

VANCOUVER GENERAL HOSPITAL
BRITISH COLUMBIA'S HEALTH SCIENCES CENTRE

10 17 93

DR. PLYCH

FACE SHEET

ADMISSION DATE Oct 20/93 TIME 19:50

DISCHARGE DATE Oct 25/93 TIME 11:00

MR 144-71-44S

CAO, FENG

DR. LEVY J H

29 JAN 59 M 34

93/4-16611S PHN 9120140136

CP DR. LAI J K

INSTRUCTIONS

In case of ALLERGY —
ALLERGY Label Form M-224
to be completed
and pasted in this square.

(Bring Forward From Previous Admission)

DISCHARGE ORDER

I hereby authorize this patient to be discharged on _____

To: Home ☐ Other _____

Against Medical Advice ☐ _____

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

MOST RESPONSIBLE DIAGNOSIS (The one diagnosis responsible for the greatest portion of hospital stay.)

Compulsive personality disorder

OTHER DIAGNOSES INFLUENCING LENGTH OF STAY (Primary Diagnosis)

Delusional disorder, non-schizophrenic

OTHER PRESENT CONDITIONS THAT DID NOT SIGNIFICANTLY AFFECT LENGTH OF STAY (Secondary Diagnosis)

COMPLICATING CONDITIONS ARISING DURING HOSPITALIZATION

OPERATIONS AND PROCEDURES

CAUSE OF DEATH

Due To: _____

THE UNDERSIGNED CONFIRMS ALL ENTRIES IN THIS RECORD, WHETHER SIGNED OR NOT, AND THE DISCHARGE OF THE PATIENT ON THE DATE SHOWN ABOVE

Signature of Resident II (or higher) Only

M.D.

Signature of Attending Physician Only

M.D.

ADMISSION NO. 93/4-16611 S UNIT NO. 144-71-44 S PREV. ADMISSION NO. 92321378		Vancouver General Hospital British Columbia's Health Sciences Centre 855 West 12th Ave. Vancouver, B.C. V5Z 1M9 ADMISSION - SEPARATION RECORD		HOSPITAL CODE 101		ADMISSION DATE: 20 OCT 93 TIME: 19:50 PREVIOUS DATE: 18 JAN 93							
PATIENT - NAME, ADDRESS GAO, FENG #201-1640 W 11TH AVE VAN BC 734-0095 28 FEB 89		PREVIOUS SURNAME V6G 2B9		DATE OF BIRTH		SEX AGE		SERVICE		LOCATION		BY	
				29 JAN 59		M 34		PSY		LP PAD P106		CJ	
				RELIGION XX		MOTHER'S MAIDEN NAME		ATTENDING DOCTOR					
				ADMISSION CATEGORY URGENT		PATIENT TYPE INF		3942					
SINCE		POSTAL CODE		DIAGNOSIS		MSC NO.		<div style="font-size: 2em; font-weight: bold;">25</div>					
NEAREST LIVING RELATIVE - NAME, ADDRESS		RELATIONSHIP		DELUSIONAL DISORDER									
NING GAO		SIS		LAI J K									
N/A				TRANSFERRED FROM		FAMILY PRACTITIONER							
EMPLOYER - NAME, ADDRESS		HISTORY OF ACCIDENT		REFERENCE		RES. IN B.C.		1989					
OCCUPATION		MEDICAL COVERAGE		1 B.C. HOSPITAL PROGRAMS		RTE: \$874.00							
PREVIOUS ADDRESS		SINCE		PHN 9120140136 G1		ADV: \$.00							
						REC:							

SEPARATION HISTORY											
TIME OF SEPARATION	DAY	MONTH	YEAR	HOUR		TOTAL DAYS	SERVICE				
CONDITION ON SEPARATION	IMPRVD.	UNIMPRVD.	DIED		TRANS.	TRANSFERRED TO					
			WITH 5 AUTOPSY	NO 6 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							REHAB. DAYS	ICU/CCU DAYS			
X-RAYS	ROOM	ANAESTHETIC	LAB	BLOOD	EEG	ECG	PHYS.				
DIAG	OP	LOC	GEN	SPIN							

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
20 OCT 93

SIGNATURE OF APPLICANT

REMARKS:
 TEMPORARY ADMISSION
 INF PREV, UNCONF'D - PT COND
 DRT WRD



144 71 44

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 JASWANT SINGH BHOPAL
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 20 day of Oct 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:

He has a history of delusional disorder, and has been on
haldol since Feb 93. He has been coming to the emergency
room almost daily for the past week, and has complained
of depression and suicidal ideas. Staff are feeling harassed.
He seems to have become obsessed with seeing Dr Finch
(a psychiatrist resident). He has a history of harassment, assault
and jail terms. He is a danger to self & others.

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

Physician's signature

Date Oct 20/93

P.O. address

UBC Hospital, UBC Site, Vancouver BC Telephone 822 7297
225 Westbrook Mall

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 admission 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.



144-71-44

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

KATHLEEN ANN MCGARVEY
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

20
day

of

October
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 been previously diagnosed with delinoid disorder. He has become increasingly persistent & agitated over the last few weeks, following & asking for a particular psychiatrist, attending the emergency on an almost daily basis. He believes he was wronged by psychiatry in the past. I witness him being aggressive & angry & threatening 2/7 age.

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

Physician's signature

[Signature]

Date

October 20/93

P.O. address

2255 W 45th Ave

Telephone

822-7118

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

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VANCOUVER GENERAL HOSPITAL

**PSYCHIATRIC
ASSESSMENT SHEET**

10 17 93

ER PSYCH

MR 144-71-44S

GAO, FENG

DR. LEVY J M

29 JAN 59 M 34

93/4-166115 PHN 9120140136

GP DR. LAJ J K

REASON FOR REFERRAL (Why now?)

Date Oct 20/93

Multiple visits to UBC emerg seeking
assessment → Belligerent, Preoccupied & Psych rest there
needed GR

COLLATERAL SOURCES

Contacted

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

HISTORY OF PRESENT ILLNESS

SYMPTOMS/DURATION 34yo oriental ♂ who has presented @ UBC Emergency
department everyday for the past week requesting
psychiatric assessment. Well known to them. History of
repeated intrusive visits for same. Has been preoccupied &
one of the Psych Residents (Dr. Finch), calling her and visiting
the ward to find her. Previous admission to UBC Dx.
Delusional Disorder. Lost job @ UBC (computing) and felt
boss had been trying to get rid of him. Then thought that
the Charlottetown ^{accord} was a scam and had harassed ABC TV
regarding that. more recently has had to be forcefully
removed from lawyers office d/t refusal to leave and
has mischief charges pending (NOV 5)

CURRENT LIFE CIRCUMSTANCES

Unemployed, UIC
mother is visiting from China X4/12
Lives in rented apartment.

ALCOHOL and DRUG USE

⊗ For 4 months, then only occn.
denies any street drugs.

CURRENT THERAPIES

Haldol 5mg qhs.
Cogentin 1mg qhs.

PAST PSYCHIATRIC HISTORY

Spring 92 - saw Dr. Demmeck - "stress"
Dec 92 - UBC - Delusional disorder

PAAC - April / Dr. Leary
0 3E10410S1P

FAMILY PSYCHIATRIC HISTORY

Ø

CONTACTED

PAST MEDICAL/SURGICAL HISTORY

FUNCTIONAL ENQUIRY

Ø

L.N.M.P.

N/A.

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

Born in China

High school + undergraduate computing there
Moved to U.S. and did masters @ Berkeley.
Moved to Vancouver, computing science
teacher @ UBC, ended April 92

Unemployed since.

Currently on UIC.

- 4 relationships. Previous GF x4 in China.

Legal - Jail x2 this year - mischief.

Assaulted security guard

Harassment of lawyers + doctors.

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: *Hypervigilant, Pacing, listening in on staffs conversations, Intrusive. Rapport Limited.*

AFFECT/MOOD: (Blunt, Depressed, Inappropriate, Labile, etc.)

*restricted. , Anxious
Denies any vegetative sx.*

SUICIDE RISK (High, Low)

*moderate -unpredictable
prior attempts.
many prior reports of
suicidal ideation
which he now says he
made up.*

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

- *not forthcoming. , minimizes symptoms.*
- *denies any ideas of reference hallucinations, illusions*
- *lies and then admits to the lie*
- *paranoid re doctors/lawyers.*

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

Circumstantial.

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:

*J - Poor - claims he is just rude + that gets him into difficulties.
Insight - Poor - doesn't realize how little control he has over his actions.*

IMPRESSIONS

a) PATIENT'S EXPECTATIONS: To be "cleared" and taken off Haldol.

OTHERS' EXPECTATIONS: Forensic.

b) DIAGNOSES: ^{*} Delusional Disorder
Axis I { ? MTD 2 paranoid features
Axis II { ? paranoid schizo.
Axis III

D. Dx: ? organic

Axis IV

Axis V - loss of job
- court appearance.

c) FORMULATION:

MANAGEMENT PLANS:

Admit PAUQR Discharge _____

INVESTIGATIONS: - ? drug screen.

MEDICATIONS:

Haldol 5mg
Cogentin 2mg
Ativan 1-2mg.

INTERVENTIONS:

DISPOSITION PLANS:

FOLLOW-UP:

(Arranged by) Donna M. Glickman M.D.

Date

Oct 20/93

Physician

VANCOUVER GENERAL HOSPITAL
BRITISH COLUMBIA'S HEALTH SCIENCES CENTRE
DEPARTMENT OF SOCIAL WORK
CLINICAL ASSESSMENT

Oct. 22/93

DATE

NURSING UNIT

MISS, MRS

144-71-445

UNIT NUMBER

Gao

Feng

SURNAME

GIVEN NAME

29 JAN 59

DOCTOR

SEX

AGE

REFERRAL SOURCE

REFERRAL DATE

PRESENTING ISSUES OR CONCERNS

ADMISSION DATE

ANTICIPATED DISCHARGE DATE

SOCIAL WORKER

Brad

LOCAL

4954

DATE/HEADINGS

Oct. 22/93 PLAN - Contact Multi Service Network - 251-2019 B.P.

Data - Patient is a client of M.S.N. Service Plan added to chart. B.P.

Has a court case (hearing) on Nov. 24/93, Richmond Court, Room 2 for Harassment of a lawyer Patricia Connor. B.P.

M.S.N. hopes patient will be put on Probation and can be ref'd to Forensic Outpatient Clinic. Brad Pearce M.S.W. B.P.

Other Legal appointments/problems include: Nov. 10/93 Vancouver - to go Counsel Apr. 25/94 - hearing for Michelle

Court clerks say he calls several times a day occasionally. (7X in 1 day recently). B. Pearce M.S.W. B.P.

S
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K

10 17 93

NURSING UNIT

HISTORY SHEET

CONSULTANTS: PLEASE
USE CONSULTATION FORM.

MR. 144-71-445

GAO, FENG

DR. LEVY J M

29 JAN 59

M 34

SECTION 3/4-166115 PHU 91203

CP DR. LAJ J K

AGE

1. Age, Occupation, Race
2. Complaints
3. History of Present Illness
4. Past Illness
5. Family History
6. Personal History
7. Functional Enquiry
8. Physical Examination
9. Differential Diagnosis
- Provisional Diagnosis
10. Progress Notes
11. Summary and Final Diagnosis

21 Oct 93 Patient banging on the door asking to see a physician but uncooperative to be ID'd (refuses to back off from the door or to sit on the bed in QR).

Will try to assess later in afternoon (later)

minem b)

21 Oct 93 Reassessed.

16:00 Hx as reported. Patient shows good understanding of events leading to admission. Realizes that his "childish behavior" (his words), his "impatience" and his (power) controlling behavior contributed to his hosp. He requests a psych assessment to determine if he still suffers from a delusional disorder. He recognized that he was being assessed by Dr. T. Marcus but was "too impatient" to wait for his report and went to UBC-ER knowing that it would break the contract of Dr. M.

He denies being preoccupied by delusions of persecution by govt, ex-employer, etc. Denies paranoid fears/beliefs. Denies thought form dis. Denies perceptual dis.

DO NOT
WRITE
IN
THIS
SPACE

Describes his mood as positive & optimistic expressed

denies suicidal / aggr. impulses.

sleep (N)

Appetite (N) wt stable
(has not eaten today).

Imp No evidence of Ψ .

? Paranoid personality
stypical "

Need Ψ testing
short stay

MIRANDA

22 Oct 93 A seen E MSE

1100

states here for Ψ assessment to clear up the dx of Delusional Disorder and determine that he no longer requires Haldol

acknowledges being excessively persistent at UBC, intrusive; demanding but states that is simply part of his character

claims to have been unreasonable and to have distorted issues around his dismissal at UBC, and to have distorted; personalized the Charltonian sketch, but recognizes this now; therefore has "recovered from his delusional disorder".

He denies any sensitivity to criticism,

HISTORY SHEET

DATE 10/17/80 NURSING UNIT

MR. 144-71-445

GAO, FENG GIVEN NAME
DR. LEVY J H

29 JAN 50 BIRTH DATE (34 YRS) 6 G
95/4-166145 PHN 9120140136

CONSULTANTS: PLEASE
USE CONSULTATION FORM.

1. Age, Occupation, Race
2. Complaints
3. History of Present Illness
4. Past Illness
5. Family History
6. Personal History
7. Functional Enquiry
8. Physical Examination
9. Differential Diagnosis
10. Provisional Diagnosis
11. Progress Notes
12. Summary and Final Diagnosis

DATE

on sense of suspicion; initially minimized all symptoms whatsoever. He denied ideas of ref, feeling of influence/control and any perceptual disturbance.

He recognizes that he would be a new arrival but claims his "percolant style" has been useful when doing research. He denies any specific symptoms, racing thoughts, pressured speech or sleep changes consistent to manic episode.

WSE - Secluded, Chinese 0° cooperative on interview initially but to discharge.

Oriented. Insight good
Thought form - Good oriented

Not pressured. Some latency likely 2° to his having received Asian

Affect - Some flattening
Denies depression or trauma. Suicidal°

Denies; minimizes any paranoid thinking claims never suspicious or mistrustful of other's motives.

Acknowledges being obsessive, perfectionistic; compulsive in his behavior... but denies rituals, checking or magical thinking

Imp. no evidence of psychomotor

minimizing

Good Memory
Cognitive Ability to Abstract Reason
Not concrete.

Imp Suggestive of OCB traits

Schizoid Personality (few friends/isolative/detached from others)

DO NOT
WRITE
IN
THIS
SPACE

DATE

No evidence for delusions/SZ. Insight into his
anxiety; interview style, but unconcerned about consequences
then D/C hold; observe if he becomes
more loose; unable to to re-normalize; rather deluge
Agrees to psychological testing
Ahwan PRN

[Signature]

October 25 1983

Supervisor Note

34 year old O'Kean

6 mo from previous assessment was referred from
U.S.C. Hospital under the mental health act (see case)
Concerns about his behavior.

History of delusory and
disorder resulting in urgent treatment x 2.

History

No significant drug

Unemployed university

professor who lives by self

On examination cooperative
persistent S.W. has disorder of speech, affect/mood, thinking
or perception. Has some insight, but no insight and behavior
frequently inappropriate.

Diagnosis
Delusional disorder, non-schizophrenic

Plan
Cognitive/Behavioral personality test

Discharge in Delusional

Discharge

Follow-up AFO.C

[Signature]

PLEASE PRESS FIRMLY YOU ARE MAKING 3 COPIES

VANCOUVER GENERAL HOSPITAL
BRITISH COLUMBIA'S HEALTH SCIENCES CENTRE

DISCHARGE SUMMARY

DATE OF ADMISSION: OCT 20 / 93
DATE OF DISCHARGE: OCT 25 / 93

DATE _____ NURSING UNIT 144-71-44
MR. MISS. MRS. _____ UNIT NUMBER
SURNAME GAO GIVEN NAME FENG
DOCTOR _____ (PLEASE USE BLOCK CAPITALS)
SEX _____ AGE _____

ADMISSION DIAGNOSIS:

R/O Psychosis

DISCHARGE DIAGNOSIS:

Compulsive personality disorder

SECONDARY DIAGNOSIS:

Delusional disorder, persecutory

COMPLICATIONS:

/

PROCEDURES:

/

CONSULTANTS:

/

CLINICAL NOTE:

34 year old single, unemployed male who has been previously employed as a university professor was referred to UGH because of his behavior. Found to be persistent, but no evidence of psychosis during hospital stay. The history of delusional disorder note

DISCHARGE MEDICATIONS:

/

CONDITION ON DISCHARGE:

Same

FOLLOW-UP:

A.F.O.C

DATE WRITTEN:

Nov 4th 1993

SUMMARIZED BY:

[Signature]