60430
FORM M-43
Rev. 8-91

VANCOUVER GENERAL HOSPITAL
BRITISH COLUMBIA'S HEALTH SCIENCES CENTRE

FACE SHEET

ADMISSION DATE Jan 18'93 TIME ~~1730~~ 1503

DISCHARGE DATE JAN 20/93 TIME 1130

01 18 93 ER PSYCH
DATE NURSING UNIT

MR. MISS. MRS. UNIT NUMBER
MR 144-71-44

SURNAME GAO, FENG GIVEN NAME
DR. TAYLOR A S

DOCTOR 29 JAN 59 M 33
(PLEASE USE BLOCK CAPITALS)
PHN 9120140136 GI
SEX AGE

DISCHARGE ORDER

I hereby authorize this patient to be discharged on

To: Home ☐ Other Transferred to ABC

Against Medical Advice ☐

CONDITION ON DISCHARGE: Alive ☐ Died: under 48 hrs. ☐ over 48 hrs. ☐

This Patient is Believed to be ALLERGIC TO:

Penicillin

V.G.H. 62240 FORM M-224

MOST RESPONSIBLE DIAGNOSIS: The one diagnosis which describes the most significant condition of a patient which causes his stay in hospital. In a case where multiple diagnoses may be classified as most responsible, record the diagnosis responsible for the greatest length of stay.

Delusional Disorder

PRIMARY DIAGNOSIS(ES): The diagnosis describing another important condition of the patient which usually has a significant influence on the patient's length of stay and/or significantly influences the management/treatment of the patient.

SECONDARY DIAGNOSIS(ES): The diagnosis describing a condition for which a patient may (or may not) have received treatment but did not significantly contribute to the patient's length of stay.

COMPLICATION(S): The diagnosis describing a condition arising after the beginning of hospital observation and/or treatment which usually influences the patient's length of stay and/or significantly influences the management/treatment of the patient.

OPERATION(S) AND OTHER SPECIAL PROCEDURE(S): List operation(s) and procedure(s) considered to be the most significant during the patient's hospital stay.

CAUSE OF DEATH

Due To:

Signature of Resident II (or higher) Only M.D.

Signature of Attending Physician Only M.D.

M1
60010
REV (01/92)

ADMISSION NO. 92/3-21378 S
UNIT NO. 144-71-44 S
PREV. ADMISSION NO.

Vancouver General Hospital
British Columbia's Health Sciences Centre
855 West 12th Ave. Vancouver, B.C. V5Z 1M9

HOSPITAL CODE 101

ADMISSION - SEPARATION RECORD

ADMISSION DATE: 18 JAN 93
TIME: 15:03
PREVIOUS DATE:

PATIENT - NAME, ADDRESS
GAO, FENG
201 1640 W 11TH
VAN, BC
734-0095
SINCE 28 FEB 89

PREVIOUS SURNAME

V6G 2B9
POSTAL CODE

DATE OF BIRTH	SEX	AGE	SERVICE
29 JAN 59	M	33	PSY

LOCATION	BY
LP EMG EM06	MC

RELIGION: XX
MOTHER'S MAIDEN NAME:
ADMISSION CATEGORY: EMERGENCY
PATIENT TYPE: INP

ATTENDING DOCTOR: LEVY J M
MSC NO. 3942 20

NEAREST LIVING RELATIVE - NAME, ADDRESS
NING GAO
N/A
NEW YORK STATE
RELATIONSHIP SIS

DIAGNOSIS
DELUSIONAL DISORDER

TRANSFERRED FROM LAI, J K FAMILY PRACTITIONER

REFERENCE

RES. IN B.C. 19

EMPLOYER - NAME, ADDRESS
U B C
COMPUTER SCIENCE
VN, BC
OCCUPATION TEACHER

HISTORY OF ACCIDENT

PREVIOUS ADDRESS
SINCE 01 SEP 89
304-1830 ALBERNI
VAN, BC

MEDICAL COVERAGE
1 B.C. HOSPITAL PROGRAMS
PHN 9120140136 G1

RTE: $832.00
ADV: $.00
REC:

SEPARATION HISTORY

TIME OF SEPARATION	DAY	MONTH	YEAR	HOUR	TOTAL DAYS	SERVICE

CONDITION ON SEPARATION	IMPRVD.	UNIMPRVD.	DIED		TRANS.	TRANSFERRED TO
	1	2	5 WITH AUTOPSY	6 NO AUTOPSY		

PRINCIPAL DIAGNOSIS ON SEPARATION

SECONDARY DIAGNOSIS OR COMPLICATIONS

DATE(S) TYPE OF OPERATION(S) PERFORMED

SURGEON

RECORD BY NUMERAL NUMBER OF TREATMENTS OR TIMES USED

X-RAYS DIAG	X-RAYS THPIC	ROOM OP	ROOM CASE	ANAESTHETIC LOC	ANAESTHETIC GEN	ANAESTHETIC SPIN	LAB	BLOOD	EEG	ECG	PHYS.	REHAB. DAYS	ICU/CCU DAYS

REMARKS:
INFO PREV & PT

ACCOUNTING RECORD

ACCOM.	DAYS	RATE	CHARGE TO HOSP. PROG.	CHARGE TO PATIENT OR OTHER AGENCY
1. PRIVATE				
2. SEMI.				
3. STAND.				
4. NURSY				
5. OTHER				
6. PAYABLE BY HOSP. PROG.	DAYS	NET RATE	TOTAL CHARGE TO PATIENT OR OTHER AGENCY	
TOTAL CHARGE TO HOSP. PROG.	DAYS	AMOUNT		

I hereby certify that:
(1) A PHYSICIAN HAS CERTIFIED THAT THIS PATIENT REQUIRED IN-PATIENT CARE:
(2) THE PATIENT RECEIVED THE HOSPITAL CARE AND SERVICES INDICATED ABOVE.

SIGNATURE OF HOSPITAL ADMINISTRATOR OR OTHER AUTHORIZED EMPLOYEE

APPLICATION FOR BENEFITS I HEREBY MAKE APPLICATION FOR BENEFITS UNDER THE HOSPITAL INSURANCE ACT ON BEHALF OF MYSELF OR THE ABOVE MENTIONED PATIENT, AND I CERTIFY THAT I HAVE READ THE STATEMENTS ON THIS FORM, OR HAVE HAD THEM READ TO ME AND THAT THE SAME ARE TRUE AND CORRECT.

SIGNATURE OF WITNESS (HOSPITAL EMPLOYEE)	DATE	SIGNATURE OF APPLICANT
	18 JAN 93	

A MINIMUM FINE OF $100.00 OR NOT LESS THAN 10 DAYS IN JAIL OR BOTH IS THE PENALTY FOR MAKING A FALSE STATEMENT IN AN APPLICATION FOR BENEFITS OR FOR FAILING OR REFUSING TO COMPLETE SUCH AN APPLICATION WHEN REQUIRED TO DO SO BY AN OFFICER OF ANY HOSPITAL IN BRITISH COLUMBIA.

DISTRIBUTION
- PART 1-(WHITE) PATIENT'S RECORD-ORIGINAL
- PART 2-(BLUE) ADMITTING COPY
- PART 3-(PINK) ACCOUNTING
- PART 4-(GREEN) SOCIAL SERVICE
- PART 5-(WHITE) ACCOUNTING LEDGER

Province of British Columbia
Ministry of Health

FORM 4
MENTAL HEALTH ACT
[Section 20 (3), 23, 24 and 25, R.S.B.C. 1979, c.256]

MEDICAL CERTIFICATE

I, the undersigned DOROTHY LINDA MCWATTERS
physician's name in full

hereby certify that I am a duly qualified medical practitioner of the Province of British Columbia and in the actual practice of the medical profession and that I am not disqualified from giving a valid medical certificate for this person for the reasons set forth in Section 20 (4) of the Act.

I examined FENG GAO
person's name in full

on the 18 *day* of January *month* 1993 *year*

and in my opinion he is mentally disordered. It is also my opinion that FENG GAO
person's name in full

requires medical treatment in a facility and care, supervision and control in a facility for his own protection or for the protection of others.

The reasons, in summary form, upon which my opinion that this person is mentally disordered is founded, are as follows:

This man has persecutory delusions about
the has been learned by Chinese Govt and that
PM Mulroney has acted criminally. He attempted
to publicize this concerns through television & had to
be forcibly removed from TV Station. Although he
denies suicidality & homicidality he is
guarded and paranoid. Evidence has been alleged by
those he accuses of persecution.

This person was [X] was not [ ] brought to me by a police officer or constable under the provisions of section 24 (1) of the Act.

Physician's signature D.L. McWatters Date Jan 18 93

P.O. address Suite 12 Vancouver Telephone 875 4009.

EMERGENCY ADMISSION
(Mental Health Act, section 23)

I certify that, in accordance with section 23 of the Act, there is no other physician who is qualified to give a second medical certificate, by whom this person can be examined, who practices in this vicinity or within a reasonable distance of where this person resides.

Signature of physician _____

NOTE: This medical certificate becomes invalid on the 15th clear day after the date upon which the physician examined the person who is the subject of this certificate.

Improper completion of this form may invalidate the admisssion procedure.
Please take care in completing the certificate.

Involuntary admission should be used only if the patient cannot be appropriately admitted as an informal patient.

A "facility" means a Provincial mental health facility or psychiatric unit.

[am. B.C. Regs. 431/88, s. (c); 306/89, s. 6.]

HLTH 3502 Rev. Nov. 15/89

63140
Form M-314
Rev 12-83

01 18 93 ER PSYCH

VANCOUVER GENERAL HOSPITAL

PSYCHIATRIC ASSESSMENT SHEET

134-71-44
CAO, FENG
DR. TAYLOR A S
29 JAN 59 M 33
40136 01
M15-634063

Feng Gao

FOI/APP ACT - Section 19

REASON FOR REFERRAL (Why now?) Date Jan 18.93

Sent from pretrial - double-punked.
"Charges dropped ... based on involuntary admission to your hospital"

COLLATERAL SOURCES Contacted

Name ______ Phone ______ Relationship ______ ______

Name ______ Phone ______ Relationship ______ ______

Name ______ Phone ______ Relationship ______ ______

HISTORY OF PRESENT ILLNESS

SYMPTOMS/DURATION

Since Feb 1992, he has become c̄ convinced that former boss at UBC has acted inappropriately since he criticized her handling of [illegible] a candidate for the Department who was rejected.

Says that she has "framed" him and misled him about prospect of his contract being renewed. That she provided "evidence of my being a violent person ... put words in my mouth ... made up things about me" that led to his being admitted as involuntary pt at UBC Nov '92.

Says at that time he was delusional that PM Mulroney was personally persecuting him but no longer he believes that. Also believes PM Mulroney has acted criminally in Charlottetown Accord - subjecting Mr. Bourassa to exhaustion & taking adv. of his physical illness to force his agreement c̄ accord.

CURRENT LIFE CIRCUMSTANCES

33, single, on medical UIC, previously on fixed term contract asst prof. in Computer Sc. at UBC.

Sent press release to CKNW / BCTV & thinks former boss sent evidence of his violence to them. Went there last Thursday, demanding ω, refused to leave - police called & has been in police custody & pretrial since

ALCOHOL and DRUG USE

Denies

CURRENT THERAPIES

∅ current

D/C Haldol
Cogentin
~ Xmas.

PAST PSYCHIATRIC HISTORY | **CONTACTED**

Saw R. Remick at SPH April → July 92 because "under stress" given sleeping pills only.

Nov 30 - Dec 9 1992 Admitted 2 W UBC, Dr. L. Chapman ? Delusional Disorder Rx Haldol Cogentin - took for 1 wk after discharge - says he was willing to take it because it helped his muscles in his jaw to relax.

FAMILY PSYCHIATRIC HISTORY

Denies

PAST MEDICAL/SURGICAL HISTORY

Denies

FUNCTIONAL ENQUIRY L.N.M.P.

Denies any concerns about phys health
When skin spots commented on asks "Could you recommend something"

PERSONAL HISTORY (Family of origin, Birth, Development, School, Psychosocial, Psychosexual, Occupational, Legal)

Unwilling to elaborate
Born in China, 1/2 sibs, younger sister in NY State.
Says family life was "normal... fine"
Sponsored by Chinese govt → Berkeley 1982 -
After graduation to UBC 1988.
1 long term relationship in remote past.

PHYSICAL EXAMINATION T ________ P ________ R ________ B/P ________

HEAD TRAUMA

EYES: Fundi
Pupils
EOMs

ENT: Drums
Mucosae

CHEST:

CVS:

ABDOMEN/GENITALIA:

SKIN (Scars, Bruises, Tattoos):

CNS: Tremors
Reflexes
Rhomberg
Gait
Coordination

DYSKINESIA:
Orofacial
Extremities
Trunk

Date ________________ Physician ________________

MENTAL STATUS EXAMINATION

ATTITUDE/GENERAL BEHAVIOUR/PSYCHOMOTOR: Chinese male c̄ acne lesions & scarring. Cooperative to a point - reveals his concerns but denies hallucinations otherwise. ? ↓ accessibility. Restless sitting in bed. Keeps asking "can I go now" despite several explanations as to court ordered involuntary status & need to gather information.

AFFECT/MOOD: (Blunt, Depressed, Inappropriate, Labile, etc.) SUICIDE RISK (High, Low)

Blunted.

Describes mood as "stressed ... all right" Denies suicidality / homicidality
Denies discouragement, depression, hopelessness — hopeful that will pursue grievances and they will be resolved in his favor.

Denies neurovegetative Sx of depression

THOUGHT CONTENT/PERCEPTION: (Delusions, Passivity, Reference, Inappropriateness, Hallucinations, Illusions, Abstraction, etc.)

paranoid delusions as described in HPI

re PM "all the evidence is in the newspaper." denies any possibility could be mistaken

re former boss — "She's made up evidence of my being a violent person, framed me,"
Says intends to pursue through legal channels — denies revenge or any intended violence against her

THOUGHT FORM: (NEGATIVE: Poverty of speech, content -- POSITIVE: Illogicality, Incoherence, Flight, Loosening of Associations, Circumstantiality, Blocking, Clanging, etc.)

Denies thought/alien control, auditory hallucinations
Thoughts overinclusive but essentially goal directed.

COGNITIVE FUNCTION

(score 1 each mistake: normal < 6)

year (1)	x 4 =	
month (1)	x 3 =	
'John Brown, 14 Market Street, Toronto'		
Time (to the hour) (1)	x 3 =	
Count 20 back to 1 (2)	x 2 =	
Reverse months (2)	x 2 =	
Repeat memory (5)	x 2 =	
TOTAL	=	

JUDGEMENT/INSIGHT: Denies has mental problem. Wonders if I am keeping him because he didn't tell other Dr. about meds but then denies any suspiciousness of my motives.

01 18 93

IMPRESSIONS

(a) PATIENT'S EXPECTATIONS: Discharge

OTHERS' EXPECTATIONS: psychiatric assessment & Rx.

(b) DIAGNOSES:

Axis I Delusional Disorder

Axis II ~~diff~~ deferred.

Axis III

D. Dx: Schizophrenia / Psychotic Depression / Organic c̄ SOL,

Axis IV failure to have contract renewed at UBC, social isolation.

Axis V has been unable to pursue his research because of preoccupation c̄ beliefs.

c) FORMULATION:

33 year old Oriental male c̄ limited social contact who has gradual development of delusions of persecution by former boss but also by PM. c̄ grandiosity. Possibility of violence alleged but as yet unconfirmed.

MANAGEMENT PLANS: Admit ______ Discharge ______

Non compliant c̄ Rx & lack of insight

INVESTIGATIONS:

Routine

? CT Scan - was this done @ UBC.

MEDICATIONS:

Involuntary ? status of accompanying papers

PRN's - if necessary to prevent elopement.

INTERVENTIONS:

1. Further assessment of mental status
2. Collateral information - UBC, FPI - has he actually threatened former boss.
3. F/U ? R. Renick though apparently has not returned pts calls.

DISPOSITION PLANS:

patient unlikely to be compliant with f/u or meds; if delusional disorder response to medication is poor.

FOLLOW-UP:

(Arranged by) ______

Date Jan 18-93

Physician [signature]

62250
FORM M-225
Rev. 7-91

VANCOUVER GENERAL HOSPITAL
BRITISH COLUMBIA'S HEALTH SCIENCES CENTRE

PATIENT ADMISSION ASSESSMENT

Indicate with a √ the presence of any factor.

DATE TO HOSPITAL	DATE TO NURSING UNIT	TIME TO UNIT	BY:
D 01 / M 18 / Y 93	D 01 / M 18 / 93	1730 Hrs	☑ WALKED ☐ STRETCHER ☐ WHEELCHAIR

ACCOMPANIED BY: NAME:	RELATIONSHIP	PHONE NO:
RN		

DATE 01 18 93 NURSING UNIT ..K PSYCH
MR., MISS, MRS. UNIT NUMBER
No 144-71-44
SURNAME GAO, FENG GIVEN NAME
DR. TAYLOR A S
DOCTOR 29 JAN 59 (PLEASE USE BLOCK CAPITALS) M 33
PHN 9120[illegible]136 SEX AGE

A. COMMUNICATION ☐ Problem to Care Plan

☑ Fluent in English and/or Fluent in ____

Family Translator: ____ Phone: ____

☐ No Hearing Difficulty ☐ Hearing Difficulty ☐ Left ☐ Right

☐ Corrective Aids ☐ Left ☐ Right

☐ UNABLE TO OBTAIN HISTORY ON ADMISSION (obtain history from other sources within 48 hrs.)

Comments ____

B. ALLERGIES/REACTIONS

☐ NONE

DRUGS: PENICILLIN

FOOD:

OTHER:

☑ Allergy Band on Patient
☐ Tag & Profile on Chart
☐ Noted on Care Plan

C. BRIEF HISTORY OF PRESENT ILLNESS ☐ Problem to Care Plan

What do you understand is the reason for your admission? I was brought in by VCP "court order" because I went to TV. station to be i.v.d to talk about my former Boss in UBC.

What concerns you the most at this time?

What treatments, if any were you receiving at home? Were they helpful? Under the care of Dr Remick - on Haldol but pt. d/c last Dec. 1992.

D. PERTINENT MEDICAL HISTORY (Include Major Hospitalizations, Surgeries, Physical or Psychiatric Illnesses, Communicable or Blood Borne Diseases)

APPENDECTOMY, TONSILLECTOMY: FEW YRS AGO.

UBC 2 West in Dec. 1992 for 3 weeks under Dr L. Chapman.

E. VITAL SIGNS ☐ Problem to Care Plan

Pulse:	Blood Pressure:	Respirations: 18 /min.	Temperature: 37.2 °C.
R. 89 /min. ☐ Irreg.	Lying	☐ Easy ☐ Shallow	☑ Oral ☐ Axilla
A. ____ /min. ☐ Irreg.	Sitting/Standing 130/92	☐ Deep ☐ Laboured	☐ Rectal

Weight 72.4 (kg)/lb. ☐ Actual ☐ Estimated — Height 178. cm/in. ☐ Actual ☐ Estimated

F. MEDICATIONS ☐ Problem to Care Plan

DRUG NAME	DOSE	FREQUENCY	TIME OF LAST DOSE	LENGTH OF TIME ON MEDICATION	BROUGHT TO HOSPITAL	SENT HOME
HALDOL	10 mg	OD				
COGENTIN	1 mg	Ahs HS				
Birth Control Medication: N/A						

☐ Takes Medication as Prescribed

Exceptions: ____

Uses Herbs or Non-prescription Drugs or Remedies
☐ None or Specify: ____

Uses Non-pharmacologic Remedies or Treatments
☐ None or Specify: ____

G. PAIN

☐ Assessed and No Difficulty ☐ Problem to Care Plan

Have you experienced pain in the last 24 hours? ☑ None or Specify _____ (location and nature)

What do you understand caused the pain(s)? _____

Do you have any other conditions that cause pain? ☐ None or Specify _____ (location and nature)

☐ UNABLE TO OBTAIN HISTORY AFTER 48 Hrs.

H. APPEARANCE/PHYSICAL DESCRIPTION:

Average built orientally related male in hospital attire

SYSTEMS ASSESSMENT

I. HISTORY / J. EXAMINATION

Neurological

☑ Assessed and No Difficulty ☐ Problem to Care Plan

I. HISTORY	J. EXAMINATION
☐ Paralysis ☐ Dizziness ☐ Tingling ☐ Pain	☐ Alteration in Level of Consciousness
☐ Seizures ☐ Numbness ☐ Headaches	☐ Alteration in Gait or Balance
☐ UNABLE TO OBTAIN HISTORY AFTER 48 Hrs.	☐ Difficulty in Expressing Self

DETAILED ASSESSMENTS

Respiratory

☑ Assessed and No Difficulty ☐ Problem to Care Plan

I. HISTORY	J. EXAMINATION
Cough: ☐ Unproductive ☐ Productive	☐ Dyspnea
☐ Shortness of Breath	☐ Tracheostoma: _____ (specify) ☐ R.T. Notified
☐ UNABLE TO OBTAIN HISTORY AFTER 48 Hrs.	

DETAILED ASSESSMENTS

Circulatory

☑ Assessed and No Difficulty ☐ Problem to Care Plan

I. HISTORY	J. EXAMINATION
☐ Hypertension ☐ Chest Pain	☐ Pallor ☐ Cyanosis
☐ Edema	☐ Edema
☐ UNABLE TO OBTAIN HISTORY AFTER 48 Hrs.	

DETAILED ASSESSMENTS

Gastrointestinal/Nutrition

☐ Assessed and No Difficulty ☐ Problem to Care Plan

I. HISTORY	J. EXAMINATION
Appetite ☑ Good ☐ Fair ☐ Poor	☐ Abdominal Distention
☐ Difficulty Swallowing ☐ Difficulty Chewing	☐ Stoma Type / Care:
☐ Special Diet _____	
Weight ☐ Loss ☐ Gain _____ kg/lb. Since: ____ (mm) / ____ (yy)	
☐ Nausea ☐ Vomiting	
☐ Last Bowel Movement _____ ☐ Regular Laxative Use	
Usual Bowel Pattern _____	
☐ Constipation ☐ Diarrhea ☐ Pain	
☐ UNABLE TO OBTAIN HISTORY AFTER 48 Hrs.	

DETAILED ASSESSMENTS

Urinary

☑ Assessed and No Difficulty ☐ Problem to Care Plan

☐ Frequency ☐ Urgency
☐ Discharge ☐ Pain (Burning)
☐ Incontinence ☐ Nocturia
☐ Last Voided: _____

☐ UNABLE TO OBTAIN HISTORY AFTER 48 Hrs.

☐ Condom Drainage
☐ Catheter - Type _____
Size _____ Inserted ___ / ___ / ___
dd mm yy
☐ Intermittent Catheter q _____ hrs.
☐ Diversion - Type _____

DETAILED ASSESSMENTS

Musculoskeletal

☑ Assessed and No Difficulty ☐ Problem to Care Plan

☐ Joint Stiffness ☐ Muscular Weakness ☐ History of Falls
Pain: ☐ At Rest ☐ On Activity

☐ UNABLE TO OBTAIN HISTORY AFTER 48 Hrs.

☐ Deformity
☐ Contracture(s)
☐ Amputation(s) _____ (specify)

DETAILED ASSESSMENTS

Skin

☑ Assessed and No Difficulty ☐ Problem to Care Plan

☐ Rash/Lesions ☐ Pain

☐ UNABLE TO OBTAIN HISTORY AFTER 48 Hrs.

☐ Redness/Discolouration ☐ Bruises
☐ Broken Skin ☐ Recent Suture Lines
☐ Decreased Skin Tugor ☐ Recent Puncture Sites

DETAILED ASSESSMENTS

Vision

☑ Assessed and No Difficulty ☐ Problem to Care Plan

Corrected With: ☐ Glasses ☐ Lenses
☐ Blurred Vision: ☐ Left ☐ Right
☐ Blindness: ☐ Left ☐ Right

☐ UNABLE TO OBTAIN HISTORY AFTER 48 Hrs.

Enlarged Pupil ☐ Left ☐ Right
Redness ☐ Left ☐ Right
Discharge ☐ Left ☐ Right

DETAILED ASSESSMENTS

Reproductive

☑ Assessed and No Difficulty ☐ Problem to Care Plan

☐ Discharge ☐ Perineal Sores

Last Menstrual Period ___ / ___ ☐ Pre-Menarche ☐ Post-Menopausal ☐ Pregnancy _____ wks
mm dd

☐ UNABLE TO OBTAIN HISTORY AFTER 48 Hrs.

DETAILED ASSESSMENTS

K. HEALTH HABITS

☐ Assessed and No Difficulty ☐ Problem to Care Plan

Sleep: Usual Hours per Night 7 Sleep Assists Used _____

☐ Non-Smoker ☑ History of Smoking ☐ Smokes _____ cigarettes/day Other _____ x _____ years

Tell me about your use of alcohol, medications or drugs: ~~Don't~~ Drinks alcohol occasionally

Ask questions as written.

Have you ever felt you ought to cut down on your use of alcohol, medications or drugs? ☐ Yes ☑ No
Have people ever annoyed or angered you by criticizing your use of alcohol, medications or drugs? ☐ Yes ☑ No
Have you ever felt guilty about your use of alcohol, medications or drugs? ☐ Yes ☑ No
Have you ever used alcohol, medications or drugs to get your day started or "steady your nerves"? ☐ Yes ☑ No

☐ UNABLE TO OBTAIN HISTORY AFTER 48 Hrs.

L. MENTAL STATUS

☐ Assessed and No Difficulty ☐ Problem to Care Plan

☑ Oriented Fully or Disoriented to: ☐ Person ☐ Place ☐ Time ☐ Fluctuates

Behavior During Interview:
☑ Cooperative ☐ Demanding ☐ Restless ☐ Agitated
☐ Shouting ☐ Withdrawn ☐ Drowsy ☐ Crying
☐ Other

Affect During Interview:
☑ Pleasant ☐ Angry ☐ Flat ☐ Sad
☐ Suspicious ☐ Inappropriate ☐ Labile
☐ Other

Indicators of Risk

☐ Assessed and No Difficulty ☑ Problem to Care Plan

Suicide: ☐ Injuries Self Induced ☐ Cause of Injuries Unknown ☐ Threatening Harm to Self ☐ History of Attempt(s)
Elopement: ☐ Refused To Sign Admission Consent ☑ Threatening To Leave
Aggression: ☐ Injuries From Violence ☐ Cause of Injuries Unknown ☐ Verbally Aggressive
☐ Physically Threatening ☐ Physically Aggressive ☐ Threatening Homicide

☐ UNABLE TO ASSESS

DETAILED ASSESSMENTS: Feels that he has no psychiatric problems and would be better if home

M. CULTURAL/SPIRITUAL

☐ Referral Made to Pastoral Care ☐ Noted on Care Plan
☐ Urgent ☐ Non Urgent

What cultural practices, religious customs/rites, or health beliefs are important for us to consider in your care? ☑ None or Specify: 1

☐ Would like a visit from own pastor or religious leader ☐ Would be open to a visit from a hospital chaplain

N. ACTIVITIES OF DAILY LIVING

☐ Assessed and No Difficulty ☐ Problem to Care Plan

Current Occupation/Education Program: ☐ Retired ☑ Unemployed

Living Arrangements

☐ Owns Accommodation ☑ Rents Accommodation ☐ Care Facility (specify) ☐ Other (specify)

Lives: ☑ Alone ☐ With Other Adult(s) ☐ With Dependent(s) ☐ With Adult(s) and Dependents(s)

☑ Family NOT to be informed of admission ☐ Family aware of admission

Contact Member: NING GAO (SISTER) Phone: Postdam Potsdam, New York.

Hospitalization will cause: ☐ No Difficulty or Problems at: ☐ Work ☐ Financially ☐ Child care
☐ Other (specify)

Community Supports

☐ None Used Uses: ☐ Family Assistance ☐ Homemaker Service ☐ Meal Delivery ☐ Home Care
☑ Ministry of Social Services/Housing ☐ Other (specify)

Pre-Admission Capabilities in Daily Living

	Independent	Needs Assistance	Totally Dependent
Ambulation	✓		
Stairs	✓		
Transferring	✓		
Hygiene	✓		
Dressing	✓		
Feeding	✓		
Meal Preparation	✓		
Toileting	✓		
Taking Medicines	✓		
Housework	✓		
Transportation	✓		
Shopping	✓		

Hobbies & Recreation (specify): Reading, exercising.

☐ UNABLE TO OBTAIN HISTORY AFTER 48 Hrs.

O. ACCOMPANYING PERSONAL BELONGINGS

		N/A	Sent Home	Locked Drawer	Bed Side	In Safe
Glasses		✓				
Contact Lenses		✓				
Dentures:	Upper	✓				
	Lower	✓				
	Partial	✓				
Hearing Aid(s):	Right Ear	✓				
	Left Ear	✓				
Prosthetics:		✓				
Clothing:				✓		
Money: $		Put at				
OTHER	522.33					

DETAILED ASSESSMENTS

Date: Jan 19/93 SECTIONS: all Completed By: [signature] Source: ☑ Patient ☐ Other

Date: SECTIONS: Completed By: Source: ☐ Patient ☐ Other

Date: SECTIONS: Completed By: Source: ☐ Patient ☐ Other