	MODE OF ARRIVAL	UNIVERSITY HOSPITAL UBC SITE - ACUTE CARE UNIT	-			alcore
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HEALTH RECORDS



### CONSENT TO DIAGNOSIS, TREATMENT AND CARE

, the undersigned, do hereb	by authorize the physicia	ns, dentists, Hospital	staff and employees
of the Hospital (and perso	ons authorized by such	other institutions as	may be requested
by the Hospital), to carry			
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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: 47 Vajora (patient or person legally authorized to give consent)

Relationship to patient:

very

Witness:

Date: \_\_\_

. 1993.

UNIVERSITY HOSPITAL UBC SITE
☐ SHAUGHNESSY SITE
EMERGENCY PSYCHIATRIC NURSING ASSESSMENT FORM
DATE: 30 July ASSESSMENT TIME:
NAME: Lad , Iterg AGE: 34 SEX: M BED .
ACCOMPANIED BY: Name: Sifter - Ming Sas Prome U.S.H.
CONTACT PERSON: Name: Phone #
PRESENT COMPLAINT/HISTORY LEADING TO ADMISSION: I just got out of pil
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NFORMANT: Cogentin
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COMPLIANT WITH TAKING MEDICATIONS: NO   YES   UNKNOWN
ALCOHOL / DRUG HISTORY: NO   YES   Explain: Not recreating !
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# MENTAL STATUS EXAMINATION

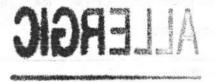
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# CHECK YES OR NO, IF YES, DESCRIBE

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Previous attemp	TES O	
Homicidal ideas	: NOD YES []	
Elopement risk:	NO TES []	
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	Signature & Ovelignation	Code
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## 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: (patient or person legally authorized to give consent)

Relationship to patient:

FENG GAO.

## **EMERGENCY CONTINUATION FORM**

Identifying Information Name Feng Ggo Age - 33 yr old oriental 8

Chief Complaint Depressed mood

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

ORIGINAL HEALTH RECORDS

1SI COPY FAMILY PHYSICIAN

2ND COPY MERGENCY PHYSICIAN

3RD COPY MERGENCY EPARTMENT Presently in ER with complaints of depressed mood over past 4 day Accompanying symptoms include difficulty initiating sleep, vappetite, generalized feelings of hopelessness and vague suicidal ideations. General interests remains intact. Suicidal ideations are fleeting non planned thoughts. No specific details of we how to kill himself are present in these

## **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 Imnth due to an altercation in UBC ER. Additional life stressors include unemployments a lack of residence. Presently seeking employment. No psychosis. No alcohol drug use.

Past Psychiatric Hx
Delusional Disorder (Jan 93)

ORIGINAL HEALTH RECORDS

FAMILY PHYSICIAN

2ND COPY MERGENCY PHYSICIAN

3RD COPY MERGENCY EPARTMENT Past Medical / Surgical Hx Appendectomy

Tonsillectomy

Family Hx

-no psychiatric illness in family

parents live in China - father - Professor of Philosphy

mother - retired school teacher

- Sister (only sibling) - studying in New York

Social Hx

- Unemployed Ph.d in Computer science

KM23-10-80

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**EMERGENCY CONTINUATION FORM** 

Allergies - Penicillin

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earance - Soft spoken appropriately diressed & groomed

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Psychosis

Perception - no hallucinations

coherent

iement - intact

2ND COPY MERGENCY

ORIGINAL

HEALTH RECORDS

151 COPY FAMILY PHYSICIAN

PHYSICIAN

3RD COPY MERGENCY **EPARTMENT** 

ssessment

Acute Reaction disorder

Plan.

1. Referral to Crisis Clinic.



UNIVERSITY HOSPITAL DUBC SITE

☐ SHAUGHNESSY SITE

EMERGENCY PSYCHIATRIC NURSING ASSESSMENT FORM

ATE: MIGO	ASSESSMENT TIME:	1900
NAME: GAB, FENG	AGE: 34 SEX: /	D_ BED . LO:
ACCOMPANIED BY: Name:	Phone #	
CONTACT PERSON: Name:	Phone # _	
RESENT COMPLAINT/HISTORY LEADING TO ADMISSI	ON: feeling	down.
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(Ocestus) BII).		
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	/ / /	
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	<i>Α</i> .	**************************************
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PSYCHIATRIST: NO YES NAME:	MINOCK _	PHONE
PSYCHIATRIC DAY CARE: NO [] YES []		
MENTAL HEALTH CLINIC: NO [] YES []		

# MENTAL STATUS EXAMINATION

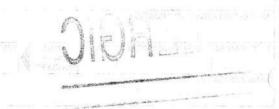
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GENERAL BEHAVIOUR: Skupplet/slow Retaxed secant Co-operative Seductive		Over active Wringing Hands Serossic Combative Posturing/grimacing	0
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COGNITIVE FUNCTIONING: Alert / responsive Orientzied Concentration - poor - good Mentally handicapped	20000	Lethargic Disorientated Memory - poor - good	
DELUSIONS: Grandices delusions Delusions of persecution Thinks they're being poisoned Feels controlled Religious delusions Specify other/explain above:	00000	HALLUCINATIONS: Auditory Visual Tectile Taste Offactory Specify other/explain above:	
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.HE	X	YES	OR	NO,	阳	YES.	DESCRIBE

	2	ates-probably depressed.
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Homicidal ideas:		
Elopement risk:		
Assessed By: Dr REFERRALS: Psychiatric: No	Constant Q.15 min. [	Placed in Hospital Garb Personal Belongings: searched clothing list completed  the last last last last last last last last
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Time	Signature & Designation  Medication	Dete Nursed' Notes
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188	MODE OF ARRIVAL	UNIVERSITY HOSPITAL  UBC SITE - ACUTE CARE UNIT  EMERGENCY RECORD	HOSPITAL NUMBER	
	CAR/SELF PATIENTS NAME	EMERGENCY RECORD	ARRIVAL DATE	Ø196329 TIME
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#### CONSENT TO DIAGNOSIS, TREATMENT AND CARE

of the Hospital (and persons authorized by such other institutions as may be by the Hospital), to carry out examinations, procedures and treatment deeme and advisable for the diagnosis, treatment and continuing care of	e requested d necessary
Feng Gao	
I also relieve the Hospital from any liability for loss or damage arising in whatsoever out of the said patient being transported from the Hospital to other hospital or institution upon referral for treatment or diagnosis, or out patient being transported to or from the Hospital for any other reason.	or from any

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

Relationship to patient: \_\_\_\_\_



UBC SITE 2211 Wesbrook Mall Vancouver, B.C. V6T 2B5 Telephone: (604) 822-7121

### **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:

REFERRAL DATE:

CONSULTANT: Dr. A. Burgmann

CONSULTATION DATE: 12 Aug 93

TYPE OF CONSULTATION:

Psychiatry

#### CHIEF COMPLAINT

Depressed mood

0

#### 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 vaque suicidal ideations. General interest remains intact. 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 No psychosis at present. No drug or alcohol use employment. 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/qdk/8

d: 13 Aug 93 t: 16 Aug 93



UBC SITE 2211 Wesbrook Mall Vancouver, B.C. V6T 2B5 Telephone: (604) 822-7121

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

NTIA

NFL

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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 chart

# MENTAL STATUS EXAMINATION

GENERAL APPEARANCE: Clear/heet Healthy appearance Reticoed facial expression Sad facial expression Staring Stooped/elumped posture	0000	Unicempt/Poor Hygiene Emeciated Erightened expression Angry facial expression Poor eye contact Pressess/fidgety	
GENERAL BEHAVIOUR: Skuppiet/slow Researd Vessant Jo-operative Seductive		Over active Wringing Hands Serossic Combative Posturing/grimacing	0
SPEECH: Feet  Clear/articulate Pressured Irrelevent & deorganized Muse Difficult articulation	Siow 0000	Vegue Flet monotonous voice Coherent & reievant Over talkstive	SM 0
MOOD AFFECT / MENTAL CONTENT: Feels andous Feels depressed / lonely Feels guilty Feels hopeless / worthless Agitated	0000	Eleted Shows title / no feeling Avoids discussing feelings Hostle Lable	
COGNITTVE FUNCTIONING: Alert / responsive Orientated Concentration - poor - good Mentally handicapped	opopo	Lethargic Disorientated Memory - poor - good	
DELUSIONS: Grandices delusions Delusions of persecution Thinks they're being poisoned Feels controlled Religious delusions Specify other/explain above:		HALLUCEVATIONS: Auditory Visual Tactile Taste Offactory Specify other/explain above:	

## UNIVERSITY HOSPITAL UBC SITE

☐ SHAUGHNESSY SITE

### EMERGENCY PSYCHIATRIC NURSING ASSESSMENT FORM

1	DATE: ASSESSMENT TIME:
	NAME: Las 3 Jens AGE: SEX: BED
(	CCOMPANIED BY: Name: Phone #
,	CONTACT PERSON: Name: Sixter - New Jork Prone & Ning Sai.
	PRESENT COMPLAINT/HISTORY LEADING TO ADMISSION:
	"In feeling very law In feeling
	suicible and I want to see a psychiatrist
nd	I want to know of RELATIONSHIP: I can stop taking Holdal
S	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:
	ALLOHOL / Unios rusioni. Roll 160 Communication of the communication of
	To the
	PHYSICAL HEALTH / MEDICAL HISTORY: many admirations to These
	E.A. Lept. Mith The same requests
	PSYCHIATRIC HISTORY: And Jo.
	PSYCHIATRIC HOSPITALIZATIONS: NO   YES
	PSYCHIATRIST: NO YES NAME: 1 PHONE
	PSYCHIATRIC DAY CARE: NO [] YES []
	MENTAL HEALTH CLINKS: NO [] YES []

# CHECK YES OR NO, IF YES, DESCRIBE

Suicidal ideas:	NO TES D	
Suicidal plane:	NO TES TO	uning in front of a car".
Previous attempt	1: 196 YES	
H-micidal ideas:	NO, E YES	
Elopement risk:	NO TES []	
Placed in sectusion / sically restrain Coservation:  Assessed By: Do. REFERRALS:  Psychiatric: N	on ned Constant Q.15 min.	searched  Cothing list completed  Cother  Cother
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Family Pty Psychiatri SAFER  Mental He	No	y/Friends	rd: Time: id: No Ambulance	tes Dete: Walking		_ Time:	nbulance []

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		CORONER REL	ATIVES	ME: HR.
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	PHYSICIAN AUTHORIZING DISCHARGE	Monder E	(1/8)	1811
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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 \_

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.

(patient or person legally authorized to give consent)

Relationship to patient:

Witness:

## UNIVERSITY HOSPITAL UBC SITE

☐ SHAUGHNESSY SITE

EMERGENCY PSYCHIATRIC NURSING ASSESSMENT FORM

DATE: 17/08/93 ASSESSMENT TIME: 12/5
NAME: GAO, Feng AGE: 34 SEX: M BED .
CCOMPANIED BY: Name: Phone #
CONTACT PERSON: Name: Phone #
PRESENT COMPLAINTHISTORY LEADING TO ADMISSION: l'am feeling depresse
+ puncidal x peneral days
INFORMANT:
RELATIONSHIP:
VITAL SIGNS: BP: TPR: HT: WT: PERL: []
ALLERGIES: NO [] YES & Penicellin
AEDICATION: NAME OF DRUG DOSE FREQUENCY NAME OF DRUG DOSE FREQUENCY
HALDOC
COGENTIN
COMPLIANT WITH TAKING MEDICATIONS: NO   YES UNKNOWN
ALCOHOL / DRUG HISTORY: NO YES   Explain:
PHYSICAL HEATH / MEDICAL HISTORY: frequent admissions for
Paranoid delusional disorde.
PSYCHIATRIC HISTORY:
PSYCHIATRIC HOSPITALIZATIONS: NO   YES OX
PSYCHIATRIST: NO YES NAME:
PSYCHIATRIC DAY CARE: NO 11 YES & Mental Sealth South Team
MENTAL HEALTH CLINK: NO [] YES 💢

# MENTAL STATUS EXAMINATION

GENERAL APPEARANCE: Cleen/heet Healthy appearance Relaxed facial expression Sad facial expression Staring Stooped/elumped posture	XXXOOO	Unkempt/Poor Hygiene Emeciated Frightened expression Angry facial expression Poor eye contact Riectess/fidgety	00000
GENERAL BEHAVIOUR: Skugglet/slow Released leasent Uo-operative Seductive	口数数效口	Over active Wringing Hands Sercestic Combetive Posturing/grimacing	0000
SPEECH: Feet  Clear/articulate Pressured irrelevent & deorganized Mute Difficult articulation	20 20 20 20 20 20 20 20 20 20 20 20 20 2	Vague Flat monotonous voice Coherent & relevant Over talkative	Soft DX
MOOD AFFECT / MENTAL CONTENT: Feels andous Feels depressed / lonely Feels gulky Feels hopeless / worthless Agitated		Eleied Shows Ittle / no feeling Avoids discussing feelings Hostlie Lablie	00000
COGNETIVE FUNCTIONING:  Alert / responsive Orientated Concentration - poor - good Mentally handicapped	Xoooo	Lethergic Disorientated Memory - poor - good	
DELUSIONS: Grandices delusions Delusions of persecution Thinks they're being poisoned Feels controlled Religious delusions Specify other/explain above:	R 0000	HALLUCINATIONS: Auditory Visual JuD Tactile Tacte Ottactory Specify other/explain above:	

# CHECK YES OR NO, IF YES, DESCRIBE

		1 + 1
Suididal Ideas:	NO D YES & Wa	ex out into Traffic
Suididal plane:	NO O YES X -	
Previous attempts	: NO X YES []	
Hamicidal ideas:	NO X YES	
Elopement risk:	HOVE YES	
SAFETY FACTOR Retriaged/Reasse Certified Placed in seclusion sically restrain	ss      	Placed in Hospital Garb Personal Belongings: searched clothing list completed
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REFERRALS:		
Psychiatric: N	O[] YES[] 0x	ettre.
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