number

USE ANTIBIOTIC ORDER FORM (FORM-28A) TO ORDER ANTIBIOTICS



Santa Clara Valley
 Medical Center
 ADULT INSTITUTIONS
 PHYSICIAN'S ORDERS
 (PLEASE USE BALLPOINT PEN)

Moffat Olga
 PFN DST 578

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY
		STANDARDIZED PROCEDURES FOR NON-LEGEND DRUGS	
		PLEASE CIRCLE THE APPROPRIATE ORDER(S)	
11/6/02		<p>1. CONSTIPATION: Milk of Magnesia 30 ml qhs p.o. prn x 4 days. OR Metamucil 2 tsp/glass of water bid x 7 days p.o. prn.</p>	
		<p>2. DIARRHEA: Kaolin Pectin liquid 30 ml (to be taken with water), p.o. up to QID prn x 48 hours, OR Pepto-Bismol 2 tabs, p.o. QID prn x 48 hours. CAUTION: ASA ALLERGY; CONCOMITANT NSAIDS</p>	
		<p>3. HEMORRHOIDS: Hemorrhoidal ointment BID or after each bowel movement x 7 days, prn.</p>	
		<p>4. INDIGESTION: Liquid aluminum and Magnesium Hydroxide Susp: 30 ml, OR , Pepto Bismol 2 tabs p.o. QID prn x 7 days. CAUTION: ASA ALLERGY, CONCOMITANT NSAIDS.</p>	
		<p>5. ITCHY RASHES: Hydrocortisone 1% cream QID x 5 days.</p>	
		<p>6. MUSCULAR SORENESS: Analgesic Balm once or twice daily x 4 days to affected area(s). Ice is preferred for the first 3 days after acute injury.</p>	
		<p>Olga Moffat RN 11-6-02 (RN)</p>	



SANTA CLARA VALLEY MEDICAL CENTER

751 South Bascom Avenue
San Jose, California 95128

Moffat, Olga

DST 578

2-9-71

INPATIENT PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
11/13/02		1. Measurement ii top bil x 6 uls 2. ^{cont} Spencer 150g bil x 6 uls.	<i>[Signature]</i>	
		WRE RX		
		Noted 11/13/02		
11/17/02	2:05 pm	I Presc 40mg po qd x 6 weeks for NP 6 weeks		12/2/02
		Noted 11/16/02		
12/19/02	9:20	① Metron 600mg po TID qn x 14 days		
		② JMC Hand Clinic - Plastic referral to Clerk's numerous 801763		
		RX WRE		
		Noted 12/19/02 - 940 Ter		

Print Physician Name

Physician Signature

Physician Number

USE ANTIBIOTIC ORDER FORM (FORM-28A) TO ORDER ANTIBIOTICS



SANTA CLARA VALLEY MEDICAL CENTER

751 South Bascom Avenue
San Jose, California 95128

Moffat, Olga
DST 578
2-9-71

INPATIENT PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
12/20/02		low fat diet TC ^{we} fast diet salt		
Copy to Pharm W26 1/1		Prozac 30mg PO q day x 10 wks & MID @ next baseball appt.		
		Noted N. Sanchez for 12/21/02 at 0230 J. Garcia MD, NP		

Print Physician Name

Physician Signature

Physician Number

USE ANTIBIOTIC ORDER FORM (FORM-28A) TO ORDER ANTIBIOTICS



Santa Clara Valley
 Medical Center
 ADULT INSTITUTIONS
 PHYSICIAN'S ORDERS
 (PLEASE USE BALLPOINT PEN)

Mofat Olga

DOB 2-4-71

PER DST 578

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TITLE
		STANDARDIZED PROCEDURES FOR NON-LEGEND DRUGS		
		PLEASE CIRCLE THE APPROPRIATE ORDER(S)		
1-1-03	1630	1. CONSTIPATION: Milk of Magnesia 30 ml qhs p.o. prn x 4 days OR Metamucil 2 tsp/glass of water bid x 7 days p.o. prn.		
		2. DIARRHEA: Kaolin Pectin liquid 30 ml (to be taken with water), p.o. up to QID prn x 48 hours, OR Pepto-Bismol 2 tabs, p.o. QID prn x 48 hours. CAUTION: ASA ALLERGY; CONCOMITANT NSAIDS.		
		3. HEMORRHOIDS: Hemorrhoidal ointment BID or after each bowel movement x 7 days, prn.		
		4. INDIGESTION: Liquid aluminum and Magnesium Hydroxide Susp. 30 ml, OR , Pepto Bismol 2 tabs p.o. QID prn x 7 days. CAUTION: ASA ALLERGY, CONCOMITANT NSAIDS.		
		5. ITCHY RASHES: Hydrocortisone 1% cream QID x 5 days.		
		6. MUSCULAR SORENESS: Analgesic Balm once or twice daily x 4 days to affected area(s). Ice is preferred for the first 3 days after acute injury.		

Aspe SP / MA (RN)

Noted
 Mofat Olga
 1-1-03
 1630



Santa Clara Valley
Health & Hospital System
Adult Custody Health Services
PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

Patient: MOFFAT, OLGA
PFN: DST578 BK#: 02061181 02/09/1971
Housing: W2E W2E
Allergies:
Doctor:
Diagnosis:

Med



DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
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Physician's automatic stop order report/renewal form

If you wish to have this patient continue on the medication listed below, we will need a renewal by 12/25/2002

Pharmacy

0.300 RANTIDINE UD 150MG TAB PO BID
Origdate: 10/21/2002 Origtime: 1447 by: DR.
Stopdate: 12/25/2002 Stoptime: 1447

OPTIONS (pick one):

✓ 1. Reorder as above for how long X 6 weeks

2. DE order _____

3. New order as shown below:

(Handwritten signature)
801503

NOTED: Pulmonary RN 1/01/03 0200 AM

~~W2E~~
W2E



SANTA CLARA VALLEY MEDICAL CENTER
 751 South Bascom Avenue
 San Jose, California 95128

Moffat, Olga
 DST 578
 2-9-71

INPATIENT PHYSICIAN'S ORDERS
 (PLEASE USE BALLPOINT PEN)

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
1/6/03	9:30am	↑ Prozac 40mg PO qD x 10 weeks NP 8 weeks	MHBS 3/13/03	JL
		Looked good		
		1/7/03		

work @

Print Physician Name

Physician Signature

Physician Number

USE ANTIBIOTIC ORDER FORM (FORM-28A) TO ORDER ANTIBIOTICS



Hoffat, Olga

2-9-71

DST 578

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	
10/21/67 9 AM		<p>MD note 31 year old female with no psych history sent here for feeling depressed Marital problems. States her husband is driving her crazy Married x few months, no children Financial problems, husband too controlling, odd jobs, high school grad No family here. They are in Russia No friends.</p>
	MSE	<p>No ac physical problems No self harm behaviour No substance abuse Pleasant cooperative, tearful Speech coherent, productive and relevant. Affect sad. No ac depression Adj. problems at home No S.P.</p>
	hmp	<p>no insight Adj. do with dep mood None none ac - H - 46</p>
	Paxson	<p>o checked D/C end of shift A - covered Been on Prozac for from Kaiser x few weeks Signed consent</p>

DATE	TIME	
2/21/02	1445	called Kaiser's EMT center with Kaiser # 112 44 330 verified - SA

0/21/02	1555	<p>SA SS Psychosocial Assessment</p> <p>This 31 y.o. Ukrainian American female arrested re: DV & ADW. → SA 5150 DS re: ⊕ SI; ⊕ depression; on 4 meds; 1996 suicide attempt tearful. Psych Hx Oscar x 1: EPS: 05/02. Dx Adjustment D.O. Pt denied 4 hrs. Medical Hx Diabetes Legal Hx Doc 2 wks ago Substance Abuse Hx Occasional social wine 1-2 glasses @ 3 days. Family / Social Hx Born & raised Ukraine → USA x 5 mos. 10th grade. 5 siblings. Parents: Ukraine. ⊕ family 4 hrs. Married July 3rd. ⊕ children. Social relations positive. Unemployed. S: "I'm disappointed what I did." o: / MSE: O x 4; cooperative; speech logical, clear, nl vol, nl rate, dysphoric tone. ⊕ dysphoria ⊕ stress ⊕ denial ⊕ denial all other sx including danger & worry. ⊕ frustration ⊕ anxiety ⊕ pessimism ⊕ hopelessness ⊕ SI ⊕ HI ⊕ AH ⊕ VH Poor insight & judgment & impulse control. A: / Clinical Impression Adjustment Disorder P: Continue SA observation & assessment. On release from custody housing i husband if court permits. Otherwise housing undetermined. M. Bugnera Ph.D.</p>
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0/22/02	1050	<p>SA Team Mtg.</p> <p>Has stitches on left hand - will be removed October 30th - Has went thru ditto - possible alcohol dependence - Prior suicide attempts Not SMI - social worker provided</p>
---------	------	--



0164 MOFFAT
 D.O.B = 02-09-1971
 PPN = DST 578

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	8A Team Meeting - cont:
10-22-02		referral to Friends Outside - may need info on alcohol treatment, shelters - Jail Nabaret, CCSU
Oct 23 2002	0942 AM	(Psychology Note) Patient was pleasant. She said she felt well. She denied intending to kill herself or others. She volunteered information that I had not asked for, i.e. "I know I was wrong as I shouldn't have done it. I was drunk." She was fully oriented in all spheres. She slept 8-10 hours; but said "I had thoughts running through my head about the mess I'm in." She eating fairly well. Her cell was clean. Plan: Discharge to CEW on parole. [Signature] M.D. # 630528
10/24/02	2032	with response to M&E referral of Co- Referral done b/c W&E She is a new boy from W&A & came out after court crying saying she can't stay here. S - "I don't want to be here (W&E) I want to be by myself." "I can't stay w/ these people. It's too noisy & I am scared. I want to go back where I was (W&A)." Explained that court just decides the boy. She went on to say that she arrived in USA 05 months ago to marry her husband & they've been married 05 months. She does not work, does not know of any Russian community. Her husband was a tourist in Russia 03 years where they met & they conspired. "He's harassing me. He don't treat me right. She I w/ parole just out of

Admission cell

DATE	TIME	
------	------	--

02/26/20 cont'd S - went on to report that he questions her about everything & argues w/ her all the time. She went on to report "I went through & divorce her before, in '96. She married a man for a year then divorced him, she said she was in '97. "She been depressed ever since." She says she began seeing YMC@Kaiser about 03 wks ago & started her on "Umel." "I was on Paxel but it didn't work. now Jan on Prozac." She went on to say that she suffers from gi difficulties & does not keep her food down very easily. She discussed how she must learn to cope w/ being in custody & in the dorm. She denied any SLI or HLI.

o - OX3. clear speech. SxL, but very good language skills coherent. Depressed, overwhelmed, anxious. minimal eye contact. She would hold on to a blue bath towel rolled up & place her chin & mouth in it, @ times burying her face in it when crying. good hygiene Corp

a - overwhelmed. ab' do w/ anxiety & depression. ↑ anxiety. ↓ motivation. Interesting that she's tried to be married to another man & come in to USA. pattern? need further YMC@K to determine PTSD or HLI. Stable. SLI or HLI? Regressed & cognitive restructuring of situation & cope w/ it.

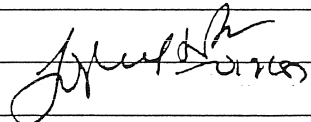
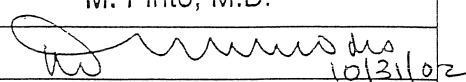
p - completed the request from to ask class to return book to help for longer adjustment period contact chaplain. She would like a Russian bible & to speak w/ Russian spiritual leader. Search for Russian/Ukrainian community for 1/12 thru ~ 05 days.



Moffat, Olga
 ASI 578

HISTORY SHEET AND PROGRESS NOTES

2-9-71

DATE	TIME	
10/28/02	1647 (WIA)	<p>MC Chyba's office - r.m. left message that she would like a bible in the Russian language * I have a spiritual advisor of the Russian/ukrainian community come to see her I request pass —</p>
10/30/02		<p>Due for SR from @ hand today fingers red, swollen, tender to touch, sutures intact; palm is some gaping, & drainage or redness present intact clinic kept for evaluation before SR M. Pinto, M.D.</p>
10/30/02		<p>Sweating redness started 3d ago. Has been squaring it & bitten during</p> <p>5) Had sutures put in @ hand 10/20/02 gross cut. NKDA. Meds: Prozac, Zentor. Home for 5/2.</p>
		<p>2) 31 ago W I in red @ hand + @ index finger is healed less. S/R done. Mild edema + erythema of distal index finger surrounding lac. No drainage. No discharge</p>
		<p>A) 1. Healed less @ hand + index finger 2. Mild to infirm @ index finger</p>
		<p>P) 1. Keep up 500g tid x 1 wk 2. Bandaid to ridge bid till healed x 1 wk 3. Rev tomorrow 4. Top 650g qid on x 1 wk</p>
		<p style="text-align: right;">M. Pinto, M.D.  M. Pinto, M.D.  10/31/02</p>

DATE TIME

ELMWOOD WOMEN

OCT 31 2002

seen today @ Flu on (D) hand

finger (palm infection - Series
pain or drainage.

MEDICAL

O: Acute, NAD.

(D) hand - palm - well healed lac. without
erythema or drainage - dry thickened
skin on edges

(P) ^{wider} ~~middle~~ finger - no erythema or
exudate, swelling

A: (D) Healing (D) hand lesions

P: (D) Polysporin ASD with dressing change
x 3 days - ~~no~~ ruminos

801583

11/15/02

16w

(S) resubmitted white card to see M.H. re:

"Wanted to start medications 2° anxiety problem
1998, "I would like Xanax"

(D) Per chart review seen by M.H. on 10/26/02 several
other occasions. Was started on Prozac 10/23/02
Per chart, has 10 MD appts. on 11/15/02. NAD.

(A) As above, anxiety problem (denies suicidal ideation)

(P) Advised about clinic appl. for 11/15/02. - J. J. [unclear]



Moffat, Olga
 OST 578

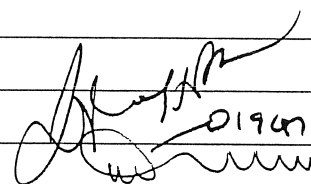
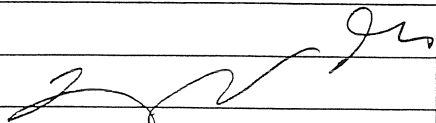
HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	WELV
10/31/02	2:00	<p>S: Today I was very depressed. My husband's accusing me of doing everything wrong. He's verbally abusive. He said I'm crazy but I don't think I'm crazy. I'm stressed. I'm scared of this man I started drinking. Sometimes I have thoughts to kill myself but it's not really what I want to do"</p> <p>O: very depressed. Tearful reports high anxiety level - coherent speech w/ good English - Very stressed in marriage w/ controlling, abusive man. Wants help intelligent - came from Russia 5 mo ago.</p> <p>A: Depressed anxious. Wants med for anxiety. Denies SI intent OAIU H. Isolated & dependent</p> <p>P: HPL ref to N.P. for anxiety med. Welv 2 days - Needs support</p> <p>Bonnie Johnson MFT</p>
11-30-02	13 ¹⁷	<p>Screened W2 F -</p> <p>(S) = I'm anxious all the time. I have so many problems in my marriage & I don't feel I have a future"</p> <p>(A) Depressed affect, Good clear English.</p> <p>(A) NOT suicidal. Is Russian. Needs support to keep from being depressed.</p> <p>(B) Will ask for med review - NOT suicidal. MD apt made</p>



Moffat, Olga
 OST 578
 2-9-71

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	
		ELMWOOD WOMEN
		NOV 13 2002
		MEDICAL
		3) No hx PHD. Pt takes Zantac for reflux. NKDA. Meds: Zantac, Prozac. ? NIC ALSO cf. cortisone Bm 1x ~ 94%.
		0) 31 yo Wf w/ ASD Abd - ⊕ BS, soft, no masses, no HSM, non-tend to palp
		A) 1. Reflux by hx 2. Constipation
		B) 1. Metamucil ii tid p x 6wks. 2. Cont Zantac 150g bid x 6wks. 3. Prozac
		 M. Pinto, M.D. 11/13/02
11/13/02	2:00pm	4 MD visit 31 yr old f. Dx Adj. D. = depression mood's 309.0 Alcohol abuse 305.0 On SA monthly for DS. Currently on Prozac 20mg qd x 7 months. (had Paxil prior to Prozac - was not effective). pt. states Prozac is working. Some improvement in mood. still feels sad. ⊖ voices/paranoia. ⊖ ECTHS today. App ↑ Prozac 40mg PO qd. Au 6 wks
		

DATE	TIME	
1-19-01	1330	<p>Case Note</p> <p>A gentleman, saying ^{claiming to be} he is Pt's husband, called wanting to have information about his wife's mental status. He was informed that no information can be ^{would be} divulged regarding custody or anything else about Pt. The writer found no legal document allowing consent to talk to her ^{Pt's} husband. No call was made.</p> <p>DDA, MFT</p>



SANTA CLARA VALLEY
MEDICAL CENTER
SANTA CLARA VALLEY
751 SOUTH BASCOM AVENUE
MEDICAL CENTER SAN JOSE, CALIFORNIA 95128

Moffat, Olga
DST 578
2-9-71

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	
11/22/02	2205	<p>⑤ My husband is trying to get hold of you and he wants to talk to you about me. But they won't talk to him because I need to sign some kind of form. I also need to talk because I worry a lot, I was abused. My childhood was not good, that affects me a lot. I felt very depressed because my husband left me two weeks after we got to this country.</p>
WAE		<p>⑥ IM calm, makes good eye contact. Talkative, but coherent. Speaks about past abuse and difficulties w/ husband. (Husband came to visit tonight). IM wants solutions to her anxiety. IM denies suicidal ideation, no evidence of hallucinations or overt psychiatric symptoms.</p>
		<p>⑦ IM experiencing anxiety, wants to talk, not suicidal, stable.</p>
		<p>⑧ IM PM</p>
		<p>Stewart Bloom, MD</p>

Report 11/23/02

DATE TIME
1/22/02 11:00 (S) "broke tooth today"
(D) NAD, I broken tooth off "plate"

1/23/02 10:30 (S) "broke tooth today"
(D) NAD, I tooth broken off "plate"
tooth in inmate's possession at this time
(A) As above, request dental intervention to fix/repair
(P) Chart checked to dental. — J. [Signature]

1/25/02 12:45 MH-CWS F/D
WDE Inmate was informed that her husband wanted to talk to M Health and asked whether she was willing to sign a consent to release information particularly in view of her charges. Inmate wished to sign the consent. She wanted him to know she was anxious but otherwise coping reasonably well. She wished him to tell her attorney to get records from her Kaiser Therapist. Inmate was not suicidal. EHI. E psychotic symptoms. MH. FU 11/30/02
Blank, LMF T

1/26/02 11:44 C.C.W. Case Mgmt. MH NOTE —
Spoke to husband on telephone who is concerned that his wife will be deported. Husband states the he will encourage P.D. to ask for chart records to use in defense process.
James [Signature], HCPM II



MOFFAT, OLGA
 DST-578
 2-9-71

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	
11/30/02	1600	S = PER WHITE CARD C/O FEELING ANXIOUS IN THE MORNING.
		O = ANXIETY WAS NOTED COMPLAINT OF FEELING ANXIOUS SPECIALLY IN THE MORNING SINCE SHE START TAKING PROZAC 40mg AND WANTS TO TALK TO MENTAL HEALTH.
		A = ANXIETY PROB.
		P = MENTAL HEALTH REFERRAL SENT
		_____ MAP PD
11/30/02	2000	Referral from Medical to Mental Health - W2E
PMH	W2E.	S: "I would like to get Xanax. Has my husband talked to you? I'm waking up anxious." Client went on to state she feels she should get more help and treatment for her mental sps.
		O: Client + oriented x4 - Speech is clear - thoughts are organized, linear and goal oriented. Client is aware of charges and disposition and has realistic expectations of custody.
		G: Stable % of anxiety (mild) when in a.m.
		P: PMH - James Anderson RN

DATE	TIME	
12/1/02	1600	<p>S. Crying + complaining of abdominal pain + vomiting.</p> <p>D. A/c. Anxious, shaky, skin warm color is good BP 110/70 PR 78 RR 20</p> <p>no vomiting noted. Bowel sounds (+) No tenderness to abdomen noted, no difficulty urinating. Had BM today.</p> <p>A - anxiety.</p> <p>P. Referred to M.H. + advised to continue meds. - 57</p>
12-3-02 W&F	11 ⁰⁰ am	<p>M.H. crisis t.v. to medical referral</p> <p>⑤ "I had had cramps after I ate and the nurse examined me and thinks it is anxiety." Discussed situation history of sexual abuse, stress due to immigration status and abusive husband. Counselled on counseling services in community. M is from Russia.</p> <p>⑥ OxB clear, coherent. Affect: appropriate mood: anxious. Marginal insight into problems and choices. Stressed. Taking prog. ⑦ S/H ideation. ⑧ M.H. hyp except in jail.</p> <p>⑨ stable</p> <p>⑩ M.H. pm Jennie Lutterker U6W</p>
12-3-02		<p>Addendum: Counselled pt. on coping skills to help avoid reassessing about abuse experienced in the past until she can obtain long term counseling when released. Saw resources i.e. YWCA, Family Services Jennie Lutterker U6W</p>



Moffat, Olga
 DST 518

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	
12-6-02	1700	<p>5" I need to speak to M.H. doctor. I'm very anxious. O- A/OxO, coherent, calm, coherent denial SI/HT A- 4 problem 4- 4 referral done. _____ discussion</p>
12-7-02	10:30	<p>mit/Crisis Ref/CCW - very anxious, request to see M.H. (5) "I am very upset here. When I go to it, the other inmates take all my possessions and come missing. I feel scared & threatened. It brings up many bad things, I was raped three different times. I am very stressed and I throw up and can't eat. I went to Kaiser to see a doctor there." O) Clear, coherent, OX4, soft spoken, maintains eye contact, anxious, teary at times, shaky. I/M said she has been very anxious and nervous even more since starting the Prozac on 11/15/02. Denied SI/HT/AH/HH. I/M said she has IMA hold and her husband and atty. are working on lifting the hold. A) Very anxious, nervous, throwing up after eating. HTX 3 rapes. O SI/HT/HT/HT P) Referred to Dr. Echols for further eval. Will contact Rape Crisis Center, Eval after ct. 12-16-02. Donny [unclear], [unclear]</p>
12/12/02	1500	<p><u>Psychologist Note</u> I/M was interviewed & evaluated for IAP eligibility. Next evaluation in form of Change Form vs Rape Crisis referral was completed & Filed. A.H. Harshorn - 12-17-02</p>

DATE	TIME	
------	------	--

2/16/12

1530

- ~~I have ^{know} headache~~
- Q Joints pain - specially knees
 - Q I have joint pain for weeks, specially wintertime, d sets worse
 - Q Knees swelling. No problem of ambulating Color good
 - Q Joint pain
 - Q I advised to buy Motrin from Commissary ~~at the base~~ ~~at the station~~

.18.02

S "I have glass in my finger."

Q: C/O as above via White Guard, states since October she has these glass pieces in her finger. Dry & hard skin area noted on 3 places on Rt hand. states it hurts when she presses it

A: P/O glass in finger

P: MDD 12-19-12

M. R. ...



Moffat, Olga
 DST 578

HISTORY SHEET AND PROGRESS NOTES

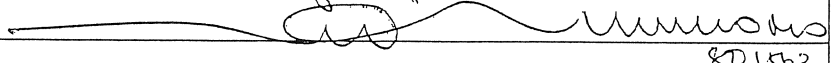
DOB: 2-9-71

DATE	TIME	NOTES
12-12-02	0905	MH / OPD FIU / CCW Returned call to I/M's husband. Said he feels very upset and had no idea I/M's background of abuse and rape. Asked me to contact P.D. re: getting mental health psych. eval. to him. <u>Donna Ryznar, MFCCT</u>
12-12-02	1050	MH / OPD FIU / CCW Called Del Olcanon, PD and left message to return call regarding inmate. <u>Donna Ryznar, MFCCT</u>
12-13-0	0915	MH / OPD FIU / CCW Received phone message from I/M's P.D. request Mental Health psych. eval. He asked to sign Kelsoe already signed. <u>Donna Ryznar, MFCCT</u>
0730	12-18-02	MH / OPD FIU / CCW Received call from I/M's husband requesting I/M be referred to IAP. Waiting for result of DR Echols assessment and told him it had been faxed to P.D. Also informed him of IAP referral and I/M probably not eligible due to Felony charges and IAS Hold. <u>Donna Ryznar, MFCCT</u>



Moffat, Olga
 DST578 2-9-71

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	
		ELMWOOD WOMEN Seen today with no discomfort
DEC 19 2002		in @ 5 th finger - lto hand
		injury from glass about 10/02.
		MEDICAL States sharp pain when area
		palpated.
		O: Alert, NAD.
		② hand - small area of callous like
		lesion tout erythema or exudate
		no palpable mass below.
		A: ① H/O ② hand injury from glass -
		pos. - resurfacing of glass piece
		P: ① VMC Plastics clinic referral for
		removal
		② Motrin 600mg po TID prn x 4 days
		- advised against exercise &
		warming cups discussed
		 801503

DATE TIME 4 med renewal

12/20/02 S - Says she feels very anxious, uncomfortable - wants meds for anxiety. Talked about hx - sexual abuse from fa., problems & marriages eating disorder. Says she still vomits if she eats "too much". Hx of episode in Russia that was probably a panic attack. Says Prozac makes her jittery in a.m. Discussed her need for counseling when released. ETOH abuse.

O - Alert, coherent, very soft spoken, fawn, large pupils, anxious, tearful @ times

A - ETOH abuse

R/O anxiety d.o's depression / hx suicide attempts

A - 1) ↓ Prozac
2) ROC & 4 MD @ next avail

JL Garcia MD/MS

2/23/02 PSYCHOLOGIST EVAL - see 4 consult in 4 sec of file

2230 1710 M40 PD Moffat Olga DST 578

CCW 02061181 2-9-71' Bx 296.32 Ct 1-17-03

W3E S "My charges will be dismissed on 1-17 - I have a home w/ my husband & go to - his help me with JNS. He realizes my past has been a factor in my response this verbal abuse we will get counseling in our future"

principle of attendance
Reality given

O: coherent, cooperative, anxious, some depression,

A: OSI OHI I stable w/ anxiety

P: APC OPD 7up 1-18-02 MNY Faraf

W3E
page Crisis
1-7-03



Mottal, Olga
02/09/71

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	
12/2/70	2306 WSE	Mkt response to M&Y referral from Co. Referral done b/c
		the state some items for the library & when confronted
		admitted it, returned the items & began crying.
		S - "I went to the library" she says that "I just
		wanted to make friends" as she stole the
		items for this other item. "I try to stay abreast on
		my book but is too noisy, people pointing to
		me & laughing @ me." "almost 2 months in this.
		I try to ignore these people." She reports that the
		Co's have moved for around various times &
		she doesn't want to return to the same problems,
		"I'm ashamed. They laugh @ me." She says that
		her husband told her that her charges are being
		dismissed, "but still on his roll." She reports
		that she has 2 different cases "The domestic violence
		was changed to a battery & made a misdemeanor.
		The grand theft the DA wants to keep that as a felony."
		She reports that her unemployment is still go home
		on 01/11/71 & her court is 01/17/71. Her husband is
		working up his D resolve that issue. Discussed w/ her
		that she can only control her choices & not other
		people's choice (reactions etc) and she must take
		the initiative to pursue her choices. She asked
		the author to rehouse her out A WSE & to
		find out for her what DC will do about her
		showing stolen these items. The author refused
		& had her look @ library of the Co, allow
		to be rehoused & to change w/ her attorney
		if her charges are to be dismissed or just reduced
		The counsel on SLI & HLI

Progress

Imprecable prog cont

DATE	TIME	
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12/12	cont'd	<p>0 - 0 x 3. clear speech. Coherent. Depressed, crying, sad. Plopping up her hands. (+) eye contact. Coop a - looking.</p>
-------	--------	---

Dependent features:

asynchronous personality d/o.

In social & all other things. Does not fit in.

Stable ask' d/h/i. HPC

p - oral fly as indicated P/W.

per chart PKY 12/16/02.

Confer w/ Co in her bag. That Co is attempting
 to resolve this stn.

J. Jacobs 12/23/02



Moyat, Olga
 DST578
 2-9-71

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	Per w/c written
12/27/02	4:50	S: I need to speak to mental health Danna, Stacey or Diann as soon as possible. O: A: O X 4. Denies SI, HI, AH, VH. Pt reports husband coming @ 7pm tonight & she wants to talk to mental health A: Peg to see mental health P: Referral to mental health (Greek)
12/28/02	11:00 4 PM WZF	Referral from Medical to Mental Health - WZF S: "There was this small Christmas tree in one of our groups. Another I'm in the room with me. And she stated she liked the tree. So, I took it - to give it to her. I don't know why, I couldn't stop - but I couldn't." Client went on to state life-span type problems while in Russia and in U.S.A. O: Alert & oriented x 4 - speech is clear - volume soft/low - thoughts are organized, linear and goal oriented. A: Stable & anxiety and sleep related. P: PCN - MH. - James Hansen RN
1/6/03	9:30 AM	4 MD NOT Pt c/o fully non depressed since I in Prozac dose. Requests to go back to young of Prozac/day (-) SI/HS today (+) voices/paranoia. A/P ↑ Prozac young PO qD NT 8 weeks

Name: Moffett Olga

PFN DST 578

Date 11/6/02

Housing Unit W2E

NON-LEGEND MEDICATIONS ASSESSMENT

I. Cold Set-up

Temperature _____

Symptoms: (check if present)

- 1. Headache _____
- 2. Nasal Congestion _____
- 3. Rhinitis _____
Secretions/Drainage Color _____
- 4. Watery Eyes _____
- 5. Sore Throat _____

Remarks: _____

- 6. Cough _____
Lung Sounds _____
Sputum _____
Color _____

- 7. Earache _____
- 8. Body Aches _____

II. Tylenol/ASA

Reason for Request

- 1. Headache _____ 2. Fever _____
- 3. Muscle Discomfort _____
- 4. Backache _____
- 5. Other: _____

Assessment

Subjective: (pain)

- 1. Description _____
- 2. Location _____
- 3. Duration _____
- 4. Other _____

Objective

- 1. Vital Signs (if applicable) _____
- 2. Observations _____

III. Kaopectate

Temperature _____

Symptoms: (check if present)

- 1. Diarrhea _____ If yes, assess for:
 - a. Frequency _____ b. Duration _____
 - c. Consistency of the stool _____
 - d. Cramping/Spasms _____
 - e. Presence of blood in stool _____

IV. Milk of Magnesia/Motamuel

Symptoms (check if present)

- 1. Constipation If yes, assess for:
 - a. Duration 12 days?
 - b. Nausea/Vomiting _____
 - c. Abdomen distention No

V. Tolnaftate 1% Cream

Symptoms: (check if present)

- 1. Redness of skin _____
- 2. Moist/peeling skin _____
- 3. Areas of cracked skin _____

VI. Maslor

Symptoms: (check if present)

- 1. Heartburn _____
- 2. Belching _____
- 3. Abdomen distention _____
- 4. Nausea _____
- 5. Location/duration of discomfort _____

VII. Hemorrhoids Ointments

Symptoms: (check if present)

- 1. Pruritus _____
- 2. Duration of discomfort _____
- 3. Bleeding _____

VIII. Analgesic Balm

Symptoms: (check if present)

- 1. Location of muscle tenderness _____
- 2. Swelling _____
- 3. Warmth _____
- 4. ROM _____
- 5. Cause of injury _____

IX. Itchy Rashes

- 1. Papules _____
- 2. Skin irritation _____

Nurse Signature Rose Meyers

SANTA CLARA VALLEY MEDICAL CENTER
ADULT INSTITUTIONS MEDICAL UNITS

Name: Moffat, Olga

PFN DST 578

Date 1-1-03

Housing Unit W2E

NON-LEGEND MEDICATIONS ASSESSMENT

I. Cold Set-up

Temperature _____

Symptoms: (check if present)

- 1. Headache _____
- 2. Nasal Congestion _____
- 3. Rhinids _____
Secretions/Drainage Color _____
- 4. Watery Eyes _____
- 5. Sore Throat _____

Remarks: _____

- 6. Cough _____
Lung Sounds _____
Sputum _____
Color _____

- 7. Earache _____
- 8. Body Aches _____

II. Tylenol/ASA

Reason for Request:

- 1. Headache _____ 2. Fever _____
- 3. Muscle Discomfort _____
- 4. Backache _____
- 5. Other: _____

Assessment

Subjective: (pain)

- 1. Description _____
- 2. Location _____
- 3. Duration _____
- 4. Other _____

Objective

- 1. Vital Signs (if applicable) _____
- 2. Observations _____

III. Kaopectate

Temperature _____

Symptoms: (check if present)

- 1. Diarrhea _____ If yes, assess for:
 - a. Frequency _____ b. Duration _____
 - c. Consistency of the stool _____
 - d. Cramping/Spasms _____
 - e. Presence of blood in stool _____

IV. Milk of Magnesia/Metamucil

Symptoms: (check if present)

- 1. Constipation _____ If yes, assess for:
 - a. Duration _____
 - b. Nausea/Vomiting _____
 - c. Abdomen distention: _____

V. Tolnaftate 1% Cream

Symptoms: (check if present)

- 1. Redness of skin _____
- 2. Moist/peeling skin _____
- 3. Areas of cracked skin _____

VI. Maalox

Symptoms: (check if present)

- 1. Heartburn _____
- 2. Belching _____
- 3. Abdomen distention _____
- 4. Nausea _____
- 5. Location/duration of discomfort _____

VII. Hemorrhoids Ointments

Symptoms: (check if present)

- 1. Pruritus _____
- 2. Duration of discomfort _____
- 3. Bleeding _____

VIII. Analgesic Balm

Symptoms: (check if present)

- 1. Location of muscle tenderness _____
- 2. Swelling _____
- 3. Warmth _____
- 4. ROM _____
- 5. Cause of injury _____

IX. Itchy Rash

- 1. Papules _____



SANTA CLARA VALLEY MEDICAL CENTER
Department of Nursing

ADULT CUSTODY HEALTH SERVICES
URINE PREGNANCY TEST

Name: Moffat Olga

DOB: 2-9-71

Booking Number: 02061181

PFN: DST 578

Housing Area: PR

Your pregnancy test result is:

NEGATIVE - The test indicates that you are **NOT pregnant**. If you do not have a menstrual period within the next two weeks, you should make an appointment to see a doctor.

POSITIVE - The test indicates that you **ARE pregnant**. You should come to pill call three times a day for your prenatal medications.

Your medical appointment is; _____.

** If you are released from custody before this appointment, it is very important that you seek medical care.*

RN Initials Milani RN Date _____

Adult Custody Mental Health
Santa Clara Valley Health and Hospital System
CASE MANAGEMENT FACT SHEET

IAP: Referred: _____
Accepted: _____
Refused: _____

Name MOFFAT, OLGA PFN DST 578 DOB 02.09.71
S/D# 500143861 Soc. Sec # _____ Booking # 02061181
CDC #: _____ Arrest Date 10.20.02 Charges: D.V. ADW
LPS #: _____

Court Date(s) are in SOAP notes.

LPS Conservator Name: _____ Telephone: _____
(Temporary/ Permanent/ Murphy/ Probate)
Representative Payee: _____ Telephone: _____
Attorney: FD: ANDREAS DELACAZAN Telephone: 299-7726
Parole / Probation: _____ Telephone: _____
Interpreter: _____ Telephone: _____
Family Contact: Husband: ANDREW DEFARIA Telephone: 363-0562 (H) 845-8321(W)
Other: _____ Telephone: _____

HISTORY / COMMUNITY CONTACTS

Patient's address before arrest: _____
Telephone there _____ Lived with _____
Other Family member _____ Telephone _____

CURRENTLY A CLIENT AT

Community Agency: D Telephone: _____ Fax: _____
Case Manager: _____ Psychiatrist: _____

COMMENTS

INS Hold

Staff Member initiating Case Management Fact Sheet

Signature: M. Brugnera PhD Date: 10/21/02

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
ADULT CUSTODY HEALTH SERVICES
MENTAL HEALTH SERVICES

ACUTE PSYCHIATRIC UNIT MAIN JAIL - 8A
NURSING DISCHARGE SUMMARY

Patient's name moibat olga
DOB 2/9/71 PFN DST 576

Discharge/Transfer: Date 10/23/02 Time _____

Vital Signs: TEMP _____ PULSE _____ RESP _____ B/P _____

Special Medical Needs (specify) _____

NONE

Check Appropriate Boxes Below:

Discharged/Transferred to General Population: Main Jail/CCW
 Special Housing (specify) _____
 Valley Medical Center Emergency Psychiatric Services
 State of California Prison
 Other Jail (specify) _____
 Other (specify) _____

LPS Status Voluntary 5150 (72 Hour Hold)
 5250 (14 Day Certification) LPS Conservatorship

Method of Discharge Ambulatory 4 Point Restraints
 Ambulance Other (specify) _____
 Other (specify) _____

Interfacility Medical Transfer Form or Confidential Medical Information Transfer Form Sent

LPS Involuntary Hold Forms Sent YES Voluntary Patient

Patient's Condition upon Discharge/Transfer:

Calm Cooperative Suicidal
 Hostile Uncooperative Homicidal
 Disoriented Mute Loud
 Hallucinations (specify) _____
 Other (specify) _____

RN Signature _____ Date and Time _____

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
ADULT CUSTODY HEALTH SERVICES
MENTAL HEALTH SERVICES

ACUTE PSYCHIATRIC UNIT MAIN JAIL - 8A
NURSING DISCHARGE SUMMARY

Patient's name Mo Jhat, Olga
DOB 2-9-71 PFN DST578

Discharge/Transfer: Date 10/24/02 Time 0347

Vital Signs: TEMP 97.8 PULSE 80 RESP 18 B/P 118/80

Special Medical Needs (specify) See nurse for current Meds
 NONE

Check Appropriate Boxes Below:

Discharged/Transferred to General Population: Main Jail/CCW
 Special Housing (specify) _____
 Valley Medical Center Emergency Psychiatric Services
 State of California Prison
 Other Jail (specify) _____
 Other (specify) _____

LPS Status Voluntary 5150 (72 Hour Hold)
 5250 (14 Day Certification) LPS Conservatorship

Method of Discharge Ambulatory 4 Point Restraints
 Ambulance Other (specify) _____

Interfacility Medical Transfer Form or Confidential Medical Information Transfer Form Sent

LPS Involuntary Hold Forms Sent YES Voluntary Patient

Patient's Condition upon Discharge/Transfer:

Calm Cooperative Suicidal
 Hostile Uncooperative Homicidal
 Disoriented Mute Loud
 Hallucinations (specify) _____
 Other (specify) _____

PN Signature [Signature] Date and Time 10/24/02

UNIT 8A PATIENT KARDEX

NAME Hoffat Olga
ADMIT DATE 10/21/02 DISCHARGE DATE
BOOKING NUMBER 02061181
PFN 0575FR
DATE OF BIRTH 2-9-71
PSYCHIATRIST Crowley
SOCIAL SERVICE Hoffat

PHYSICAL DISABILITY/MEDICAL CONDITION:
Laceration to surface of HAND

PAST PSYCHIATRIC HISTORY:

DISCHARGE/AFTERCARE PLANS (Refer to Release plan on reverse of Intake Fact Sheet in chart):

LEGAL STATUS
 5150 DS DO GD Hold Expires 10/24/02 0020
 5250 DS DO GD Hold Expires
 5250 Probable Cause Hearing Scheduled Date*
 Release Petition Upheld Date
 VOLUNTARY Date Initiated

*If patient transferred to EPS before the Probable Cause bearing, you must send the original 5250 and advisement which is on the Mental Health Clipboard with the patient.

DIAGNOSIS
AXIS I. Ad d/o with dep mood
AXIS II
AXIS III
PRIMARY LANGUAGE English / Russian

DATE	MEDICATION
DATE	TREATMENT
<u>10/21/02</u>	<u>SR @ hand laceration 10/30/02</u>

15 Minute Checks Date Initiated 10/21/02 Date D/C'd 10/19/02
 TEMPORARY LPS CONSERVATORSHIP Date Initiated
 LPS MURPHY CONSERVATORSHIP Date
CONSERVATOR'S NAME
 PC 1370.01 Date

Moffatt Olga

2-9-71

DST-578

8A Mental Health Unit

Psychiatric Admission Nursing Assessment (PANA) - Page 1

Addressograph

A. Admission Date: 10/21 Time: 0320 VIA: Ambulatory Wheelchair Crutches

Ethnicity _____ Hair Color light Brown Eye Color Blue Ht 5'7" Wt 138 LBS

Vital Signs: Temp _____ Pulse 72 Resp _____ B/P 110/80

Articles Brought In On Admission: No Yes <input checked="" type="checkbox"/> _____ Eyeglasses <input checked="" type="checkbox"/> _____ Contact Lenses <input checked="" type="checkbox"/> _____ Dentures <input checked="" type="checkbox"/> _____ Hearing Aid <input checked="" type="checkbox"/> _____ Prosthesis <input checked="" type="checkbox"/> _____ Ambulatory Assistive Device (specify) <input type="checkbox"/> _____ Other	English: Yes <input checked="" type="checkbox"/> No _____ If not, indicate language spoken: _____ How does patient wish to be addressed? _____	Legal Status: (circle) <u>5150</u> as <u>DS/DO/GD</u> 5250 Conserved DS=Danger to Self DO=Danger to Others GD=Gravely Disabled
--	--	---

B. RN ASSESSMENT

Presenting Problem and Psychiatric History (Patient "Statement"): Denied y Hx.

"my Husband driving me crazy. relationship just not working"

"Treat me like a dog" "I cannot take any more."

"He put me in jail today." "I'm so scared."

- Complete the following checklists.
- Record pertinent findings in spaces provided or in additional PANA Notes.

C. MENTAL STATUS EXAM: See PANA Notes

Orientation/LOC	<input checked="" type="checkbox"/> Person	<input checked="" type="checkbox"/> Place	<input checked="" type="checkbox"/> Time	<input type="checkbox"/> Alert	<input type="checkbox"/> Sedated
Appearance	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Disheveled			
Behavior	<input type="checkbox"/> Relaxed	<input checked="" type="checkbox"/> Restless	<input type="checkbox"/> Pacing	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Other: _____
Speech	Psychomotorics:	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased		
	<input type="checkbox"/> Normal	<input type="checkbox"/> Slow	<input checked="" type="checkbox"/> Pressured	<input type="checkbox"/> Loud	<input type="checkbox"/> Low
	<input type="checkbox"/> Mute	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poverty	<input type="checkbox"/> Hyperv verbal	
Mood	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Euphoric	<input checked="" type="checkbox"/> Despondent	<input type="checkbox"/> Angry <input checked="" type="checkbox"/> Fearful
Affect	<input type="checkbox"/> Broad(Normal)	<input type="checkbox"/> Restricted	<input type="checkbox"/> Blunted	<input type="checkbox"/> Flat	<input checked="" type="checkbox"/> Labile <input type="checkbox"/> Inappropriate
Thought Processes	<input checked="" type="checkbox"/> Goal Directed	<input type="checkbox"/> Tangential	<input type="checkbox"/> Blocking	<input type="checkbox"/> Loose Associations	
Thought Content	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Concrete			
	<input checked="" type="checkbox"/> Suicidal	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Harm to Others	<input type="checkbox"/> No Harm Contract
	<input type="checkbox"/> Delusions	Type: _____	<input type="checkbox"/> Command	<input type="checkbox"/> Obsessions	<input type="checkbox"/> Phobias
	<input type="checkbox"/> Hallucinations	<input checked="" type="checkbox"/> Auditory	<input type="checkbox"/> Command	<input type="checkbox"/> Visual	<input type="checkbox"/> Other: _____

D. COGNITIVE FUNCTION: See PANA Notes

Memory	<input checked="" type="checkbox"/> Can recall recent event	<input type="checkbox"/> Can't recall recent event
	<input checked="" type="checkbox"/> Can recall past event (Ask birthday)	<input type="checkbox"/> Can't recall past event
Attention and Concentration	<input type="checkbox"/> Able to repeat 5 - 8 digits forward	<input type="checkbox"/> Unable
	<input type="checkbox"/> Able to repeat 5 - 8 digits backward	<input type="checkbox"/> Unable

RN Signature/Date/Time: IL Kim RN

Moffat Olga
2-9-71
DS T 578

8A Mental Health Unit
Psychiatric Admission Nursing Assessment (PANA) - Page 2

Addressograph

Potential for Danger, or History of Danger

E. SUICIDE ASSESSMENT: See PANA Notes

Symptoms: Helplessness Anhedonia Anger/rage Psychotic symptoms
 Hopelessness Guilt/shame Poor judgment Depression
 Command hallucinations to harm self None

Current Suicidal Ideation/Plan (Patient Statement): Denies yes, if I can

History of Suicide Attempts: Denies yes, 4 yrs ago I went thru divorce. ~~4 yrs ago~~. My mother blamed me.

List Stressors: None identified Husband's ~~was~~ physically & verbally abuse her.

Insight into Stressors: None Minimal Has Insight
Impulsivity: Poor Limited Has control
Contract for Safety: Unwilling Ambivalent Willing

Resources / Support System: None Available; not utilized Utilizes available support
RN's Subjective Appraisal of Pt's Reliability: Trustworthy Questionably trustworthy Not trustworthy

F. ASSAULT ASSESSMENT: See PANA Notes

Symptoms: Threatening speech/gestures Hostile Tense Loud voice/yelling
 Command hallucinations to harm others None

Current Harm to Others /Plan (Patient Statement): Denies

History: Denies:

What is helpful in controlling anger/aggressive violent behavior: 1:1 time Food / fluid Physical activity Shower
 Writing / drawing Time out Medication(s): Other:

G. SUBSTANCE USE WITHDRAWAL / INTOXICATION ASSESSMENT: See PANA Notes

Drug: Denies Name of Drug: _____ Last Use: _____ Quantity: _____
 Casual / occasional use Long term regular use since: _____

Signs/symptoms of withdrawal: N/A Yes No Specify: _____

ETOH Denies Type: occasionally Last Use: tonight Quantity: wine 1-2 glasses
 Casual / occasional use Long term regular use since: _____

Signs/symptoms of withdrawal: N/A Yes No Diaphoresis Tremors Elevated V S Unsteady gait
 Acute confusional state /delirium Blackouts None Other:

Nicotine use: Denies Quantity: _____ Duration: _____

H. FALL ASSESSMENT: See PANA Notes

>= age 65 Sedation Post fall History of falls Fall risk per RN

I. OTHER RISK ASSESSMENTS: See PANA Notes

N/A Fire setting Sexually inappropriate Seizure Other: _____

Explain:

RN Signature / Date / Time: K. K... 10/21/02 0345

8A Mental Health Unit

Addressograph

Psychiatric Admission Nursing Assessment (PANA) – Page 3

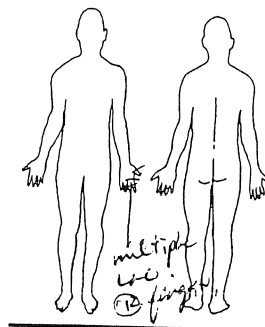
BIOPHYSICAL ASSESSMENT:

See PANA Notes

J. Skin Assessment See PANA Notes

K. Genitourinary Assessment See PANA Notes

Indicate impaired skin using codes
A = Abrasion E = Erythema/Rash
B = Burn I = Incision
C = Contusion S = Scar
or Bruise L = Laceration
D = Decubitus W = Wound



Infestations (Circle one)	No	Yes
WNL (Check One)	No	Yes
Color	<i>jaundiced</i>	
Turgor	<i>dry</i>	
Temperature	<i>98.6</i>	

	No	Yes	Specify
Frequency	<input checked="" type="checkbox"/>		
Burning	<input checked="" type="checkbox"/>		
Incontinence	<input checked="" type="checkbox"/>		
NOC			
Day			
Stress			
Discharge	<input checked="" type="checkbox"/>		

LMP: / /
Menstrual Cycle: Regular Irregular Amenorrhea
Menopause: Age: *55 yrs*

L. Cardiovascular Assessment See PANA Notes

M. Gastrointestinal Assessment See PANA Notes

Pulse (R) Radial (L) Radial Apical 72
Rhythm: Regular Irregular

Recent Appetite: Normal Under eating Overeating
Usual/Special Diet: *fell sick p eat*
Fast Eater: *anorexic*

Edema: 0 No Edema
 1+ Mild (0" - 1/4")
 2+ Moderate (1/4" - 1/2")
 3+ Severe (1/2" - 1")
 4+ Very Severe (Over 1")
Pitting: Yes No
Location:

Difficulty: Chewing Swallowing Choking
Excess saliva / Drooling:
Mouth / Tongue Problems: Teeth Problems:
Wears Dentures: Fit Properly: Yes No

(Check One)	No	Yes
Abdominal Discomfort		
Nausea		

N. Respiratory Assessment See PANA Notes

Vomiting

Respiration Depth: Regular Shallow Deep
Rhythm: Regular Irregular
SOB: On Exertion: All the Time:
Cough: Productive Non-Productive Frequent

Diarrhea > 3 days			
Constipation			
Recent weight loss > 10 lbs			How Much?
Recent weight gain > 10 lbs			How Much?

Sputum: Quantity Consistency Color
Smoker: Yes No

Bowel habits: Last BM:

O. Musculoskeletal Assessment: See PANA Notes

	No	Yes	Specify
Moves all Extremities		<input checked="" type="checkbox"/>	
Limited ROM	<input checked="" type="checkbox"/>		
Physical Limitations	<input checked="" type="checkbox"/>		
Other	<input checked="" type="checkbox"/>		

RN Signature / Date / Time: K. K. K.

8A Mental Health Unit
Psychiatric Admission Nursing Assessment (PANA) – Page 4

Addressograph

P. Pain Assessment: See PANA Notes

Pain Quality		0 – 10 Numeric Pain		Location(s):	How Treated:
Intensity #:		Intensity Scale			
Quality	<input type="checkbox"/> Ache <input type="checkbox"/> Burn <input type="checkbox"/> Throb <input type="checkbox"/> Sharp <input type="checkbox"/> Other:	0	= No Pain		
Duration:		2	= Mild Pain		
<input type="checkbox"/> <3 mo (Acute)		4	= Moderate Pain		
<input type="checkbox"/> >3 mo (Chronic)		6	= Severe Pain		
		8	= Very Severe		
		10	= Worst Possible		

Q. Neurological Assessment: See PANA Notes

Grip: Normal Weak _____ Right _____ Left _____ Bilateral _____

Gait: Steady Unsteady _____ Fast _____ Slow _____ Shuffles _____

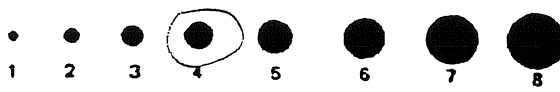
Tremors _____ Facial Tics _____ Other _____

R. Head / Neck Assessment: See PANA Notes

Eyes: Clear Reddened _____ Drainage _____ Blind Right _____ Left _____

Pupils: Equal Unequal _____ Size(mm): Left _____ Right _____

Vision Non-impaired Impaired



React to Light: L ++ R ++

0 = Absent + = Decreased ++ = Steady/brisk

Mouth Droop: Yes _____ No _____ Nose Exudate: Present _____ Not Present _____

Hearing: Non-impaired _____ Impaired _____ Deaf: Yes _____ No _____

Sleeping Habits: Hours of sleep: _____ Early Awakening Difficulty Arising

Sleep Aids Restful Interrupted Difficulty Falling Asleep Other: _____

S. Nursing Self Care / Assessment of Capabilities See PANA Notes

(I = Independent, A = Assistance Needed, D = Dependent)

Bathing	I	Eating	I	Bowel Movement	I
Dressing	I	Sleeping	I	Bladder Management	I
Oral Hygiene	I	Ambulation	I	Other:	

RN Signature / Date / Time: R/K

Moffat Olga

2-9-71

DST 578

8A Mental Health Unit

Addressograph

Psychiatric Admission Nursing Assessment (PANA) - Page 5

PERTINENT PATIENT INFORMATION See PANA Notes

T. Medical and Surgical History (Including cardiac, renal, liver disease, head injury, per patient, medical record, & collateral information):

Denied

Any Current Medical Problems (Per patient and medical records).

[Handwritten mark]

U. Prescribed Medications, Herbs, OTC: (Per medical record review, patient statement, or collateral information):

Name	Dosage	Last Dose Received
Prozac	20mg	this Am
Zantac	BID	this Am

V. Allergies:

Medication: NKDA Per patient Per medical record

Food: NKFA Per patient Per medical record

Dietary Intolerances:

W. Special Equipment: No Yes Assessment Needed Specify: _____

X. Patient Education Needs:

	No	Yes		No	Yes
Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	Medications	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>			

Other:

RN Signature/Date/Time KKun RW 10/21/02

Date/Time

Psychiatric Admission Nursing Assessment (PANA) Notes

10/21 0400
31 yrs old female admitted from Booking, crying, hopeless
claims she is been physically abused from Husband many
months. she couldn't take it anymore, so she threwed
glass on him. He made her pick up broken glasses,
sustained multiple laceration on finger cleared from
VMC ER. pt has S-I. Want to die if she can.
Denied medical prob but she has poor appetite, like anorexia.
feel like thrown up p eat. seen YMD for depression started
taking prozac 10 days ago. KKun



Moffat Olga
 DST 578
 2-9-71

Adult Custody Mental Health Services
 Individualized Patient
 Multidisciplinary Treatment Plan

ADDRESSOGRAPH

Date Initiated: 10 12 102

Problem # I

Problem / Nursing Diagnosis	Measurable Objectives/ Time Frame	Specific Interventions	Discipline	Initial	Review Date
Violence, High Risk for: Self-Directed As evidenced by:		<input type="checkbox"/> Assess for self-harm potential and behavioral changes every shift. <input type="checkbox"/> Inform patient to seek out staff when feeling self-destructive. <input checked="" type="checkbox"/> Orient patient to expectation of no harm toward self, others or property on admission and PRN. <input checked="" type="checkbox"/> Remove dangerous items from the patient and environment. (i.e., sharp objects, lighters). <input type="checkbox"/> Initiate 1:1 interactions to establish trusting relationships at least every shift. <input type="checkbox"/> Teach patient problem solving techniques and help him identify reasonable alternatives to self-harm. <input type="checkbox"/> _____ _____	RN	M n	
		<input type="checkbox"/> Medicate to treat underlying disturbance <input type="checkbox"/> Monitor therapeutic and adverse side effects of medication(s) <input type="checkbox"/> Encourage treatment compliance <input type="checkbox"/> _____ _____	MD		
		<input checked="" type="checkbox"/> Assess psycho-social needs <input checked="" type="checkbox"/> Facilitate community linkages <input checked="" type="checkbox"/> Monitor legal status <input type="checkbox"/> Individual / family support services <input type="checkbox"/> Assess financial resources <input type="checkbox"/> Facilitate appropriate placement <input type="checkbox"/> Suicide and self-harm precautions <input type="checkbox"/> _____ _____	SS MCA MCA MCA		
			Other Discipline		

Sign and initial on the back

Moffat Olga

2-9-71

DST 578

4140-68
Attachment

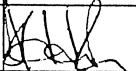
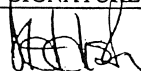
ADULT CUSTODY MENTAL HEALTH SERVICES

8A INDIVIDUALIZED PATIENT

MULTIDISCIPLINARY TREATMENT (MDT) PLAN

ADDRESSOGRAPH

MULTIDISCIPLINARY TREATMENT (MDT) PLAN PROBLEM LIST

DATE ADDED TO CARE PLAN AND #	PROBLEM	INACTIVE	DATE RESOLVED	RN SIGNATURE	PHYSICIAN SIGNATURE
10/21/02 I	Violence - Self directed		10/21		



Adult Custody Mental Health Services
150 West Hedding Street
San Jose, California 95110

*mozzat 0159
DSJ 578*

8A Daily RN Assessment/Pertinent Information

Addressograph

Date: 10/21/02

Day Shift (0700 - 1530) Time:

Mental Status Exam (check all that apply in each category)

Orientation / LOC	<input checked="" type="checkbox"/> Person	<input checked="" type="checkbox"/> Place	<input checked="" type="checkbox"/> Time	<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Sedated
Appearance	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Disheveled			
Behavior	<input type="checkbox"/> Relaxed	<input checked="" type="checkbox"/> Restless	<input type="checkbox"/> Pacing	<input type="checkbox"/> Lethargic	Other: _____
Speech	Psychomotorics: <input type="checkbox"/> Normal	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Loud	<input checked="" type="checkbox"/> Low
Mood	<input type="checkbox"/> Mute	<input type="checkbox"/> Slow	<input type="checkbox"/> Pressured	<input type="checkbox"/> Hypervertal	
Affect	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poverty	<input type="checkbox"/> Despondent	<input type="checkbox"/> Angry <input checked="" type="checkbox"/> Fearful
Thought Processes	<input type="checkbox"/> Broad (Normal)	<input type="checkbox"/> Dysphonic	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Flat	<input type="checkbox"/> Laile <input type="checkbox"/> Inapprop
Thought Content	<input type="checkbox"/> Goal Directed	<input type="checkbox"/> Restricted	<input type="checkbox"/> Blunted	<input type="checkbox"/> Blocking	<input type="checkbox"/> Loose Associations
	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Tangential	<input type="checkbox"/> Concrete		
	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Harm to Others	<input type="checkbox"/> No Harm Contract
	<input type="checkbox"/> Delusions	Type: _____		<input type="checkbox"/> Obsessions	<input type="checkbox"/> Phobias
	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Auditory	<input type="checkbox"/> Command	<input type="checkbox"/> Visual	Other: _____
Pain	<input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Present*	<input type="checkbox"/> 0 - 10 Pain Rating Scale: _____		

*Note: If present, document in Progress Notes (PN) and MDTP as needed.

Additional Pertinent Information

Temp	Sleep (hours)	Intake 24° total
Pulse ↑	Weight (lbs)	Output 24° total
Pulse ↓	15" Safety Checks	BM
Resp	Intake (cc)	Meal % <i>1 refused now</i>
BP ↑	Output (cc)	<i>I am not hum</i>
BP ↓	V = Done Ref = Refused	1 = Not applicable

I&O - Record each shift (0730,1530,2330) total cc's intake and/or output. At 2330 record 24-hour total.

MDTP #/PN	Behavior / Intervention / Outcome	<input type="checkbox"/> See Additional Daily RN Assessment Notes on back of form
<u>1</u>	<i>denies suicidal behaviors. no suicidal behaviors. Encourage to verbalize feelings. request medical services. called Kaiser pharmacy release information. Jaded. talk to Faye. no name available. third computer. unable to verify meds. MR eval. Sofia</i>	

Signature of RN reviewing above information: _____ *[Signature]*



Moffat, Olga
DST 570
2/9/71
Addressograph

Daily RN Assessment/Pertinent Information

Date: 10/2/02

PM Shift (1500 - 2330) Time:

Mental Status Exam (check all that apply in each category)

Orientation / LOC	<input checked="" type="checkbox"/> Person	<input checked="" type="checkbox"/> Place	<input checked="" type="checkbox"/> Time	<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Sedated
Appearance	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Disheveled			
Behavior	<input checked="" type="checkbox"/> Relaxed	<input type="checkbox"/> Restless	<input type="checkbox"/> Pacing	<input type="checkbox"/> Lethargic	Other: _____
Speech	Psychomotorics: <input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Loud	<input type="checkbox"/> Low
Mood	<input type="checkbox"/> Mute	<input type="checkbox"/> Slow	<input type="checkbox"/> Pressured	<input type="checkbox"/> Hypervertbal	<input type="checkbox"/> Angry <input type="checkbox"/> Fearful
Affect	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poverty	<input type="checkbox"/> Despondent	<input type="checkbox"/> Labile <input type="checkbox"/> Inapprop
Thought Processes	<input type="checkbox"/> Broad (Normal)	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Flat	
Thought Content	<input checked="" type="checkbox"/> Goal Directed	<input type="checkbox"/> Restricted	<input type="checkbox"/> Blunted	<input type="checkbox"/> Loose Associations	
Pain	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Concrete	<input type="checkbox"/> Blocking		
	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Harm to Others	<input type="checkbox"/> No Harm Contract
	<input type="checkbox"/> Delusions	Type: _____	<input type="checkbox"/> Obsessions	<input type="checkbox"/> Phobias	
	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Auditory <input type="checkbox"/> Command	<input type="checkbox"/> Visual	Other: _____	
	<input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Present*	<input type="checkbox"/> 0 - 10 Pain Rating Scale: _____		

*Note: If present, document in Progress Notes (PN) and MDTP as needed.

Additional Pertinent Information

Temp		Sleep (hours)		Intake 24 ^o total	
Rese ↓		Weight (lbs)		Output 24 ^o total	
Pulse ↓		15" Safety Checks		BM	
Resp		Intake (cc)		Meal %	100%
BP ↑		Output (cc)			
BP ↓		V = Done	Ref = Refused	1 = Not applicable	

*O - Record each shift (0730,1530,2330) total cc's intake and/or output. At 2330 record 24-hour total.

JTP #/PN	Behavior / Intervention / Outcome	<input type="checkbox"/> See Additional Daily RN Assessment Notes on back of form
1	During out time interact well w staff + peers. No suicidal gestures noted.	

Signature of RN reviewing above information: CS



Adult Custody Mental Health Services
 150 West Hedding Street
 San Jose, California 95110

Moffat, O/99
 DST 578
 2/9/71

Addressograph

Daily RN Assessment/Pertinent Information

Date: 10/22/02

PM Shift (1500 - 2330) Time:

Mental Status Exam (check all that apply in each category)

Orientation / LOC	<input checked="" type="checkbox"/> Person	<input checked="" type="checkbox"/> Place	<input checked="" type="checkbox"/> Time	<input type="checkbox"/> Alert	<input type="checkbox"/> Sedated
Appearance	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Disheveled			
Behavior	<input checked="" type="checkbox"/> Relaxed	<input type="checkbox"/> Restless	<input type="checkbox"/> Pacing	<input type="checkbox"/> Lethargic	Other: _____
	Psychomotorics:	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased		
Speech	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Slow	<input type="checkbox"/> Pressured	<input type="checkbox"/> Loud	<input type="checkbox"/> Low
	<input type="checkbox"/> Mute	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poverty	<input type="checkbox"/> Hyperv verbal	
Mood	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Despondent	<input type="checkbox"/> Angry <input type="checkbox"/> Fearful
Affect	<input type="checkbox"/> Broad (Normal)	<input type="checkbox"/> Restricted	<input type="checkbox"/> Blunted	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile <input type="checkbox"/> Inapprop
Thought Processes	<input checked="" type="checkbox"/> Goal Directed	<input type="checkbox"/> Tangential	<input type="checkbox"/> Blocking	<input type="checkbox"/> Loose Associations	
	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Concrete			
Thought Content	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Harm to Others	<input type="checkbox"/> No Harm Contract
	<input type="checkbox"/> Delusions	Type: _____	<input type="checkbox"/> Obsessions	<input type="checkbox"/> Phobias	
	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Auditory <input type="checkbox"/> Command	<input type="checkbox"/> Visual	Other: _____	
Pain	<input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Present*	0 - 10 Pain Rating Scale: _____		

*Note: If present, document in Progress Notes (PN) and MDTP as needed.

Additional Pertinent Information

Temp		Sleep (hours)		Intake 24 ^o total	
Pulse ↑		Weight (lbs)		Output 24 ^o total	
Pulse ↓		15" Safety Checks		BM	
Resp		Intake (cc)		Meal %	100%
BP ↑		Output (cc)			
BP ↓		V = Done	Ref = Refused	1 = Not applicable	

I/O - Record each shift (0730,1530,2330) total cc's intake and/or output. At 2330 record 24-hour total.

MDTP #/PN	Behavior / Intervention / Outcome	<input type="checkbox"/> See Additional Daily RN Assessment Notes on back of form

Signature of RN reviewing above information: _____



Adult Custody Mental Health Services
150 West Hedding Street
San Jose, California 95110

Moffat Olga
DST 578

8A Daily RN Assessment/Pertinent Information

Addressograph

Date: 10/23/02

Night Shift (2300 - 0730) Time:

Mental Status Exam (check all that apply in each category)

Orientation / LOC	<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Place	<input type="checkbox"/> Time	<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Sedated
Appearance	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Disheveled			
Behavior	<input checked="" type="checkbox"/> Relaxed	<input type="checkbox"/> Restless	<input type="checkbox"/> Pacing	<input type="checkbox"/> Lethargic	Other: _____
Speech	Psychomotorics:	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased		
	<input type="checkbox"/> Normal	<input type="checkbox"/> Slow	<input type="checkbox"/> Pressured	<input type="checkbox"/> Loud	<input type="checkbox"/> Low
	<input type="checkbox"/> Mute	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poverty	<input type="checkbox"/> Hypervocal	
Mood	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Despondent	<input type="checkbox"/> Angry <input type="checkbox"/> Fearful
Affect	<input type="checkbox"/> Broad (Normal)	<input type="checkbox"/> Restricted	<input type="checkbox"/> Blunted	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile <input type="checkbox"/> Inapprop
Thought Processes	<input type="checkbox"/> Goal Directed	<input type="checkbox"/> Tangential	<input type="checkbox"/> Blocking	<input type="checkbox"/> Loose Associations	
	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Concrete			
Thought Content	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Harm to Others	<input type="checkbox"/> No Harm Contract
	<input type="checkbox"/> Delusions	Type: _____	<input type="checkbox"/> Obsessions	<input type="checkbox"/> Phobias	
	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Auditory	<input type="checkbox"/> Command	<input type="checkbox"/> Visual	Other: _____
Pain	<input type="checkbox"/> Not Present	<input type="checkbox"/> Present*	0 - 10 Pain Rating Scale: _____		

*Note: If present, document in Progress Notes (PN) and MDTP as needed.

Additional Pertinent Information

Temp		Sleep (hours)	8 hrs	Intake 24° total	
Pulse ↑		Weight (lbs)		Output 24° total	
Pulse ↓		15" Safety Checks	✓	BM	
Resp		Intake (cc)		Meal %	0 %
BP ↑		Output (cc)			
BP ↓		V = Done	Ref = Refused	1 = Not applicable	

I&O - Record each shift (0730,1530,2330) total cc's intake and/or output. At 2330 record 24-hour total.

MDTP #/PN	Behavior / Intervention / Outcome	<input type="checkbox"/> See Additional Daily RN Assessment Notes on back of form
1	Alert ; quiet , seen her turning position side to side sleeping all noc unable to assess . didn't get up for breakfast. _____	

Signature of RN reviewing above information: _____



Adult Custody Mental Health Services
 150 West Hedding Street
 San Jose, California 95110

*mogart also
 DST 578*

8A
 Daily RN Assessment/Pertinent Information

Addressograph

Date: 10/23/02

Day Shift (0700 - 1530) Time:

Mental Status Exam (check all that apply in each category)

Orientation / LOC	<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Place	<input type="checkbox"/> Time	<input type="checkbox"/> Alert	<input type="checkbox"/> Sedated
Appearance	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Disheveled			
Behavior	<input checked="" type="checkbox"/> Relaxed	<input type="checkbox"/> Restless	<input type="checkbox"/> Pacing	<input type="checkbox"/> Lethargic	Other: _____
Speech	Psychomotorics: <input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased		
	<input type="checkbox"/> Mute	<input type="checkbox"/> Slow	<input type="checkbox"/> Pressured	<input type="checkbox"/> Loud	<input type="checkbox"/> Low
Mood	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poverty	<input type="checkbox"/> Hyperverbial	
Affect	<input checked="" type="checkbox"/> Broad (Normal)	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Despondent	<input type="checkbox"/> Angry <input type="checkbox"/> Fearful
Thought Processes	<input checked="" type="checkbox"/> Goal Directed	<input type="checkbox"/> Restricted	<input type="checkbox"/> Blunted	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile <input type="checkbox"/> Inapprop
	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Tangential	<input type="checkbox"/> Blocking	<input type="checkbox"/> Loose Associations	
Thought Content	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Harm to Others	<input type="checkbox"/> No Harm Contract
	<input type="checkbox"/> Delusions	Type: _____	<input type="checkbox"/> Obsessions	<input type="checkbox"/> Phobias	
	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Auditory <input type="checkbox"/> Command	<input type="checkbox"/> Visual	Other: _____	
Pain	<input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Present*	0 - 10 Pain Rating Scale: <u>denies</u>		

*Note: If present, document in Progress Notes (PN) and MDTP as needed.

Additional Pertinent Information

Temp		Sleep (hours)		Intake 24° total	
Pulse ↑		Weight (lbs)		Output 24° total	
Pulse ↓		15" Safety Checks		BM	
Resp		Intake (cc)		Meal %	<u>80%</u>
BP ↑		Output (cc)			
BP ↓		V = Done	Ref = Refused	1 = Not applicable	

I&O - Record each shift (0730,1530,2330) total cc's intake and/or output. At 2330 record 24-hour total.

MDTP #/PN	Behavior / Intervention / Outcome	<input type="checkbox"/> See Additional Daily RN Assessment Notes on back of form
I	<i>denies suicidal behavior. Encourage to verbalize feelings</i>	

Signature of RN reviewing above information: *[Signature]*

Client Information Face Sheet

Report MHS 140
Run Date: 21-OCT-2002

Page: 1

CONSUMER INFORMATION

Name: OLGA FEDORYAKA
Address: 6187 ELLERBROOK WY
SAN JOSE, CA 95123
Phone: (408) 363-0562
Officer: OLGA MOFFAT
Dues: \$0.00
Insurance: None

Number: 506143861
SSN: - - -
Other ID #: 91786624
Marital: Married
Disability: Unknown
Medicaid: Not Eligible

Birthdate: 9-FEB-1971
Sex: F
Language: English
Education: Unknown
Ethnicity: White
Hispanic Origin:

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____
Address: _____ Phone: Day: _____ Night: _____

CLINICAL HISTORY

	Opening	Closing	Primary Diagnosis	Clinician	Physician	Total Units	Last Service	Legal Status	Legal Consent
--OPEN EPISODES--									
LNPT	21-OCT-2002		309.0	BRUGUERA, MARK	GREWAL, AMARJIT	0		W51500	Unknown
--CLOSED EPISODES--									
CRIS STD	19-MAY-2002	19-MAY-2002	309.0	SALANDANAN, VILM	SLATER, ROBERT	1	19-MAY-2002	W60000	NA

LNPT Episode Count = 2

MEDICAL/ PSYCHIATRIC REFERRAL FORM

OSCAR

REFERRED TO: Medical Mental Health DOC

REFERRED FROM: Medical Mental Health DOC

Inmate's Name: Moffatt, Olga PFN: _____ Booking # CEN: 02061181

Date of Birth: 2-9-71 Housing: PR

Reason for Referral: States she is feeling suicidal - On unrefined meds for depression.

MAIN JAIL MENTAL HEALTH 2002 OCT 20 PM 03:35

- Check all that apply:
- | | | | | |
|----------------------|--------------|-----------------|--------------|----------------------------|
| Anxious | Crying | Sad | Withdrawn | Peers Worried about Inmate |
| First Arrest | Got Bad News | Talks to Self | Not Sleeping | Giving Away Belongings |
| Not Eating | Very Unkempt | Afraid of Peers | Threatening | Doesn't make sense |
| Changing in Behavior | | Three Strikes | | Long Sentence |

Suicidal/Homicidal (explain)

Inmate Said: _____

Inmate Did: _____

Other Reasons: _____

Referred by: Linda RW /Badge# _____ Time: 2:30 Date: 10/20/02
(Print Name)

Received by: Aimee Owsen Time: 0005 Date: 10/21/02
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY

Recommendations: SA

Information for DOC: ASTI

Information for Medical/Mental Health: _____

Completed by: [Signature] MFTT Time: 0020 Date: 10/21/02
(Print Name)

Classification Action

Classification Taken: SA

Classified By: R. Lums Time: 0024 Date: 10/20/02

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC

REFERRED FROM: Medical Mental Health DOC

Inmate's Name: MOFFAT OLGA PFN: _____ Booking # CEN: 0206/181

Date of Birth: 02-09-71 Housing: PR

Reason for Referral: DOMESTIC VIOLENCE PC 273.5,
PC 245 (ASSAULT W/ DEADLY WEAPON)

Circle all that apply:

<input type="checkbox"/> Anxious	<input type="checkbox"/> Crying	<input type="checkbox"/> Sad	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Peers Worried about Inmate
<input type="checkbox"/> First Arrest	<input type="checkbox"/> Got Bad News	<input type="checkbox"/> Talks to Self	<input type="checkbox"/> Not Sleeping	<input type="checkbox"/> Giving Away Belongings
<input type="checkbox"/> Not Eating	<input type="checkbox"/> Very Unkempt	<input type="checkbox"/> Afraid of Peers	<input type="checkbox"/> Threatening	<input type="checkbox"/> Doesn't make sense
<input type="checkbox"/> Changing in Behavior	<input type="checkbox"/> Three Strikes	<input type="checkbox"/> Long Sentence		

Suicidal/Homicidal (explain) _____

Inmate Said: _____

Inmate Did: _____

Other Reasons: _____

Referred by: ASBAN /Badge# 135 Time: 2/22 Date: 10/20/02
(Print Name)

Received by: [Signature] Time: 0005 Date: 10/20/02
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY _____

Recommendations: SA

Information for DOC: OST, SA, MA, HT

Information for Medical/Mental Health: Depressed on med

Completed by: [Signature] Time: 0020 Date: 10/20/02
(Print Name)

Action Taken: SA Classification Action

Done By: AS # 1707 Time: 0024 Date: 10/20/02

**Adult Custody Mental Health
CRISIS ASSESSMENT**

Name: Moffatt, Olga Date of Assessment: 10/21/10 PFN: DST 578
 Address: _____ Phone: _____ DOB: _____
 Reason for Referral: 10/20/10 Referred by: medical BK#: 02061181
 City: W Preferred Language: _____ S/D#: 500143861
 Reason for Referral: alm stated that she was S/I
 Living/Lives With: husband Employment: F/T P/T None
 Income: Work _____ SSI _____ G/A _____ Disability _____ Pension _____ Other: _____ None _____
 Marital Status: S **M** W D Sep _____ How Long: 10 months Dependents: _____
 Date of Current Arrest: 10/20/10 Charges: domestic violence assault w/ deadly weapon

CRIMINAL HISTORY

(Check all that apply)	YES	NO	Additional Information
Most Arrest		<input checked="" type="checkbox"/>	
Arrest History	<input checked="" type="checkbox"/>		past arrest of shop lifting
Person History		<input checked="" type="checkbox"/>	
Assault History	<input checked="" type="checkbox"/>		due to current charges
Damage to Property		<input checked="" type="checkbox"/>	
Fire Strike Potential		<input checked="" type="checkbox"/>	

MEDICAL HISTORY

Chronic Problems	<input checked="" type="checkbox"/>		
Medical Problems			
Head Injury History		<input checked="" type="checkbox"/>	Med/Psych Referral to Medical Y N
Allergies		<input checked="" type="checkbox"/>	
Current Medications		<input checked="" type="checkbox"/>	

PSYCHIATRIC HISTORY

Chronic Problems		<input checked="" type="checkbox"/>	
ICAR History		<input checked="" type="checkbox"/>	alm feels S/I, crying
Inpatient History		<input checked="" type="checkbox"/>	A med by S/I today & yesterday
Outpatient History		<input checked="" type="checkbox"/>	Service Team: _____ E-mail sent Y N
Custody History Only		<input checked="" type="checkbox"/>	Something for sleep
Assets Conserved		<input checked="" type="checkbox"/>	Conservator Name: <u>past David</u> Notif. Sent Y N
Employment Payee		<input checked="" type="checkbox"/>	Payee Name: <u>Zantax</u>
Current Meds/Dose/Last Dose	<input checked="" type="checkbox"/>		alm feels depressed Psych MD appt made Y N
Medications Effective	<input checked="" type="checkbox"/>		emotional abuse, controlled issues
Compliant with Meds	<input checked="" type="checkbox"/>		

* past S/I in 1910
 depressed started 1910

(+) alm, alm is a Ukranian immigrant, married for 5-6 months, alm states relationship has been abusive for 4 months.

SUBSTANCE ABUSE HISTORY

	Yes	No	Additional Information
Denies Problem		✓	
Detox Expected			Med Psych Referral Y
Alcohol History	✓		Age Started Frequency Amount Last Dose
Blackouts		✓	<i>drank wine tonight</i>
Prescription Drug Abuse		✓	
Past Residential Treatment		✓	
Prior 12-Step Program		✓	
Prior History w/ Rehab		✓	
Hx of Sober Living Housing		✓	
Current Sponsor		✓	

SUICIDE RISK ASSESSMENT CHECKLIST

NO RISK FOR SUICIDE AT THIS TIME (Explain any risk factors in narrative)

IDEATION OR SIGNS Not Applicable

- Depressed Mood Sees no future
- Distraught Poor self care
- Divesting Belongings
- Impulsive Agitation
- Plan Homicidal
- Will Not Contract Self mutilation
- Vengeful Isolative
- Elated Shamed

stated SI

Increased Potential for Suicide due to Charges Y N

scared to return, afraid of being deported

Increased Potential for Suicide due to Drug Use Y N

LEGAL Not Applicable

- 1st Arrest Serious Charge
- Domestic Violence Child Molest
- Registered Offender 3rd strike
- Going to Prison Long Sentence
- No Bar

SUICIDE HISTORY Not Applicable

Prior attempts/Gestures/Ideation

#of Attempts 1

Type: SI

Date of last attempt 9/0

Family History Yes No

SI after divorce

SOCIAL Not Applicable

- Recent Immigrant/Cultural Issues
- Assault Victim Gangs
- High Profile Citizen Prestige Occupation
- Gender Issues

MAJOR LOSSES/

- STRESSORS Not Applicable
- Debilitating or life threatening condition

CIRCUMSTANCES Not Applicable

- First 48 Hours in Custody Weekend
- 11PM to 8AM Inmates birthday
- Shift Change (6am or 6pm) Major Holiday
- Inability to reach others who know inmate
- Psych Records Unavailable

RELATIONSHIP Not Applicable

- Death of loved one Recent divorce
- Anniversary of relationship loss
- Isolation from friends/family
- Loss of caregiver

FINANCIAL Not Applicable

- Job Loss Career Loss
- Can't make bail Gambling Debt
- Loss of SSI or other support

HOUSING Not Applicable

- Recent Homelessness
- Inmate receiving threats

PSYCHIATRIC / SMI Not Applicable

- Treatment Non-Compliance

CRISIS ASSESSMENT MENTAL STATUS EXAM

APPEARANCE Disheveled Malodorous Poorly Nourished
 Appropriately Groomed

ORIENTATION Person Place Time Circumstances Orient.X4

MEMORY RECENT Good Fair Poor
REMOTE Good Fair Poor

HALLUCINATIONS Auditory Visual Command Voices Tactile None
 Olfactory Gustatory Describe: _____

PRESENCE OF DELUSIONS Somatic Influence Paranoid Grandiose Persecutory
 None
 Describe: no AH, V/H

RELIABILITY Good Poor Unable to Assess
INSIGHT Present Impaired Absent
IMPULSE CONTROL Good Impaired Questionable
JUDGEMENT Good Impaired Questionable

BEHAVIOR Composed Friendly Cheerful Cooperative Sullen
 Maintains eye contact Passive Withdrawn Aloof
 Tense Negative Uncooperative Demanding
 Hostile Agitated Self Abusive Assaultive Threatening
 med throughout interview

SPEECH VOLUME Low Normal Loud
RATE Slow Normal Rapid
 Clear Slurred Speech Impediment
 Mute Sarcastic Irrelevant
 Spontaneous Monotone Rapid/Pressured

MOOD Appropriate to Circumstances YES NO
 Helpless Hopeless Depressed Overwhelmed Irritable
 Withdrawn Bored Anxious Nervous
 Expansive/Euphoric Angry

ATTENTION SPAN Unimpaired Impaired Grossly Disturbed

AFFECT Congruent Tearful Sad Flat Blunted
 Labile Silly Irritated Tense Anxious Angry

THOUGHT PROCESS Coherent Organized Concrete Abstract Distractible
 Obsessive Tangential Paranoid Phobic Preoccupied
 Fragmented Blocking Suspicious Disorganized Perseveration

CRISIS ASSESSMENT

NARRATIVE: clm stated STI, clm denied A/I, A/H, V/H
clm described abusive relationship + being
isolated from family and friends. clm was
upset & crying throughout interview. clm denied
medical hx. clm has had dx of depression since
96 on w/e on meds. Rec to hold clm per 5150

DIAGNOSIS	DSM IV CODE
AXIS I <u>311.0</u>	<u>depressive disorder</u>
AXIS II <u>N/A</u>	<u>deferred</u>
AXIS III <u>none</u>	<u>none stated</u>
AXIS IV <u>uk</u>	<u>uk</u>
AXIS V <u>uk</u>	<u>uk</u>

INTERVENTIONS

Interfacility Transfer Form	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Outpatient List	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EPS Transfer form	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OPD Episode Opened	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent Signed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial CMI	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Conservator Notified	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	CPS Report	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Welfare Check	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	APS Report	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Log Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Tarasoff	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Request for Notification to Admin. Booking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Med/Psych Referral to Classification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Psychiatrist Appointment Requested	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DISPOSITION: 8A, (+) STI

RECOMMENDATION TO DOC

<input checked="" type="checkbox"/> 8A	<input type="checkbox"/> Maintain Housing	<input type="checkbox"/> Rehouse to Main Jail
<input type="checkbox"/> In 342 E	<input type="checkbox"/> Special Management/8B Type	<input type="checkbox"/> Observation Cell
<input type="checkbox"/> 15 Minute Checks	<input type="checkbox"/> HPC	<input type="checkbox"/> Felony West
Single Cell Dorm	<input type="checkbox"/> Cite and Release	<input type="checkbox"/> Felony South
<input type="checkbox"/> Special Management	<input type="checkbox"/> Cite and Release to EPS	<input type="checkbox"/> A&O CCW
Single Cell Dorm	<input type="checkbox"/> Farm Scratch	

CLINICIAN NAME / TITLE: [Signature] METI **DATE / TIME:** 10/2/02 002

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC
REFERRED FROM: Medical Mental Health DOC
Inmate's Name: Mojjat, Olga PFN: 051578 Booking # CEN: _____
Date of Birth: _____ Housing: W4
Reason for Referral: Discharged fr: SA needs 4 pp - up

Circle all that apply:

Anxious	Crying	Sad	Withdrawn	Peers Worried about Inmate
First Arrest	Got Bad News	Talks to Self	Not Sleeping	Giving Away Belongings
Not Eating	Very Unkempt	Afraid of Peers	Threatening	Doesn't make sense
Changing in Behavior		Three Strikes		Long Sentence

Suicidal/Homicidal (explain) _____
Inmate Said: _____
Inmate Did: _____
Other Reasons: _____
Referred by: Jeffrey RN /Badge# _____ Time: 0500 Date: 10/24/02
(Print Name)

Received by: JAMES FRANOSCA Time: 1100 Date: 10/24/02
(Print Name)
MENTAL HEALTH TRIAGE PRIORITY _____
Recommendations: HPC
Information for DOC: Stable - not Suicidal
Information for Medical/Mental Health: _____
Completed by: JAMES FRANOSCA Time: 1200 Date: 10/24/02
(Print Name)

Classification Action

Classification Taken: _____
Classification By: _____ Time: _____ Date: _____

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC
REFERRED FROM: Medical Mental Health DOC
Inmate's Name: Moffat, Olga PFN: D51578 Booking # CEN: 02061181
Date of Birth: 02/09/71 Housing: W2E
Reason for Referral: _____

Circle all that apply:

<input checked="" type="checkbox"/> Anxious	<input checked="" type="checkbox"/> Crying	<input checked="" type="checkbox"/> Sad	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Peers Worried about Inmate
<input type="checkbox"/> First Arrest	<input type="checkbox"/> Got Bad News	<input type="checkbox"/> Talks to Self	<input type="checkbox"/> Not Sleeping	<input type="checkbox"/> Giving Away Belongings
<input type="checkbox"/> Not Eating	<input type="checkbox"/> Very Unkempt	<input type="checkbox"/> Afraid of Peers	<input type="checkbox"/> Threatening	<input type="checkbox"/> Doesn't make sense
<input type="checkbox"/> Changing in Behavior	<input type="checkbox"/> Three Strikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Long Sentence

Suicidal/Homicidal (explain)
Inmate Said: I CAN'T STAY HERE
Inmate Did: STARTED SHAKING & CRYING
Other Reasons: _____
Referred by: HANES /Badge# 1848 Time: 1735 Date: 10-26
(Print Name)

Received by: _____ Time: _____ Date: _____
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY: HPC

Recommendations: Recommend return to cell in further assessment time
Information for DOC: Issues sexual/homophobic identity
Information for Medical/Mental Health: In chart note

Completed by: [Signature] Time: 218 Date: 10/26/02
(Print Name)

Classification Action

Action Taken: _____
Action By: _____ Time: _____ Date: _____

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC

REFERRED FROM: Medical Mental Health DOC

Inmate's Name: Moffat, Olga PFN: DST578 Booking # CEN: 02061181

Date of Birth: 0-2-71 Housing: WZE

Reason for Referral: inmate requests medication for anxiety. to fu appts on CSIC ON Prozac MHTBS

Circle all that apply:

<input checked="" type="checkbox"/> Anxious	<input checked="" type="checkbox"/> Crying	<input checked="" type="checkbox"/> Sad	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Peers Worried about Inmate
<input checked="" type="checkbox"/> First Arrest	<input type="checkbox"/> Got Bad News	<input type="checkbox"/> Talks to Self	<input type="checkbox"/> Not Sleeping	<input type="checkbox"/> Giving Away Belongings
<input type="checkbox"/> Not Eating	<input type="checkbox"/> Very Unkempt	<input type="checkbox"/> Afraid of Peers	<input type="checkbox"/> Threatening	<input type="checkbox"/> Doesn't make sense
<input type="checkbox"/> Changing in Behavior		<input type="checkbox"/> Three Strikes		<input type="checkbox"/> Long Sentence

Suicidal/Homicidal (explain)
Inmate Said: _____
Inmate Did: _____

Other Reasons:
Referred by: Bonnie Johnson /Badge# MEJ Time: 2230 Date: 10/31/02
(Print Name)

Received by: Robin RW Time: 1100 Date: 11/04/02
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY:
Recommendations: HPC
Information for DOC:
Information for Medical/Mental Health: Full appt 11/15/02
Completed by: Robin RW Time: 1630 Date: 11/04/02
(Print Name)

Classification Action

Action Taken: _____
Action By: _____ Time: _____ Date: _____

Adult Custody Mental Health
RELEASE / AFTERCARE PLAN

Adult Custody Mental Health
Santa Clara Valley Health and Hospital System
Outpatient Mental Health

Name: Moffat, Olga

PFN: DST 578

DOB: 2-9-71

Current Psychiatrist Diagnosis: _____

BOOKING #: 02061181

RELEASE DATE: _____

Circle if Applicable:

IAP CLIENT PALS CLIENT
MEDICAL DISCHARGE PLANNER (Med DCP) CLIENT

Release Plan Includes:

- > Release destination: Address. Name of facility.
- > Agency Providing On-Going Medication: Name of agency. Name of contact person. Telephone numbers if needed.
- > Transportation: Describe transportation method. State if a Bus pass or Taxi voucher was provided.

Instructions: Write the plan. Incomplete plans are written as far as possible. Sign. Date and Initial each portion of the plan when completed. If a completely new plan is needed, use lower portion of this page or start a new page.

Destination: Pt. referred to shelter

Medication

Transportation

Please add additional pages as needed.

Staff Member Initiating Release Plan

Signature: [Signature] Date: 10/22/02

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC
REFERRED FROM: Medical Mental Health DOC
Inmate's Name: NOFFERT, OLGA PFN: DST 578 Booking # CEN: 62061181
Date of Birth: 02-09-77 Housing: W2E
Reason for Referral: Per medical ptys "I want to talk to a M.H doctor as soon as possible."

Check all that apply:

Anxious	Crying	Sad	Withdrawn	Peers Worried about Inmate
First Arrest	Got Bad News	Talks to Self	Not Sleeping	Giving Away Belongings
Not Eating	Very Unkempt	Afraid of Peers	Threatening	Doesn't make sense
Changing in Behavior		Three Strikes		Long Sentence

EDF/CCW
MENTAL HEALTH
2002 NOV 22 PM 3:32

Criminal/Hospital (Explain)
Inmate Said:
Inmate Did:
Other Reasons:
Referred by: DELA E /Badge# _____ Time: 1605 Date: 11/22/02
(Print Name)

Received by: Stewart Time: 2230 Date: 11/22/02
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY:
Recommendations: HPC
Information for DOC: NO SI NO FH
Information for Medical/Mental Health: 12/20 - MD app
Completed by: Stewart Time: 2230 Date: 11/22/02
(Print Name)

Classification Action

Classification Taken: _____
Classification By: _____ Time: _____ Date: _____

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC EDF/CCW
MENTAL HEALTH
REFERRED FROM: Medical Mental Health DOC
Inmate's Name: NOFFAT, OLGA PFN: DST-518 Booking # CEN: 62061181
Date of Birth: 2-7-71 Housing: W25

Reason for Referral: HAVING ANXIETY IN THE MORNING
SINCE START TAKING PROZAC 40MG.

- Circle all that apply:
- | | | | | |
|----------------------|--------------|-----------------|--------------|----------------------------|
| Anxious | Crying | Sad | Withdrawn | Peers Worried about Inmate |
| First Arrest | Got Bad News | Talks to Self | Not Sleeping | Giving Away Belongings |
| Not Eating | Very Unkempt | Afraid of Peers | Threatening | Doesn't make sense |
| Changing in Behavior | | Three Strikes | | Long Sentence |

Suicidal/Homicidal (explain)
Inmate Said: _____
Inmate Did: _____
Other Reasons: _____
Referred by: MAFRO /Badge# _____ Time: 1700 Date: 11-30-02
(Print Name)

Received by: JAMES FRANZSEN Time: 1900 Date: 11-30-02
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY:
Recommendations: HRC
Information for DOC: Stable - not Suicidal

Information for Medical/Mental Health
Completed by: JAMES FRANZSEN Time: 2000 Date: 11-30-02
(Print Name)

Classification Action

Action Taken: _____
Action By: _____ Time: _____ Date: _____

Psychological Consultation

Page Two

During the first incident, she was gang raped by four men. As a result of this trauma, she has experienced depression and symptoms of PTSD. In 1996, her first husband decided to terminate their marriage, which came as a total surprise to Moffat, who was, then, living in this country without any other means of support. Soon after, she started consuming alcohol as a mean to relieve her negative emotions. Furthermore in 1996, she attempted suicide and was briefly hospitalized. According to her, she has had five other suicide attempts. She has never received any psychological treatment and only recently, during her incarceration has been receiving ongoing mental health treatment. Ms. Moffat reported that, for the past six years, she has been suffering from "severe depression" with periods during which she feels hopeless, helpless, disinterested in any activities and lethargic.

Ms. Moffat has an Oscar record of three contacts with mental health services in Santa Clara County between May 2002 to October 2002. The first contact occurred at EPS at which time, she was admitted on 5150 danger to self.

SUBSTANCE ABUSE

Since 1996 after she was divorced from her first husband, Ms. Moffat has been consuming alcohol on a regular basis. However, in 1999 she ceased her consumption for a period of six months. Ms. Moffat has never received any treatment for her addiction and reported that drinking alcohol has been a significant source of emotional relief during her depression.

MEDICAL

Miss Moffat has no history of any medical problems and/or complications.

LEGAL

Ms. Moffat has been incarcerated on two occasions. The first incident occurred in October 8, 2002 and she was released on pretrial.

SOCIAL HISTORY

Ms. Moffat was born and raised in Ukraine. At the age of nine, she lost her father who was suffering from alcoholism and her mother raised her. She has five sisters and their father physically and verbally abused all of them. During her childhood, she often witnessed her father physically assaulting her mother to the extent she was left with severe bruises. The inmate completed her high school diploma and obtained a certificate, which allowed her to work as a secretary. In addition, she acquired a two-year Radio Electronic Technician certificate and she was employed in the field for eight years.

Psychological Consultation

Page Three

After becoming engaged to her first husband, in 1995 she immigrated to the United States and got married in Arizona. Soon after their marriage, her husband was transferred in Thailand and, for a period of six months, the couple lived apart. She reported she was homesick and felt often lonely. Upon her husband's return, she asked him for a separation and moved in with her mother-in-law. Nevertheless, her husband decided to terminate their marriage.

In 1997, the couple decided to reunite and moved to Hong Kong. After three months of residence, Ms. Moffat's visa expired and was forced to leave for the Ukraine. Her husband never renewed her visa and, as a result, their relationship ended. Hoping to find refuge with her family, she was totally rejected by her mother who blamed her for all of her problems. Ms. Moffat was not allowed to reside with her mother and their differences forced her to live on her own. In July 2000, she met her present husband in the Ukraine and, for a period of two years, they communicated by telephone. Upon completion of her immigration documents in May 2002, she moved to this county and got married in July 2002. The couple has no children. Ms. Moffat reported that prior to her first marriage, while living in the Ukraine, she was very active in sports and belonged to different teams (bicycling and running).

Since her incarceration, Ms. Moffat's husband has been very supportive and has visited her on many occasions. Ms. Moffat indicated that the main source of frustration between her and her husband is her inability to share her psychological problems with him during her severe periods of depression. He would like for her to include him in every aspect of her life, whereas she would like to be left alone and prefers isolating herself.

OBSERVATIONS:

Ms. Moffat was informed of the nature of the interview and agreed to participate. She was very pleasant and polite. Ms. Moffat was open to most questions and was very cooperative. During the entire interview process, she spoke in a coherent articulate manner. She was alert to person, place, time and her version of her circumstances. Her speech was of normal pace and volume. Her thought process was logical and linear. Throughout the entire interview process, Ms. Moffat was very emotional and had difficulty at times controlling her tears.

Ms. Moffat's affect was appropriate, her memory was intact and she had good insight to her present situation. She had no reservation about expressing her emotions. Her sadness and feelings of hopelessness were apparent during the course of the interview. She is very worried about her legal case, considering there is possibility of being deported to her country.

Psychological consultation Page Four

She hopes to be able to resume her life in the United States with her husband and for the two of them to start a family. However, she is scared and fears her next Court date.

There was no evidence of auditory and visual hallucinations apart from symptoms of drug abuse. She denied any difficulty with her appetite but reported having trouble with her sleep pattern. Furthermore, she is unable to concentrate properly and her mind is easily distracted. Suicidal and homicidal ideation is denied.

DIAGNOSTIC IMPRESSION

Axis I: 296.32 Major Depression, Recurrent
303.90 Alcohol Dependence
Symptoms of PTSD

Axis II: V71.09 None

Axis III: Unknown

Axis IV: Problems related to the social environment and interaction with the legal system/crime

Axis V: GAF: 40

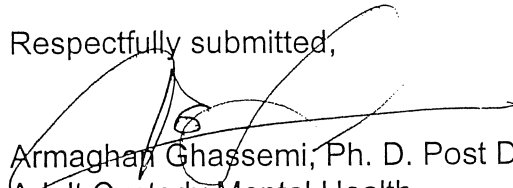
CONCLUSIONS:

Ms. Moffat was victimized at an early age and her multiple rape experiences have resulted in her symptoms of anxiety and depression. However, after her divorce in 1996, her feelings of rejection and abandonment escalated to the point of her attempting suicide. Since, she has been experiencing severe periods of depression, during which she feels hopeless and helpless and a loss of interest in any activities. Consuming alcohol has been her only source of emotional relief, since she has not been successful in obtaining any psychological treatment.

The patient is clearly suffering from Major Depression with symptoms of PTSD. Her past suicide attempts demonstrate her need to become involved in individual and group therapy where her psychological needs will be addressed. Ms. Moffat should also participate in an alcohol rehabilitation program. Without such services, Ms. Moffat will likely experience a further deterioration of the quality of her life and, as such, be at increasing risk of self-harm.

Psychological consultation
Page Five

Respectfully submitted,



Armaghan Ghassemi, Ph. D. Post Doctoral Intern
Adult Custody Mental Health
(408) 286-1152 Ext. 1424



Michael Echols, Ph.D., Supervisor.
PSY9068
Adult Custody Mental Health
408 286-1152 x1478

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC
REFERRED FROM: Medical Mental Health DOC
Inmate's Name: MOFFAT, OLGA PFN: DST 578 Booking # CEN 22061181

Date of Birth: 02/09/71 Housing: W2 E

Reason for Referral: INMATE STOLE A DOILY AND A PIECE OF HOLLY - WHEN CON-
FRONTED SHE COULDN'T REASON IT OUT. SHE IS ASKING TO SPEAK TO M.H. I
THINK SHE IS NOT ALL THERE AND COULD BE VICTIM POTENTIAL. SHE SAID
SHE IS NOT SUICIDAL BUT HAS ATTEMPTED SUICIDE BEFORE.

Circle all that apply:

<input type="checkbox"/> Anxious	<input checked="" type="checkbox"/> Crying	<input checked="" type="checkbox"/> Sad	<input checked="" type="checkbox"/> Withdrawn	Peers Worried about Inmate
<input checked="" type="checkbox"/> First Arrest	Got Bad News	Talks to Self	Not Sleeping	Giving Away Belongings
Not Eating	Very Unkempt	<input checked="" type="checkbox"/> Afraid of Peers	Threatening	<input checked="" type="checkbox"/> Doesn't make sense
Changing in Behavior		Three Strikes		Long Sentence

suicidal/Homicidal (explain)
Inmate Said: I WANT TO BE DOWN THERE (POINTING TO THE GROUND).

Inmate Did: _____
Other Reasons: _____
Referred by: O. ROSE /Badge# 2257 Time: 2120 Date: 12-25-2008
(Print Name)

Received by: _____ Time: _____ Date: _____
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY

Recommendations: HFC
Deny medical/psych eval and
see chad mtg

Information for DOC: _____
Information for Medical/Mental Health: _____

Completed by: [Signature] Time: 2130 Date: 12/25/08
(Print Name)

Classification Action

Action Taken: _____
Action By: _____ Time: _____ Date: _____

