

PLAINTIFF'S MOTION
EXHIBIT 27
Part 2

JAMAICA HOSPITAL MEDICAL CENTER

Jamaica, New York 11418

DISCHARGE SUMMARY

NAME: SCHOOLCRAFT, ADRIAN

MEDICAL RECORD NO.: 1298984

ADM. DATE: 11/3/09

DIS. DATE: 11/6/09

ATTENDING PHYSICIAN: Isak Isakov, MD

DICTATING PHYSICIAN: Same.

HISTORY OF PRESENT ILLNESS: This is a 34-year-old white, single, male, a police officer, with no past psychiatric history and was not taking any psychotropic medications in the past. He denied any substance abuse history. He stated that he has been working in the police department for approximately six years and, from the beginning of his career, he was not "happy" with "how the precinct was run" and was making multiple complaints that were not "addressed". Instead, he was "declared emotionally unstable" and his gun was taken away from him for approximately six months after psychiatric evaluation by police department psychiatrist. Since then, he started collecting "evidence" to "prove his point" and became suspicious "They are after him".

On the day of admission, he had a verbal altercation with one of the officers who was "threatening" him. He left his job before his shift was over. Prior to leaving the work station, he excused himself that he was not feeling well. According to him, he came home and took Nyquil and fell asleep. He was awakened by police officers in his room. He doesn't know how they entered his room, who asked him to come with them to the precinct. After he refused to comply to go voluntarily, they involuntarily put him in the car handcuffed, and brought him to the emergency room of Jamaica Hospital where he was evaluated by psychiatrist after medical clearance, and transferred to Psychiatric emergency room with questionable diagnosis of psychosis NOS and admitted to Psych Unit 3 on 11/3/09 for further evaluation.

On evaluation today, he was feeling anxious. He was suspicious and guarded. He was demanding to be discharged and appeared restless. He denied any suicidal or homicidal ideations, denied any auditory or visual hallucinations. He expressed questionable paranoid ideas of conspiracy and cover-ups going in the precinct. His cognition and memory were intact. Insight and judgment were partial. He was admitted with the diagnosis of psychosis NOS, rule out adjustment disorder with anxiety.

HOSPITAL COURSE: A decision was made to obtain additional information prior to initiation of treatment. Patient was not taking any medications. The next day, a meeting was held with the patient's father and a representative from the precinct. Patient repeated his story which was of concern to his father. During the observation in the unit without taking any medications, patient was appropriate in interaction, calm and not agitated. He denied any suicidal or homicidal ideations. He was not experiencing any

PAGE TWO

NAME: SCHOOLCRAFT, ADRIAN

MEDICAL RECORD NO.: 1298984

paranoid ideations, but was concerned about issues in the precinct. After observation for a few days on the unit, there were no significant psychiatric symptoms to treat with medications.

Patient was discharged on his own on 11/6/09 with recommendation to follow-up with the psychotherapist and, if he becomes symptomatic, to see a psychiatrist for medication.

DIAGNOSIS ON DISCHARGE:

Axis I: Adjustment disorder with anxious mood.
Axis II: Deferred.
Axis III: None.
Axis IV: Related to stress at job.
Axis V: On admission 40; on discharge 65.



Isak Isakov, MD

Il:rps
D: 3/22/10
T: 3/26/10
7070

SCHOOLCRAFT, ADRIAN

M/R: 1298984 PT#: 130381874
 DOB: 06/21/1975 34Y M F/C: 19 S
 ADM: 11/03/2009 15:00 03MH9HAL 01
 UOM/ANECIAN/CLIC/CLIAN

PROGRESS NOTES

DATE & TIME	START MD NOTES HERE	START RN AND ALL OTHER NOTES HERE
11/6/09	Focus	Nursing Discharge Summary Notes
	Data	Patient Discharge Date to Home, Home w/ Homehealth, Referral PMR Facility adult, Home Skilled Nursing Facility (SNF) Specialized Facility other
		Patient left unit via Ambulatory, wheel chair, stretcher accompanied by: <i>Father</i>
		Mental Status: <i>A x O x 3</i>
Assessment: Condition of patient upon discharge related to admitting diagnosis and or problem(s) on Admission or during hospitalization (pertinent physical psychosocial behavioral assessment e.g. skin condition, breathing pattern, presence of pain condition s/p surgery)		<i>Pt is calm and in control</i>
		<i>Denies S/I/H</i>
		<i>Denies A/H</i>
		Accomplished Goals (NCP & Teaching Goals)
		<i>Pt verbalized importance of follow up care. D/c instructions given to pt and pt verbalized understanding of D/c instructions.</i>
		Signature: <i>Adrian Schoolcraft</i> Title: <i>RN</i>



**JAMAICA HOSPITAL
MEDICAL CENTER**

8900 VAN WYCK EXPRESSWAY, JAMAICA, N.Y. 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M F/C: 19 S

ADM: 11/03/2009 15:00 03MH 9HAL 01

HOVANESIAN, SHUSHAN

Inpatient Psychiatry: Social Work Discharge/Transfer Summary

Patient Description: Pt. is a 34 year old Caucasian male with known psych. hx, who was BIPB EMS/NYPD after his colleagues and superiors in the NYPD became concerned about his behavior.

Date of Discharge/Transfer: 11/6/09

Discharge Destination (✓Check One):

- Home
- State Psychiatric Hospital
- Inpatient Substance Abuse Treatment
- Skilled Nursing Facility
- Supportive Housing
- Other: _____

(Please provide details)

Aftercare:

- Continuing Day Treatment
- Case Management
- Mental Health Clinic
- Partial Hospitalization Program
- Other: Private Psychiatrist
- Assertive Community Treatment Team
- Assisted Outpatient Treatment

(Please provide details):

Pt. will contact Dr. to make appointment.

Mode of Transport: Self Family/Friend Motor Transport Ambulance Ambulette

(Please provide details)

Medications: Prescriptions Medications _____ week supply

(Please provide details):

None - pt. on no meds.

Additional Comments/Referrals: Financial Office SSI/SSD Medication Grant Program

Resource Lists given:

Pt. is calm, pleasant, cooperative. No problems. He is appropriate in his affect and behavior. Denies feeling depressed, anxious or suicidal/homicidal. Denies manic sx. Denies other hallucinations @ present. Pt. has been recommended to see an outpatient psychiatrist and has agreed to do so.

Please see Progress Notes for Additional Information

Social Work Signature: *Christine McMahon* **Date/Time:** 11/6/09 - 1:35 p.m. *error*

WHITE COPY - MEDICAL RECORD
FO 000121 REV.3/08

YELLOW COPY - SOCIAL WORK DEPT.



**JAMAICA HOSPITAL
MEDICAL CENTER**

8900 Van Wyck Expressway Jamaica, NY 11418 • 718-206-6000

Department of Psychiatry
INPATIENT DIVISION

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

SOCIAL WORK CONTINUING-CARE AGREEMENT

Dear Mr Schoolcraft:

Your Social Worker, in collaboration with the Interdisciplinary Treatment Team, worked with you in developing the following plan.

You will reside at: 82-60 88th Pl. Glendale, N.Y. 11385

The following appointments/referrals were scheduled for you:

Outpatient Program:

1. Clinic/Private Referral: Dr. Luel - (917) 921-3264
(Private Psychiatrist) - 114-06 QUEENS BLVD.
2. Continuing Day Treatment Program: Forsyth HHS, NY. 11375
1117 - 12³⁰ pm w/ Dr. Juel. office 891
3. Partial Hospitalization/Intensive Psych Rehab: _____
4. Other Clinic: _____

Income Maintenance Center: _____

Social Security Administration: _____

Case Manager's Name: _____

Other: _____

I agree with and have received a copy of the above Discharge Plan.

[Signature]
Patient Signature

(718) 570-6224
Tel. No.

Christine McMahon
Social Worker Signature

11/6/09
Date

Family/Guardian Signature [if applicable]

Date



Jamaica Hospital Medical Center

DISCHARGE INSTRUCTIONS

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

ROMANIAN CITIZEN

PHYSICIAN: Isaac Isaacov

DISCHARGE DATE: 11/6/09 TIME:

DIAGNOSIS: Adjustment d/o with anxiety

ALLERGIES: None

Call your doctor or come to the ER if you develop:

MEDICATIONS: PRESENT LIST OF MEDICATIONS TO YOUR PROVIDER
Attention Physicians: All Drugs Written Below must be Noted in the Discharge Note

NAME OF DRUG	DOSAGE	ROUTE	FREQUENCY
[Large handwritten scribble]			

Smoking cessation advised.

Medication reconciliation was performed

PHYSICIAN'S REFERENCE ONLY FOR PATIENTS WITH AM/CHF	Ejection Fraction: _____	Check off those medications deemed contraindicated at the time of discharge:			
		<input type="checkbox"/> ACE Inhibitor	<input type="checkbox"/> ARB	<input type="checkbox"/> Beta Blocker	<input type="checkbox"/> Aspirin

Diet: Low Salt * Avoid high sodium food (canned vegetables & soups, frozen dinners, crackers, deli food, fast food, soy sauce, fried food, etc.)
* Add no salt when cooking or eating * Read food labels for sodium amounts * Check with doctor before using salt substitutes

Limit daily fluid intake to _____ quarts Other: _____

Diabetic: _____ Always eat lean meats, whole grains, fresh fruits and vegetables

Weigh yourself each morning * Same time, after you empty your bladder * Same scale & amount of clothing * Show your log to your doctor
* Weight gains mean you are retaining fluid * Report weight gains of 2-4 lbs. over 1-3 days

Activity and Exercise: as tolerated

Immunizations: Pneumococcal Given Contra/not-indicated Pt. refused | Influenza Given Contra/not-indicated Pt. refused

APPOINTMENT WITH: Private MD JH ACC MediSys Center Dr. Luel Date: 11/7 Time: 12:30

REFERRAL TO: Visiting Nurse/ Home Care Social Service Other(s): _____

Other Required Follow-up if any: Dr. Luel private physician

PHYSICIAN'S SIGNATURE: _____ Date: 11/6/09 Time: _____

NURSE: _____

NURSE'S SIGNATURE: _____ Date: 11/6/09 Time: 2:15p

I have received discharge instructions and understand the information that has been given to me.

PATIENT/SIGNIFICANT OTHER: Signature: _____ Date: _____

SIGNIFICANT OTHER ONLY: Print Name: _____ Relationship: _____

INTERPRETER: Print Name: _____ Signature: _____ Date: _____

WHITE - MEDICAL RECORD YELLOW - PATIENT'S COPY



**JAMAICA HOSPITAL
MEDICAL CENTER**
PATIENT HISTORY & ASSESSMENT
PSYCHIATRIC NURSING

SCHOOLCRAFT, ADRIAN
M/R: 1298984 PT#: 130381874
DOB: 06/21/1975 34Y M FIC: 19 S
ADM: 11/03/2009 15:00 03MH9HAL 01
HOVANESIAN, SHUSHAN

I. ADMISSION

Date 11/3/09 Time _____ PER
Information Received From: Patient Other Language Spoken English
Age 34 Religion NONE Previous Jamaica Hospital Admission No Yes Date _____
Admitted via: Wheelchair Stretcher Other _____ Admission: Elective Emergency
From: Home Nursing Home Other TRANSFERRED FROM MER -> PER

Prosthesis/Assistive Devices Eyeglasses Contact Lens Hearing Aid None
Dentures None Lower Upper Full Partial Denture Cup Provided Other

Instructions to Patient Call Light Bed Control TV Telephone Siderails T 98° P 78 R 20
 Smoking Rules Visiting Hours Valuables Procedure BP 130 Ht 6' 0" Wt 240 lb
Nursing Staff Admitting the Patient Sharon Barnaby Title prn 80

II. ADMISSION DATA

Admitting Diagnosis Psychosis NOS General Appearance (emaciated, well developed, obese, thin) well developed
Patient's Chief complaint (as stated by patient, onset, duration, list of symptoms and characteristics) _____
I was taken out of my house by my boss

Previous health history _____
PAIN No Yes (If Yes circle intensity)
0 1 2 3 4 5 6 7 8 9 10

Description 0
(Location & Duration) _____
Previous Blood Transfusion No Yes When _____
Blood Transfusion Reaction No Yes
If YES Specify _____
Allergies: Medication/Food/Environmental No Yes
If YES Specify _____

Prescribed medication No Yes
Over-the-counter medications No Yes
Herbal Medications/Alternative Treatments No Yes
Medication Taken Prior to Admission No Yes
None
Medications brought to hospital/disposition
None

VACCINATIONS Pneumococcal No Yes Date Received _____ Influenza No Yes Date Received _____

PSYCHO-SOCIAL ASSESSMENT

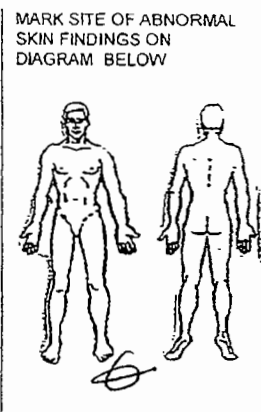
Status Single Married Divorced Widowed Separated
Occupation NYPD Officer Retired, Prior Occupation _____
Cultural Beliefs / Practices Denies
Substance/Alcohol Use No Yes Explain _____
Smoke No Yes Frequency _____ second hand smoke No Yes
Living Arrangement: Live with Alone Person to Assist You after Discharge Ma.

IV. FALL RISK ASSESSMENT

Directions: Use the following assessment tool to identify patients at risk for falls. Circle the score for each risk factor that applies to your patient. Patients with a score of 5 or more must be placed on the fall prevention program (Spot the Dot).

RISK FACTORS	SCORE
Age 65 & older	5
History of previous Falls	5
Mental Status: Dementia; Psychoses; Delirium Tremens; Seizures	5

Skin Turgor <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Poor	Skin Color <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice	Skin Condition <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cold <input type="checkbox"/> Abrasions <input type="checkbox"/> Ecchymosis <input type="checkbox"/> Blisters <input type="checkbox"/> Rash <input type="checkbox"/> Edema <input type="checkbox"/> Burn <input type="checkbox"/> Pressure Ulcer
Mucous Membrane <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Dry	Nails <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Clubbing <input type="checkbox"/> Brittle <input type="checkbox"/> Other	



Debilitation/weakness/cachexia	5
Communication Deficits: Dysarthria; Aphasia; No verbalization; Language barrier	1
Mobility Deficits: Hemiparesis; Paraparesis; Hemiplegia; Paraplegia; Ataxia; Use of prosthetic devices; Use of cane/crutches; Amputee; Parkinson's disease	5
Visual Deficits: Blindness; ❖ Blurred vision; Night blindness; Post-op eye surgery ❖ Use of eye glasses /contact lenses	5 1
Medications: ❖ Barbiturates; Tranquilizers; Parenteral Pain meds; Hypnotics; Anesthetics ❖ Antihypertensives; Diuretics; Laxatives; PO/Patch Pain Meds, Eye gtts, pain p.o./patch.	5 1
Alteration in bladder function ❖ Medical/Surgical (pt with FC, incontinent of urine) ❖ Rehabilitation Unit (pt. bowel/bladder program)	1 5
Auditory Deficits	1
Orthostasis/Hypotension ❖ Syncopal episodes ❖ Vertigo	5
RISK ASSESSMENT SCORE	<u>5</u>

V. PRESSURE ULCER RISK ASSESSMENT

Directions: Use the following assessment tool to identify patients at risk for pressure ulcers. Circle the score for each risk factor that applies to your patient. The care plan should be initiated for a patient with a score of 5 or more.

RISK FACTOR	ASSESSMENT INDICATOR	SCORE
Age	<65 >65	0 1
Mobility	Ambulatory, bed rest < 3 days Ambulatory only w/assist; bed rest > 3 days restrained Non-ambulatory, quadriplegic, paraplegic, hemiplegic	0 1 5
Pattern of Elimination	Fully continent Fully incontinent of urine or feces Fully incontinent of urine and feces	0 2 3
Mental Status	Fully oriented Confused, disoriented Comatose	0 2 5
Nutritional Status	Good; feeds self Feed w/assist; TPN, tube feeding Cachexia, obese, NPO > 3 days	0 2 4
Skin	Intact Poor turgor, dry, cracked/peeled areas, inflamed areas, pressure ulcer	0 5
Health Status	Good Fair Poor Moribund	0 2 3 5
RISK ASSESSMENT SCORE		<u>5</u>

VI. FUNCTIONAL SCREEN

If score is 6 or more, notify physician

Assessment Indicator	SCORE
Transfer skills Bed-Chair Total assist Moderate/minimum assist Independent	3 2 0
Ambulation skills Bed-Bathroom Total assist Moderate/minimum assist Independent	3 2 0
Self care skills Feeding/Eating Total assist Moderate/minimum assist Independent	3 2 0
Toileting Total assist Moderate/minimum assist Independent	3 2 0
Dressing/Hygiene Total assist Moderate/minimum assist Independent	3 2 0
Range of motion all extremities Total assist Moderate/minimum assist Active	3 2 0
TOTAL SCORE	<u>6</u>

VII. NUTRITION SCREEN

If score is 6 points or more, a Nutrition consult must be reported to the Nutrition Department via telephone ext. 4031 or enter into the computer.

Risk Associated Parameters	SCORE
Weight loss/gain last 30 days: + or - 10 lbs.	6
Pressure Ulcer: any stage	6
Feeding/swallowing difficulty	2
Nausea and vomiting > 3 days	3
Food Allergy/Intolerance	1
Pre-hospital diet/diet restriction: Diabetic, Renal	2
Tube feeding, Parenteral	6
Socio/Cultural/Religious needs relating to nutrition	1
TOTAL SCORE	<u>6</u>

CREATIVE ARTS THERAPY ASSESSMENT

SCHOOLCRAFT, ADRIAN
M/R: 1298984 PT#: 130381874
DOB: 06/21/1975 34Y M F/C: 19 S
ADM: 11/03/2009 15:00 03MH9HAL 01
JAMAICAN CITIZEN

Functional Skill Area	Good	Average	Poor	Behavioral Example (if applicable)
Motivation				PT has not attended group since admission. Not enough contact to assess.
Follows Directions				
Plans/Organizes				
Problem Solving				
Works Independently				
Frustration Tolerance				
Concentration				
Making Decisions				
Meeting New People				
Being Assertive				
Relatedness				
Accepting Responsibility				
Accepting Feedback				
Impulse Control				
Reality Testing				
Self-Awareness				
Express-ability				
Strengths/Assets:				
Weaknesses:				
Preferred Modality: (e.g.: Verbal, Art, Movement etc.)				
Goals:				
Recommendations:				

Signature: *Gabriela Puntas* MACAT-Limited Date: 11/6/09
 Print/Stamp name & title: GABRIELA PUNTAS, MACAT-Limited Admin



**JAMAICA HOSPITAL
MEDICAL CENTER**

DEPARTMENT OF NURSING

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

FALL RISK ASSESSMENT

DIRECTIONS: Use the following assessment tool to identify patients at risk for falls. Circle the score for each risk factor which applies to your patient. Patients with a score of 5 or more must be placed on the fall prevention program (Spot the Dot). Risk factors along with Process Standards must be incorporated in the Patient Care Plan.

<u>RISK FACTORS</u>	<u>PROCESS STANDARDS</u>	<u>SCORE</u>
1. Age	1. Assess age changes related to functional status (over 65 years old)	<u>5</u>
2. History of previous Falls	1. Ascertain from patient and family previous fall patterns and initiate Spot the Dot Program as necessary. 2. Discuss activity limitations with patient and family. 3. Provide safe environment - Call light within reach - Bed in low position - Bed wheels locked - Side rails up - Night light or bathroom light on	<u>5</u>
3. Mental Status - Dementia - Psychoses - Delirium Tremens - Seizures	1. Assess patient's mental status - Orientation - Memory - Judgment - Behavior 2. Assess needs for restraints. 3. Assess need for placing patient in room near nurses' station. 4. Assess need for companion supervision.	<u>5</u>
4. Debilitation/weakness/ cachexia	1. Assess patient's self-care ability. 2. Assess patient's ability to turn, pull and move about freely. 3. Arrange furniture/equipment to provide safe environment.	<u>5</u>
5. Mobility Deficits - Hemiparesis - Paraparesis - Hemiplegia - Paraplegia - Ataxia - Use of prosthetic devices - Use of cane/crutches - Amputee - Parkinson's disease	1. Assess patient's ambulatory status; have patient demonstrate walking. 2. Provide safe environment: - Maintain bed in low position with breaks locked. - Keep side rails in operable and within reach. - Place assistive devices and necessary equipment within reach while maintaining safe environment. - Have patient wear appropriate footwear when ambulating. - Utilize night light.	<u>5</u>

**NOTICE OF STATUS AND RIGHTS
EMERGENCY ADMISSION**

(to be given to the patient at the time of admission to the hospital)

Section 9.39 Mental Hygiene Law

SCHOOLCRAFT, ADRIAN
M/R: 1298984
DOB: 06/21/1975 34Y M
ADM: 11/03/2009 15:00 03MH9HAL 01
HOVANESIAN, SHUSHAN
PT#: 130381874
FIC: 19 S
Date of Birth _____

Facility Name _____

TO: Schoolcraft, Adrian

Date of Arrival
at Hospital:

Mo	Day	Yr
----	-----	----

Based upon an examination by a staff physician, you have been admitted as an emergency-status patient to this hospital for persons with mental illness for immediate observation, care and treatment. Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of this hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

MENTAL HYGIENE LEGAL SERVICE

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

**MENTAL HEALTH LEGAL SERVICES
CREEDMOOR PSYCHIATRIC CENTER
80-45 WINCHESTER BOULEVARD
QUEENS VILLAGE, NY 11247
TELEPHONE NUMBER (718) 264-3342**

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

W. [Signature]
Signature of Staff Physician

11/2/09
Date

COPIES TO: Persons designated by patient to be informed of admission. (If None, type in "NONE")

A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service.
State and Federal Laws prohibit discrimination based on race, color, creed, national origin, age, sex, or disability.

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00

03MH9HAL 01

HOVANESIAN, SHUSHAN

EMERGENCY ADMISSION
Section 9.39 Mental Hygiene Law

Sec: 4

Doc. of Birth

Facility Name

Unit/Ward No.

I. General Provisions for Emergency Admission

- A. In order for a person to be admitted to a hospital according to Section 9.39 of the Mental Hygiene Law, all the following requirements must be met:
- The hospital must be approved by the Commissioner of Mental Health to receive and retain patients according to this Section;
 - The person must be alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. "Likelihood to result in serious harm" means:
 - a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or
 - a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.
 - A staff physician of the admitting hospital must examine the person and find that the person meets the standard for admission under this Section. The physician then completes this Form, OMH 474, Emergency Admissions.
- B. A person who is alleged or appears to be mentally ill may be taken into custody, transported, or removed to a hospital approved to accept emergency admissions, according to the following sections of the Mental Hygiene Law:
- Section 9.41 - Powers of Certain Peace Officers and Police Officers, Form OMH 474A/476A, I
 - Section 9.43 - Powers of Courts - Form OMH 465, Civil Order for Removal to Hospital
 - Section 9.45 - Powers of Directors of Community Services, Form OMH 474A/476A, II
 - Section 9.55 - Powers of Qualified Psychiatrists, Form OMH 474A/476A, III
 - Section 9.57 - Powers of Emergency Room Physicians, Form OMH 474A/476A, IV
- C. On admission, the person will be given a written notice of status and rights as a patient admitted according to MHL Section 9.39. This notice will also be given to the Mental Hygiene Legal Service and up to three other persons designated by the person admitted.
- If a person admitted according to this Section is to be retained in the hospital for more than 48 hours, another physician, who is a member of the psychiatric staff of the hospital, must examine the person and confirm the admitting physician's findings by completing page 2 of this form (OMH 474).
- Within 15 days of admission, if it is determined that the person is not in need of involuntary care and treatment, s/he shall be discharged unless s/he is suitable and agrees to remain as a voluntary patient. If the person is in need of continued inpatient care and treatment, and is not suitable or will not agree to remain as a voluntary patient, s/he may be retained beyond 15 days only by completion of an application and two medical examinations as required for admission according to MHL Section 9.27 - Involuntary Admission on Medical Certification.

II. Record of Admission

A. The above-named person was brought to this hospital by

Name: *Frankel per Med Sec*

Title/Badge No. (as appropriate)

Address

Phone

Relationship to Person

Address of Person

Time of arrival at hospital

11/03/09 13:03
MONTH DAY YEAR HOUR MINUTE

A.M.
 P.M.

E. Circumstances which led to the person being brought to this hospital

(If applicable) Person was taken into custody, transported, or removed to this hospital in accordance with MHL Section _____

patient is a danger to himself. Currents psychiatric demand will benefit from inpatient stabilization.

C. I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION AND FIND THERE IS REASONABLE CAUSE TO BELIEVE THAT THE PERSON HAS A MENTAL ILLNESS FOR WHICH IMMEDIATE OBSERVATION, CARE AND TREATMENT IN A MENTAL HOSPITAL IS APPROPRIATE AND WHICH IS LIKELY TO RESULT IN SERIOUS HARM TO HIMSELF OR HERSELF OR OTHERS

Physician's Signature

W. O. ...

11/03/09 1:20
MONTH DAY YEAR HOUR MINUTE

A.M.
 P.M.



646-957-2486 (FATHER)

LOCATION: 081X

3

460-97-6497

DATE AND TIME OF ARRIVAL 10/31/2009 23:03

EMERGENCY MEDICINE RECORD

REGISTRATION MEDICAL RECORD NO. 1298984 PATIENT TYPE E PATIENT ACCOUNT NO. 130381015

PATIENT'S NAME SCHOOLCRAFT ADRIAN SOCIAL SECURITY NO. DATE OF BIRTH 06/21/1975 AGE 34Y

STREET ADDRESS 8260 88 PL CITY STATE ZIP CODE 11385 TELEPHONE NO. 718 670 6224 PLACE OF BIRTH

FN. CL. SEX RACE RELIGION MARITAL STATUS FATHER'S NAME MOTHER'S MAIDEN NAME, FIRST NAME
01 M W N S

PRIVATE M.D. NAME OR CLINIC NAME PATIENT COMPLAINT LANGUAGE ENG INTERP. REQ. N

MODE OF ARRIVAL ACCOMPANIED BY RELATIONSHIP TELEPHONE NO. INJURED AT WORK? AUTO ACCIDENT?

DATE AND TIME OF ACCIDENT POLICE OFFICER NAME & BADGE NO. PCT. NO. REFERRED FROM:
 PMD TRUMP CLINIC FP OTHER

NEXT OF KIN TELEPHONE NO. NEXT OF KIN ADDRESS RELATIONSHIP TO PATIENT

FINANCIAL - INSURANCE

GUARANTOR'S NAME STREET ADDRESS CITY STATE ZIP CODE
WSPK

GUARANTOR'S SOC. SEC. NO. TELEPHONE NO. GUARANTOR'S EMPLOYER ADDRESS TELEPHONE NO.

PATIENT'S EMPLOYER NAME STREET ADDRESS CITY STATE ZIP CODE
NAME GROUP NO. POLICY NO.

INSURANCE #1:
NAME GROUP NO. POLICY NO.

INSURANCE #2:
NAME GROUP NO. POLICY NO.

HOSPITALIZED PAST 60 DAYS? IF YES, WHERE AND WHEN? PLACE OF ACCIDENT CRIME VICTIM PCT. NO. CRIME VICTIM COMPLAINT NO.

COMMENTS:

NURSING

VITAL SIGNS	TIME	B.P.	PULSE	RESP	TEMP

IF ORDERED, CHECK WHEN COMPLETED: OXYGEN GIVEN

EKG INITIALS CARDIAC MONITOR INITIALS IV ANGIO# FLUID INITIALS METHOD INITIALS

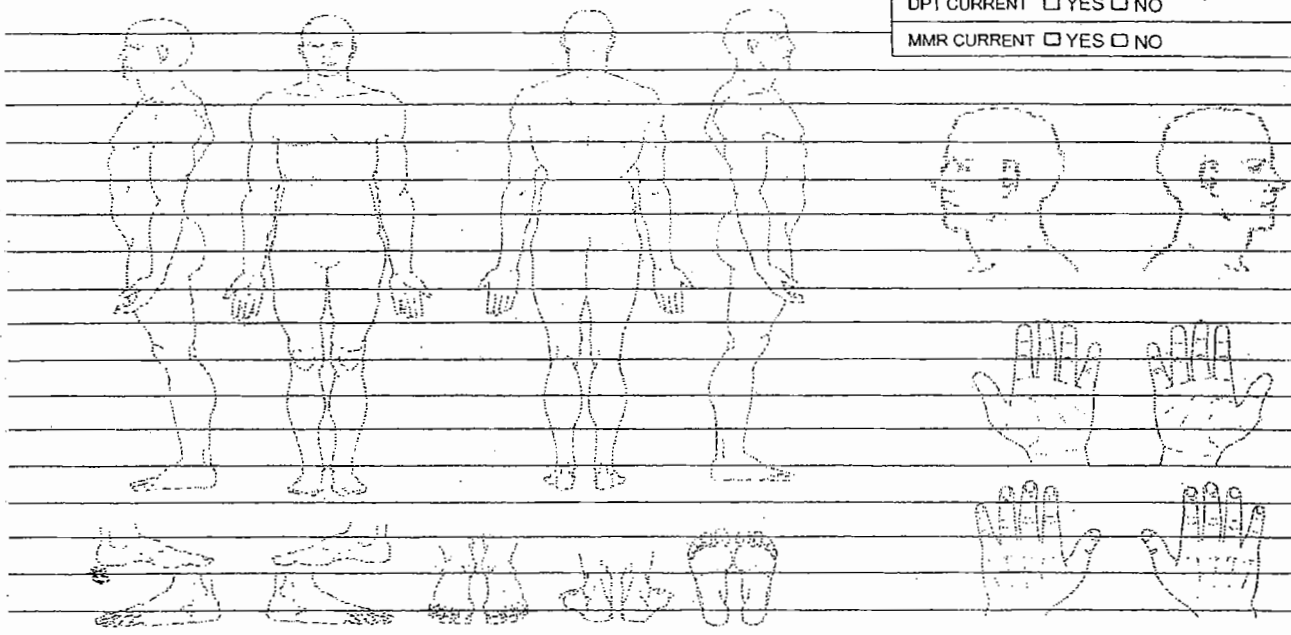
NURSES' NOTES ADVANCED DIRECTIVES DISCUSSED HEALTH CARE PROXY YES NO AGENT'S NAME:

RN SIGNATURE							
DATE	TIME	NON-MEDICATION ORDERS (EKG, LABS, CULTURES, ETC.)		MD SIGNATURE	RN SIGNATURE	TIME	
DATE	TIME	MEDICATION	DOSE	ROUTE	MD SIGNATURE	RN SIGNATURE	TIME



SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 10/31/2009 081X 01 130381015
 STAFF, PHYSICIAN

DATE	HISTORY & PHYSICAL	ACTION IF NOT CURRENT:
TIME		DT CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO DPT CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO MMR CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO



IMPRESSIONS		PHYSICIAN NAME (PRINT)		ID #
LAB TESTS		PHYSICIAN NAME (SIGN)		
TIME	RESULTS	RADIOLOGY		ED READING
<input type="checkbox"/> HGB		X-RAY #		
<input type="checkbox"/> HCT		<input type="checkbox"/> CHEST		
<input type="checkbox"/> WBC		<input type="checkbox"/> ABDOMEN		
<input type="checkbox"/> NA		<input type="checkbox"/> C-SPINE		
<input type="checkbox"/> K		<input type="checkbox"/> L-SPINE		
<input type="checkbox"/> CL		<input type="checkbox"/> PELVIS		
<input type="checkbox"/> CO ₂		<input type="checkbox"/> TIBIA/FIBULA L R		
<input type="checkbox"/> BUN/CR	/ /	<input type="checkbox"/> FEMUR L R		
<input type="checkbox"/> GLUC.		<input type="checkbox"/> WRIST L R		
<input type="checkbox"/> AMYLASE		<input type="checkbox"/> ANKLE L R		
<input type="checkbox"/> PT/PTT		<input type="checkbox"/> HIP L R		
<input type="checkbox"/> UCG		<input type="checkbox"/> CT SCAN		
<input type="checkbox"/> CPK		<input type="checkbox"/>		
CONSULTANT NAME		SERVICE		TIME CALLED
1. _____				
2. _____				
3. _____				
		ADDITIONAL MD NOTES		
		FINAL DIAGNOSIS		CODE

DISPOSITION

ADMITTED, TIME: _____ ROOM # _____ SERVICE _____ FAMILY MEMBER NOTIFIED _____ NAME, RELATIONSHIP _____

EXPIRED, TIME: _____ M.E. CALLED, TIME: _____ ACCEPTED YES NO CASE # _____

DISCHARGED, TIME: _____ INSTRUCTIONS GIVEN (TYPE) _____ PVT MD NOTIFIED OF DISPOSITION _____

OTHER _____ (AMA, WALK-OUT, TRANSFER) TIME: _____ TIME: _____ INITIALS _____

CONDITION ON DISCHARGE _____

DISCHARGING PHYSICIAN NAME (PRINT) _____ SIGNATURE _____ ID # _____ DATE _____



**JAMAICA HOSPITAL
MEDICAL CENTER**
8900 Van Wyck Expressway Jamaica, NY 11418

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y F/C: 99
ADM: 11/01/2009 08:54 162B 130381874
ALDANA-BERNIER, LILIAN R PSYC

EMERGENCY DEPARTMENT AFTERCARE SHEET

For Registration Only: <input type="checkbox"/> MediSys Eligible <input type="checkbox"/> Private MD <input type="checkbox"/> Other or HMO
--

Results of blood tests, cultures, x-rays, and cardiograms will be reviewed. You will be contacted if necessary.

Name: _____ Patient's Phone #: _____

Chart #: _____ X-Ray #: _____

Diagnosis: _____

Medications Given in ED: _____

Medications Prescribed: _____

Discharge Instructions: _____

Diagnosis Related Written Instructions Given

Follow-Up Advised Within ____ Days.

- No school/gym ____ days. (circle one)
- No work ____ days.
- On-site or specialty clinic.
Clinic: _____
- Workers Compensation patients.
Call 718-206-8810 or your private physician.
- Contact your private physician for follow-up.
- OB patients call Women's Health Department
at 718-206-6162

MediSys Appointment Service:

- | | |
|------------------------|-----------------|
| ____ Pediatrics | ____ Podiatry |
| ____ Internal Medicine | ____ Dental |
| ____ Family Practice | ____ Gynecology |

HMO / Managed Care patients **must** be seen by their Primary Care Physician or bring a written referral.

The examination and treatment you have received in the Emergency Department has been rendered on an emergency basis only. It is not intended to be a substitute for or an effort to provide complete medical care. After the acute episode of illness, accident, or condition, you are advised to seek follow-up care with your private physician or an outpatient clinic. If your problem persists or worsens, call your doctor or return to the Emergency Room for further treatment. If your condition worsens, call your doctor or returns to the Emergency Room for further treatment. If your condition worsens prior to date of your clinic appointment, please return to the Emergency Department immediately.

I have had the opportunity to ask any additional questions. I will arrange for follow-up care as instructed and have received a copy of this patient information.

Date: ____ / ____ / ____

X _____
Patient or Representative/Relationship

Time: _____ AM/PM

Discharged By



**JAMAICA HOSPITAL
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EMERGENCY DEPARTMENT AFTERCARE SHEET

For Registration Only:

- MediSys Eligible
- Private MD
- Other or HMO

Results of blood tests, cultures, x-rays, and cardiograms will be reviewed. You will be contacted if necessary.

Name: _____ Patient's Phone #: _____

Chart #: _____ X-Ray #: _____

Diagnosis: _____

Medications Given in ED: _____

Medications Prescribed: _____

Discharge Instructions: _____

Diagnosis Related Written Instructions Given

Follow-Up Advised Within ____ Days.

No school/gym ____ days. (circle one)

No work ____ days.

On-site or specialty clinic.

Clinic: _____

Workers Compensation patients.

Call 718-206-8810 or your private physician.

Contact your private physician for follow-up.

OB patients call Women's Health Department
at 718-206-6162

MediSys Appointment Service:

____ Pediatrics

____ Podiatry

____ Internal Medicine

____ Dental

____ Family Practice

____ Gynecology

HMO / Managed Care patients **must** be seen
by their Primary Care Physician or bring a
written referral.

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I have had the opportunity to ask any additional questions. I will arrange for follow-up care as instructed and have received a copy of this patient information.

Date: ____ / ____ / ____

X

Patient or Representative/Relationship

Time: _____ AM/PM

Discharged By

MEDISYS COPY

FORM NO. J00019
JHMC 95



**JAMAICA HOSPITAL
MEDICAL CENTER**
8900 Van Wyck Expressway Jamaica, NY 11418

SCHOOLCRAFT, ADRIAN
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ADM: 11/01/2009 08:54 162B 130381874
ALDANA-BERNIER, LILIAN R PSYC

EMERGENCY DEPARTMENT AFTERCARE SHEET

For Registration Only:

- MediSys Eligible
- Private MD
- Other or HMO

Results of blood tests, cultures, x-rays, and cardiograms will be reviewed. You will be contacted if necessary.

Name: _____ Patient's Phone #: _____

Chart #: _____ X-Ray #: _____

Diagnosis: _____

Medications Given in ED: _____

Medications Prescribed: _____

Discharge Instructions: _____

Diagnosis Related Written Instructions Given

Follow-Up Advised Within ___ Days.

- No school/gym ___ days. (circle one)
- No work ___ days.
- On-site or specialty clinic.
Clinic: _____
- Workers Compensation patients.
Call 718-206-8810 or your private physician.
- Contact your private physician for follow-up.
- OB patients call Women's Health Department
at 718-206-6162

MediSys Appointment Service:

- | | |
|-----------------------|----------------|
| ___ Pediatrics | ___ Podiatry |
| ___ Internal Medicine | ___ Dental |
| ___ Family Practice | ___ Gynecology |

HMO / Managed Care patients **must** be seen by their Primary Care Physician or bring a written referral.

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I have had the opportunity to ask any additional questions. I will arrange for follow-up care as instructed and have received a copy of this patient information.

Date: ___ / ___ / ___

X _____
Patient or Representative/Relationship

Time: _____ AM/PM

_____ Discharged By



**JAMAICA HOSPITAL
MEDICAL CENTER**
8900 Van Wyck Expressway Jamaica, NY 11418

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 08:54 162B 99 130381874
ALDANA-BERNIER, LILIAN R PSYC

**ADULT EMERGENCY DEPARTMENT
MISCELLANEOUS CHARGES – MEDICATIONS**

<i>PATIENT NAME:</i>			<i>PATIENT ACCOUNT#</i>		
<i>Code</i>	<i>Medication</i>	<i>Qty</i>	<i>Code</i>	<i>Medication</i>	<i>Qty</i>
25013701	Adenosine injection 6mg/ 2ml		25013540	Ipratropium inh sol 2.5ml	
25013479	Albuterol 2.5mg/3ml inh U/D		25014288	Ketorolac 30mg injection (TORADOL)	
25013482	Albuterol 0.5% Inhalation 20ml		25014289	Ketorolac 60mg injection (TORADOL)	
25013108	Ampicillin 2Gm injection		25013908	Labetalol 100mg injection	
25013498	Atropine 0.5mg syringe	-	25013588	Levalbuterol 1.25mg/3ml Inh (Xopenex)	
25013499	Atropine 1mg syringe		25013804	Lidocaine 100mg syringe	
25013348	Azithromycin (Zithromax) Inj 500mg		25014141	Magnesium sulfate 1Gm/2ml inj	
25014443	Calcium Gluconate 1Gm injection		25015246	Methergine 0.2mg injection	
25013136	Cefazolin 1Gm injection		63614903	Metoclopramide 10mg/2ml	
25013291	Ceftriaxone (Rocephin) Inj 1 gm		25013819	Metoprolol 5mg injection	
25013165	Clindamycin 600mg injection		25016375	Moxifloxacin (Avelox) 400mg/250ml	
25013166	Clindamycin 900mg injection		25013244	Nafcillin 2Gm injection	
25014956	Charcoal 25Gm/120ml liquid		25014182	Naloxone 2mg injection	
25015527	Cyanocobalamin 1mg inj (B12)		25013848	Nitroglycerin 50mg injection	
25015055	Dexamethasone 10mg/ml injection 1 ml		25015247	Oxytocin 10U/ml injection	
25914475	Dextrose 50% syringe 50ml		25014224	Phenytoin 100mg injection	
25013756	Digoxin 0.25mg/ml injection		25014226	Phenytoin 250mg/5ml injection	
25013758	Diltiazem 25mg injection		25014376	PPD 5TU skin test intermed	
25013060	Diphenhydramine 50mg injection		25015545	Phytonadione 10mg injection (Vit K)	
25013919	Enalaprilat 2.5mg/2ml injection		25014921	Prochlorperazine 10mg inj	
25013535	Epinephrine 1mg syringe		25013067	Promethazine 25mg injection	
25013536	Epinephrine 1mg/ml amp		25013569	Robaxin 1000mg/10ml injection	
25013598	Epinephrine inhalation sol 0.5ml		25015438	Silver Sulfadiazene cream 50Gm	
25014491	Furosemide 40mg injection		25014543	Sodium Bicarb 50mEq syringe	
25014485	Furosemide 100mg injection		25014629	Sod Chloride 0.9% inh sol 5ml	
25013210	Gentamicin 80mg injection		25015148	Solu-Cortef 250mg injection	
25015070	Glucagon 1mg injection		25015150	Solu-Medrol 125mg injection	
25014082	Haloperidol 5mg/ml inj 1ml		63615294	Tetanus/Dip Tox 0.5ml (Adult)	
25013658	Heparin Sod 10,000U/ml vial 1 ml		25015566	Thiamine 100mg injection	
25014095	Hydroxyzine 50mg/ml injection		25014951	Zantac 50mg injection	





**LIMITED POWER OF ATTORNEY TO PURSUE PAYMENT AND APPEALS
AND RELEASE MEDICAL INFORMATION — QUESTIONS AND ANSWERS**

This form is intended to offer answers to the most frequently asked questions regarding a Limited Power of Attorney to Pursue Payment and Appeals and Release of Medical Information. Please ask any additional questions you may have.

1. **What is a Limited Power of Attorney to pursue Payment and Appeals and Release of Medical Information (the "Limited Power of Attorney")?** If you sign the Limited Power of Attorney, you are authorizing Jamaica Hospital Medical Center ("Health Care Provider") to pursue payment from your health insurer, health maintenance organization, self-insurance plan, governmental program or other payer ("Health Plan"), if your Health Plan denies payment for services provided by the Health Care Provider on the basis that such services are not medically necessary.
2. **What authority am I giving to the Health Care Provider if I sign the Limited Power of Attorney?** You are authorizing the Health Care Provider to act on your behalf to appeal a decision by your Health Plan to deny payment for medically necessary services that the Health Care Provider has provided or intends to provide. The Health Care Provider will be able to pursue an appeal to your Health Plan under its policies and procedures and, if applicable, before an external appeal agent, arbitrator, court of law or other third party reviewer ("Independent Reviewer") where permitted under State and Federal law. You are also authorizing the Health Care Provider to release necessary information in your medical records to your Health Plan and/or the Independent Reviewer in pursuing payment or an appeal on your behalf.
3. **Will the Health Care Provider be able to make other decisions on my behalf if I sign the Limited Power of Attorney?** No. The Health Care Provider has no authority to make any other personal, business or health care decisions on your behalf. If you want to designate someone you know, such as a family member, to make health care decisions on your behalf, you should sign a health care proxy. If you have any questions regarding a health care proxy or other advance health care directives, your Health Care Provider can provide you with more information.
4. **Can I contact my Health Plan directly if I sign the Limited Power of Attorney?** Yes. The Health Care Provider will act as your agent in pursuing payment from your Health Plan. As your agent, the Health Care Provider is available to discuss the process with you and, if you desire, you may take an active role in the process. If you decide to contact your Health Plan regarding a denial of payment for medically necessary services, we suggest that you keep the Health Care Provider informed so efforts can be coordinated.
5. **Will the Health Care Provider charge a fee for its services as my agent?** No. The Health Care Provider will not charge you for its services as your agent.
6. **What happens if I lose the appeal to the Independent Reviewer?** The decision of the Independent Reviewer will be final and binding on you, the Health Care Provider and your Health Plan.
7. **Will the Limited Power of Attorney remain in effect if I later become disabled or incompetent?** Yes. It will remain in effect for one year from the date you sign it, but you can revoke it earlier by Notifying the Health Care Provider.
8. **Will my health care services be affected if I decide NOT to sign the Limited Power of Attorney?** No. It is your decision whether or not to sign the Limited Power of Attorney. Irrespective of whether you decide to sign it or not, the Health Care Provider will provide medically necessary services as decided by you and your physician.





**Department of Emergency Medicine
Medication Reconciliation Form**

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y F/C: 99
 ADM: 11/01/2009 08:54 162B 130381874
 ALDANA-BERNIER, LILIAN R PSYC

ED Visit Date: _____

Medications	Dose	Frequency	Code*	Name	Title

**** To all Patients: Please take this form to your next Doctor's visit ****

Discharge Date/Time: _____ / _____

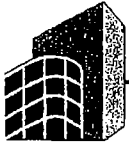
At discharge all medications have been reconciled:

 PRINT NAME MD Signature

* Codes: C = Continue; D = Discontinue; CH = Change; N = New

FO _____ ORIGINAL: Medical Record COPY: Patient





**JAMAICA HOSPITAL
MEDICAL CENTER**
8900 Van Wyck Expressway Jamaica, NY 11418

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y F/C: 19 S
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874
HOVANESIAN, SHUSHAN

CONSENT FOR GENERAL ADMISSION/ EXAMINATION/TREATMENT

I authorize my admission to The Jamaica Hospital Medical Center ("Hospital"). I authorize the Hospital, the attending physicians and dentists on its medical staff, assisted by the House Staff, Nursing Staff, Allied Health Staff (employees of the Hospital) and students (nonemployees), to provide such medical and/or dental care and to administer such routine diagnostic tests and procedures, including but not limited to, diagnostic x-rays; the administration and/or injection of pharmaceutical products and medications; the drawing of and/or administration of blood or other derivatives, as is deemed necessary or advisable in my care.

I understand that the attending physicians managing or participating in my care may not be employees or agents of the Hospital. I also understand that the Hospital is only responsible for the care rendered by Hospital employees and/or agents.

I acknowledge that no guarantees or assurances have been made to me concerning the outcome of treatments or examinations in the Hospital.

I confirm that I have read and fully understand the above.

Patient/Authorized Person: Adrian Schoolcraft
Signature

Print Name

(If Required)
Interpreter: _____
Signature

Print Name

Relationship, if signed by person other than patient

Witness: Shushan Hovanessian
Signature

Shushan Hovanessian
Print Name

Date: 11/9/07

*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18, incompetent, or is otherwise incapacitated.

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.



Department of Psychiatry
Emergency Division

Nursing Assessment Form

PT NAME: SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
MR#: ADM:11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC
AGE: SEX:

Date: 11/1/09 Time: 9AM Catchment Area: _____

Informant: Patient Family Police Other: Consultation Report.

Name of informant: _____ Telephone #: _____

MODE OF ARRIVAL:
Walk in: Self Family Ambulance Transfer Court Remand

Police: _____ Badge #: _____ PCT: _____ Prisoner: Yes No

Handcuffs: Yes No Other: _____

HISTORY

Patient's Chief Complaint: Denies

Circumstances Leading to Admission: BIB/NYPD to client was deemed to be paranoid & a danger to himself by his blood brother

PREVIOUS PSYCHIATRIC HISTORY YES NO

Hospitalization(s) (where): Denies When: NA

Current Psychiatric or Medical Conditions: Denies

Treatment and/or Medication: Denies

MEDICAL HISTORY

Diabetes: Yes No Hypertension: Yes No Drug: Yes No
Cardiac: Yes No Respiratory: Yes No Alcohol: Yes No
Seizure Disorder: Yes No Smoking: Yes No

If yes, Explain: _____

Skin Conditions - Contusions/Laceration: Yes No

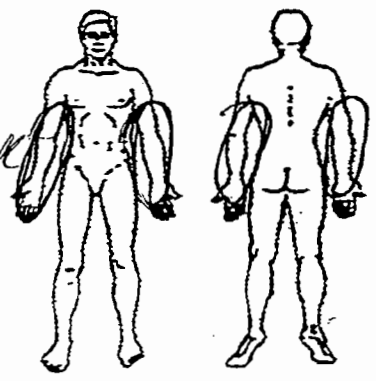
Describe location, size, color, drainage, odor: purple/black

Scars/Rashes: Yes No

Describe location, size: _____

Allergies/Medication: Yes No

Food: Yes No



PHYSICAL EXAM

Vital Signs:

P: 99.0 BP: 139/80
P: 115 HT: 6'3"
R: 18 WT: 109KG

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

PATIENT'S APPEARANCE

Appetite: Good

Sleeping Pattern: fair

ATTITUDE/MOOD

- Cooperative Uncooperative Anxious Panic Hostile
- Guarded Suspicious Angry Sad Tearful
- Elated Demanding Seductive

SPEECH

- Clear Normal Rate Slurred Slow Rapid
- Mute Loud Soft Shouting Relevant
- Spontaneous Incoherent Abusive/Cursing

Others: _____

THOUGHT PROCESS

- Logical/Goal-Directed Blocking Rambling Evasive Oriented
- Time Place Person

CHECK ALL ANSWERS. IF YES, Please describe.

Hallucinations: Yes No

Delusions: Yes No

paranoid persecutory delusions.

Paranoid Thoughts: Yes No

feels that his supervisor has ill feelings towards him

Homicidal Ideation: Yes No

Suicidal Ideation: Yes No

Gestures: Yes No

Gestures: Yes No

Attempts: Yes No

Attempts: Yes No

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM:11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

Pain Assessment Score: (From Triage Form): 0

Dentures Yes Upper: Lower: No
Eyeglasses Yes No

CONDITIONS THAT MAY PLACE A PATIENT AT GREATER RISK DURING RESTRAINT / SECLUSION

Medical Conditions: None

Physical Limitations: None

Are you currently the victim of physical/sexual abuse? Yes No

Were you at any time in the past the victim of physical or sexual abuse? Yes No

RISK ASSESSMENT FOR BEHAVIORAL DISCONTROL

For Restraints/Seclusion: Yes No If yes, specify reasons: Combative/Violent Behavior Impulsive Behavior

FOR RESTRAINT/SECLUSION ONLY:

Do you want your family/significant other to be notified? Yes No

Family has agreed to be notified at the initiation of Restraint/Seclusion: Yes No

Family has agreed to be notified the following morning regarding a Restraint/Seclusion which occurs after 9:00PM Yes No

PERTINENT FINDINGS

See Empower

NURSING PROBLEM(S) / DIAGNOSIS

See Empower

PLANNED NURSING INTERVENTIONS

See Empower

Discharged from Emergency Department Admitted Other

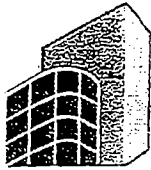
Transferred to :

11/11/09
DATE

9AM
TIME

B Woodruff
PRINT

[Signature]
SIGNATURE



JAMAICA HOSPITAL MEDICAL CENTER

HISTORY & PHYSICAL

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
162B ALDANA-BERNIER, LILIAN R PSYC
ADM: 11/01/2009 130381874 99
NAME PLATE

Chief Complaint: They Brought Me In Duration: _____

Private MD?: _____ Hx obtained from (If other than patient): _____

Hx of Present Illness – Must include 4 or more of the following elements

Location (Where is problem)	Severity (Scale 1 – 10)	Associated symptoms (Swelling, Redness)	Modifying factors (Feels better when...)
Duration (How long problem existed)	Timing (When it occurs, how long it lasts)	Context (Hurts when I...)	Quality of Pain (Sharp, Dull, Stabbing)
34 y/o Male Brought in by NYPD, because they thought he was paranoid and was a danger to himself			

REVIEW OF SYSTEMS

- Experienced/Experiencing signs or symptoms? **NO**
- Constitutional Symptoms (fever, wt. loss, etc.)
- Eyes
- Ears, Nose, Mouth, Throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin and/or Breasts
- Neurological
- Psychiatric
- Endocrine
- Hematologic/Lymphatic
- Allergic/Immunologic

A ROS is an inventory of ALL body systems obtained through a series of questions to identify signs and/or symptoms which the patient may be experiencing or has experienced.

Denied

Heron

[Signature]

11/2/09

PRINT NAME

SIGNATURE

DATE

1 of 4

Prior Major Illnesses and Injuries: None

Denies

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC
NAME PLATE

Surgical History: None

Prior Hospitalizations: None

Current Medications: (Dose, Frequency) <input type="checkbox"/> None	CODE	Current Medications - Continued: (Dose, Frequency)	CODE
<i>Risperdal 0.5mg BID</i>			

C = Continue; D = Discontinue; CH = Change

ALLERGIES (If yes include type of reaction)
 NO KNOWN ALLERGIES

PERTINENT FAMILY HISTORY

Age appropriate immunization status: Pneumococcal (Date: _____) Influenza (Date: _____) Other: _____

SOCIAL HISTORY

An age appropriate review of past and current activities

Tobacco None Quit - When: _____
 Yes ⇒ Packs Per Day _____ X _____ years

Alcohol None Quit - When: _____
 Yes ⇒ Quantity/Frequency/Duration: _____

Substance Abuse None Quit - When: _____
 Yes ⇒ Drug: _____
 Route: IV PO Other (Specify): _____
 Quantity/Frequency: _____

Travel History: _____

Marital Status: Single Married Separated Divorced Widowed

Current Occupation & Hx: _____

Sexual History: _____

Level of Education: _____

ADLs: _____

Living Arrangements: _____

Advance Directives: No If Yes Specify: _____

Signs of Abuse? No If Yes Specify: _____

Heon
PRINT NAME

Deron
SIGNATURE

1/2/09
DATE

JHMC 105 2 of 4

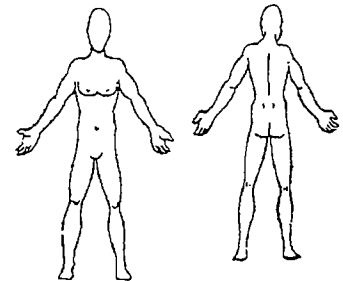
MULTI-SYSTEM EXAMINATION
MUST INCLUDE 9 OR MORE OF THE
FOLLOWING ORGAN SYSTEMS

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

Check "□N" if NORMAL or NEGATIVE,
otherwise Describe Significant or Abnormal Findings

NAME PLATE

Constitutional	BP: 124/76 Pulse: 93 Temp: 99.2 Ht: Wt: Resp: SpO2:
	□N Appearance Well Appearing Mildly agitated
Eyes	□N Conjunct./Lids □N Pupils/Iris
ENT & Mouth	□N Ears □N Nose □N Oropharynx □N Dentition
Neck	□N Masses: □N Trachea □N Carotids □N Thyroid □N JVPs
Respiratory	□N Inspection □N Percussion □N Palpation □N Auscultation
Cardiovascular	□N Palpation □N Heart Size □N Thrills □N Auscultation □N Murmurs □N Rubs □N Gallops
Extremities	□N Pulses □N Edema
Chest - Breasts	□N Inspection □N Masses □N Palpation □N Discharge
Abdomen	□N Tenderness □N Masses □N Bowel Sounds
Gastrointestinal	□N Liver □N Spleen □N Kidneys □N Rectal Exam (Stool Guaiac)
Genitourinary	Female □N Pelvic (If Indicated) Cervix □N Uterus □N Adnexa □N Discharge PAP smear (date)
	Male □N Prostate (If Indicated)
Skin	□N Inspection □N Rash □N Palpation □N Lesions
Lymphatic	□N Neck □N Axillae □N Groin Other:
Musculoskeletal	□N R.O.M. □N Nails □N Gait
Psychiatric	□N Judgment □N Mood & Affect: Mental Status A&O X 3
Neurologic	□N DTRs (e.g. Babinski) □N Cranial Nerves □N Sensory □N Motor



Heron
PRINT NAME

[Signature]
SIGNATURE

11/2/09
DATE

3 of 4

LAB, X-RAY & EKG RESULTS

WBC: 12.3^{8.6} RBC:
Hemoglobin: 14.8 Hematocrit: 44 MCV: 87.6 Platelets: 251

SCHOOLCRAFT, ADRIAN

1298984 M DOB: 06/21/1975 34Y
162B ALDANA-BERNIER, LILIAN R PSYC
ADM: 11/01/2009 130381874 99

Diff. - Neutro: Lymph: Mono: Eosin: Baso:
Glucose: 94 Urea Nitrogen: 14 Creatinine: 1 Sodium: 138 Potassium: 4.1 Chloride: 104 CO₂: 24 Calcium: 9.4

Total Protein: 8.2 Albumin: 4.7 Bilirubin: 0.6 Alk Phos: 57 AST: 46 ALT: 57 Anion Gap: U/A:

INR: PT: PTT: ABG-pH: CO₂: O₂: HCO₃: HCG: Pos Neg

Other: Lip 55, Amy - 44 RPPs NB

EKG:

CXR:

CT Scan: Head CT - Normal

FINDINGS: - Well Male
- First psych. incident

DIAGNOSIS:

THERAPEUTIC PLAN: - Continue Current psych Treat.
- Patient is medically cleared to be admitted to psych. Floor.

Resident (PRINT) Heron SIGNATURE [Signature] BEEPER 12953 DATE 11/2/07 TIME 10:

ATTENDING'S IMPRESSION: I saw and evaluated the patient I reviewed the resident's findings.

RELEVANT HPI:

RELEVANT PHYSICAL EXAM:

DIAGNOSIS/PLAN: I agree with the resident's note above

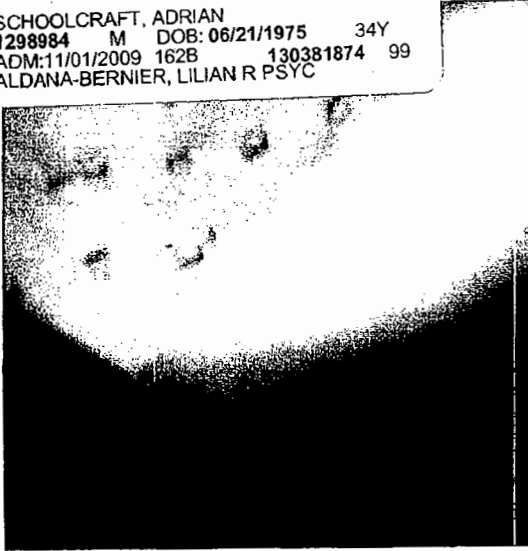


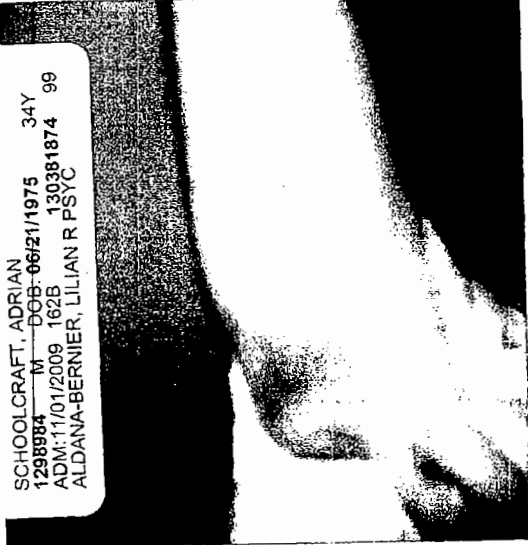


**JAMAICA HOSPITAL
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8300 VAN WYCK EXPWY.
JAMAICA, N.Y. 11418

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

PROGRESS NOTES

Date	Start	Start RN and all
<p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: 06/21/1975 34Y ADM: 11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p>  <p>11/20/09 - left wrist</p>		 <p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: 06/21/1975 34Y ADM: 11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p> <p>11/2/09 Right Arm Rt reddened anterior</p>
 <p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: 06/21/1975 34Y ADM: 11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p> <p>the wrist reddened posterior & anterior</p>		 <p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: 06/21/1975 34Y ADM: 11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p> <p>left arm bruise</p>



Department of Psychiatry
Inpatient Division

SCHOOLCRAFT, ADRIAN
M/R: 1298984 PT#: 130381874
DOB: 06/21/1975 34Y M F/C: 19 S
ADM: 11/03/2009 15:00 03MH9HAL 01
HOVANESIAN, SHUSHAN

PSYCHOSOCIAL ASSESSMENT

DEMOGRAPHICS

Age: 34 Sex: M Marital Status: S Race: Caucasian Religion: unknown

Address: 82-60 88th Pl. Ridgewood, N.Y. 11385

Telephone: (718) 570-6224 Country Of Birth: U.S.

Education: some college Language: English Occupation: police officer

Social Security #: 469-97-6997 Income Source: employed

Insurance: Aetna US Healthcare Number: BBM6PBBA

Veteran's Benefits: yes Immigration Information: citizen

Problems Precipitant To Current Admission: pt. was BFB EMS/ NYPD officer his colleagues and superiors at the NYPD became concerned about his behavior.

Past Psychiatric History/Hospitalization: No known hx.

Outpatient Treatment (name & telephone #): None.

Outpatient Therapist (contact, date & time): None.

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Family Psychiatric History:

None - pt. / family deny.

Substance Abuse History/Treatment:

None known.

History Of Violence:

None.

History Of Abuse:

pt. denies any hx.

ACS Involvement/Worker & Telephone:

No ACS involvement.

PSA Involvement/Worker & Telephone:

No PSA involvement.

Work History:

pt. has been a NYC Police Officer for the past 7 yrs. and worked for Motorola before that. He was in the Navy.

Legal History:

None.

Living Situation:

pt. lives alone in an apt. in Glendale.

Developmental History:

pt. was born and raised in Texas. Completed H.S. went to join the Navy, where he served 4 yrs. pt. then went to college, went to work for Motorola and they moved to N.Y. and joined the NYPD. Never married no children.

SCHOOLCRAFT, ADRIAN
M/R: 1298984 PT#: 130381874
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HOVANESIAN, SHUSHAN

Name Of Person Living With Or Involved With Patient

Name	Relationship	Telephone #
Larry Schoolcraft	Father	(646) 957-2486

Support System/Relationship History: Pt. 's father is supportive.

Is Religion A Source Of Strength For Patient? NO

Does Patient Wish To See A Clergy? Yes _____ No _____
If Yes, Date And To Whom Referral Was Made _____

Recent Level Of Functioning Pt. Came to the ER @ error hospital by EMS/NYPD after his colleagues and supervisor became concerned about his behavior.

Strengths: Domiciled, Employed, Insured, supportive father.

Weaknesses: _____

Assessment: Pt. is a 34 year old caucasian male - no known psych. hx. who was BFB EMS and NYPD after his colleagues and Supervisors became concerned about his behavior. Pt. is a 7-w. officer @ the NYPD and believes that he knows of a "cover-up" that is going on within the dept. He lives alone, but has a supportive father. During the interview pt. was calm, pleasant and cooperative. He denied any psych. symptoms, s/f, H/F or A/V other hallucinations.

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Short Term Goals:

Pt. will be ready for d/c.

Long Term Goals:

Pt. will remain stable in the community.

Initial Discharge Plan:

Pt. will return home.

Patient Participation/Agreement With Plan:

Pt. feels that he is not in need of a psychiatric admission at this time, but wants to go home.

Family/Significant Other Contact Person:

Name:

Address:

Telephone #:

(See pg. 3)

Is Above Person Willing To Be Involved In Treatment And Discharge Planning?

Yes

NO

Additional Information:

None @ present.

11/4/09

Date

Print Name

Christine McMahon, LMSW
2. Clinical Social Worker

Signature

Christine McMahon

Title

LMSW



DEPARTMENT OF PSYCHIATRY

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

MEDICATION RECONCILIATION FORM

LIST ALL MEDICATIONS (PSYCHOTROPIC, NON-PSYCHOTROPIC, OVER-THE-COUNTER, OTHER).

Table with 4 columns: CURRENT MEDICATION, DOSE, FREQUENCY, CODE. The first row contains the handwritten word 'None'. Below the table is a legend: CODE: C=CONTINUE D=DISCONTINUE H=CHANGE

Reconciliation on Admission to Emergency Department

Signature of ER Physician:

Khweja Khusro Tariq, MD
DEA #AT0798061-736

Handwritten signature of Khweja Khusro Tariq

Reconciliation on Admission to Inpatient Unit

Signature of Inpatient Physician:

Handwritten signature of inpatient physician



**JAMAICA HOSPITAL
MEDICAL CENTER**

PSYCHIATRIC EVALUATION

ER INPATIENT CLINIC

DATE: 11/1/09

TIME: 12 P.M.

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM:11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

IDENTIFYING DATA:			
Age: 34	Sex: M	Sexual Orientation:	Race: <i>Caucasian</i>
Marital Status: S	Religion:	Legal Status:	

ALERTS: (List risk factors including danger to self/others, CPL status, physical health conditions/needs, allergies..)

Source of Information:	<i>Patient</i>	Tel:
		Tel:

CHIEF COMPLAINTS: (By patient and/or others) *'They just came into my place and handcuffed me'. As per accompanying NYPD officers (Sgt James on per ER consult) he has been acting bizarre.*

HISTORY OF PRESENT ILLNESS: (Fracturing before onset, precipitating factors, interventions tried..)

The patient states that he has been reporting irregularities at work to Internal Affairs for over a year. He states that his supervisors, including his immediate supervisor, the Deputy Inspector of 81st Precinct, have been under-reporting crime stats to earn more merit, get promotion and 'make a sale'. He reports having documented proof. He states that his supervisor became aware of this which is why he is being persecuted like this. He states that he was misled last night when his landlord let NYPD officers in who 'assaulted' him, including beating his arm, 'stamping lightly' on his face and causing many bruises (bruises are visible on both arms). As per ER consult done earlier today, the accompanying NYPD officer, Sergeant James

contd. overleaf ->

of the 81st Precinct, the patient became agitated and verbally abusive towards his supervisor. He then left and concerned about his condition, several officers followed him home. He barricaded himself in his room and refused to come out

so the door had to be broken down. He initially agreed to go with them but once outside he made a run for it and had to be chased and handcuffed. In the medical ER the patient was agitated, verbally abusive and told the treating M.D. that 'they are all against me'.

Patient denies any recent suicidal or homicidal thoughts. He states he has bouts of anxiety and depression over what has been happening but denies persisting depressive symptoms. No recent manic symptoms charted. No hallucinations charted. Denies any recent substance use.

COURSE OF TREATMENT

LAB(S) ORDERED:	One emp with us for the day				
ABNORMAL VALUES:	None				
MEDICATION GIVEN and RESPONSE:	No med				
SIDE EFFECTS/ADVERSE DRUG REACTIONS:					
UNIT PARTICIPATION IN:					
a) Individual Sessions:	1	2	(3)	4	5
b) Group Therapy:	1	2	(3)	4	5
c) Creative Arts Therapy:	1	2	(3)	4	5
d) Leisure Activities:	1	2	(3)	4	5
FAMILY INVOLVEMENT:	Father Support				
CONDITION UPON DISCHARGE (Brief Mental Status)	Good stable				
MEDICATION(S):	No med				
	Supplied for				days
FOLLOW-UP APPOINTMENT:	Behavioral & for 2 & 4				
FUTURE RESIDENCE:	Home				
Name:	Isak Isakov M.D.	Signature:	[Signature]		
	116225362DEA7204198	Date:	11/1/09		

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
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PAST PSYCHIATRIC HISTORY:

First psychiatric symptoms: *One year ago he was evaluated by an NYPD
psychologist for 'anxiety'. She recommend 'reading two books'*

Hospitalizations: none yes

Suicide attempts: yes no

Violence: yes no

Past medication and response: *Denies any past medication use.*

Adverse drug reaction: none yes

Last O.P.D. Visit:

Therapist: *N/A*

Tel. No.: *N/A*

Previous Provider contacted

Yes No (Explain)

N/A

DRUG and ALCOHOL HISTORY (Previous treatments and outcome.)

Denies any history of alcohol or other drug abuse.

MEDICAL HISTORY: (Include allergies and medications.)

history of ~~medical~~ problems -

Denies any significant

FAMILY HISTORY OF MENTAL ILLNESS:

Denies.

BRIEF PSYCHOSOCIAL HISTORY:

born in Queens. Raised by biological parents. Single, lives alone. Mother died in 2003 after a protracted malignancy. Has two siblings. Has been working as an NYPD officer for over seven years. His gun was taken from him a year ago after he failed a psychological evaluation.

CURRENT LIVING CONDITION AND SUPPORT SYSTEM:

Lives alone in a private apartment. Father is supportive but client's input: no close friends.

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MENTAL STATUS:

Appearance and Attitude: *Cooperative at this time.*

Psychomotor Motor Activity: *Normal*

Mood and Affect: *grumpy mood 'angry' - affect constricted.*

Speech and thought process: *speech regular rhythm and moderate volume.*

Thought content: (preoccupations, delusions, Give verbatim examples.)

patient has paranoid and persecutory delusions - he believes he is being persecuted for pursuing his superiors' irregularities and corruption.

Suicidal Ideation: yes no Homicidal Ideation: yes no

Hallucinations: yes no

ORIENTATION: (time, place, person, situation.) *AOX3.*

MEMORY: (immediate, recent, remote.) *Intact.*

ATTENTION AND CONCENTRATION: (Serial sevens) = *Intact.*

ABSTRACTION: (Proverbs, similarities.) *Intact.*

ESTIMATE OF INTELLECTUAL FUNCTIONING: *Average.*

INSIGHT and JUDGEMENT: *Poor insight and judgment.*

SCHOOLCRAFT, ADRIAN
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M.M.S.E SCORE: N/A

BARS SCORE: 1 2 3 4 5 6 7

ABNORMAL MOVEMENTS: YES NO (If "Yes" please fill out AIMS Form.)

DIAGNOSIS:

AXIS I: Psychosis NOS -

Mo Schizophrenia, Paranoid Type -

AXIS II: Delusional

AXIS III: Abdominal pain, NOS

AXIS IV: Conflict at work; duty fire arm taken away as a result

AXIS V: Current: 30 Highest in past 12 months: 45

PROGNOSIS: Guarded

INITIAL TREATMENT PLAN:

PROBLEM # 1: Paranoid delusions

OBJECTIVE: Reduce/eliminate delusions

PLAN: [Indicate medication, if any]:

PROBLEM # 2:

OBJECTIVE:

PLAN: [Indicate medication, if any]:

DISPOSITION: Hold and Stabilize

Psychiatrist's Name: Khwaja Khuro Tariq, M.D
DEA #AT0798061-736
Signature: Khwaja Tariq



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SCHOOLCRAFT, ADRIAN
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ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

MEDICATION RECORD

258 B

DIAGNOSIS Psychosis Nos

ALLERGIES NKDA

ORDER DATE	INIT	EXP DATE	MEDICATION	DOSE	FREQ	ROUTE	HR	DATES GIVEN						
								11/02	11/03	11/04	11/05	11/06		
11/2/09	DM	11/17	Risperdal	0.5mg	po	QIA	9A	X	*	*	*	*		
	JM			BID			5P	*	*	*	*			



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MEDICATION RECORD

PRN MEDICATIONS CHART VERTICALLY NEXT TO THE MEDICATION
DATE TIME INITIALS FOR EACH DOSE GIVEN

ORDER DATE	EXP. DATE	MEDICATION, DOSAGE, FREQUENCY, ROUTE	DOSES GIVEN											
			Date											
11/1/09	11/10	Halldol 5mg qM Q 6 hrs PRN for agitation	Date											
			Time											
			Init.											
11/1/09	11/7	Ativan 2mg qM Q 6 hrs PRN for agitation	Date											
			Time											
			Init.											
			Date											
			Time											
			Init.											
			Date											
			Time											

STAT, SINGLE ORDERS - PRE-OPERATIVES

ORDER DATE	MEDICATION DOSAGE ROUTE	TO BE GIVEN			NURSE INITIALS	ORDER DATE	MEDICATION DOSAGE ROUTE	TO BE GIVEN			NURSE INITIALS
		DATE	TIME	INITIALS				DATE	TIME	INITIALS	

OMITTED / HELD MEDICATIONS

DATE	TIME	MEDICATIONS OMITTED/HELD	INITIALS	REASON FOR OMISSION
11/2	5p	Risperdal 0.5mg at ch	ef	pt refused. MD ordered
11/3	9a	Risperdal 0.5mg	ef	pt refused
11/3	3p	Risperdal 0.5mg	ef	pt refused
11/4	9a	Risperdal 0.5mg qd	ef	pt refused
11/5	9a	Risperdal 0.5mg PO Am	ef	pt refused

INITIALS	FULL SIGNATURE	TITLE	INITIALS	FULL SIGNATURE	TITLE
ef	Adrian Schoolcraft	MD	ef	Adrian Schoolcraft	MD
MA	Manoel	RN	ef	Adrian Schoolcraft	MD
MS	Shawn Barner	RN	ef	Adrian Schoolcraft	MD
			OKB	OKB	OKB



Jamaica Hospital Medical Center
PATIENT/FAMILY TEACHING RECORD
Multi-disciplinary - Inpatient Adults

SCHOOLCRAFT, ADRIAN
 12884 N. M. DOB: 06/21/1975 34Y
 130381874 98
 ALDANA-BERNIER, LILIAN R PSYC

- Factors/barriers that may influence patient's ability, needs and readiness for learning:
- None
 - Hearing/vision/speaking impairment
 - Culture
 - Language barriers
 - Motivation
 - Cognitive/physical limitation
 - Psychological/emotional factors
 - Religious/spiritual practices

Person involved in teaching: Patient Patient & family Significant other Family & caregiver

Topic	Date Initiated/Initial	Patient/patient/caregiver will verbalize/demonstrate understanding of	Teaching Method	Evaluation	Reinforced			Education material provided
					Date	Initial	Evaluation	
General Patient Education	11/16/19	Reason for admission Hospital & unit policies/Routine Patient rights & responsibilities Advance directives Pain management Hospital resources: available to patient Hygiene & grooming Safety	1	11/16/19	AB			<input type="checkbox"/> Handout/pamphlet
	11/24/19	Religious/Spiritual services area	1	11/24/19	AB			
Special Procedure/Diagnostic Test	11/24/19	Di. SC. Large REDUCED	1	11/24/19	AB			<input type="checkbox"/> Handout/pamphlet
Medical Equipment								<input type="checkbox"/> Handout/pamphlet
								<input type="checkbox"/> Glucometer & Diabetic kit <input type="checkbox"/> Asthma kit
Dental Information		Mammogram/Breast self exam						<input type="checkbox"/> Handout/pamphlet
		PAP Test Prostate screening/testicular self exam Smoking cessation Pneumonia/Flu Vaccine						

Initial: *AB* Signature: *[Signature]* Date: *11/16/19*
 Initial: *AB* Signature: *[Signature]* Date: *11/24/19*
 Initial: *AB* Signature: *[Signature]* Date: *11/24/19*



Jamaica Hospital Medical Center
PATIENT/FAMILY TEACHING RECORD
Multidisciplinary - Inpatient Adults

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM:11/01/2009 162B 130381874 99
 ALDANA-BERNIER, LILIAN R PSYC

Topics	Date Initiated/ Initial	Patient/family/caregiver will verbalize/demonstrate understanding of	Teaching Method	Evaluation	Reinforced			Education material provided
					Date	Initial	Evaluation	
Disease/ Condition								<input type="checkbox"/> Handout/ pamphlet
Medications		Food/Drug Interaction (Dilantin, Coumadin, Tetracycline, Glucotrol, MAO)-Drug/drug Interaction						<input type="checkbox"/> Handout/ pamphlet
		Effects and side effects of						
Diet/Nutrition		NPO						<input type="checkbox"/> Handout/ pamphlet
		Regular diet						
		Low Sodium diet						
		Diabetic diet						
		Fluid restriction						
		Renal Diet						
		Dysphagia diet						
Reliab/ Activity		Use of Creative Arts Therapies For Affect Identification Emotional Regulation and Coping Skill development	11/6/09	11/6/09	11/6/09	11/6/09	N/A	<input type="checkbox"/> Handout/ pamphlet
Other		Pressure Ulcer Care/Skin care						<input type="checkbox"/> Handout/ pamphlet
		CHF: Monitoring of weight at home						
		Infection Control						
Resources								<input type="checkbox"/> Handout/ pamphlet

Evaluation:

- A. Identifies key points
- B. Verbalizes understanding
- C. Returns demonstration
- D. Performs skill independently
- E. Applies knowledge
- F. No evidence of learning
- G. Medication Effectiveness

Teaching Methods:

- 1. Explanation
- 2. Demonstration
- 3. Role play
- 4. Audiovisual
- 5. Handout
- 6. Group discussion

* See progress notes



Tel.: (718) 840-2536
(718) 840-2539

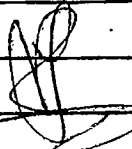

Sgt. Brennan
Sgt Frost


Log #

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
162B ALDANA-BERNIER, LILIAN R PSYC
ADM: 11/01/2009 130381874 99

Internal Affairs Bureau
Brooklyn North
Group 31

315 Hudson Street
New York, New York 10013

Time	Here	Here
		PGY 2 Note
11-02-09 5:00PM	Pt has been interviewed by Sgt Brennan and Sgt Frost by Internal Affairs Bureau -	
		 Javardia Yazdani, MD Psychiatric Resident
11/02/09 9:30pm	MD note: Patient has been seen and interviewed by Detective Steven P. Wachter and Sgt. Scott from Internal Affairs Bureau.	
		Shushan Hovanesian, MD Psychiatry Attending
		Steven P. Wachter Detective Sgt. Scott
11/16/09 10:00AM	Pt has not expressed interest in participating in CBT groups despite being approached and encouraged.	
		 GABRIELA PORTAS MA, CAT-Limited Permit



NYPD COURTESY PROFESSIONALISM RESPECT

Steven P. Wachter
Detective
Sgt. Scott

Internal Affairs Bureau
Special Investigations Unit
1 Police Plaza 12th Floor
New York, NY 10038

Tel. 1 (800) PRIDE PD
Fax: (212) 748-8800
E-mail: IAB-SIU@verizon.net



**JAMAICA HOSPITAL
MEDICAL CENTER**

6900 VAN WYCK EXPWY.
JAMAICA N.Y. 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

1298984 M DOB: 06/21/1975 34Y

162B ALDANA-BERNIER, LILIAN R PSYC

ADM: 11/01/2009 130381874 99

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/02/09	PGY 2 note	
2:15 PM	Pt seen and examined today. Pt	
	remains calm, withdrawn but not	
	violent or aggressive. Pt is guarded	
	and not cooperative. Pt keeps saying	
	that he doesn't know why they	
	came to his room and forced	
	him to go to hospital. Pt doesn't	
	know why he can't carry the pen	
	saying that "they (his supervisor)	
	dropped it to him" but he said	
	"I don't know" He denies A/R hallucinations	
	A/R Admit	
		Ruler
		RENATA DUDZICZ-SLOWIK, MD PSYCHIATRIC RESIDENT
11/2/09	3 rd patient is still complaining of pain	
	in areas Rt wrist, status was numb	
	for 2 hours yesterday. Denies notes in	
	it times aspect of arm + minimize	
	area of limbs when aspect Rt arm.	
	with wrists, with red marks o believe	
	This is a set up, I would like a lawyer's	
	Internal affairs would like returned via	
	+ he appt. Make aware of reasoning	
	upstairs, but wanted to go home. Home i home	



**JAMAICA HOSPITAL
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PROGRESS NOTE

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Case Management Initial Assessment Note

Summary of Admitting Problems:

32% w/ style w/ a B113 MPO of 81th precinct, in handcuffed to MER 2 of 11/2009. abdominal pain, transferred to ER. currently bicenne. paranoid about his supervisor, disoriented.

Support System:

Towards his supervisor. left work place & barricaded himself in his room.

Name:

Relationship:

Phone #:

Name: *Jamy Schoolcraft*

Relationship: *father*

Phone #: *646-957-2486*

Name:

Relationship:

Phone #:

Functional ADLs:

independent ADLs.

Prior to Admission:

independent ADLs

At Present:

independent ADLs

Communication:

Language Spoken:

English

Interpreter Needed: Yes No

Hearing Loss: Yes No

Financial Resources:

Insurance Coverage:

Aetna (MS health care)

Policy #:

B13M6P3PA

Additional Resources:

Initial Review provided to Dana of Aetna (P1-800-424-4047). The case is authorized CA#

Health Care Prior to Admission:

086654220000. The case is certified

Home Care: Yes No

from 11/3/09 through 11/6/09

Name of Agency:

Number of Days/Week:

Hours/Day:

SNF: Yes No

Aetna (P1-800-424-4047 # 57026. The case will be

Name of SNF:

Does patient want to return: Yes No

Is there a need for a skilled nursing facility or home health care: Yes No

followed

Case Manager:

Shushan A. M.

Date/Time:

11/3/09

JHMC 128



**JAMAICA HOSPITAL
MEDICAL CENTER**

8900 VAN WYCK EXPWY.
JAMAICA, N.Y. 11418

PROGRESS NOTES

298984

SCHOOLCRAFT, ADRIAN

PT#: 130381874

M/R: 1298984

DOB: 06/21/1975 34Y M

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/3/09		FOCUS: Admission Assessment.
		Data: 34 yo, L, M. DX Psychosis
		NOS, transferred from MER → PER P
		Tx for abd discomfort after taking
		Nyquil. Police officer who had an
		argument with his supervisor, went
		home and barricaded himself in his
		apt. Suspicious, guarded and paranoid
		his supervisors are after him. Failed
		his psych Assessment for NYPD.
		Action: Orientated to the unit
		Assessed for pain or discomfort.
		Answered questions regarding hospitaliz ^{ation}
		Response: Calm cooperative. Denies
		Alth or S/I. Reports he should not
		be hospitalized since no pain or
		discomfort. Asking to vote today.
		Will inform MD. Therapist/psych
		Social Work Admission Note
		Met c pt this afternoon for
		initial psychosocial assessment
		pt is a 34 year old Caucasian
		male - no known psych hx
		who was BIB NIPD to the
		MER after his precinct (81st



**JAMAICA HOSPITAL
MEDICAL CENTER**
JAMAICA, N.Y. 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

ian

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/3/09 4:35 pm		<p>Social Work Admission Note: Pt. in Brooklyn apparently contacted EMU concerns about his behavior. Pt. is a police officer for the past 7 years @ NYPD. He is insured and lives on his own in an apt. in Queens. He reports that his father, who lives upstate is his only family here. He was cooperative during the interview - pleasant and appropriate. He is having dual psych. pt. He psych. problems and believes that he is not here for just reasons - that now that the NYPD has come to know what he knows about their cover-up, they are trying to stem error by saying that he has a mental illness. Pt. no longer has access to his gun and reports that he was placed</p>

*cm
aria*



**JAMAICA HOSPITAL
MEDICAL CENTER**

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JAMAICA, N.Y. 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

an

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/3/19 4:55 p.m.		<p>Social work Admission Note: an "Admin" duty for the past 6 mos. when asked what he will do if he has lost his job, he says he plans to re- turn to Texas, his home state, and start over there. Pt. Denied feeling depressed Denied any anxiety or manic sx. Denied ST. HT or HIV other health conditions @ present. SW contacted pt's father, Larry Schoolcraft (646) 957-2486 who reported that pt. has no psych. hx and he believes his son 100%. Father said he will be coming to meet with the tx team.</p>
		<p>Christine McManon, LMSW Psychiatry Social Worker <i>Christine McManon LMSW</i></p>
		/



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MEDICAL CENTER**
JAMAICA, N.Y. 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

M/R: 1298984 PT#: 130381874
DOB: 06/21/1975 34Y M F/C: 19 S
ADM: 11/03/2009 15:00 03MH9HAL 01
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/3/09 9:50pm		Focus: Altered Thought Process. Data: Patient is visible on the unit, he is guarded, suspicious and socially withdrawn. Pt. refused ordered medication, he denies SI/H/OI hallucination. Action: Monitored Pt's behavioral pattern, encouraged verbalization of thoughts and feelings and provided positive feedback. Re-enforced the importance of medication compliance, attended to Pt's needs and maintained a safe, structured environment. Response: Pt. remains guarded, he verbalizes his needs appropriately. Will continue to monitor behavior. — Sennott RN.
11/3/09 6:45A	S: Altered thought process. S: Pt was in bed already asleep at shift change, she has slept since that time, in no visible acute distress. A: Monitored through the night for any mood behavior change, sleep pattern, offer support as needed, encourage verbalization of thoughts honest feelings, provided structured therapeutic environment, continued reality testing, ensure safety. R: Pt is in bed still asleep at time of reporting will continue to monitor. — Phillips LPN	



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PROGRESS NOTES

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y F/C: 19 S
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/4/09	Psychiatrist admission note	
2pm	<p>Pt is a 34 yo. w. single male police officer without past psychiatric history not on any psychotropic meds. No current or previous history of drug or alcohol abuse. He stated that he is working in police department for ~ 6 years and from the beginning of his career he was not "happy" with "how the process was run" and was making multiple complaints that was not "addressed". Instead he was "dejected" emotionally "unstable" and his gun was taken away from him ~ 6 mo ago after psychiatric evaluation by police psychiatrist. Since then he started to collect the "evidence" to "prove his point" and became suspicious that "they are after him". On the day of admission he used verbal altercation with one of the officers who was "threatening" him and he left his job before his shift was</p>	

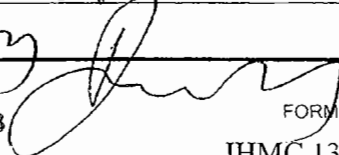
over with excuse that he is not feeling well

PROGRESS NOTES

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
(Cont) 11/4/09 2pm		<p>He came home to see "Nightsquirt" and fall asleep. He was woken up by police officers in his b/room and was asked to come with them to precinct after he refused to go voluntarily and complain on stomach pain and k/A pt was handcuffed and brought to ER of JHMC by EMS. He was evaluated by ER attorney and psychiatrist and after medical clearance transferred to Y ER with ? Psychosis NOS admitted to Y3 on 11/3/09 for further evaluation.</p> <p>On evaluation today pt anxious, suspicious, guarded, demanding to be DR and restless. He denied HE/UL denied VU/AN Experiences? paranoid guilty ideas about corruption and cover ups in precinct. Cognition and memory intact. X and I trustful.</p> <p>Dr Psychosis NOS No Adjustment Dis J anxiety</p>

Will obtain relevant information

Dr Isakov M.D.
20352DEA7204198





**JAMAICA HOSPITAL
MEDICAL CENTER**
8900 Van Wyck Expressway Jamaica, NY 11418

PROGRESS NOTES

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y F/C: 19 S
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/4/09 11AM		<p>FOCUS: Att Thought Process</p> <p>Data: Observed pt in his room lying across his bed writing. Pt keeps mostly to himself minimal interaction with staff or peers.</p> <p>Refused morning medication of Risperdal 0.5mg. Continues to be guarded & suspicious. Denies A/O 15 or S/I. ———</p> <p>Action: Maintained in a calm safe and therapeutic environment. Encouraged pt to attend unit groups and activities.</p> <p>Assessed for concerns ———</p> <p>Response: Refuses group. No elaboration on why. WADLden guarded. WADL continue to monitor. Therapist [unclear]</p>
11/4/09 10:30 PM		<p>F: Altered Thought Process</p> <p>D: Pt is seen on the unit. He is mostly guarded and interacts poorly unless prompted or engaged by staff. He continues to refuse his PO meds states: "I don't take medications."</p> <p>A: Benefits and side effect of the medications explained to pt. Encouraged expression of thoughts and concerns.</p> <p>R: calm and responsive. — L. Antoine for</p>

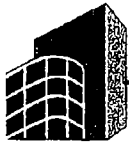


**JAMAICA HOSPITAL
MEDICAL CENTER**
8900 Van Wyck Expressway Jamaica, NY 11418

PROGRESS NOTES

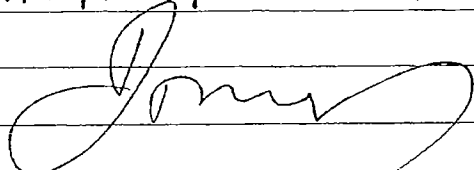
SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y F/C: 19 S
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/5/09 12:50 pm		<p>Focus. - Altered thought process.</p> <p>Data. - Pt is more cooperative and less guarded at this time. He agreed to talk to me for several minutes. He refused morning meds, but is interacting with staff and peers more frequently. No major physical or emotional distress is noted on him. He continues writing in a little notebook.</p> <p>Actions. - Pt encouraged to express feelings and concerns, and also take meds. Pt needs fulfilled.</p> <p>Response. - Pt is more interactive and cooperative, but remains refusal in regard to meds.</p> <p style="text-align: right;">AMC RN</p>
11/5/09 3pm	Psychiatrist	<p>with</p> <p>Pt is calm and more cooperative today. Dressed appropriately, focused. Able to communicate appropriately. Reiterated his story again and still wanted to free legal action against his persecutor but not expressions any physical threats to any body and not expressions of</p>



PROGRESS NOTES

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y F/C: 19 S
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
(cont) 3pm 11/5/09	Denial via AM	Not taking any psychotropic meds and not exhibiting psychotic behavior or thoughts
		He met with MSL and requested to be elk. Pt refused to give permission to speak with psychiatrist who evaluated him in 4/2009 but was able to provide the nature of his interaction with psychiatrist
		He was offered to go to psychotherapy and educate himself regarding stress tolerance. Pt has an intent to see psychotherapist and provided with the name of psychiatrist that he wanted to see Will plan to contact psychiatrist regarding appointment and work on D/C
	Ivan Isakov M.D. 220352DEA7264196	



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PROGRESS NOTES

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y F/C: 19 S
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/06/09 5:15 Am		<p>⊕ Altered Thought Process</p> <p>⊙ Pt. is calm, sitting at the lounge. He has been awake since early today. on hourly obs for safety, reported no CP pain / discomfort</p> <p>⊕ Assisted Pt as needed. Provided emotional support. Advised to call for help as needed. Maintained safety and therapeutic milieu. Made hourly rounds and monitored Pt for behavior changes</p> <p>⊙ Pt. remains calm, awake, sitting at lounge. Will continue to monitor - Oly Ross</p>
11/06/09 10 am		<p>Psychiatry with</p> <p>Pt compliant & rules in the unit he is calm</p> <p>Not in emotional distress</p> <p>Not suicidal now</p> <p>Very appropriate in interactions</p> <p>Denial of illness Denial of meds</p> <p>Not expressing paranoid ideation and not needing any protection</p> <p>Will be off today after appointment with GPs</p>

Isak Isakov M.D.
LIC220352DEA7204198

seq 665

JAMAICA HOSPITAL
MEDICAL CENTER

JAMAICA HOSPITAL
NEW YORK

DO NOT USE these abbreviations, symbols or acronyms when ordering medications or documenting in the medical record:

DO NOT USE	USE	DO NOT USE	USE	DO NOT USE	USE
QD or q.d. -----	daily or every day	Ug, mcg -----	microgram	Lack of leading zero (.1) -----	0.1
OD -----	daily or right eye	U or u -----	units	Trailing zero (1.0) -----	1
QOD or q.o.d. -----	every other day	IU or iu -----	international units	MS -----	Morphine Sulfate
cc -----	ml			MSO4, MgSO4 -----	Magnesium Sulfate

NON MEDICATION ORDERS			ALLERGIES:	MEDICATION ORDERS		
Date	Time of order:	AM PM		Date	Time of order:	AM PM
			SCHOOLCRAFT, ADRIAN M/R: 1298984 PT#: 130381874 DOB: 06/21/1975 34Y M F/C: 19 S ADM: 11/03/2009 15:00 03MH9HAL 01 HOVANESIAN, SHUSHAN			
PRESCRIBER'S SIGNATURE AND NAME PRINTED			Nurse	DATE/TIME	AM PM	PRESCRIBER'S SIGNATURE AND NAME PRINTED
			SCHOOLCRAFT, ADRIAN M/R: 1298984 PT#: 130381874 DOB: 06/21/1975 34Y M F/C: 19 S ADM: 11/03/2009 15:00 03MH9HAL 01 HOVANESIAN, SHUSHAN			
PRESCRIBER'S SIGNATURE AND NAME PRINTED			Nurse	DATE/TIME	AM PM	PRESCRIBER'S SIGNATURE AND NAME PRINTED
			SCHOOLCRAFT, ADRIAN M/R: 1298984 PT#: 130381874 DOB: 06/21/1975 34Y M F/C: 19 S ADM: 11/03/2009 15:00 03MH9HAL 01 HOVANESIAN, SHUSHAN			
PRESCRIBER'S SIGNATURE AND NAME PRINTED			Nurse	DATE/TIME	AM PM	PRESCRIBER'S SIGNATURE AND NAME PRINTED

F0670
seq 665

JAMAICA HOSPITAL
MEDICAL CENTER

JAMAICA
NEW YORK

DO NOT USE these abbreviations, symbols or acronyms when ordering medications or documenting in the medical record:

DO NOT USE
QD or q.d.
OD
QOD or q.o.d.
cc

USE
daily or every day
daily or right eye
every other day
ml

DO NOT USE
Ug, mcg
U or u
IU or iu

USE
microgram
units
international units

DO NOT USE
Lack of leading zero (.1)
Trailing zero (1.0)
MS
MSO4, MgSO4

USE
0.1
1
Morphine Sulfate
Magnesium Sulfate

NON MEDICATION ORDERS	ALLERGIES: <i>NADA</i>	MEDICATION ORDERS
Date <i>11/1/2009</i> Time of order: <i>7:40</i> <input checked="" type="radio"/> AM <input type="radio"/> PM - Hold and stabilize - Vitals: Q shift - Diet: Regular - Labs: CBC, CMP, U/A, U-TUR & THC, TSH, RPR, CT-Scan Head PRESCRIBER'S SIGNATURE AND NAME PRINTED: <i>[Signature]</i> Khuro Tariq, MD DEK #AT0798061-136 Date <i>11/2/09</i> Time of order: <i>2:15</i> <input checked="" type="radio"/> AM <input type="radio"/> PM - Admit - FP clearance <i>Review</i> PRESCRIBER'S SIGNATURE AND NAME PRINTED: <i>[Signature]</i> Khuro Tariq, MD DEK #AT0798061-136 PRESCRIBER'S SIGNATURE AND NAME PRINTED: <i>[Signature]</i> Khuro Tariq, MD DEK #AT0798061-136 Date <i>11/3/09</i> Time of order: <i>1:00</i> <input checked="" type="radio"/> AM <input type="radio"/> PM - <i>[illegible]</i> PRESCRIBER'S SIGNATURE AND NAME PRINTED: <i>[Signature]</i> Khuro Tariq, MD DEK #AT0798061-136	SCHOOLCRAFT, ADRIAN 1298984 M DOB: 06/21/1975 34Y ADM:11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC Nurse <i>[Signature]</i> Date/Time <i>11/1/09</i> AM/PM Nurse <i>[Signature]</i> Date/Time <i>11/2/09</i> AM/PM Nurse <i>[Signature]</i> Date/Time <i>11/2/09</i> AM/PM SCHOOLCRAFT, ADRIAN 1298984 M DOB: 06/21/1975 34Y ADM:11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC Nurse <i>[Signature]</i> Date/Time <i>11/2/09</i> AM/PM	Date <i>11/1/2009</i> Time of order: <i>7:40</i> <input checked="" type="radio"/> AM <input type="radio"/> PM - Hold and stop JIM 06 HAS PRN - Arranging J agitation PRESCRIBER'S SIGNATURE AND NAME PRINTED: <i>[Signature]</i> Khuro Tariq, MD DEK #AT0798061-136 Date <i>11/02/09</i> Time of order: <i>4:15</i> <input checked="" type="radio"/> AM <input type="radio"/> PM - Risperdal 0.5 mg PO BID PRESCRIBER'S SIGNATURE AND NAME PRINTED: <i>[Signature]</i> Khuro Tariq, MD DEK #AT0798061-136 PRESCRIBER'S SIGNATURE AND NAME PRINTED: <i>[Signature]</i> Khuro Tariq, MD DEK #AT0798061-136 Date <i>11/2/09</i> Time of order: <i>[illegible]</i> AM/PM

04/20/2010 10:33:19
z75mr

Jamaica Hospital Medical Ctr
CT HEAD W/O CONTRAST

Facility:0001

Report Date: 11/01/2009 20:12

Clinician:Staff, Physician

Patient: SCHOOLCRAFT, ADRIAN

Acct#: 000130427248

MR#: 001298984

DOB: 06/21/1975

Loc: 0186 BLS/Discharged

DEPARTMENT OF RADIOLOGY

Patient Name: SCHOOLCRAFT, ADRIAN

MRN #: 001298984

Patient Loc: MENTAL HEALTH ER

Requested by: Staff, Physician

Exam: CT head w/o

Result Date/Time: 11/02/2009 10:45 AM

Radiologists: Janczuk, Peter

MD

Clinical indication: FIRST PSYCHOTIC EPISODE: RULE OUT
LESION/MASS.

NONCONTRAST HEAD CT.

* NO ACUTE INTRACRANIAL HEMORRHAGE, no discrete lesions, no mass effect or abnormal intra-or extra-axial fluid collections. VENTRICLES and CISTERNS have NORMAL size and position. OSSEOUS STRUCTURES are UNREMARKABLE without definite acute or displaced fractures or discrete lesions. PARANASAL SINUSES and MASTOID CELLS are CLEAR without fluid or significant mucosal thickening.

PATIENT HISTORY REPORT

Jamaica Hospital Medical Ctr
 Department of Clinical Laboratories
 8900 VanWyck Expressway, Jamaica, NY 11418
 Pathologist Name, Medical Director

PATIENT: SCHOOLCRAFT, ADRIAN
 MRN#: J1298984
 ADMIT: 11/03/09
 Loc/Rm/Bed: J03MH-B358-B
 DOB: 06/21/1975 AGE: 34 SEX: M
 ADM: HOVANESIAN, SHUSHAN
 ACCT#: J130381874

H E M A T O L O G Y

-----D1011339-----
 COLLECTED |11/01/09 13:00 |REFERENCE RANGE
 PRIORITY, PHYSICIAN |STAT STAFF, PHYSICIAN |

C B C

WBC	*8.6	4.8-10.8 K/uL
RBC	*4.83	4.50-5.90 M/uL
HGB	*14.2	14.0-18.0 g/dL
HCT	*42.6	42.0-52.0 %
MCV	*88.3	80.0-94.0 fL
MCH	*29.5	27.0-31.0 pg
M'	*33.4	32.0-36.0 g/dL
MPV	*8.8	7.2-10.4 fL
RDW	*14.5	11.5-14.5 %
Platelet Count	*232	130-400 K/uL

Neutrophils Auto	*70.7	44.0-80.0 %
Lymphocytes Auto.	*19.1	13.0-43.0 %
Monocytes Auto	*9.0	2.0-15.0 %
Eosinophils Auto.	*0.9	0.0-3.0 %
Basophils Auto.	*0.3	0.0-3.0 %
Segs, Absolute	*6.0	2.1-8.6 K/uL
Lymphs, Absolute	*1.6	0.6-4.6 K/uL
Monos, Absolute	*0.8	0.1-1.6 K/uL
Eos, Absolute	*0.1	0.0-0.9 K/uL
Basos, Absolute	*0.0	0.0-0.4 K/uL
Absolute NRBC Instrumen	*0.00	None %/100 WBC
Manual Differential		
Manual RBC	*0	None /100 WBC
NRBC Absolute	*0.00	None K/uL

C H E M I S T R Y

-----D1011339-----
 COLLECTED |11/01/09 13:00 |REFERENCE RANGE
 PRIORITY, PHYSICIAN |STAT STAFF, PHYSICIAN |

Endocrine & Nutrition

TSH	*1.10	0.47-4.70 uIU/ml
-----	-------	------------------

* - RESULT REPORTED FIRST TIME KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

Att Phy: ISAKOV, ISAK
 Loc/Rm/Bed: J03MH-B358-B

MRN#: J1298984
 PATIENT: SCHOOLCRAFT, ADRIAN

PATIENT HISTORY REPORT

Jamaica Hospital Medical Ctr
 Department of Clinical Laboratories
 8900 VanWyck Expressway, Jamaica, NY 11418
 Pathologist Name, Medical Director

PATIENT: SCHOOLCRAFT, ADRIAN
 MRN#: J1298984
 ADMIT: 11/03/09
 Loc/Rm/Bed: J03MH-B358-B
 DOB: 06/21/1975 AGE: 34 SEX: M
 ADM: HOVANESIAN, SHUSHAN
 ACCT#: J130381874

U R I N A L Y S I S

-----D1011338-----	
COLLECTED	REFERENCE RANGE
PRIORITY, PHYSICIAN	STAT STAFF, PHYSICIAN

Color	*ordered
Appearance	*ordered
pH Urine	*ordered
Leukocyte Esterase	*ordered
Nitrites	*ordered
Urine Protein	*ordered
Ulcose	*ordered
Ketones	*ordered
Urobilinogen	*ordered
Bilirubin	*ordered
Blood	*ordered
Specific Gravity	*ordered
M i c r o s c o p i c	
WBC	*ordered
RBC	*ordered

S E R O L O G Y

-----D1011339-----	
COLLECTED	REFERENCE RANGE
PRIORITY, PHYSICIAN	STAT STAFF, PHYSICIAN

RPP	*NON-REACTIVE Nonreactive

* RESULT REPORTED FIRST TIME KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

Att Phy: ISAKOV, ISAK
 Loc/Rm/Bed: J03MH-B358-B

MRN#: J1298984
 PATIENT: SCHOOLCRAFT, ADRIAN

PRINTED: 04/20/2010 10:39

PAGE: 2 of 2

11/01/2009
22:40:48 OER

JAMAICA HOSPITAL MEDICAL CENTER
8900 VAN WYCK EXPRESSWAY
JAMAICA, NEW YORK 11418-2897

=====
P+ Name: ADRIAN SCHOOLCRAFT Location: MH - ER FULL EME
M. 001298984 ACCT#: 130381874 Att Phys: ALDANA-BERNIER, LILIAN
DOB: 06/21/1975 Age: 34Yr Sex: M Ord By: STAFF, PHYSICIAN
=====

Seq #: 0003 Test: CBC WITH AUTO DIFFERENTIA Status: FINAL Page 1 of 1
Collected: 11/01/09 13:00 By: J081X Received: 11/01/09 16:57 Lab#: D1011339

TEST	RESULT	ABN	REFERENCE	UNITS
WBC	8.6		4.8-10.8	K/uL
RBC	4.83		4.50-5.90	M/uL
HGB	14.2		14.0-18.0	g/dL
HCT	42.6		42.0-52.0	%
MCV	88.3		80.0-94.0	fL
MCH	29.5		27.0-31.0	pg
MCHC	33.4		32.0-36.0	g/dL
RDW	14.5		11.5-14.5	%
MPV	8.8		7.2-10.4	fL
Platelet Count	232		130-400	K/uL
N eutrophils Auto	70.7		44.0-80.0	%
Lymphocytes Auto.	19.1		13.0-43.0	%
Monocytes Auto	9.0		2.0-15.0	%
Eosinophils Auto.	0.9		0.0-3.0	%
Basophils Auto.	0.3		0.0-3.0	%
Segs, Absolute	6.0		2.1-8.6	K/uL
Lymphs, Absolute	1.6		0.6-4.6	K/uL
Monos, Absolute	0.8		0.1-1.6	K/uL
Eos, Absolute	0.1		0.0-0.9	K/uL
B as, Absolute	0.0		0.0-0.4	K/uL
NkLC Inst.	0.00		None	%/100 WBC
Nucleated RBC	0		None	/100 WBC
NRBC Absolute	0.00		None	K/uL

* * * * E N D O F R E P O R T * * * *

Vas

11/01/2009
22:40:50 OER

JAMAICA HOSPITAL MEDICAL CENTER
8900 VAN WYCK EXPRESSWAY
JAMAICA, NEW YORK 11418-2897

```
=====
Pt Name: ADRIAN SCHOOLCRAFT                          Location: MH - ER FULL EME
M   : 001298984   ACCT#: 130381874                    Att Phys: ALDANA-BERNIER, LILIAN
DOB: 06/21/1975  Age:  34Yr  Sex: M                   Ord By: STAFF, PHYSICIAN
=====
```

```
Seq #: 0008      Test: BILL CBC W/AUTO DIFF           Status: INTERIM Page 1 of 1
Collected: 11/01/09 13:00 By: J081X  Received: 11/01/09 17:12  Lab#: D1011339
TEST             RESULT                               ABN REFERENCE       UNITS
Bill CBC Automated D BILLING
```

* * * * * E N D O F R E P O R T * * * * *

Vw

11/01/2009
22:42:06 OER

JAMAICA HOSPITAL MEDICAL CENTER
8900 VAN WYCK EXPRESSWAY
JAMAICA, NEW YORK 11418-2897

=====
Pt Name: ADRIAN SCHOOLCRAFT Location: EMERGENCY ROOM
N : 001298984 ACCT#: 130381015 Att Phys: STAFF, PHYSICIAN
DOB: 06/21/1975 Age: 34Yr Sex: M Ord By: STAFF, PHYSICIAN
=====

Seq #: 0005 Test: LIPASE Status: FINAL Page 1 of 1
Collected: 11/01/09 0:22 By: J081X Received: 11/01/09 0:36 Lab#: D1010449
TEST RESULT ABN REFERENCE UNITS
Lipase 55 23-300 U/L

* * * * E N D O F R E P O R T * * * *

Vm

11/01/2009
22:42:08 OER

JAMAICA HOSPITAL MEDICAL CENTER
8900 VAN WYCK EXPRESSWAY
JAMAICA, NEW YORK 11418-2897

```
=====  
Pt Name: ADRIAN SCHOOLCRAFT           Location: EMERGENCY ROOM  
M 001298984  ACCT#: 130381015        Att Phys: STAFF, PHYSICIAN  
DOB: 06/21/1975  Age: 34Yr  Sex: M      Ord By: NWAISHIENYI, SILAS  
=====
```

```
Seq #: 0001            Test: AMYLASE SERUM           Status: FINAL   Page 1 of 1  
Collected: 11/01/09  0:22 By: J081X  Received: 11/01/09  0:36  Lab#: D1010449  
TEST                RESULT           ABN REFERENCE           UNITS  
Amylase             44                30-110                 U/L
```

* * * * END OF REPORT * * * *

Vm



**JAMAICA HOSPITAL
MEDICAL CENTER**
600 Van Wyck Expressway Jamaica, NY 11418 • 718-205-6000

Department of Psychiatry
NURSING FLOW SHEET

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

PRINT NAME		INT.	PRINT NAME		INT.														
DATE		11/02/09																	
HOSPITAL DAY																			
HOUR			AM		PM		AM		PM		AM		PM		AM		PM		
	MN	4 8	N	4 8	MN	4 8	N	4 8	MN	4 8	N	4 8	MN	4 8	N	4 8	MN	4 8	
TEMPERATURE	°C	°F																	
	41	106																	
	40.5	105																	
	40	104																	
	39.4	103																	
	38.9	102																	
	38.3	101																	
	37.8	100																	
	37.2	99																	
	37	98.6																	
	36.6	98																	
36.1	97																		
35.5	96																		
35	95																		
PULSE																			
RESPIRATION																			
BLOOD PRESSURE	SYSTOLE																		
	DIASTOLE																		
SHIFT		11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
NURSE INITIAL																			



**JAMAICA HOSPITAL
MEDICAL CENTER**
8200 Van Wyck Expressway, Jamaica, NY 11419 • 718-265-6000

Department of Psychiatry
NURSING FLOW SHEET

SCHOOLCRAFT, ADRIAN
M/R: 1298984
DOB: 06/21/1975 34Y M
ADM: 11/03/2009 15:00 03MH9HAL 01
HOVANESIAN, SHUSHAN
PT#: 130381874
FIC: 19 S

KEY: C = Complete assistance P = Partial assistance R = Refuses S = Self Care * Must have accompanying note on Progress Record.																
Date		N	D	E	N	D	E	N	D	E	N	D	E	N	D	E
HYGIENE-GROOMING	Wearing Bedclothes															
	Wearing Street Clothes	✓	✓													
	Neat	✓	✓													
	Disheveled															
	Bathed															
	Shaved / Made Up															
NUTRITION	Diet															
	Eats Adequate Amt.															
	Eats Small Amt.															
	Eats Only w/Encouragement															
	Overeats															
	Supplementary Nourishment															
Refuses Food*																
Mobility		S	S													
SLEEP PATTERNS	Sleeps 7-8 hrs.															
	Sleeps 4-6 hrs.	✓														
	Sleeps 1-3 hrs.															
	Awake in Bed															
	Awake O.O.B.			✓												
ACTIVITY SCHEDULE	Occupational Therapy															
	Recreational Therapy															
	Off Unit Activities															
	On Pass															
	Day room, Activity Room, Lounge			✓												
	Remains in Bed	✓														
	Remains in Room															
TREATMENTS	Seclusion *															
	1:1 Observation *															
	Restraints *															
	Elopement Prec *															
	ECT *															
Elimination		S	S													
Weight																
PAIN ASSESSMENT SCALE																
SIGNATURE AND TITLE	N	[Signature]														
	D	[Signature]														
	E	[Signature]														



**JAMAICA HOSPITAL
MEDICAL CENTER**

8900 Van Wyck Expway, Jamaica, N.Y. 11418

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 11/01/2009 162B 130381874 99
ALDANA-BERNIER, LILIAN R PSYC

Medical Record Signature Sheet

To All Healthcare Providers:

The *first time* you document in the chart, please print your full name and title, include your signature on the line next to it, your service/department, and your initials in the third column.

Print Name (Last, First, Middle Initial)	Signature	Service/Department	Initials
Brian Woodcraft	<i>Brian Woodcraft</i>	PER	<i>(BW)</i>
Michael A. Allen	<i>Michael A. Allen</i>	psych	<i>(MA)</i>
Sharon Barnaby	<i>Sharon Barnaby</i>	MH 3	<i>(SB)</i>
Christine McMahon, LMSW Psychiatric Social Worker	<i>Christine McMahon</i>	PSY-3-SW	<i>CM</i>
ANN MARIE PHILLIPS, RN	<i>Ann Marie Phillips</i>	MH 3	<i>AP</i>
Florine Senior RN	<i>Florine Senior</i>	MH III	<i>FS</i>
DANTE FABUNAN, R.N. CLERICAL NURSE MANAGER PSYCHIATRY	<i>D Fabunan</i>	PSY I	<i>(DF)</i>

9/98



JAMAICA HOSPITAL MEDICAL CENTER

PATIENT CLOTHING/VALUABLES INVENTORY

- 1. ALL PATIENTS CLOTHING/VALUABLES/SENT HOME YES NO
- 2. DENTURES TAKEN HOME BY FAMILY MEMBER YES NO

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 10/31/2009 081X 130381015 01
 STAFF, PHYSICIAN

ADMISSION		TRANSFER		TRANSFER	
DATE/TIME: 11-01-09		DATE/TIME:		DATE/TIME:	
ROOM		ROOM TO		ROOM TO	
UNIT <i>Area 11a</i>					
INVENTORY OF ITEMS KEPT AT BEDSIDE					
	QUANTITY	DESCRIPTION	QUANTITY	DESCRIPTION	DESCRIPTION
DENTURES		UPPER DENTURE <input checked="" type="checkbox"/>			
		LOWER <input checked="" type="checkbox"/>			
		PARTIAL <input checked="" type="checkbox"/>			
CLOTHING/ OUTWEAR/ FOOTWEAR		COAT/JACKET			
		DRESS/HOUSECOAT			
		PAJAMAS/NIGHTGOWN			
		SLACKS/PANTS/JEANS			
		BLOUSE/T-SHIRT/SWEATER			
		SKIRT/SHORTS			
		UNDERWEAR/BBB			
		GLASSES/CONTACTS			
		HAT/GLOVES/TIE/BELT			
		PANTS/HOSE/STOCKINGS			
MISCELLANEOUS		BATHROBE			
		SHOES/SNEAKERS			
		BOOTS/SLIPPERS			
		POCKETBOOK			
		CELL PHONE/BEEPER(S)			
		WALKER/CANE			
		HEARING AID			
		OTHER:			
		BRACELET (S)			
		EARRING (S)			
JEWELRY:		NECKLACE (S)			
		RING (S)			
		WATCH			
		OTHER:			
		MONEY AMOUNT	\$ 448.00	\$	\$
VALUABLES SUBMITTED TO THE CASHIER AND VALUABLES PLACED WITH SECURITY					
		GLASSES/CONTACT(S)			
		HEARING AID			
		POCKETBOOK/ WALLET			
		RADIO			
		CELL PHONE/BEEPER			
		OTHER:			
		ENVELOPE RECEIPT #			83323
** PLEASE NOTE THE INSTITUTION IS NOT RESPONSIBLE FOR ITEMS LEFT AT THE PATIENT'S BEDSIDE (Print Name/Sign Below)					
PATIENT/SIGNIFICANT OTHER:		STAFF RECEIVING PROPERTY		WITNESS/TRANSFERRING STAFF:	
<i>[Signature]</i>		<i>[Signature]</i>		<i>[Signature]</i>	
NOTE: VALUABLES WILL BE HELD IN SECURITY/CASHIER FOR NO MORE THAN 30 DAYS AFTER DISCHARGE					
SECURITY/CASHIER SIGNATURE:					
STAFF MEMBER RELEASING PROPERTY:					
PATIENT/FAMILY MEMBER RECEIVING PROPERTY:					
RELATIONSHIP:					



JAMAICA HOSPITAL MEDICAL CENTER

PATIENT CLOTHING/VALUABLES INVENTORY

- 1. ALL PATIENTS CLOTHING/VALUABLES/SENT HOME YES NO
- 2. DENTURES TAKEN HOME BY FAMILY MEMBER YES NO

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 11/01/2009 162B 130381874 99
 ALDANA-BERNIER, LILIAN R PSYC

UNIT: <i>2019</i>		ADMISSION		TRANSFER		TRANSFER	
		DATE/TIME:	ROOM:	DATE/TIME:	ROOM: TO	DATE/TIME:	ROOM: TO
INVENTORY OF ITEMS KEPT AT BEDSIDE							
DENTURES	UPPER DENTURE	QUANTITY	DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY	DESCRIPTION
	LOWER		LABELED CUP PROVIDED <input type="checkbox"/>				
	PARTIAL		LABELED CUP PROVIDED <input type="checkbox"/>				
CLOTHING/OUTWEAR/FOOTWEAR	COAT/JACKET						
	DRESS/HOUSECOAT						
	PAJAMAS/NIGHTGOWN						
	SLACKS/PANTS/JEANS	1	base				
	BLOUSE/SHIRT/SWEATER	1	black				
	SKIRT/SHORTS						
	UNDERWEAR/BRA						
	GLASSES/CONTACTS						
	HAT/GLOVES/TIE/BELT	1	black				
	PANTYHOSE/SOCKS						
	BATHROBE						
	SHOES/SNEAKERS	1	blue, white, gray				
BOOTS/SLIPPERS							
MIS. LANE	POCKETBOOK						
	CELL PHONE/BEEPER(S)						
	WALKER/CANE						
	HEARING AID						
JEWELRY:	OTHER:						
	BRACELET (S)						
	EARRING (S)						
	NECKLACE (S)						
	RING (S)						
	WATCH						
OTHER:							
MONEY AMOUNT		\$		\$		\$	
VALUABLES SUBMITTED TO THE CASHIER AND VALUABLES PLACED WITH SECURITY							
GLASSES/CONTACT(S)							
HEARING AID							
POCKETBOOK/ WALLET							
RADIO							
CELL PHONE/BEEPER							
OTHER:							
ENVELOPE RECEIPT #							
** PLEASE NOTE THE INSTITUTION IS NOT RESPONSIBLE FOR ITEMS LEFT AT THE PATIENT'S BEDSIDE (Print Name/Sign Below)							
PATIENT/SIGNIFICANT OTHER:		PRINT NAME/SIGN:	PRINT NAME/SIGN:	PRINT NAME/SIGN:			
STAFF RECEIVING PROPERTY		SIGNATURE:	SIGNATURE:	SIGNATURE:			
WITNESS/TRANSFERRING STAFF:		SIGNATURE:	SIGNATURE:	SIGNATURE:			
NOTE: VALUABLES WILL BE HELD IN SECURITY/CASHIER FOR NO MORE THAN 30 DAYS AFTER DISCHARGE							
SECURITY/CASHIER SIGNATURE:		PRINT NAME/SIGN:					
STAFF MEMBER RELEASING PROPERTY:		PRINT NAME/SIGN:					
PATIENT/FAMILY MEMBER RECEIVING PROPERTY:				RELATIONSHIP:			



JAMAICA HOSPITAL MEDICAL CENTER

PATIENT CLOTHING/VALUABLES INVENTORY

- 1. ALL PATIENTS CLOTHING/VALUABLES/SENT HOME YES NO
- 2. DENTURES TAKEN HOME BY FAMILY MEMBER YES NO

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 10/31/2009 081X 130381015 01
 STAFF, PHYSICIAN

ADMISSION	TRANSFER	TRANSFER
DATE/TIME: 11-01-09	DATE/TIME:	DATE/TIME:
ROOM	ROOM TO	ROOM TO

UNIT *Creath E*

INVENTORY OF ITEMS KEPT AT BEDSIDE

	QUANTITY	DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY	DESCRIPTION
DENTURES		UPPER DENTURE		LABELED CUP PROVIDED <input checked="" type="checkbox"/>		
		LOWER		LABELED CUP PROVIDED <input checked="" type="checkbox"/>		
		PARTIAL		LABELED CUP PROVIDED <input checked="" type="checkbox"/>		
CLOTHING/ OUTWEAR/ FOOTWEAR		COAT/JACKET				
		DRESS/HOUSECOAT				
		PAJAMAS/NIGHTGOWN				
		SLACKS/PANTS/JEANS				
		BLOUSE/T-SHIRT/SWEATER				
		SKIRT/SHORTS				
		UNDERWEAR/BRA				
		GLASSES/CONTACTS				
		HAT/GLOVES/TIE/BELT				
		PANTYHOSE/socks				
MISCELLANEOUS		BATHROBE				
		SHOES/SNEAKERS				
		BOOTS/SLIPPERS				
		POCKETBOOK				
		CELL PHONE/BEEPER(S)				
		WALKER/CANE				
		HEARING AID				
JEWELRY:		OTHER:				
		BRACELET (S)				
		EARRING (S)				
		NECKLACE (S)				
		RING (S)				
		WATCH				
	OTHER:					
MONEY AMOUNT		\$ 448.00		\$		\$

VALUABLES SUBMITTED TO THE CASHIER AND VALUABLES PLACED WITH SECURITY

GLASSES/CONTACT(S)					
HEARING AID					
POCKETBOOK/ WALLET					
RADIO					
CELL PHONE/BEEPER					
OTHER:					
ENVELOPE RECEIPT #		83323			

PLEASE NOTE THE INSTITUTION IS NOT RESPONSIBLE FOR ITEMS LEFT AT THE PATIENT'S BEDSIDE (Print Name/Sign Below)

PATIENT/SIGNIFICANT OTHER:	PRINT NAME/SIGN: <i>[Signature]</i>	PRINT NAME/SIGN:	PRINT NAME/SIGN:
STAFF RECEIVING PROPERTY	SIGNATURE: <i>[Signature]</i>	SIGNATURE:	SIGNATURE:
WITNESS/TRANSFERRING STAFF:	SIGNATURE: <i>[Signature]</i>	SIGNATURE:	SIGNATURE:

NOTE: VALUABLES WILL BE HELD IN SECURITY/CASHIER FOR NO MORE THAN 30 DAYS AFTER DISCHARGE

SECURITY/CASHIER SIGNATURE:	PRINT NAME/SIGN:
STAFF MEMBER RELEASING PROPERTY:	PRINT NAME/SIGN: <i>[Signature]</i>
PATIENT/FAMILY MEMBER RECEIVING PROPERTY:	PRINT NAME/SIGN: <i>[Signature]</i> RELATIONSHIP:



JAMAICA HOSPITAL MEDICAL CENTER

PATIENT CLOTHING/VALUABLES INVENTORY

- 1. ALL PATIENTS CLOTHING/VALUABLES/SENT HOME YES NO
- 2. DENTURES TAKEN HOME BY FAMILY MEMBER YES NO

SCHOOLCRAFT, ADRIAN
 1298984 M DOB: 06/21/1975 34Y
 ADM: 11/01/2009 162B 130381874 99
 ALDANA-BERNIER, LILIAN R PSYC

	ADMISSION	TRANSFER	TRANSFER
UNIT <i>B/917A</i>	DATE/TIME: _____	DATE/TIME: _____	DATE/TIME: _____
ROOM _____	ROOM _____	TO _____	ROOM _____ TO _____

INVENTORY OF ITEMS KEPT AT BEDSIDE							
	QUANTITY	DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY	DESCRIPTION	
DENTURES		UPPER DENTURE		LABELED CUP PROVIDED <input type="checkbox"/>			
		LOWER		LABELED CUP PROVIDED <input type="checkbox"/>			
		PARTIAL		LABELED CUP PROVIDED <input type="checkbox"/>			
CLOTHING/ OUTWEAR/ FOOTWEAR		COAT/JACKET					
		DRESS/HOUSECOAT					
		PAJAMAS/NIGHTGOWN					
		SLACKS/PANTS/JEANS	1	black			
		BLOUSE/SHIRT/SWEATER	1	black			
		SKIRT/SHORTS					
		UNDERWEAR/BRA					
		GLASSES/CONTACTS					
		HAT/GLOVES/TIE/BELT	1	black			
		PANTYHOSE/socks					
MISCELLANEOUS		BATHROBE					
		SHOES/SNEAKERS	1	blue, white, grey			
		BOOTS/SLIPPERS					
		POCKETBOOK					
		CELL PHONE/BEEPER(S)					
		WALKER/CANE					
		HEARING AID					
JEWELRY:		OTHER:					
		BRACELET (S)					
		EARRING (S)					
		NECKLACE (S)					
		RING (S)					
		WATCH					
	OTHER:						
	MONEY AMOUNT	\$		\$		\$	

CASH X/10 I have
 N/A have it

VALUABLES SUBMITTED TO THE CASHIER AND VALUABLES PLACED WITH SECURITY							
		GLASSES/CONTACT(S)					
		HEARING AID					
		POCKETBOOK/ WALLET					
		RADIO					
		CELL PHONE/BEEPER					
		OTHER:					
		ENVELOPE RECEIPT #					

**** PLEASE NOTE THE INSTITUTION IS NOT RESPONSIBLE FOR ITEMS LEFT AT THE PATIENT'S BEDSIDE (Print Name/Sign Below)**

PATIENT/SIGNIFICANT OTHER: _____	PRINT NAME/SIGN: _____	PRINT NAME/SIGN: _____
STAFF RECEIVING PROPERTY: _____	SIGNATURE: _____	SIGNATURE: _____
WITNESS/TRANSFERRING STAFF: _____	SIGNATURE: _____	SIGNATURE: _____

NOTE: VALUABLES WILL BE HELD IN SECURITY/CASHIER FOR NO MORE THAN 30 DAYS AFTER DISCHARGE

SECURITY/CASHIER SIGNATURE: _____	PRINT NAME/SIGN: _____
STAFF MEMBER RELEASING PROPERTY: _____	PRINT NAME/SIGN: _____
PATIENT/FAMILY MEMBER RECEIVING PROPERTY: _____	RELATIONSHIP: _____

THE JAMAICA HOSPITAL MEDICAL CENTER

MENTAL HEALTH CLEARANCE

TODAY'S DATE: 10-02-09

SCHOOLCRAFT, ADRIAN
M/R: 1298984 PT#: 130381874
DOB: 06/21/1975 34Y M F/C: 19 S
ADM: 11/03/2009 15:00 03MH9HAL 01
HOVANESIAN, SHUSHAN

TO: _____

FROM: SCHOOLCRAFT, ADRIAN 130381874

Authorization: _____

Patient's Name

Hospital #

Room #

Admission Date

409-97-6997
6-21-1975

Notification of Impending Referral Received Via:

Mail Fax Brought In Phoned In

INSURANCE INFORMATION

NAME OF INSURED:

SCHOOLCRAFT, ADRIAN

INSURANCE COMPANY NAME:

AETNA

CONTACT PERSON:

INSURANCE CO. TELEPHONE NO:

(800) 451-8843

INSURANCE COMPANY ADDRESS:

EXPLANATION OF MENTAL HEALTH BENEFITS (# of days authorized, etc.):

* Prior auth needed before ad. setting up pt unit.
Per the Cov Aetna ID# 111631788 EFF 11-01-2007

AUTHORIZATION NO.:

[Signature]

PRE CERT. COORDINATOR NAME:

DISPOSITION OF INSURANCE INQUIRY:

APPROVED

DENIED

PENDING PHYSICIAN CONTACT

PHYSICIAN NOTES:

[Signature]

PHYSICIAN NAME:

[Signature]

* Financial Investigation (White Copy)

* Mental Health Clinician (Pink Copy)

* Social Work (Yellow Copy)

08/06/2010
14:04:03 TTH

JAMAICA HOSPITAL MEDICAL CENTER
8900 VAN WYCK EXPRESSWAY
JAMAICA, NEW YORK 11418-2897

Pat Name: ADRIAN SCHOOLCRAFT Loc: Discharged
Pat Numb: 130381874 Sex: M Race: W
Att Phys: ISAKOV, ISAK DOB: 06/21/1975 Age: 35Yr

=====

==

Department: 008310 DIETARY

Order: 00222200 REGULAR DIET Priority: A
Pt.Ord #: 0009 Status: FINAL
Req Date/Time: 11/04/2009 0727 Ord By: HOVANESIAN, SHUSHAN
Comment:

SUPPLEMENT: NONE SUPPL.FREQ: NONE

Completion Date: 11/12/2009 0005



**JAMAICA HOSPITAL
MEDICAL CENTER**

1/3

CONSULTATION REPORT

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
081X STAFF, PHYSICIAN
ADM: 10/31/2009 130381015 01

THIS SECTION TO BE FULLY COMPLETED BY THE REQUESTING PHYSICIAN		
REQUEST TO: Dr. Patel / Dr. Lwin	DEPT/DIVISION: Psychiatry ER	
REQUEST FROM: Dr. Nwaischie nyii	DEPT/DIVISION: Medical ER	
IMPRESSION: psychotic disorder, NOS		
REASON FOR CONSULTATION:		
<input type="checkbox"/> CONSULTATION ONLY	<input type="checkbox"/> CONSULTATION WITH ORDERS	<input type="checkbox"/> CONSULTATION WITH FOLLOW-UP
SIGNATURE:	DATE: 11/1/09	TIME: 6:30am

OPINION OF CONSULTANT:

34 years old single white male, police officer, living by himself was brought in by N.Y.P.D. of 81st Precinct, in hand cuffs to Medical ER with complaint of abdominal pain, nausea and dizziness and patient ^{head} stated he took Nyquil.

Psych consult was called and reported as patient acting bizarre, hand cuffed and in Police custody.

As per patient, he was not feeling well yesterday, had 'tummy pain' / Abdominal pain and told his supervisor that he is leaving. Patient says while sleeping in his bed, landlord open the door and his colleagues entered and hand cuffed and brought him to Jamaica Hospital. He says he is worried about the situation going on. Says this is happening because he has been reporting to his supervisors and commissioner about internal affairs of police department. Says he knows his superior supervisors are hiding robbery and assault cases to get higher rank / position. Says he has paper documentation about this crime and reporting since last year.

→ continue

Consultant Print Name:	Signature:	Date:	Time:
------------------------	------------	-------	-------

ORIGINAL - MEDICAL RECORD CARBON COPY - CONSULTANT



**JAMAICA HOSPITAL
MEDICAL CENTER**

2/3

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 10/31/2009 081X 130381015 01
STAFF, PHYSICIAN

CONSULTATION REPORT CONTINUATION

Denies past psy hospitalization (or) treatment (or) suicidal attempt.

As per Sergeant James of 81st Precinct, patient complains of not feeling well yesterday afternoon and left his work early after getting agitated and cursing supervisor. They follow him home and he had barricaded himself and the door had to be broken to get to him. He initially agreed to go with them for evaluation but once outside, he ran and had to be chased and brought to the medical ER, handcuffed.

In the medical ER, he became agitated, uncooperative and verbally abusive over telephone use and told his treating MD that 'they are all against me'. As ^{is-L}

As per Sergeant James, he was evaluated by NYPD psychiatrist and can not carry a gun or a badge for nearly a year.

Denies any drug (or) Alcohol abuse

Denies any history of family mental illness

No acute medical problem, complained of abdominal pain yesterday and has sinusitis

Mental Status Examination - 34 years old, white male appropriately dressed and groomed, appears to his stated age. He is coherent, relevant with goal directed speech and good eye contact. He is irritable with appropriated affect. He denies hallucination. He is ? paranoid about his supervisor. He denies suicidal ideation, homicidal ideation or

→ Contd.

Consultant Print Name:

Signature:

Date:

Time:



3/3

SCHOOLCRAFT, ADRIAN
1298984 M DOB: 06/21/1975 34Y
ADM: 10/31/2009 081X
STAFF, PHYSICIAN 130381015 01

CONSULTATION REPORT CONTINUATION

the present time. His memory and concentration is intact. He is alert and oriented. His insight and judgment are impaired.

Diagnosis

Axis I - psychotic disorder, NOS

II - deferred

III - s/p Abdominal pain, chronic sinusitis

IV - conflict at worksite

V - 40

Recommendation

1) Continue 1:1 observation for unpredictable behavior and escape risk

2) Transfer to psy ER after medical clearance

3) Discussed with Dr. Nwaishianyi and Sergeant James. Case discussed with Dr. Patel.

Khin Mar Lwin, MD
Psychiatric Resident

11/10/09 Given above Dr. Lwin's recommendation

6 AM

F. Patel (I/M)

Consultant Print Name:

Signature:

Date:

Time: