

UNIVERSITY HOSPITAL  
UBC SITE - ACUTE CARE UNIT  
EMERGENCY RECORD

*alcove*

MODE OF ARRIVAL

CAR/ALONE

PATIENTS NAME

GAO, FENG

PATIENTS ADDRESS

201 1640 W. 11TH AVE, VANCOUVER, BC, V6J 2B9

MEDICAL PLAN NUMBER

9120140136

EMPLOYERS NAME AND ADDRESS

RESIDENCE IN B.C.

4 YR YRS.

RESPONSIBLE FOR PAYMENT

HP

MSP #9120140136-00

HOSPITAL NUMBER

RI

0196329

ARRIVAL DATE

30 JUL 93

TIME

1001

AGE

34

SEX

M

MARITAL STATUS

S

DATE OF BIRTH

29 JAN 59

SOCIAL INSURANCE NUMBER

OCCUPATION

PATIENTS PHONE

734-0095

RELATIONSHIP

SISTER

RELATIVES PHONE

NEAREST RELATIVE AND ADDRESS

GAO, NING

POTSDAM, NEW YORK

ELEC. EMERG.

DATE OF ACCIDENT

TIME

OTHER PARTY INVOLVED

YES NO

PLACE AND CAUSE OF ACCIDENT

FAMILY PHYSICIAN

AT, JENNER/STITT

E.R. LOG NUMBER

E93-07582

ALLERGIES: PENICILLIN

IMMUNIZATION:

Const. Kennedy

PRESENTING COMPLAINT:

C/O REQUESTING MEDICATION

T P R BPL S

NURSE IN ATTENDANCE

ORDERS: 1  
C/O H.R.

Out of jail yesterday  
RCMP on their way

34B just out of jail (requesting  
Rx for Haloperidol 5mg b.i.d. (logically BII)  
well known to US  
Paranoid / Fixed delusions / state / personality disorder  
followed by Dr. CHAPMAN  
- released on high  
phallor / suicidal / delusion @ present  
A to X3 well dressed / ok.  
requesting P now -> told to go  
as below.

Plan Rx 2mg b.i.d. as above  
F/U GP next wk;  
Dr. CHAPMAN

PHYSICIAN IN ATTENDANCE

C. STITT

REFERRED TO

RESIDENT ATTENDING

CALLED CONTACTED HERE

ADMIT

F.P. NOTIFIED

DISCHARGE

HR. 1150

NOTIFIED:

POLICE

CORONER

RELATIVES

TIME: HR.

DIAGNOSIS:

PARANOID DISORDER

CODE(S):

1810

780

ALLERGIC

CONSENT TO DIAGNOSIS, TREATMENT AND CARE

I, the undersigned, do hereby authorize the physicians, dentists, Hospital staff and employees of the Hospital (and persons authorized by such other institutions as may be requested by the Hospital), to carry out examinations, procedures and treatment deemed necessary and advisable for the diagnosis, treatment and continuing care of \_\_\_\_\_

I also relieve the Hospital from any liability for loss or damage arising in any manner whatsoever out of the said patient being transported from the Hospital to or from any other hospital or institution upon referral for treatment or diagnosis, or out of the said patient being transported to or from the Hospital for any other reason.

Signed: JN/br  
(patient or person legally  
authorized to give consent)

Relationship to patient: unc

Witness: D. Lay

Date: July 30, 1993

UNIVERSITY HOSPITAL ☐ UBC SITE  
☐ SHAUGHNESSY SITE  
EMERGENCY PSYCHIATRIC  
NURSING ASSESSMENT FORM

DATE: 30 July ASSESSMENT TIME: \_\_\_\_\_

NAME: Gao, Deng AGE: 34 SEX: M BED # \_\_\_\_\_

ACCOMPANIED BY: Name: Sister - Ning Gao Phone # U.S.A.

CONTACT PERSON: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

PRESENT COMPLAINT/HISTORY LEADING TO ADMISSION: "I just got out of jail and I want to see a psychiatrist and get some medication. I want Haldol and Cogentin."  
INFORMANT: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

VITAL SIGNS: BP: \_\_\_\_\_ TPR: \_\_\_\_\_ HT: 179 WT: 160 lbs PERL: ☐

ALLERGIES: NO ☐ YES ☒ Penicillin -> coma

MEDICATION:					
NAME OF DRUG	DOSE	FREQUENCY	NAME OF DRUG	DOSE	FREQUENCY
<u>Haldol</u>	<u>5 mg</u>	<u>BID</u>	<u>I ran out</u>		
<u>Cogentin</u>	<u>1 mg</u>	<u>BID</u>			

COMPLIANT WITH TAKING MEDICATIONS: NO ☐ YES ☒ UNKNOWN ☐

ALCOHOL / DRUG HISTORY: NO ☐ YES ☐ Explain: Not recreational drug or ETOH

PHYSICAL HEALTH / MEDICAL HISTORY: many past admissions to UBC ER

PSYCHIATRIC HISTORY: UBC inpt x ii

PSYCHIATRIC HOSPITALIZATIONS: NO ☐ YES ☒ UBC x ii days

PSYCHIATRIST: NO ☐ YES ☒ NAME: Dr. Chapman PHONE: on holidays

PSYCHIATRIC DAY CARE: NO ☒ YES ☐

MENTAL HEALTH CLINIC: NO ☒ YES ☐ not followed in community

# MENTAL STATUS EXAMINATION

## GENERAL APPEARANCE:

Clean/shed  
Healthy appearance  
Relaxed facial expression  
Sad facial expression  
Staring  
Slumped/slumped posture

☒  
☒  
☒  
☐  
☐  
☐

Unkempt/Poor Hygiene  
Emaciated  
Frightened expression  
Angry facial expression  
Poor eye contact  
Fleets/fidgety

☐  
☐  
☐  
☐  
☐  
☐

## GENERAL BEHAVIOUR:

Sluggish/slow  
Relaxed  
Co-operative  
Seductive

☐  
☒  
☐  
☒  
☐

Over active  
Wringing Hands  
Sarcastic  
Combative  
Posturing/grimacing

☐  
☐  
☐  
☐  
☐

## SPEECH:

Fast ☐

Slow ☐

Loud ☐

Soft ☐

Clear/articulate  
Pressured  
Irrelevant & disorganized  
Mute  
Difficult articulation

☒  
☐  
☐  
☐  
☐

Vague  
Flat monotonous voice  
Coherent & relevant  
Over talkative

☐  
☒  
☒  
☐

## MOOD AFFECT / MENTAL CONTENT:

Feels anxious  
Feels depressed / lonely  
Feels guilty  
Feels hopeless / worthless  
Agitated

☐  
☐  
☐  
☐  
☐

Elated  
Shows little / no feeling  
Avoids discussing feelings  
Hostile  
Labile

☐  
☐  
☐  
☐  
☐

## COGNITIVE FUNCTIONING:

Alert / responsive  
Oriented  
Concentration - poor  
- good  
Mentally handicapped

☒  
☒  
☐  
☐  
☐

Lethargic  
Disoriented  
Memory - poor  
- good

☐  
☐  
☐  
☐

## DELUSIONS:

Grandiose delusions  
Delusions of persecution  
Think they're being poisoned  
Feels controlled  
Religious delusions  
Specify other/explain above:

☐  
☐  
☐  
☐  
☐  
☐

## HALLUCINATIONS:

Auditory  
Visual  
Tactile  
Taste  
Olfactory  
Specify other/explain above:

☐  
☐  
☐  
☐  
☐  
☐

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CHECK YES OR NO, IF YES, DESCRIBE

Suicidal ideas: NO ☒ YES ☐ \_\_\_\_\_Suicidal plans: NO ☒ YES ☐ \_\_\_\_\_Previous attempts: NO ☒ YES ☐ \_\_\_\_\_Homicidal ideas: NO ☒ YES ☐ \_\_\_\_\_Elopement risk: NO ☒ YES ☐ \_\_\_\_\_

## SAFETY FACTORS:

Retriaged/Reassess ☐ Placed in Hospital Garb ☐Certified ☐ Personal Belongings: ☐Placed in seclusion ☐ searched ☐Physically restrained ☐ clothing list completed ☐Observation: Constant ☐ Q.15 min. ☐ Other ☐ \_\_\_\_\_

Assessed By: Dr. \_\_\_\_\_ at \_\_\_\_\_ hrs.

## REFERRALS:

Psychiatric: NO ☐ YES ☐ Dr. \_\_\_\_\_ at \_\_\_\_\_ hrs.Social Work: NO ☐ YES ☐ name \_\_\_\_\_ at \_\_\_\_\_ hrs.

Signature &amp; Designation

Date

Time	Medication	Nurses' Notes
		very appropriate: well behaved compared to past admissions to ER.
		> RCMP have informed me that there is no outstanding restraining orders on this pt. since leaving jail yesterday. - Vancouver pre-trial Centre x 1 mon.
		Day before yesterday was in court for: —

Time	Medication	Nurses' Notes
		> telephone harassment x 11
		> breach of bail conditions x 11
		> assault by trespassing
		> 11/11/11

## DISPOSITION:

Admitted: No ☐ Yes ☐ Transfer to ward: Time: \_\_\_\_\_ Ward: \_\_\_\_\_Family aware: No ☐ Yes ☐ Discharged: No ☐ Yes ☐ Date: \_\_\_\_\_ Time: \_\_\_\_\_Via: Self ☐ Police ☐ Family/Friends ☐ Ambulance ☐ Walking ☐ Wheelchair ☐ Ambulance ☐

Other: \_\_\_\_\_

Follow-up: \_\_\_\_\_

Family Physician ☐ \_\_\_\_\_Psychiatrist ☐ \_\_\_\_\_SAFER ☐ \_\_\_\_\_Mental Health Clinic ☐ \_\_\_\_\_Detox ☐ \_\_\_\_\_Other Facility ☐ \_\_\_\_\_

Signature &amp; Designation

Date



**UNIVERSITY HOSPITAL  
UBC SITE - ACUTE CARE UNIT  
EMERGENCY RECORD**

6

ARRIVAL  
**ALONE**

HOSPITAL NUMBER  
**BL 0196329**

ION DATA

PATIENTS NAME <b>GAO, FENG</b>		ARRIVAL DATE <b>6 AUG 93</b>		TIME <b>1726</b>	
PATIENTS ADDRESS <b>201 1640 W. 11TH AVE; VANCOUVER; BC; V6J 2B9</b>		AGE <b>34</b>	SEX <b>M</b>	MARITAL STATUS <b>S</b>	DATE OF BIRTH <b>29 JAN 5</b>
MEDICAL PLAN NUMBER <b>9120140136</b>	RESIDENCE IN B.C. <b>4 YR</b>	RESPONSIBLE FOR PAYMENT <b>HP</b>	SOCIAL INSURANCE NUMBER <b>MSP #9120140136-00</b>		
EMPLOYERS NAME AND ADDRESS		OCCUPATION		PATIENTS PHONE <b>323-8110</b>	
NEAREST RELATIVE AND ADDRESS <b>GAO, NING POTSDAM; NEW YORK</b>		RELATIONSHIP <b>SISTER</b>		RELATIVES PHONE <b>734-0005</b>	

ELEC.	EMERG.	DATE OF ACCIDENT	TIME	OTHER PARTY INVOLVED	YES	NO	PLACE AND CAUSE OF ACCIDENT
FAMILY PHYSICIAN <b>ALLERGIC</b>							E.R. LOG NUMBER <b>E93-08135</b>
ALLERGIES: <b>PENICILLIN</b>							IMMUNIZATION:
PRESENTING COMPLAINT: <b>C/O PSYCHIATRIC PROBLEM</b>							

PHYSICIAN  
EMARKS

<p align="center"><i>See notes</i></p> <p><b>S: 34 yr c fixed delusional disorder</b>  <b>on Haldol 5mg BID + Cogate + B.D.</b>  <b>needing in Jan. Fully conscious a pt of the</b>  <b>much more subdued tonight, says he</b>  <b>feels very depressed, no hope and no</b>  <b>future. He lives alone his mother</b>  <b>is visiting from China @ present.</b>  <b>He is seen leaving, appetite</b>  <b>definitely getting off to sleep.</b>  <b>He has thought definitely of</b>  <b>committing suicide. He has thought of</b>  <b>waiting out in front of an automobile.</b>  <b>He seen and came thru usual projects</b>  <b>less delusional now he is taking his meds</b>  <b>regularly.</b>  <b>He can't pay.</b></p>	<p>T P R BPL S</p> <p>NURSE IN ATTENDANCE <i>[Signature]</i></p> <p>ORDERS: <i>Asst H.L.</i></p>
---	--

PHYSICIAN IN ATTENDANCE <b>M. G. Cantor</b>	REFERRED TO <b>Resident</b>	RESIDENT ATTENDING <b>Payl</b>	CALLED	CONTACTED	HERE
<input type="checkbox"/> ADMIT <input type="checkbox"/> F.P. NOTIFIED	NOTIFIED: <input type="checkbox"/> POLICE <input type="checkbox"/> CORONER <input type="checkbox"/> RELATIVES	TIME: <b>942 pm</b> HR.			
<input checked="" type="checkbox"/> DISCHARGE	DIAGNOSIS: <b>- Acute Reaction Disorder.</b> <b>F/u in Crisis Clinic.</b>	CODE(S): <b>1572</b> <b>787</b>			
PHYSICIAN AUTHORIZING DISCHARGE <b>BURGMANN</b>					

**ALLERGIC**

CONSENT TO DIAGNOSIS, TREATMENT AND CARE

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I also relieve the Hospital from any liability for loss or damage arising in any manner whatsoever out of the said patient being transported from the Hospital to or from any other hospital or institution upon referral for treatment or diagnosis, or out of the said patient being transported to or from the Hospital for any other reason.

Signed: 28 Nov  
(patient or person legally  
authorized to give consent)

Relationship to patient: self

Witness: B. Ray

Date: 1993



## EMERGENCY CONTINUATION FORM

## Identifying Information

Name - Feng Gao

Age - 33 yr old oriental ♂

## Chief Complaint

Depressed mood

## HPI

Frequent admission to UBC hospital (last being Jan 93) for treatment of paranoid delusional disorder. Disorder presently in full remission with Haldol & cogentin.

Presently in ER with complaints of depressed mood over past 4 days. Accompanying symptoms include difficulty initiating sleep, ↓ appetite, generalized feelings of hopelessness and vague suicidal ideations. General interests remains intact. Suicidal ideations are fleeting non planned thoughts. No specific details of ~~to~~ how to kill himself are present in these thoughts. Unwilling to act on these

ORIGINAL  
HEALTH  
RECORDS1ST COPY  
FAMILY  
PHYSICIAN2ND COPY  
EMERGENCY  
PHYSICIAN3RD COPY  
EMERGENCY  
DEPARTMENT

## EMERGENCY CONTINUATION FORM

thoughts due to concern about how it would affect family. The initiation of depressed mood began shortly after Mr Gao was released from prison. He was incarcerated for 1mth due to an altercation in UBC ER. Additional life stressors include unemployment & a lack of residence. Presently seeking employment. No psychosis. No alcohol / drug use.

ORIGINAL  
HEALTH  
RECORDS

- Past Psychiatric Hx  
Delusional Disorder (Jan 93)

1ST COPY  
FAMILY  
PHYSICIAN

- Past Medical / Surgical Hx  
Appendectomy  
Tonsillectomy

2ND COPY  
EMERGENCY  
PHYSICIAN

- Family Hx

3RD COPY  
EMERGENCY  
DEPARTMENT

- no psychiatric illness in family
- parents live in China
  - father - Professor of Philosophy
  - mother - retired school teacher
- sister (only sibling) - studying in New York

Social Hx

- Unemployed Ph.D in Computer science



## EMERGENCY CONTINUATION FORM

Allergies - Penicillin

MSE.


- Appearance - Soft spoken appropriately dressed & groomed ♂
- Eye contact good.
- Rapport good.
- Thoughts - No formal thought disorder
  - non delusional
  - no psychosis
- Perception - no hallucinations
- Speech - no rate rhythm & content coherent
- Judgement - intact
- Insight - good
- Oriented x3

Assessment

Acute Reaction disorder.

Plan.

1. Referral to Crisis Clinic.

 Burgmann

ORIGINAL  
HEALTH  
RECORDS

1ST COPY  
FAMILY  
PHYSICIAN

2ND COPY  
EMERGENCY  
PHYSICIAN

3RD COPY  
EMERGENCY  
DEPARTMENT

UNIVERSITY HOSPITAL ☒ UBC SITE  
☐ SHAUGHNESSY SITE

EMERGENCY PSYCHIATRIC  
NURSING ASSESSMENT FORM

DATE: Aug 6 ASSESSMENT TIME: 1950

NAME: Gao, Feng AGE: 34 SEX: M BED # 6

ACCOMPANIED BY: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

CONTACT PERSON: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

PRESENT COMPLAINT/HISTORY LEADING TO ADMISSION: feeling down

depressed x few days - "probably suicidal" "I will know to UBC - recently out of jail July 29"

INFORMANT: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

VITAL SIGNS: BP: \_\_\_\_\_ TPR: 76-18 HT: \_\_\_\_\_ WT: \_\_\_\_\_ PERL: ☐

ALLERGIES: NO ☐ YES ☐ \_\_\_\_\_

MEDICATION:					
NAME OF DRUG	DOSE	FREQUENCY	NAME OF DRUG	DOSE	FREQUENCY
<u>Haloperidol</u>	<u>15mg</u>	<u>QID</u>			
<u>Coxart</u>	<u>1</u>	<u>BID</u>			

COMPLIANT WITH TAKING MEDICATIONS: NO ☐ YES ☐ UNKNOWN ☒

ALCOHOL / DRUG HISTORY: NO ☐ YES ☐ Explain: \_\_\_\_\_

PHYSICAL HEALTH / MEDICAL HISTORY: \_\_\_\_\_

PSYCHIATRIC HISTORY: paranoid disorder

PSYCHIATRIC HOSPITALIZATIONS: NO ☐ YES ☒

PSYCHIATRIST: NO ☐ YES ☐ NAME: Chapman PHONE: \_\_\_\_\_

PSYCHIATRIC DAY CARE: NO ☐ YES ☐

MENTAL HEALTH CLINIC: NO ☐ YES ☐

# MENTAL STATUS EXAMINATION

## GENERAL APPEARANCE:

Clean/neat	<input checked="" type="checkbox"/>	Unkempt/Poor Hygiene	<input type="checkbox"/>
Healthy appearance	<input checked="" type="checkbox"/>	Emaciated	<input type="checkbox"/>
Relaxed facial expression	<input type="checkbox"/>	Frightened expression	<input type="checkbox"/>
Sad facial expression	<input type="checkbox"/>	Angry facial expression	<input type="checkbox"/>
Staring	<input type="checkbox"/>	Poor eye contact	<input type="checkbox"/>
Slumped/slumped posture	<input type="checkbox"/>	Fidgety/Restless	<input type="checkbox"/>

## GENERAL BEHAVIOUR:

Sluggish/slow	<input type="checkbox"/>	Over active	<input type="checkbox"/>
Relaxed	<input checked="" type="checkbox"/>	Wringing Hands	<input type="checkbox"/>
Alert	<input checked="" type="checkbox"/>	Sarcastic	<input type="checkbox"/>
Co-operative	<input checked="" type="checkbox"/>	Combative	<input type="checkbox"/>
Seductive	<input type="checkbox"/>	Posturing/grimacing	<input type="checkbox"/>

## SPEECH:

Fast ☐Slow ☐Loud ☐Soft ☐

Clear/articulate	<input checked="" type="checkbox"/>	Vague	<input type="checkbox"/>
Pressured	<input type="checkbox"/>	Flat monotonous voice	<input type="checkbox"/>
Irrelevant & disorganized	<input type="checkbox"/>	Coherent & relevant	<input checked="" type="checkbox"/>
Mute	<input type="checkbox"/>	Over talkative	<input type="checkbox"/>
Difficult articulation	<input type="checkbox"/>		

## MOOD AFFECT / MENTAL CONTENT:

Feels anxious	<input type="checkbox"/>	Elated	<input type="checkbox"/>
Feels depressed / lonely	<input type="checkbox"/>	Shows little / no feeling	<input type="checkbox"/>
Feels guilty	<input type="checkbox"/>	Avoids discussing feelings	<input type="checkbox"/>
Feels hopeless / worthless	<input type="checkbox"/>	Hostile	<input type="checkbox"/>
Agitated	<input type="checkbox"/>	Labile	<input type="checkbox"/>

## COGNITIVE FUNCTIONING:

Alert / responsive	<input checked="" type="checkbox"/>	Lethargic	<input type="checkbox"/>
Orientated	<input checked="" type="checkbox"/>	Disorientated	<input type="checkbox"/>
Concentration - poor	<input type="checkbox"/>	Memory - poor	<input type="checkbox"/>
- good	<input type="checkbox"/>	- good	<input type="checkbox"/>
Mentally handicapped	<input type="checkbox"/>		

## DELUSIONS:

Grandiose delusions	<input type="checkbox"/>
Delusions of persecution	<input type="checkbox"/>
Thinks they're being poisoned	<input type="checkbox"/>
Feels controlled	<input type="checkbox"/>
Religious delusions	<input type="checkbox"/>
Specify other/explain above:	

## HALLUCINATIONS:

Auditory	<input type="checkbox"/>
Visual	<input type="checkbox"/>
Tactile	<input type="checkbox"/>
Taste	<input type="checkbox"/>
Olfactory	<input type="checkbox"/>
Specify other/explain above:	

mother visiting  
from china

CHECK YES OR NO, IF YES, DESCRIBE

Suicidal Ideas: NO ☐ YES ☐ states probably depressedSuicidal plans: NO ☒ YES ☐ \_\_\_\_\_Suicidal attempts: NO ☐ YES ☐ \_\_\_\_\_Homicidal Ideas: NO ☒ YES ☐ \_\_\_\_\_Elopement risk: NO ☒ YES ☐ \_\_\_\_\_

## SAFETY FACTORS:

Diagnosed/Reassessed	<input type="checkbox"/>	Placed in Hospital Garb	<input type="checkbox"/>
Identified	<input type="checkbox"/>	Personal Belongings:	<input type="checkbox"/>
Placed in seclusion	<input type="checkbox"/>	searched	<input type="checkbox"/>
Physically restrained	<input type="checkbox"/>	clothing list completed	<input type="checkbox"/>

Observation: Constant ☐ Q.15 min. ☐ Other ☐ \_\_\_\_\_Assessed By: Dr. Carter at \_\_\_\_\_ hrs.

## REFERRALS:

Psychiatric: NO ☐ YES ☐ Dr. \_\_\_\_\_ at \_\_\_\_\_ hrs.Social Work: NO ☐ YES ☐ name \_\_\_\_\_ at \_\_\_\_\_ hrs.

Signature &amp; Designation

Date

Time	Medication	Nurses' Notes
		SIB DR CARTER
2030		Psych called
2050		SIB psych released
2130h		Discharged by psych team
		Referred to crisis clinic by team

Bretzner - Dr.



Time	Medication	Nurses' Notes

## DISPOSITION:

Admitted: No ☐ Yes ☐ Transfer to ward: Time: \_\_\_\_\_ Ward: \_\_\_\_\_Family aware: No ☐ Yes ☐ Discharged: No ☐ Yes ☐ Date: \_\_\_\_\_ Time: \_\_\_\_\_Via: Self ☐ Police ☐ Family/Friends ☐ Ambulance ☐ Walking ☐ Wheelchair ☐ Ambulance ☐

Other: \_\_\_\_\_

Follow-up: \_\_\_\_\_

Family Physician ☐ \_\_\_\_\_Psychiatrist ☐ \_\_\_\_\_SAFER ☐ \_\_\_\_\_Mental Health Clinic ☐ \_\_\_\_\_Detox ☐ \_\_\_\_\_Other Facility ☐ \_\_\_\_\_

Signature &amp; Designation

Date

UNIVERSITY HOSPITAL  
UBC SITE - ACUTE CARE UNIT  
EMERGENCY RECORD

HOSPITAL NUMBER  
CMB 0196329

MODE OF ARRIVAL  
CAR/SELF

PATIENTS NAME  
GAO, FENG

ARRIVAL DATE  
12 AUG 93

TIME  
1317

PATIENTS ADDRESS  
258 E 38 AVE; VANC; BC; V6J 2B9

AGE 34 SEX M MARITAL STATUS DATE OF BIRTH 29 JAN 59

MEDICAL PLAN NUMBER  
9120140136

RESIDENCE IN B.C.  
4 YRS

RESPONSIBLE FOR PAYMENT

HP  
MSP #9120140136-00

SOCIAL INSURANCE NUMBER

EMPLOYERS NAME AND ADDRESS

OCCUPATION  
UNEMPL

PATIENTS PHONE  
323-8710

NEAREST RELATIVE AND ADDRESS  
GAO, NING ROTSDAM; NEW YORK

RELATIONSHIP  
SISTER

RELATIVES PHONE

ELEC. EMERG. DATE OF ACCIDENT TIME OTHER PARTY INVOLVED YES NO PLACE AND CAUSE OF ACCIDENT

FAMILY PHYSICIAN  
LAL JAMES/SCHUBERT

E.R. LOG NUMBER  
E93-08542

ALLERGIES:

IMMUNIZATION:

PRESENTING COMPLAINT: C/D FEELING SUICIDAL

Pt states he is "feeling low"  
also states he is "suicidal" and  
is requesting to see a psychiatrist

NURSE IN ATTENDANCE  
ORDERS:

Discussion  
c Dr Schubert.

Pt given # of Mental  
Health South Island  
3243811 and told to look  
himself into community  
psychiatrist: RDN for  
counselling

pt referred to South Mental Health Team

PHYSICIAN IN ATTENDANCE

REFERRED TO

RESIDENT ATTENDING

CALLED CONTACTED HERE

ADMIT

DISCHARGE

NOTIFIED:

POLICE

CORONER

RELATIVES

TIME: HR.

PHYSICIAN AUTHORIZING DISCHARGE

DIAGNOSIS:

Psychiatric Disorder

CODE(S):

N/C

HEALTH RECORDS

CONSENT TO DIAGNOSIS, TREATMENT AND CARE

I, the undersigned, do hereby authorize the physicians, dentists, Hospital staff and employees of the Hospital (and persons authorized by such other institutions as may be requested by the Hospital), to carry out examinations, procedures and treatment deemed necessary and advisable for the diagnosis, treatment and continuing care of \_\_\_\_\_

Feng Gao

I also relieve the Hospital from any liability for loss or damage arising in any manner whatsoever out of the said patient being transported from the Hospital to or from any other hospital or institution upon referral for treatment or diagnosis, or out of the said patient being transported to or from the Hospital for any other reason.

Signed: X [Signature]  
(patient or person legally  
authorized to give consent)

Relationship to patient: son

Witness: [Signature]

Date: Aug 12, 19 93

**CONSULTATION REPORT**

**PATIENT NAME:** GAO, Feng  
**D.O.B.** 29 Jan 1959  
**ATTENDING PHYSICIAN:** Dr. H. Schubert  
**DICTATED BY:**

**MED. REC. #:** 196329  
**EMERGENCY**

**SIGNATURE**

\_\_\_\_\_  
A. Burgmann, M.D., Resident

**COPIES TO:** Dr. A. Burgmann, Resident/Dr. A.M. Marcus

**REFERRING PHYSICIAN:**  
**CONSULTANT:** Dr. A. Burgmann  
**TYPE OF CONSULTATION:** Psychiatry

**REFERRAL DATE:**  
**CONSULTATION DATE:** 12 Aug 93

**CHIEF COMPLAINT**

Depressed mood

**HISTORY OF PRESENT ILLNESS**

Frequent admissions to University Hospital - UBC Site (last being January 1993) for treatment of paranoid delusional disorder. The disorder is presently in full remission with Haldol and Cogentin.

He presented to the Emergency Room at University Hospital - UBC Site with complaints of a depressed mood over the past four days. Accompanying symptoms included difficulty initiating sleep, decreased appetite, generalized feelings of hopelessness and vague suicidal ideations. General interest remains intact. Suicidal ideations are fleeting, nonplanned thoughts. No specific details of how to kill himself are present in these thoughts. Unwilling to act on these thoughts due to a concern about how his family would be affected by his death. Initiation of depressed mood began shortly after Mr. Gao was released from prison. He was incarcerated for one month due to an altercation at the UBC Emergency Room with the security staff. The altercation was due to the fact that Mr. Gao was asked to leave the Emergency Room, but he refused to do so until his numerous requests were met. Additional life stressors include unemployment and a lack of residence. Presently seeking employment. No psychosis at present. No drug or alcohol use reported.

PATIENT NAME: GAO, Feng

MED. REC. #: 196329

PAST PSYCHIATRIC HISTORY

Numerous admissions to University Hospital - UBC Site for delusional disorders, the last being in January 1993.

PAST MEDICAL/SURGICAL HISTORY

Appendectomy, tonsillectomy.

FAMILY HISTORY

No psychiatric history reported in his family. Both his parents live in China (father being a professor of philosophy, mother being a retired school teacher). His only sibling, being a sister, is presently studying in New York.

SOCIAL HISTORY

Previously employed as a professor of computer science at UBC. His dismissal, due to the expiration of his contract, has been a major point of contention with Mr. Gao. He holds much hostility towards the university for what he sees as a wrongful dismissal from his job. Mr. Gao is presently unmarried and is living alone. No alcohol or drug abuse.

MENTAL STATUS EXAM

Appearance: soft spoken, appropriately dressed and groomed. Eye contact good. Rapport good. Reliability of history deemed as being good.

Thoughts: no formal thought disorder is identified. Nondelusional. No psychosis.

Perceptual disturbances: no hallucinations recognized.

Speech: no rate, rhythm, or content abnormalities. Able to articulate his complaints well and coherently.

Mood: reported as being depressed. Affect was somewhat flattened, but appropriate. Judgment and insight were both intact and deemed as being good.

PROVISIONAL DIAGNOSIS

Axis I            Acute Adjustment Disorder with Depressed Mood, Rule Out Major Depression

Axis II           Deferred

PATIENT NAME: GAO, Feng

MED. REC. #: 196329

Axis III            Healthy

Axis IV            Recent release from prison  
                    Unemployment  
                    Homeless  
                    Continual conflicts with the University of British  
                    Columbia over his employment

Axis V            Present GAF 60

PLAN

Mr. Gao was originally referred to the Crisis Clinic, but upon reevaluation of the situation, it was deemed that this might be inappropriate due to the fact that he has a lot of negative institutionalized transference which he may use during the sessions at the UBC Hospital. It was thought that a more appropriate treatment intervention would be by a psychiatrist in the community. Dr. A. Marcus was chosen due to the fact that he has much experience in forensic psychiatry and he may be most apt in dealing with this difficult patient.

AB/gdk/8

d: 13 Aug 93

t: 16 Aug 93

August 16, 1993

Dr. A.M. Marcus  
300-300 328 Water Street  
Vancouver, B.C.  
V6B 1B6

Dear Dr. Marcus

Re: GAO, Feng  
DOB: 29 January 1959  
Unit No: 196329

Thank you for accepting Mr. Gao in referral to your private practice. We spoke about Mr. Gao over the phone and the reason for his referral to you was the fact that the university has a restraining order against him from attending anything in the University Hospital - UBC Site setting. In addition, Mr. Gao has significant institutionalized transference against the university and this may prove to be of hindrance in his treatment if seen at the Crisis Clinic at the Detwiller Pavilion. I appreciate you putting him on your waiting list and if you have any further questions about his history, don't hesitate to call me at the Detwiller Pavilion.

Yours sincerely,

A. Burgmann, M.D., Resident

cc: Dr. A. Burgmann  
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# MENTAL STATUS EXAMINATION

## GENERAL APPEARANCE:

Clean/neat	<input checked="" type="checkbox"/>	Untidy/Poor Hygiene	<input type="checkbox"/>
Healthy appearance	<input checked="" type="checkbox"/>	Emaciated	<input type="checkbox"/>
Relaxed facial expression	<input checked="" type="checkbox"/>	Frightened expression	<input type="checkbox"/>
Sad facial expression	<input type="checkbox"/>	Angry facial expression	<input type="checkbox"/>
Staring	<input type="checkbox"/>	Poor eye contact	<input type="checkbox"/>
Slumped/slumped posture	<input type="checkbox"/>	Paleless/fidgety	<input type="checkbox"/>

## GENERAL BEHAVIOUR:

Sluggish/slow	<input type="checkbox"/>	Over active	<input type="checkbox"/>
Relaxed	<input checked="" type="checkbox"/>	Wringing Hands	<input type="checkbox"/>
Pleasant	<input checked="" type="checkbox"/>	Sarcastic	<input type="checkbox"/>
Co-operative	<input checked="" type="checkbox"/>	Combative	<input type="checkbox"/>
Seductive	<input type="checkbox"/>	Posturing/grimacing	<input type="checkbox"/>

## SPEECH:

Fast ☐Slow ☐Loud ☐Soft ☐

Clear/articulate	<input checked="" type="checkbox"/>	Vague	<input type="checkbox"/>
Pressured	<input type="checkbox"/>	Flat monotonous voice	<input type="checkbox"/>
Irrelevant & disorganized	<input type="checkbox"/>	Coherent & relevant	<input checked="" type="checkbox"/>
Mute	<input type="checkbox"/>	Over talkative	<input type="checkbox"/>
Difficult articulation	<input type="checkbox"/>		

## MOOD AFFECT / MENTAL CONTENT:

Feels anxious	<input type="checkbox"/>	Elated	<input type="checkbox"/>
Feels depressed / lonely	<input checked="" type="checkbox"/>	Shows little / no feeling	<input checked="" type="checkbox"/>
Feels guilty	<input type="checkbox"/>	Avoids discussing feelings	<input type="checkbox"/>
Feels hopeless / worthless	<input type="checkbox"/>	Hostile	<input type="checkbox"/>
Agitated	<input type="checkbox"/>	Labile	<input type="checkbox"/>

## COGNITIVE FUNCTIONING:

Alert / responsive	<input checked="" type="checkbox"/>	Lethargic	<input type="checkbox"/>
Orientated	<input checked="" type="checkbox"/>	Disorientated	<input type="checkbox"/>
Concentration - poor	<input type="checkbox"/>	Memory - poor	<input type="checkbox"/>
- good	<input checked="" type="checkbox"/>	- good	<input type="checkbox"/>
Mentally handicapped	<input type="checkbox"/>		

## DELUSIONS:

Grandiose delusions	<input type="checkbox"/>
Delusions of persecution	<input type="checkbox"/>
Thinks they're being poisoned	<input type="checkbox"/>
Feels controlled	<input type="checkbox"/>
Religious delusions	<input type="checkbox"/>
Specify other/explain above:	

## HALLUCINATIONS:

Auditory	<input type="checkbox"/>
Visual	<input type="checkbox"/>
Tactile	<input type="checkbox"/>
Taste	<input type="checkbox"/>
Olfactory	<input type="checkbox"/>
Specify other/explain above:	

UNIVERSITY HOSPITAL ☐ UBC SITE  
☐ SHAUGHNESSY SITE

EMERGENCY PSYCHIATRIC  
NURSING ASSESSMENT FORM

DATE: \_\_\_\_\_ ASSESSMENT TIME: \_\_\_\_\_

NAME: Gao, Teng AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ BED # \_\_\_\_\_

ACCOMPANIED BY: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

CONTACT PERSON: Name: Sister - New York Phone # Ning Gao

PRESENT COMPLAINT/HISTORY LEADING TO ADMISSION: \_\_\_\_\_

"I'm feeling very low I'm feeling suicidal and I want to see a psychiatrist and I want to know if I can stop taking Haldol"

INFORMANT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

VITAL SIGNS: BP: \_\_\_\_\_ TPR: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ PERL: ☐

ALLERGIES: NO ☐ YES ☐

MEDICATION: \_\_\_\_\_

NAME OF DRUG	DOSE	FREQUENCY	NAME OF DRUG	DOSE	FREQUENCY

COMPLIANT WITH TAKING MEDICATIONS: NO ☐ YES ☐ UNKNOWN ☒

ALCOHOL / DRUG HISTORY: NO ☐ YES ☐ Explain: \_\_\_\_\_

PHYSICAL HEALTH / MEDICAL HISTORY: series

many admissions to this  
E.R. dept. With the same requests

PSYCHIATRIC HISTORY: and C/o

PSYCHIATRIC HOSPITALIZATIONS: NO ☐ YES ☒

PSYCHIATRIST: NO ☐ YES ☐ NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PSYCHIATRIC DAY CARE: NO ☐ YES ☐

MENTAL HEALTH CLINIC: NO ☐ YES ☐

CHECK YES OR NO, IF YES, DESCRIBE

Suicidal ideas: NO ☐ YES ☒ \_\_\_\_\_  
 Suicidal plans: NO ☐ YES ☒ "Running in front of a car"  
 Previous attempts: NO ☒ YES ☐ \_\_\_\_\_  
 Homicidal ideas: NO ☒ YES ☐ \_\_\_\_\_  
 Elopement risk: NO ☒ YES ☐ \_\_\_\_\_

## SAFETY FACTORS:

Refrained/Reassess ☐ Placed in Hospital Garb ☐  
 Certified ☐ Personal Belongings: ☐  
 Placed in seclusion ☐ searched ☐  
 Physically restrained ☐ clothing list completed ☐  
 Observation: Constant ☐ Q.15 min. ☐ Other ☐ \_\_\_\_\_

Assessed By: Dr. \_\_\_\_\_ at \_\_\_\_\_ hrs.

## REFERRALS:

Psychiatric: NO ☐ YES ☐ Dr. \_\_\_\_\_ at \_\_\_\_\_ hrs.Social Work: NO ☐ YES ☐ name \_\_\_\_\_ at \_\_\_\_\_ hrs.

Signature &amp; Designation

Date

Time	Medication	Nurses' Notes
		discussion with Dr. Schabert
		re the fact that nothing has changed
		in this pt's situation. He will
		be given the phone # of Sarah
		Mental Health Team 324-3811
1550.		and referred there. (S)N

### Medication

### Nurses' Notes

[illegible]

## DISPOSITION:

DISPOSITION: Admitted: No ☐ Yes ☐ Transfer to ward: Time: \_\_\_\_\_ Ward: \_\_\_\_\_  
Discharged: No ☐ Yes ☐ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Admitted: No ☐ Yes ☐ Transfer to ward: 1 time: \_\_\_\_\_  
Family aware: No ☐ Yes ☐ Discharged: No ☐ Yes ☐ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Ambulance ☐ Walking ☐ Wheelchair ☐ Ambulance ☐

Family aware: No ☐ Yes ☐ Discharged: No ☐ Yes ☐ Date: \_\_\_\_\_  
 Via: Self ☐ Police ☐ Family/Friends ☐ Ambulance ☐ Walking ☐ Wheelchair ☐ Ambulance ☐

Other: \_\_\_\_\_

Follow-up \_\_\_\_\_

Family Physician ☐ \_\_\_\_\_

Psychiatrist ☐ \_\_\_\_\_

SAFER ☐ \_\_\_\_\_

Mental Health Clinic ☐ \_\_\_\_\_

Delet ☐ \_\_\_\_\_

Other Facility ☐ \_\_\_\_\_

Signature & Designation

Date \_\_\_\_\_

**UNIVERSITY HOSPITAL  
UBC SITE - ACUTE CARE UNIT  
EMERGENCY RECORD**

(2)

MODE OF ARRIVAL <b>CAR/ALONE</b>		HOSPITAL NUMBER <b>BL 0196329</b>											
PATIENTS NAME <b>Gao, Feng</b>		ARRIVAL DATE <b>17 AUG 93</b>											
PATIENTS ADDRESS <b>259 E 58 AVE; VANC; BC; V6J 2B9</b>		AGE <b>34</b>	SEX <b>M</b>										
		MARITAL STATUS <b>S</b>	DATE OF BIRTH <b>29 JAN 59</b>										
MEDICAL PLAN NUMBER <b>9120140136</b>	RESIDENCE IN B.C. <b>4 YR YRS.</b>	RESPONSIBLE FOR PAYMENT <b>HP MSP #9120140136-00</b>											
EMPLOYERS NAME AND ADDRESS		OCCUPATION	PATIENTS PHONE <b>323-8110</b>										
NEAREST RELATIVE AND ADDRESS <b>Gao, Ning POTSDAM; NEW YORK</b>		RELATIONSHIP <b>SISTER</b>	RELATIVES PHONE										
ELEC. EMERG.	DATE OF ACCIDENT	TIME	OTHER PARTY INVOLVED										
PLACE AND CAUSE OF ACCIDENT													
FAMILY PHYSICIAN <b>LAI, JANE</b>			E.R. LOG NUMBER <b>E93-08868</b>										
ALLERGIES: <b>PENICILLIN</b>		IMMUNIZATION:											
PRESENTING COMPLAINT: <b>C/O PSYCHIATRIC PROBLEM</b>													
<b>I feel depressed + suicidal x several days.</b> <b>Nursing Care Plan discussed.</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">T</td> <td style="width:10%;">P</td> <td style="width:10%;">R</td> <td style="width:10%;">BPL</td> <td style="width:10%;">S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		T	P	R	BPL	S					
T	P	R	BPL	S									
		NURSE IN ATTENDANCE <i>[Signature]</i>											
		ORDERS:											
<b>1445. CALL IN: MESSAGE LEFT 'C DR. MARCUS' ANS. SERV.</b> <b>PLAN: TO MAKE AN APPT FOR PT WITH DR. MARCUS.</b> <b>DIANNE WOODHOUSE TO CONTACT PT WHEN THIS IS ARRANGED.</b> <b>CALL REC'D FROM DR. MARCUS.</b> <b>APPT MADE FOR THURS. 19 AUG 1200.</b> <b>tel # 662-7434 FAX #682-1648.</b> <b>300 - 328 WATER ST</b> <b>GASTOWN</b>		<b>1324-3811</b> <b>mental health team.</b>											
<b>PHYSICIAN IN ATTENDANCE</b> <i>[Signature]</i>		<b>REFERRED TO</b> <b>RESIDENT ATTENDING</b> <b>CALLED</b> <b>CONTACTED</b> <b>HERE</b>											
<input type="checkbox"/> ADMIT <input type="checkbox"/> F.P. NOTIFIED <input checked="" type="checkbox"/> DISCHARGE <b>IN JOSEF</b> <b>PHYSICIAN AUTHORIZING DISCHARGE</b>		<b>NOTIFIED:</b> <input type="checkbox"/> POLICE <input type="checkbox"/> CORONER <input type="checkbox"/> RELATIVES <b>DIAGNOSIS:</b> <b>person disorder</b> <b>depression</b> <b>attention seeking</b> <b>CODE(S):</b> <b>798 1811</b>											

ALLERGIC

CONSENT TO DIAGNOSIS, TREATMENT AND CARE

I, the undersigned, do hereby authorize the physicians, dentists, Hospital staff and employees of the Hospital (and persons authorized by such other institutions as may be requested by the Hospital), to carry out examinations, procedures and treatment deemed necessary and advisable for the diagnosis, treatment and continuing care of \_\_\_\_\_

I also relieve the Hospital from any liability for loss or damage arising in any manner whatsoever out of the said patient being transported from the Hospital to or from any other hospital or institution upon referral for treatment or diagnosis, or out of the said patient being transported to or from the Hospital for any other reason.

Signed: [Signature]  
(patient or person legally  
authorized to give consent)

Relationship to patient: [Signature]

Witness: [Signature]

Date: July 17, 19 95

UNIVERSITY HOSPITAL ☐ UBC SITE  
☐ SHAUGHNESSY SITE

EMERGENCY PSYCHIATRIC  
NURSING ASSESSMENT FORM

DATE: 17/08/93 ASSESSMENT TIME: 1215

NAME: GAO, Feng AGE: 34 SEX: M BED #       

ACCOMPANIED BY: Name: alone Phone #       

CONTACT PERSON: Name:        Phone #       

PRESENT COMPLAINT/HISTORY LEADING TO ADMISSION: I am feeling depressed  
+ suicidal x several days

INFORMANT:

RELATIONSHIP:       

VITAL SIGNS: BP:        TPR:        HT:        WT:        PERL: ☐

ALLERGIES: NO ☐ YES ☒ Penicillin

Medication:

NAME OF DRUG	DOSE	FREQUENCY	NAME OF DRUG	DOSE	FREQUENCY
--------------	------	-----------	--------------	------	-----------

HALDOL

COBENTIN

COMPLIANT WITH TAKING MEDICATIONS: NO ☐ YES ☒ UNKNOWN ☐

ALCOHOL / DRUG HISTORY: NO ☒ YES ☐ Explain:       

PHYSICAL HEALTH / MEDICAL HISTORY: frequent admissions for  
Paranoid delusional disorder.

PSYCHIATRIC HISTORY:       

PSYCHIATRIC HOSPITALIZATIONS: NO ☐ YES ☒

PSYCHIATRIST: NO ☐ YES ☒ NAME:        PHONE:       

PSYCHIATRIC DAY CARE: NO ☐ YES ☒ Mental Health South Team

MENTAL HEALTH CLINIC: NO ☐ YES ☒



# MENTAL STATUS EXAMINATION

## GENERAL APPEARANCE:

Clean/shed  
Healthy appearance  
Relaxed facial expression  
Sad facial expression  
Staring  
Slumped/slumped posture

☒  
☒  
☒  
☐  
☐  
☐

Unkempt/Poor Hygiene  
Emaciated  
Frightened expression  
Angry facial expression  
Poor eye contact  
Fleets/fidgety

☐  
☐  
☐  
☐  
☐  
☐

## GENERAL BEHAVIOUR:

Sluggish/slow  
Relaxed  
Vesant  
Co-operative  
Seductive

☐  
☒  
☒  
☒  
☐

Over active  
Wringing Hands  
Sarcastic  
Combative  
Posturing/grimacing

☐  
☐  
☐  
☐  
☐

## SPEECH:

Fast ☐

Slow ☐

Loud ☐

Soft ☒

Clear/articulate  
Pressured  
Irrelevant & disorganized  
Mute  
Difficult articulation

☒  
☐  
☐  
☐  
☐

Vague  
Flat monotonous voice  
Coherent & relevant  
Over talkative

☐  
☐  
☐  
☐

## MOOD AFFECT / MENTAL CONTENT:

Feels anxious  
Feels depressed / lonely  
Feels guilty  
Feels hopeless / worthless  
Agitated

☐  
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☐  
☐  
☐

Elated  
Shows little / no feeling  
Avoids discussing feelings  
Hostile  
Labile

☐  
☐  
☐  
☐  
☐

## COGNITIVE FUNCTIONING:

Alert / responsive  
Orientated  
Concentration - poor  
- good  
Mentally handicapped

☒  
☐  
☐  
☐  
☐

Lethargic  
Disorientated  
Memory - poor  
- good

☐  
☐  
☐  
☐

## DELUSIONS:

Grandiose delusions  
Delusions of persecution  
Thinks they're being poisoned  
Feels controlled  
Religious delusions  
Specify other/explain above:

☐  
☐  
☐  
☐  
☐

## HALLUCINATIONS:

Auditory  
Visual  
Tactile  
Taste  
Olfactory  
Specify other/explain above:

☐  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Subtidal plane: NO ☐ YES ☒ \_\_\_\_\_

Previous attempts: NO ☒ YES ☐

Middeled does: NO ☒ YES ☐

Elopement risk: NO ☒ YES ☐ \_\_\_\_\_

**SAFETY FACTORS:**

Retriaged/Reassess ☐ Placed in Hospital Garb ☐

Certified ☐ Personal Belongings: \_\_\_\_\_

Pleaded in seclusion	<input type="checkbox"/>	searched	<input type="checkbox"/>
----------------------	--------------------------	----------	--------------------------

Physically restrained ☐ clothing list completed ☐

Observation: Constant ☒ 0.15 min. ☐ Other ☐ \_\_\_\_\_

Assessed By: Dr. Heming at \_\_\_\_\_

REFERRALS:

Psychiatric: NO ☐ YES ☐ Dt. \_\_\_\_\_ at \_\_\_\_\_ hr.

Did Work NO ☐ YES ☐ name \_\_\_\_\_ at \_\_\_\_\_

Signature &amp; Designation

Dietary

[illegible]

DISPOSITION:

Admitted: No ☐ Yes ☐ Transfer to ward: Time: \_\_\_\_\_ Ward: \_\_\_\_\_

Family aware: No ☐ Yes ☐ Discharged: No ☐ Yes ☐ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Via: Self ☐ Police ☐ Family/Friends ☐ Ambulance ☐ Walking ☐ Wheelchair ☐ Ambulance ☐

Other: \_\_\_\_\_

Follow-up: \_\_\_\_\_

Family Physician	<input type="checkbox"/>	_____
Psychiatrist	<input type="checkbox"/>	_____
SAFER	<input type="checkbox"/>	_____
Mental Health Clinic	<input type="checkbox"/>	_____
Detox	<input type="checkbox"/>	_____
Other Facility	<input type="checkbox"/>	_____

Date \_\_\_\_\_