

NOS. _____

IN THE
213TH JUDICIAL DISTRICT COURT
TARRANT COUNTY, TEXAS

BARTON R. GAINES,
APPLICANT,

APPENDIX 4

BARTON R. GAINES
244 SIESTA COURT
GRANBURY, TEXAS 76048
EMAIL: BARTONGAINES@GMAIL.COM
TEL: 682-500-2753

PRO SE ATTORNEY FOR APPLICANT
BARTON R. GAINES

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DOC 1 - MY 2002 BANK LOAN (CONSOLIDATION)

FIRST NAIL BANK OF TX BENBROOK
851 WINSBOTT ROAD
BENBROOK TX 76126
817-249-6500

LENDER'S NAME AND ADDRESS
"You" means the Lender, its successors and assigns.

BARTON RAY GAINES
1001 EDGEWOOD TRL
BENBROOK TX 76126

BORROWER'S NAME AND ADDRESS
"I" includes each Borrower above, jointly and severally.

OFFICER - LAL / LAURA
Loan Number 6001049003
Date FEBRUARY 8, 2002
Maturity Date NOV. 10, 2002
Loan Amount \$ 7,680.33
Renewal Of 6001049002

TERMS FOLLOWING A ☐ APPLY ONLY IF CHECKED

NOTE - For value received, I promise to pay to you, or your order, at your address above, the principal sum of: 7,680.33 Dollars \$ 7,680.33 SEVEN THOUSAND SIX HUNDRED EIGHTY AND 13/100 plus interest from FEBRUARY 8, 2002 at the rate of 8.000 % per year until 11/10/2002 ☐ paid in cash. ☐ paid pro rata over the loan term.

☐ **ADMINISTRATIVE FEE** - I also agree to pay a nonrefundable fee of \$.00, that will be ☐ paid in cash. ☐ paid pro rata over the loan term.

PAYMENTS - I will pay this note as follows: ON DEMAND, BUT IF NO DEMAND IS MADE THEN SEE BELOW

(a) ☐ In payments. The first payment will be in the amount of \$ and will be due thereafter.

A payment of \$ will be due on the day of each thereafter.

The final payment of the entire unpaid balance of principal and interest will be due 11/10/2002

(b) ☐ (other) 8 INTEREST ONLY PMTS. MONTHLY BEGINNING 03/10/2002
1 PRINCIPAL PMT OF \$ 7,680.33 PLUS ALL INTEREST DUE, ON 11/10/2002

INTEREST - Interest accrues on a 365/ACTUAL basis. **POST-MATURITY INTEREST** - Interest will accrue at the rate of 18.000 % per year on the principal balance of this note not paid on the date of the last scheduled payment of principal. Interest will accrue until subject to acceleration of principal of this note from the date we accelerate the maturity of this note and demand immediate payment in full.

☒ **LATE CHARGE** - If my payment is late, I will be charged 5.000 \$ OF THE SCHEDULED PAYMENT AFTER 10 DAYS

THE PURPOSE OF THIS LOAN IS RENEWAL PLUS ADDITIONAL FOR DEBT CONSOL.

SECURITY - You have certain rights that may affect my property as explained on page 2. This loan ☐ is ☐ is not further secured.

(a) ☐ This loan is secured by , dated

(b) ☒ Security Agreement - I give you a security interest in the Property described below. The rights I am giving you in this Property and the obligations this agreement secures are defined on page 2 of this agreement.

2000 CHEV PU VIN #10CEC14V6Y236599

PAID OCT 22 2002

This Property will be used for PERSONAL purposes.

**** AN ANNUAL RATE NOT TO EXCEED THE STATUTORY CEILING RATE AS ANNOUNCED FROM TIME TO TIME.**

ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost me.	AMOUNT FINANCED The amount of credit provided to me or on my behalf.	TOTAL OF PAYMENTS The amount I will have paid when I have made all scheduled payments.	I have the right to receive at this time an itemization of the Amount Financed.
<u>8.000</u> %	<u>462.92</u> \$	<u>7,680.33</u> \$	<u>8,143.25</u> \$	<input checked="" type="checkbox"/> YES - I want an itemization.

My Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
<u>8</u>	<u>INT. VARYING FROM \$ 50.50 TO \$ 52.18 MONTHLY BEGINNING 03/10/2002</u>	<u>"e" means an estimate.</u>
<u>1</u>	<u>\$ 7,732.51 + ALL ACCRUED INTEREST DUE 11/10/2002</u>	<u>\$ Filing Fees</u>
		<u>\$.00 Nonfiling Insurance</u>

Security - I am giving a security interest in: ☒ brief description of property: 2000 CHEV PU #8599

☒ I have a property financing purchased.

☒ collateral securing other loans with you may also secure this loan. ☐ Required Deposit - The annual percentage rate does not take into account my required deposit.

☒ My deposit accounts and other rights to the payment of money from you.

☒ Late Charge - If my payment is late, I will be charged 5.000 \$ OF THE SCHEDULED PAYMENT AFTER 10 DAYS

Prepayment - If I pay off this note early, I will not have to pay a penalty.

☐ If I pay off this note early, I will not be entitled to a refund of part of the Administrative Fee.

I can see my contract documents for any additional information about nonpayment, default, any required repayment before the scheduled date, and prepayment refunds and penalties.

CREDIT INSURANCE - Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless I sign and agree to pay the additional costs.

Type	Premium	Term
Credit Life		
Credit Disability		
Joint Credit Life		

☐ do ☒ do not want credit life insurance.

☐ do ☒ do not want credit disability insurance.

☐ do ☒ do not want joint credit life insurance.

☐ do ☐ do not want insurance.

ITEMIZATION OF AMOUNT FINANCED

AMOUNT GIVEN TO ME DIRECTLY	\$ <u>250.00</u>
AMOUNT PAID ON MY (LOAN) ACCOUNT	\$ <u>3,843.05</u>
	\$ <u>.00</u>
AMOUNTS PAID TO OTHERS ON MY BEHALF:	
to Insurance Companies	\$ <u>.00</u>
to Public Officials	\$ <u>.00</u>
ASSOC & CHEVRON	\$ <u>1,023.40</u>
HOOD COUNTY	\$ <u>1,597.10</u>
DISCOVER	\$ <u>966.78</u>
(less) PREPAID FINANCE CHARGE(S)	\$ <u>.00</u>
Amount Financed (Add all items financed and subtract prepaid finance charges.)	\$ <u>7,680.33</u>

SIGNATURES - I AGREE TO THE TERMS SET OUT ON PAGE 1 AND PAGE 2 OF THIS AGREEMENT. I HAVE RECEIVED A COPY OF THIS DOCUMENT ON TODAY'S DATE.

COSIGNERS - SEE NOTICE ON PAGE 2 BEFORE SIGNING.

Signature Barton Gaines
BARTON RAY GAINES

Signature

(Optional)
Signed For Lender
Title LAURA LAWING CREDIT OFFICER

PROPERTY INSURANCE - ☐ IS REQUIRED. ☐ IS NOT REQUIRED. I have the option of furnishing any insurance you require in connection with this transaction either through existing policies I own or control, or, by procuring and furnishing insurance coverages equivalent to what you require from any insurance company authorized to do business in Texas. If I get the insurance from or through you I will pay \$.00 for .00 of coverage.

☐ The premium quoted above for .00 insurance is not fixed or approved by the State Board of Insurance.

FORM 1

SIMPLE INTEREST NOTE, DISCLOSURE, AND SECURITY AGREEMENT
© 1981, 1988 Bankers Systems, Inc., St. Cloud, MN Form ND5-SI-TX 7/23/99

CONSUMER LOAN - NOT FOR OPEN-END CREDIT
page 1 of 2

DEFINITIONS - "I," "me" or "my" means each Borrower who signs this note and each other person or legal entity including guarantors, endorsers, and sureties who agrees to pay this note (together referred to as "us"). "You" or "your" means the Lender and its successors and assigns.

APPLICABLE LAW - This note and any agreement securing this note will be governed by the laws of the State of Texas. The federal Truth-in-Lending disclosures on page 1 are, other than the Amount Financed, disclosures only and are not intended to be terms of this agreement. If property securing the payment of this note is located in another state, the security agreement may, in some circumstances, be governed by the law of that state.

To the extent permitted by law, the terms of this note and security agreement may vary applicable law. If any provision of applicable law may not be varied by agreement, any term of this note and security agreement that does not comply with that law will not be effective. If any part of this note or security agreement cannot be enforced, this fact will not affect the rest of the terms of the note or security agreement.

In particular, this section means (among other things) that I do not agree or intend to pay, and you do not agree or intend to charge or collect, any amount in the nature of interest or fee for this loan, which would in any way or event (including demand, prepayment, or acceleration) cause you to charge or collect more for this loan than the maximum you would be permitted by state or federal law (as applicable). Any such excess interest or unauthorized fee shall, instead of anything stated to the contrary, be applied first to reduce the principal balance, and, when the principal has been paid in full, refunded to me.

Any change to this note or any agreement securing this note must be in writing and signed by you and me.

PAYMENTS - Each payment I make on this loan will be applied first to any charges I owe other than principal and interest, then to interest that is due, and finally to principal that is due. No late charge will be assessed on any payment when the only delinquency is due to late fees assessed on earlier payments and the payment is otherwise a full payment. The actual amount of my final payment will depend on my payment record.

PREPAYMENT - I may prepay this loan in whole or in part at any time without penalty. If I prepay in part, I must still make each later payment in the original amount as it becomes due until this note is paid in full.

ACCURAL METHOD - The amount of interest I will pay on this loan will be calculated using the interest rate and accrual method stated on page 1. For interest calculation, the accrual method will determine the number of days in a year. If no accrual method is stated, then you may use any reasonable accrual method for calculating interest.

DEFAULT - I further agree that the following are additional terms and conditions of this loan agreement and that if one or more of the following occur I will be in default.

- I fail to make a payment in full when due;
- I die, terminate or dissolve my business, or am involved in any insolvency proceedings brought by or against me;
- I fail to keep collateral securing this note insured, if required;
- Any Property securing this note is substantially damaged, destroyed or stolen;
- I use any Property in violation of any rule, regulation or government order;
- Any Property securing this note is confiscated by any government authority;
- A judgment or tax lien is filed against me or an attachment or garnishment is issued against any of my property or rights, specifically including the commencement of any action, suit or proceeding to seize any of my funds on deposit with you;
- I make any written statement or provide any financial information that is untrue or inaccurate at the time it is given;
- I permit any other lien holder to gain priority over the lien or security interest which you have in the Property, if any, securing this note;
- Acceleration of the maturity of any other debt I have with any of my other creditors;
- A judgment against me becomes final; or,
- I fail to keep any promise I have made in connection with this note.

If any of us are in default on this note or any security agreement, you may exercise your remedies against any or all of us.

REMEDIES - If I am in default on this loan or any agreement securing this loan, you may:

- Make unpaid principal, earned interest and all other agreed charges I owe you under this loan immediately due;
- Use the right of set-off as explained below;
- Demand more security or new parties obligated to pay this loan (or both) in return for not using any other remedies;
- Make a claim for any and all insurance benefits or refunds that may be available on my default; and
- Use any remedy you have under state or federal law.

By choosing any one or more of these remedies you do not give up your right to use any other remedy later. By deciding not to use any remedy should I be in default, you do not give up your right to consider the event a default if it happens again.

COSTS OF COLLECTION AND ATTORNEYS' FEES - I agree to pay you reasonable amounts you actually incur in collecting this debt for attorneys' fees (if assessed by a court) and court costs.

SET-OFF - I agree that you may set off any amount due and payable under this note against any right I have to receive money from you.

"Right to receive money from you" means:

- Any deposit account balance I have with you;
- Any money owed to me on an item presented to you or in your possession for collection or exchange; and
- Any repurchase agreement or other nondeposit obligation.

"Any amount due and payable under this note" means the total amount of which you are entitled to demand payment under the terms of this note at the time you set off. This total includes any balance the due date for which you properly accelerate under this note.

If my right to receive money from you is also owned by someone who has not agreed to pay this note, your right of set off will apply to my interest in the obligation and to any other amounts I could withdraw on my sole request or endorsement. Your right of set off does not apply to an account or other obligation where my rights arise only in a representative capacity. It also does not apply to any Individual Retirement Account or other tax deferred retirement account.

You will not be liable for the dishonor of any check when the dishonor occurs because you set off this debt against any of my accounts. I agree to hold you harmless from any such claims arising as a result of your exercise of your right of set-off.

OTHER SECURITY - Any present or future agreement securing any other debt I owe you also will secure the payment of this loan. Property securing another debt will not secure this loan if such property is my principal dwelling and you fail to provide any required notice of right of rescission. Property securing another debt will not secure this loan to the extent such property is in household goods. Also, if the property securing another debt is real estate, it will not secure this loan.

OBLIGATIONS INDEPENDENT - I understand that my obligation to pay this loan is independent of the obligation of any other person who has also agreed to pay it. You may, without notice, release me or any of us, give up any right you may have against any of us, extend new credit to any of us, or renew or change this note one or more times and for any term, and I will still be obligated to pay this loan. You may, without notice, fail to perfect your security interest in, impair, or release any security and I will still be obligated to pay this loan.

WAIVER - I waive (to the extent permitted by law) demand, presentment, protest, notice of dishonor, notice of protest, notice of intent to accelerate and notice of acceleration.

PRIVACY - I agree that from time to time you may receive credit information about me from others, including other lenders and credit reporting agencies. I agree that you may furnish on a regular basis credit and experience regarding my loan to others seeking such information. To the extent permitted by law, I agree that you will not be liable for any claim arising from the use of information provided to you by others or for providing such information to others.

FINANCIAL STATEMENTS - I will give you any financial statements or information that you feel is necessary. All financial statements and information I give you will be correct and complete.

PURCHASE MONEY LOAN - If this is a purchase money loan, you may include the name of the seller on the check or draft for this loan.

RETURNED CHECKS - If this loan is made under Chapter 3A of the Texas Credit Code, I agree to pay a \$25.00 charge for each check which (1) I give in payment on this note and (2) is dishonored and returned to you. Any charges I incur under this provision may be added to the unpaid balance of the note, but no interest may be charged on these charges during the term of this note. This paragraph does not restrict any noncontractual right you may have to impose this charge on loans not subject to this law.

DEFERRED PAYMENTS - You and I may agree to defer one or more payments required by the terms of this note. If we do so, you may collect additional interest for the deferment period as provided by law.

ADDITIONAL TERMS OF THE SECURITY AGREEMENT

SECURED OBLIGATIONS - This security agreement secures this loan (including all extensions, renewals, refinancings and modifications) and any other debt I have with you now or later. Property described in this security agreement will not secure other such debts if you fail to give any required notice of the right of rescission with respect to the Property. Also, this security agreement will not secure other debts if this security interest is in household goods and the other debt is a consumer loan. This security agreement will terminate when I am no longer obligated secured by this agreement.

For the sole purpose of determining the extent of a purchase money security interest arising under this security agreement:

- Payments on any nonpurchase money loan also secured by this agreement will not be deemed to apply to the purchase money loan; and
- Payments on the purchase money loan will be deemed to apply first to the nonpurchase money portion of the loan, if any, and then to the purchase money obligations in the order in which the items were acquired.

No security interest will be terminated by application of this formula. "Purchase money loan" means any loan the proceeds of which, in whole or in part, are used to acquire any property securing the loan and all extensions, renewals, consolidations and refinancings of such loan.

PROPERTY - The word "Property," as used here, includes all property that is listed in the security agreement on page 1. If a general description is used, the word "Property" includes all my property fitting the general description. Property also means all benefits that arise from the described Property (including all proceeds, insurance benefits, payments from others, interest, dividends, stock splits and voting rights). It also means property that now or later is attached to, is a part of, or results from the Property. Property does not mean consumer goods that are acquired later that are not installed in or affixed to other Property if I do not obtain rights in them within 10 days after you and I enter into this loan agreement.

OWNERSHIP AND DUTIES TOWARD PROPERTY - Unless a co-owner(s) of the Property signed a third party agreement, I represent that I own all the Property. I will defend the Property against any other claim. I agree to do whatever you require to perfect your interest and keep your priority. I will not do anything to harm your position.

I will keep the Property in my possession (except if pledged and delivered to you). I will keep it in good repair and use it only for its intended purposes. I will keep it at my address unless we agree otherwise in writing.

I will not try to sell or transfer the Property, or permit the Property to become attached to any real estate, without your written consent. I will pay all taxes and charges on the Property as they become due. I will inform you of any loss or damage to the Property. You have the right of reasonable access in order to inspect the Property.

INSURANCE - If required, I agree to buy insurance on the Property against the risks and for the amounts you require. I will name you as loss payee on any such policy. You may require added security on this loan if you agree that insurance proceeds may be used to repair or replace the Property. I agree that if the insurance proceeds do not cover the amount I still owe you, I will pay the difference. If I buy the required insurance (rather than furnishing it through existing policies that I own or control) I will let it from a company that is authorized to do business in Texas. I will keep the insurance until all debts secured by this agreement are paid.

DEFAULT AND REMEDIES - If I am in default, in addition to the remedies listed in the note portion of this document, you may (after giving notice and waiting a period of time, if required by law):

- Pay taxes or purchase any required insurance, if I fail to do these things (but you are not required to do so). You may add the amount you pay to this loan and accrue interest on that amount at the interest rate disclosed on page 1 until paid in full;
- Require me to gather the Property and any related records and make it available to you in a reasonable fashion;
- Take immediate possession of the Property, but in doing so you may not breach the peace or unlawfully enter onto my premises. You may sell, lease or dispose of the Property as provided by law. You may apply what you receive from the sale of the Property to amounts you actually expend for the repossession, storing, preparing for sale and selling the Property, and then to the debt. If what you receive from the sale of the Property is less than what I owe you, you may take me to court to recover the difference (to the extent permitted by law); and
- Keep the Property to satisfy the debt (when provided by law).

I agree that when you must give notice to me of your intended sale or disposition of the Property, to the extent permitted by law, the notice is reasonable if it is sent to me at my last known address by first class mail 10 days before the intended sale or disposition. My current address is on page 1. I agree to inform you in writing of any change in my address.

FLING - A copy of this security agreement may be used as a financing statement when allowed by law.

THIRD PARTY AGREEMENT

For the purposes of the provisions within this enclosure, "I," "me" or "my" means the person signing below and "you" means the Lender identified on page 1.

I agree to give you a security interest in the Property that is described on page 1. I agree to the terms of this note and security agreement but I am in no way personally liable for payment of the debt. This means that if the Borrower defaults, my interest in the Property may be used to satisfy the Borrower's debt. I agree that you may, without releasing me or the Property from this Third Party Agreement and without notice or demand upon me, extend new credit to any Borrower, or renew or change this note or security agreement one or more times and for any term, or fail to perfect your security interest in, impair, or release any security (including guaranties) for the obligations of any Borrower.

I HAVE RECEIVED A COMPLETED COPY OF THIS NOTE AND SECURITY AGREEMENT.

NAME _____
X _____

NOTICE TO THE COSIGNER

You (the cosigner) are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept this responsibility.

You may have to pay up to the full amount of the debt if the borrower does not pay. You also may have to pay late fees or collection costs, which increase this amount.

The creditor can collect this debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you that can be used against the borrower, such as suing you, etc. If this debt is ever in default, that fact may become part of your credit record.

This notice is not the contract that makes you liable for the debt.

Attach FTC "Preservation of Consumer Claims and Defenses" Notice if Applicable

DOC 2: MOWLA'S TABLE OF CONTENTS; MY FILE (APPEAL)

Gaines Barton	
<u>TAB</u>	<u>Contents</u>
1	Missy's Notes
2	Bart Consolidation Loan
3	Jason Tucker
4	Articles
5	TDCJ - Threat against Bart Incident
6	Gaines Timeline
7	TDCJ - Allred Unit Administration
8	Gail Inman
9	Medical - Dr. Florence Ouseph Evaluation
10	Medical - Dr. Zohrd Choudhry Evaluation
11	Medical - Sycamore Valley Evaluation
12	Medical - Excel Center
13	Medical - Mary Connell
14	Medical - Various
15	Medical - Antidepressants
16	PDR and COA cases
17	Indictment
18	CLERK'S RECORD
19	Reporter's Record
20	Police Documents
21	DA Motion for Nonsuit and Order
22	Bart's Cancelled Checks
23	Bart's School Records
24	Tim Curry File
25	Vecchio Legal File
26	Westfall - Gail Inman Notes
27	Westfall - Bart's Affidavit regarding Westfall
28	Westfall - Various Documents
29	Various documents and notes



Workforce and Distance
Education

GED Graduation

February 2, 2002

This was the date Tiffani and I broke up. My mom was supposed to be the speaker at the graduation, but did not go. This is a copy of Weatherford College's Program. It helps memorialize her memory of when Tiffani and I broke up, that it was hereabouts.

Weatherford College

Workforce

and Distance Education

GED Graduation

- I. Welcome - Dr. Don Huff, WC President
- II. Introductions - Mr. Tommy Wright
- III. Guest Speaker - Mr. Jim Donovan
- IV. Presentation of Certificates

Dr. Don Huff

Kay Young, Dean of Workforce & Distance
Education

Mrs. Kathy Cook Spears, GED Director

- V. Closing Remarks - Mrs. Kathy Cook Spears

Reception following

GED Honorees:

Melissa Adams	Levi Parker
Jennifer Baiza	Arthur Parr
Mandi Baty	Sabrina Patterson
Cecil James Boyer	Betty 'Nikki' Rosebrock
Thomas Brackeen	Jessica Ross
Karmin Brouwer	Joshua Ross
Shandy Copenhaver	Erin Ryman
Trinity Crowder	Tammy Sargent
Karla Dobbs	Bobbie Snow
Chris Fannin	William Stratton
Araceli Gonzalez	Ira Sutton
Jimmy Goodwin	Joan Sutton
Jason Hadley	Donna Thomas
Jerrick Hammond	Patricia Thomerson
Howard J. Howard	Sherry Warren
Tommy Killingsworth	Kris White
Wanda Lawrence	Zach Wilson
Amanda Lewis	Crystal Woods
Stephanie Morris	Kevin Young
John Nickel	Barbara Zaidle

Here's my mom's name.

DOC 4. DEDSON MEDICAL RECORDS

c:\temp\57851980.tif printed by mivap. (Page 1 of 1)

Scanned by HUGHES, SUSAN in facility ALLRED on 01/18/2006 09:44

SUBJECT: State briefly the problem on which you desire assistance.

PSYCH I put in a request to see a psychiatrist over 2-weeks ago and have not been seen, yet. My troubles are the same: distressing, long achesome nights without sleep, that get at me the most. I cling at the thought of more restless nights, where my mind runs rampantly out of control, my muscles contract into a ball of anguish, jerking and twitching every time I drift into a state of unconsciousness, awakening me. Please acknowledge my request, let me know someone down there received it. How long does it take to process ones problems? Moreover their, my, mental-health.

Name: Barton Gaines No: 1139507 Unit: Allied
Living Quarters: 18 T 49 Work Assignment: Ldy 7-3pm

DISPOSITION: (Inmate will not write in this space)

Scheduled
1-18-06

REC'D JAN 18 2006

1-60 (Rev. 11-90)

MENTAL HEALTH TRIAGE INTERVIEW

Patient Name: GAINES, BARTON R TDCJ#: 1139507 Date: 01/19/2006 08:18 Facility: ALLRED

Age: 23 Years Race: W Sex: Male

Most recent vitals from 10/28/2004: BP: 121 / 63 (Standing) ; Wt: 178 Lbs.; Height: 70 In.; Pulse: 51 (Standing) ; Resp: 12 / min; Temp: 97.5 (oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Prior to the Interview:

Date/Time: 01/19/06 7:35

Informed consent, limits of confidentiality, risks and benefits were explained and the offender:

- ☒ Voluntarily participated in the evaluation process.
☐ Refused. The evaluation will be completed based upon available records & behavioral observations.

Clinical Interview:

History of Present Illness (HPI): **Presenting Problem (Cover each complaint reported on the I-60/SCR or referral):**

I-60/SCR or referral received, complaints include: I am having trouble sleeping.

Self-report complaints: "I am having trouble sleeping and it is causing me trouble.

Severe Symptom Screen (provide evidence for the presence or absence of each):

Delirium	<input checked="" type="checkbox"/> No evidence	<input type="checkbox"/> Other (describe):
Psychosis	<input checked="" type="checkbox"/> No evidence	<input type="checkbox"/> Other (describe):
Mania/Hypomania	<input checked="" type="checkbox"/> No evidence	<input type="checkbox"/> Other (describe):
Depression	<input checked="" type="checkbox"/> No evidence	<input type="checkbox"/> Other (describe):
Severe Anxiety	<input checked="" type="checkbox"/> No evidence	<input type="checkbox"/> Other (describe):
Other	<input type="checkbox"/> No evidence	<input type="checkbox"/> Other (describe):

Risk Management:

- ☒ Denies self-harm thoughts, plan or intent (**Quote response**). no
☐ Reports self-harm thoughts, plan or intent (**see Self-Harm Risk Assessment**)
☒ Denies thoughts, plan or intent of harming others (**Quote response**). no
☐ Reports thoughts, plan or intent of harming others (**Describe**):

Current Mental Status:

Level of Consciousness: alert

Oriented to: x4

Appearance: kept

Behavior: cooperative

Motor Functioning: wnl

Speech: wnl

Mood: euthymic

Affect: congruent

Thought Processing: coherent

Thought Content: wnl

Judgment: good

Insight: good

Memory: intact

Assessment:

Summary of findings: No severe distress noted. No obj evidence of psychosis or severe depression.
Pt was given the sleep and relaxation handouts.

- ☒ Does NOT present with potential mental health needs

MENTAL HEALTH TRIAGE INTERVIEW

Patient Name: GAINES, BARTON R TDCJ#: 1139507 Date: 01/19/2006 08:18 Facility: ALLRED

- ☐ Presents with potential mental health needs (f/u required within 14 days)
- ☐ Presents with emergent needs

P): **Disposition:**

- ☐ Emergent care required (specify):
- ☐ Refer to medical (specify):
- ☐ Scheduled for follow-up with a Psychiatrist/Mid-level Practitioner within 14 days
- ☐ Scheduled for a Mental Health Evaluation within 14 days.
- ☐ Scheduled for a follow-up clinical interview/evaluation with QMHP within 14 days.
- ☐ Scheduled for a Segregation follow-up within 90 days.
- ☒ No further Chronic Care Program services indicated at this time. O/P voiced understanding of the access to care procedures.
- ☐ No further intervention indicated at this time. Continue to see as scheduled by QMHP.
- ☐ Presents with a serious psychiatric illness but refusing intervention. Placed in the Chronic Care Program. Staff to monitor. Scheduled for assessment with Psychiatrist/Mid-level practitioner. on _____(date).
- ☐ Other (describe):

Electronically Signed by EVANSON, KAREN S MEd on
01/19/2006.

##And No Others##

**Correctional Managed Care
MENTAL HEALTH TRIAGE INTERVIEW**

Patient Name: GAINES, BARTON R **TDCJ#:** 1139507 **Date:** 02/01/2006 09:20 **Facility:** ALLRED

Age: 23 Years **Race:** W **Sex:** Male

Most recent vitals from 10/28/2004: BP: 121 / 63 (Standing) ; Wt: 178 Lbs.; Height: 70 In.; Pulse: 51 (Standing) ; Resp: 12 / min; Temp: 97.3 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Prior to the Interview:

Date/Time: 02/01/06

Informed consent, limits of confidentiality, risks and benefits were explained and the offender:

- ☒ Voluntarily participated in the evaluation process.
☐ Refused. The evaluation will be completed based upon available records & behavioral observations.

Clinical Interview:

S/O): Presenting Problem (Cover each complaint reported on the I-60/SCR or referral):

I60/SCR or referral received, complaints include: "Wants to speak with psych. Still having problems not being able to sleep."

Self-report complaints: "I read the sleep packet it had some good advice but I wasn't really impressed. I have only been getting 2 or 3 hours of sleep. I need some help. I wake up with breathing problems almost hyperventilating. Sometimes I wake up irritable."

Severe Symptom Screen (provide evidence for the presence or absence of each):

Delirium	<input checked="" type="checkbox"/> No evidence	<input type="checkbox"/> Other (describe):
Psychosis	<input checked="" type="checkbox"/> No evidence	<input type="checkbox"/> Other (describe):
Mania/Hypomania	<input checked="" type="checkbox"/> No evidence	<input type="checkbox"/> Other (describe):
Depression	<input checked="" type="checkbox"/> No evidence	<input type="checkbox"/> Other (describe):
Severe Anxiety	<input checked="" type="checkbox"/> No evidence	<input type="checkbox"/> Other (describe):
Other	<input type="checkbox"/> No evidence	<input type="checkbox"/> Other (describe):

Risk Management:

- ☒ Denies self-harm thoughts, plan or intent **(Quote response). no**
☐ Reports self-harm thoughts, plan or intent **(see Self-Harm Risk Assessment)**
☒ Denies thoughts, plan or intent of harming others **(Quote response). no**
☐ Reports thoughts, plan or intent of harming others **(Describe):**

Current Mental Status:

Level of Consciousness: alert
Oriented to: x4
Appearance: kept
Behavior: cooperative
Motor Functioning: wnl
Speech: wnl
Mood: neutral
Affect: congruent
Thought Processing: Coherent
Thought Content: wnl
Judgment: fair
Insight: good
Memory: intact

**Correctional Managed Care
MENTAL HEALTH TRIAGE INTERVIEW**

Patient Name: GAINES, BARTON R TDCJ#: 1139507 Date: 02/01/2006 09:20 Facility: ALLRED

A): Impressions: Pt reports his lack of sleep is causing him problems. Pt is still able to go to work and exercise 3 times a week. No severe problems with daily functioning. Appetite is reported as ok. No A/V hallucinations. No obj evidence of severe depression or psychosis. Mood appears stable.

Summary of findings:

- ☒ Does NOT present with potential mental health needs
- ☐ Presents with potential mental health needs (f/u required within 14 days)
- ☐ Presents with emergent needs

P): Disposition:

- ☐ Emergent care required (specify):
- ☐ Refer to medical (specify):
- ☐ Scheduled for follow-up with a Psychiatrist/Mid-level Practitioner within 14 days
- ☐ Scheduled for a Mental Health Evaluation within 14 days.
- ☐ Scheduled for a follow-up clinical interview/evaluation with QMHP within 14 days.
- ☐ Scheduled for a Segregation follow-up within 90 days.
- ☒ No further Chronic Care Program services indicated at this time. O/P voiced understanding of the access to care procedures.
- ☐ No further intervention indicated at this time. Continue to see as scheduled by QMHP.
- ☐ Presents with a serious psychiatric illness but refusing intervention. Placed in the Chronic Care Program. Staff to monitor. Scheduled for assessment with Psychiatrist/Mid-level practitioner. on _____(date).
- ☐ Other (describe):

Electronically Signed by EVANSON, KAREN S MEd on 02/01/2006.

##And No Others##

**Correctional Managed Care
MENTAL HEALTH EVALUATION (MHE)**

Patient Name: GAINES, BARTON R **TDCJ#:** 1139507 **Date:** 02/16/2006 09:03 **Facility:** ALLRED

Age: 23 Years **Race:** W **Sex:** Male

Most recent vitals from 10/28/2004: BP: 121 / 63 (Standing) ; Wt: 178 Lbs.; Height: 70 In.; Pulse: 51 (Standing) ; Resp: 12 / min; Temp: 97.3

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Referral Type:

☐ Counts as MHE and Triage Interview (completed at the same time)
Referral from ☐ I60/SCR ☐ Security ☐ Other (specify):
I60/SCR or referral received, complaints include (address all complaints noted on the I-60/SCR or referral):

☐ MHE referral from a Mental Health Triage Interview
☒ MHE referral from Medical/Clinical Staff
☐ MHE referral from chain-in process

Prior to the Interview:

Risks and benefits were discussed. Informed consent and limits of confidentiality were:

☒ Obtained and documented in the record.
☐ Refused. The MHE will be completed based upon available records & behavioral observations.
☒ The Health Record, including mental health history and mental health screening was reviewed.

Clinical Interview:

Identifying Information: Pt is a 23 yr old male currently incarcerated for agg rob. Sentence is 4 yrs and has served 4 yrs. Was in county jail for possession of marijuana back in 2001. Pt reports hearing from family every week by mail and on occasional visits.

Biopsychosocial history:

Current Mental Health Treatment: none

Current Medical Problems: no

Mental Health Illness and Treatment History: long hx but not treated until age 16. Treated for depression and anxiety. Was prescribed wellbutrin and paxil. Depression was related to both grandparents committed suicide (shot herself before her son died) grandfather committed suicide after son died (shot himself). Had many step fathers after dad passed away.

Substances Abused/Used: Marijuana, alcohol and tired coke and meth.

Self-harm History: no

Other:

Self-report complaints:

Diagnostic Evaluation:

(Possible Delirium) ☐ had difficulty focusing attention, was easily distracted, couldn't keep track
AND ☐ disorganized, incoherent, rambling, irrelevant thoughts, illogical, unclear
OR ☐ level of consciousness either hyper-alert, drowsy, difficult/unable to arouse
☒ No evidence

(Possible Psychosis) ☐ hears/sees things others can't see or hear
☐ has special powers or unique messages just for him
☐ feels he's being watched, followed, or persecuted (more than expected)
☐ has thoughts controlled by others or can control their thoughts
☒ No evidence

(Possible Mania) ☐ feels "high" much of the time or persistently irritable
☐ sleeps very little and is not tired the next day

Name: GAINES, BARTON R Date: Feb 16, 2006 Facility: ALLRED TDCJ#: 1139507

**Correctional Managed Care
MENTAL HEALTH EVALUATION (MHE)**

Patient Name: GAINES, BARTON R TDCJ#: 1139507 Date: 02/16/2006 09:03 Facility: ALLRED

☐ has racing thoughts or excessive talking
☒ No evidence

(Possible Depression) ☐ sad, depressed, or lost interest in most activities persistently over 2 weeks
☒ sleep problems and tired the next day
☒ appetite/weight change
☐ decreased energy/evidence of psychomotor problems
☐ No evidence

(Other Symptoms) ☐ No evidence ☐ Other:

Risk Management:

☒ Denies self-harm thoughts, plan or intent (**Quote response**). no
☐ Reports self-harm thoughts, plan or intent (**see Self-Harm Risk Assessment**)
☒ Denies thoughts, plan or intent of harming others (**Quote response**). no
☐ Reports thoughts, plan or intent of harming others (**Describe**):

O): Psychological Testing: ☒ Not Completed ☐ Completed (see below):

Assessments Utilized:
Summary of Results:

Current Mental Status:

Level of Consciousness: ☒ alert ☐ drowsy ☐ stupor ☐ unresponsive ☐ hyper-alert

Oriented to: ☒ person ☒ place ☒ time ☒ current situation

Appearance:

Body build: ☒ normal ☐ obese ☐ thin

Posture: ☒ normal ☐ rigid ☐ slumped ☐ threatening

Grooming: ☒ clean ☐ neat ☐ bad odor ☐ dirty

Manner: ☒ cooperative ☐ uncooperative ☐ hostile ☐ suspicious ☐ sexually inappropriate

Clothing: ☒ appropriate ☐ inappropriate (describe):

Condition of Cell: ☒ N/A ☐ clean ☐ neat ☐ messy ☐ dirty ☐ unsanitary

Motor Functioning: ☒ no problems ☐ retardation ☐ agitation ☐ abnormal movements
(describe):

Speech:

Rate: ☒ no problems ☐ delayed response ☐ rapid ☐ pressured

Volume: ☒ normal ☐ loud ☐ soft ☐ inaudible

Amount: ☒ normal ☐ mute ☐ minimal answers ☐ hyper-talkative

Articulation: ☒ clear ☐ mumbled ☐ slurred

Mood: ☒ normal ☐ depressed ☐ fearful ☐ irritable ☐ angry ☐ elevated ☐ expansive

Affect: ☒ appropriate ☐ inappropriate

☐ broad ☐ restricted ☐ blunted ☐ flat

☐ stable/consistent ☐ unstable/labile

Thought Processing:

☒ coherent ☒ goal-directed ☒ logical ☒ well organized ☐ spontaneous

☐ incoherent ☐ indecisive ☐ illogical

☐ blocking ☐ clanging ☐ echolalia ☐ perseveration

☐ circumstantial ☐ tangential ☐ loose associations ☐ flight of ideas

Thought Content: ☒ no problems ☐ self-harm ideations ☐ homicidal ideations ☐ obsessions

Delusions: ☐ reference ☐ persecution ☐ grandiose ☐ somatic ☐ guilt ☐ mind reading

☐ thought control ☐ thought withdrawal ☐

thought insertion

☐ thought broadcasting

Perceptions: ☒ no problems ☐ misinterpretations ☐ illusions

Hallucinations: ☐ visual ☐ auditory ☐ tactile ☐ olfactory ☐ gustatory

Estimated Intelligence: ☐ average ☐ below average ☐ above average

Judgment: ☒ good ☐ fair ☐ poor

Insight: ☒ aware of problems ☐ unaware/denying obvious problems

Name: GAINES, BARTON R Date: Feb 16, 2006 Facility: ALLRED TDCJ#: 1139507

**Correctional Managed Care
MENTAL HEALTH EVALUATION (MHE)**

Patient Name: GAINES, BARTON R **TDCJ#:** 1139507 **Date:** 02/16/2006 09:03 **Facility:** ALLRED

Attention/Concentration:

☒ no problems ☐ inability to attend or shift attention

Ability to spell WORLD backwards: ☐ able ☐ unable

Memory: ☒ no problems ☐ problems with:

- ☐ registration (unable to repeat APPLE, CHAIR, DOG)
- ☐ immediate memory (unable to repeat digits forward 5 7 9 3 1)
- ☐ recent (unable to remember his last meal)
- ☐ remote (unable to recall his DOB or TDCJ number)
- ☐ recall (unable to recall APPLE, CHAIR, DOG after 3 minutes)

A): Summary of Findings: Pt reports no A/V hallucinations. No SI/HI ideation. Appetite is reported as ok. Sleeps 1 to 3 hrs and then is restless and cannot go back to sleep. Pt works in laundry and is reporting no problems. Pt reports that reading seems to calm him down and relax. Pt was kept and did not display any signs of excessive tiredness (pt was alert, no redness or bags under eyes, able to focus and engage in daily activities). Mood appears stable.

DSM-IV-TR Diagnostic Impressions:

Axis I: No axis I/II diagnosis

Axis II:

Axis III: deferred

Axis IV: Incarceration,

Axis V: Current GAF = 64

P): Disposition:

☐ Emergent care required (specify):

☐ Referred for further evaluation/consultation (describe type):

☐ Scheduled Chronic Care Program follow-up with QMHP (specify time frame):

☐ Scheduled segregation follow-up within 90 days

☐ Begin individual therapy (describe):

☒ No further intervention indicated at this time.

☒ Offender voices understanding of access to care procedures.

☐ Presents with a serious psychiatric illness but refusing intervention. Placed in the Chronic Care Program. Staff to monitor. Scheduled for assessment with Psychiatrist/Mid-level practitioner. on _____(date).

☐ Other (describe):

☐ Place in Chronic Care Program (Must be seen again for ITP update within 6 months).

Name: GAINES, BARTON R Date: Feb 16, 2006 Facility: ALLRED TDCJ#: 1139507

**Correctional Managed Care
MENTAL HEALTH EVALUATION (MHE)**

Patient Name: GAINES, BARTON R **TDCJ#:** 1139507 **Date:** 02/16/2006 09:03 **Facility:** ALLRED

--__ Individual Treatment Plan (specify goals or paste from EMR):

Electronically Signed by EVANSON, KAREN S MEd on 02/16/2006.
##And No Others##

Name: GAINES, BARTON R Date: Feb 16, 2006 Facility: ALLRED TDCJ#: 1139507

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Date & Time	Notes
2/20/06 0740	① CBC E diff, SMA14, Thyroid panel ② EKG to Rhythm 1700 W. Lewis 2/20/06
	WASSEL A. LEWIS M.D.

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CLINIC NOTES**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION**

Name: Gaines, B
 TDCJ No.: 1139507
 Unit: JH

Date & Time	Notes
2/20/06	Psychiatric Evaluation
0715	<p>Initial Evaluation or Follow-up See MD/MLP Sick Call Ex 2/16/06; MHT I 1/19/06 and 2/11/06; MHE 2/16/06; CL-69 1/14/04 and 1/9/03</p> <p>S): Psychiatric tx for: Reported history of 25 lb weight loss, insomnia and history of court ordered treatment at MURR. Warden asked psych to eval "I am having trouble sleeping and having panic attacks x 2 mo's states panic attacks last throughout the day, states he had the same symptoms for which he took Paxil x 2 yrs which helped him and Wellbutrin which also helped. Had no reason why he stopped taking meds other than "I did not need it." He mentioned associated palpitations, nightmares, difficult staying asleep. Current appetite OK, sleep 8 hrs. weekly, No H/S thoughts, Denies HIV Infection.</p> <p>Past History: No sexual or physical abuse</p> <p>Prison x1, Jail x1 no juvenile arrest. Has 8th grade education (family problems). I was rebellious, using drugs, drinking alcohol and school problems. Went to rehab center at age 14 (M.T. Ale, cocaine, methamphetamine). Did not finish program because mother kicked him out. No gang activity. No marriages. No children. Longest job x 2 mo's. Was fired from three jobs, currently works in laundry since 9/05 and prior to that was in vocational rehab. states he goes to rec, reads novels</p> <p>Denies Hx heart problems, seizures or passing out episodes</p> <p>Self-Harm Risk Management:</p> <p><input checked="" type="checkbox"/> Denies being a self-harm risk.</p> <p><input type="checkbox"/> Reports being a self-harm risk.</p> <p>O): Current Mental Status: wt 178 lbs was able to give prison # F+B 5 pro problems</p> <p>Brief MSE reveals 23 yo C /M</p> <p>Appearance / Behavior w/o male, no distress noted. Was calm, good eye contact.</p> <p>Speech / Language normal rate and tone, coherent and relevant</p> <p>Sensorium clear</p>

Please sign each entry with status.

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WASSEL A. LEWIS M.D.

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CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: GAINES, B
TDCJ No.: 1139507
Unit: JA

Date & Time	Psychiatric Evaluation
2/20/06	Mood / Affect <u>Euthymic / Anxious</u>
0715	Thought / Perceptions <u>No delirious noted</u>
	Risk / Impulse Control <u>Fair</u>
	A): Diagnosis
	Axis I <u>NO Dx</u> Axis III <u>NO Dx</u>
	Axis II
	P): Disposition / Individual Treatment Plan:
	PULHES <u>I A 17</u> III IV V
	ITP Goals: <u>Evaluate to determine any diagnosis</u>
	Medication:
	Compliant Non-Compliant
	RTC: <u>1 mo</u>
	Medication Order: <u>None</u>
	Lab: <u>CBC, SMA, ur, Thyroid panel, EKG to R/O arrhythmia</u>
	Monitor by MH Staff yes no
	Side effects and risk and benefits of medication were discussed with O/P and O/P voiced understanding. <u>No objective evidence of psychosis severe anxiety or depression. Current presentation not consistent with reported SA. Will do labs and evaluate again. His reliability is questionable. He now admits to family his emotional problems which he denied on two previous occasions</u>
	Signature & Title <u>[Signature]</u> <u>I did not deny this. They recorded it wrong</u>

Please sign each entry with status.

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WASSEL A. LEWIS M.D.

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CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Gaines, B
TDCJ No.: 1139507
Unit: JA

Date & Time	Notes
3/20/06	Psychiatric Evaluation
0735	Initial Evaluation or Follow-up
	S): Psychiatric tx for: No Dx. Currently not on meds. Last dose 3/1/06 were WNL. "I am doing OK" states himself is going "OK". Appetite/sleep "pretty good". Denies H/S thoughts. Denies M/V habits. Stated mother visited him last week. He requested be here on meds which helped with anxiety (Paxil). His presentation was not consistent w/ above complaint. I agreed to give him a trial Prozac to report anxiety/depression.
	Past History:
	Self-Harm Risk Management:
	<input checked="" type="checkbox"/> Denies being a self-harm risk.
	<input type="checkbox"/> Reports being a self-harm risk.
	O): Current Mental Status:
	Brief MSE reveals 23 yo C /M
	Appearance / Behavior WNL, no distress, was calm, good eye contact
	Speech / Language coherent & relevant
	Sensorium clear

Please sign each entry with status.

WASSEL A. LEWIS M.D.

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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION**

Name: Games, B
TDCJ No.: 1139507
Unit: J1A

Date & Time	Psychiatric Evaluation
3/20/06	Mood / Affect Neutral / Restricted
0735	Thought / Perceptions No distortions noted
	Risk / Impulse Control Fair
	A): Diagnosis
	Axis I Anxiety disorder Major depressive disorder Axis III
	Axis II
	P): Disposition / Individual Treatment Plan:
	PULHES 2BT III 19, 20, 21 IV A V A
	ITP Goals: Free anxious/depressive SA
	Medication:
	Compliant Non-Compliant
	RTC: 1mo
	Medication Order: Prozac 20mg qd 5R
	Lab:
	Monitor by MH Staff <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
	Prozac Side effects and risk and benefits of medication were discussed
	with O/P and O/P voiced understanding. H/C/D Anxiety and some depressive which are not apparent in his presentation. However will give him trial Prozac and monitor benefits
	Signature & Title H/Leo

Please sign each entry with status.

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WASSEL A. LEWIS M.D.

Name: Gains, B
TDCJ No.: 1139507
Unit: 5A

Date & Time	Notes
3/20/06	(1) Prozac 20 mg qd SR
0735	(2) Pulites to 2 AT III 14, 20, 25 10-11 V-11
	1000 11/11/11 320-06 0810

WASSEL A. LEWIS M.D.

Please sign each entry with status.

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WASSEL A. LEWIS, M.D.

Rx: GAINES, BARTON R
MRN: 1139507 03/20/2006
Address: 2101 FM 369 N
IOWA PARK, TX 76367
Phone: Birth: 10/25/1982 SSN: 451597339

PROZAC 20MG CAPS
Sig: 1 CAPS ORAL(po) BY MOUTH EVERY EVENING
NON-KOP, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE
LITY TO DRIVE OR OPERATE MACHINERY
Disp. #: 30 CAPS Refills: 5
Allow Generic - No product selection indicated

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CORRECTIONAL MANAGED CARE
Mental Health Outpatient Clinic Note

Patient Name: GAINES, BARTON R **TDCJ#:** 1139507 **Date:** 04/15/2008 09:47 **Facility:** ALLRED

Age: 25 Race: W Sex: Male

Patient Language: ENGLISH Name of interpreter, if required:

RENEWAL

PROZAC 40MG PO Q PM X 30 DAYS 5RF

VO DR LEWIS / M STARNES LVN

Electronically Signed by STARNES, MICHAEL R L.V.N. on 04/15/2008.

Electronically Signed by LEWIS, WASSEL A M.D. on 04/15/2008.

##And No Others##

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CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Garner, B
 TDCJ No.: 1139507
 Unit: JA

Date & Time	Notes
4/19/06	Psychiatric Evaluation
0745	Initial Evaluation or <u>Follow-up</u>
	S): Psychiatric tx for: <u>Anxiety disorder NOS, Depressive disorder NOS. Currently on Prozac 20, it's (started 3/20/06) "I am pretty good" sleep reports as a "lot better". Appetite "good". No H/L thoughts. No H/L feelings. States he is ready more, going to see. States his anxiety has stopped, feels less gloomy. He agreed to trial ↑ Prozac.</u>
	Past History:
	Self-Harm Risk Management:
	<input checked="" type="checkbox"/> Denies being a self-harm risk.
	<input type="checkbox"/> Reports being a self-harm risk.
	O): Current Mental Status:
	Brief MSE reveals <u>23</u> yo <u>C</u> /M
	Appearance / Behavior <u>WDMale, no distress, good eye contact.</u>
	Speech / Language <u>coherent & relevant</u>
	Sensorium <u>clear</u>

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CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Garnes, B
TDCJ No.: 1139507
Unit: J14

Date & Time	Psychiatric Evaluation
	Mood / Affect <u>Euthymic / Anxious</u>
	Thought / Perceptions <u>No distortions noted</u>
	Risk / Impulse Control <u>Fair</u>
	A): Diagnosis
	Axis I <u>Depressive disorder NOS</u> Axis III
	Axis II <u>Anxiety disorder NOS</u>
	P): Disposition / Individual Treatment Plan:
	PULSES <u>2BT</u> III <u>19, 20, 21</u> IV <u>A</u> v <u>A</u>
	ITP Goals: <u>Free of anxiety/depressive sx</u>
	Medication:
	<u>Compliant</u> Non-Compliant
	RTC: <u>3mo's</u>
	Medication Order: <u>↑ Prozac to 40mg po qd 5R</u>
	Lab:
	Monitor by MH Staff <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
	<u>Prozac</u> Side effects and risk and benefits of medication were discussed
	with O/P and O/P voiced understanding. <u>Anxiety/Depression reported improved & will ↑ Prozac to 40mg qd to see if further improvement in SA</u>
	Signature & Title

Please sign each entry with status.

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WASSEL A. LEWIS M.D.

Unit: Jm

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

[illegible]

WASSEL A. LEWIS, M.D.

Rx: GAINES, BARTON R
MRN: 1139507 04/19/2006
Address: 2101 FM 369 N
IOWA PARK, TX 76367
Phone: Birth: 10/25/1982 SSN: 451597339

PROZAC 20MG CAPS
Sig: 2 CAPS ORAL(po) BY MOUTH EVERY EVENING
40MG TOTAL
Disp. #: 0 CAPS Refills: 5
Allow Generic - No product selection indicated

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CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Gaines, B.
 TDCJ No.: 1139507
 Unit: JA

Date & Time	Notes
7/31/06	Psychiatric Evaluation
1155	Initial Evaluation of <u>Follow-up</u> see PE 4/19/06
	S): Psychiatric tx for: Depressive disorder, Anxiety disorder NOS, Current on Prozac 40mg HS (increased by 20mg/d 4/14/06). "I am pretty good. Appetite 'OK' sleep 'OK'. No H/S thoughts. No suicidal thoughts. He reads and exercises."
	Past History:
	Self-Harm Risk Management:
	<input checked="" type="checkbox"/> Denies being a self-harm risk.
	<input type="checkbox"/> Reports being a self-harm risk.
	O): Current Mental Status:
	Brief MSE reveals 23 yo C M
	Appearance / Behavior WD male, no distress noted, good eye contact
	Speech / Language normal rate + tone, coherent + relevant
	Sensorium Clear

Please sign each entry with status.

WASSEL A. LEWIS M.D.

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CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Gaines, B
TDCJ No.: 1139507
Unit: JA

Date & Time	Psychiatric Evaluation
7/31/06	Mood / Affect <u>Euphoric / Animated</u>
1155	Thought / Perceptions <u>No distortions reported</u>
	Risk / Impulse Control <u>Fair</u>
	A): Diagnosis
	Axis I <u>Depressive disorder NOS</u> Axis III
	Axis II <u>Anxiety disorder NOS</u>
	P): Disposition / Individual Treatment Plan:
	PULHES <u>2 BT III 19, 20, 21 IV A V A</u>
	ITP Goals: <u>Free of anxiety / depressive Sx</u>
	Medication:
	<u>Compliant</u> Non-Compliant
	RTC: <u>6 mo</u>
	Medication Order:
	Lab:
	Monitor by MH Staff <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
	<u>Prozac</u> Side effects and risk and benefits of medication were discussed
	with O/P and O/P voiced understanding. <u>No reports or objective evidence of psychosis, anxiety or depression</u>
	Signature & Title <u>Jf Cooley</u>

Please sign each entry with status.

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WASSEL A. LEWIS M.D.

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

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CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Gains, B
TDCJ No.: 1138507
Unit: JH

Date & Time	Psychiatric Evaluation
1/24/07	Mood / Affect <u>Euthymic / Anxious</u>
1000	Thought / Perceptions <u>No delusions reported</u>
	Risk / Impulse Control <u>Fair</u>
	A): Diagnosis
	Axis I <u>Depressive disorder NOS</u> Axis III
	Axis II <u>Anxiety disorder NOS</u>
	P): Disposition / Individual Treatment Plan:
	PULHES <u>2 PST</u> III <u>19, 20, 21</u> IV <u>A</u> V <u>A</u>
	ITP Goals: <u>Free</u>
	Medication:
	Compliant Non-Compliant
	RTC: <u>low anxiety / depressive sx</u>
	Medication Order:
	Lab:
	Monitor by MH Staff <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
	<u>Prozac</u> Side effects and risk and benefits of medication were discussed
	with O/P and O/P voiced understanding. <u>No objective evidence of psychosis</u>
	<u>Severe anxiety or severe depression</u>
	Signature & Title <u>[Signature]</u>

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

WASSEL A. LEWIS M.D.

Scanned by WELBURN, KATHY I in facility ALLRED on 01/24/2007 12:03

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Games, B
TDCJ No.: 1139507
Unit: JA

Date & Time	Notes
1/24/07	Psychiatric Evaluation
1008	Initial Evaluation or Follow-up See PE 2/31/06
	S): Psychiatric tx for: Depressive disorder NOS, Anxiety disorder NOS. He is currently on Prozac 40, HS. Appetite / sleep "OK". No H/S thoughts. No A/V halluc. State he had visitors from home last week. Gets letters from home weekly.
	Past History:
	Self-Harm Risk Management:
	<input checked="" type="checkbox"/> Denies being a self-harm risk.
	<input type="checkbox"/> Reports being a self-harm risk.
	O): Current Mental Status:
	Brief MSE reveals 24 yo C /M
	Appearance / Behavior Unusual, no distress. Good eye contact. Seemingly good
	Speech / Language normal rate & tone, coherent & relevant
	Sensorium Clear

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

WASSEL A. LEWIS M.D.

Patient Name: GAINES, BARTON R **TDCJ#:** 113950/ **Date:** 04/03/2007 08:08 **Facility:** ALLRED

Age: 24 Race: W Sex: Male

Patient Language: ENGLISH Name of interpreter, if required:

RENEWAL

PROZAC 40MG PO Q PM X 30 DAYS 5 RF

●, CHEM 14, THYROID PANEL

VO DR LEWIS / M STARNES LVN

Electronically Signed by STARNES, MICHAEL R L.V.N. on 04/03/2007.

Electronically Signed by LEWIS, WASSEL A M.D. on 04/03/2007.

##And No Others##

MEDICATION PASS

04/03/2007

Scanned by MCREYNOLDS, PATRICIA A in facility ALLRED on 04/03/2007 20:25

TDC NO.: 01139507

NAME: GAINES, BARTON RAY

UNIT: JA

HOUSING LOCATION: BLDG 4-E-1 ROW 2

CELL: 12

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
FLUOXETINE 20MG CAPSULE	LEWIS, WASSEL A	03/15/07	04/13/07	5 5	00/00/00
TAKE 2 CAPS (40MG) PO Q PM X 30 DAYS					
FLUOXETINE 20MG CAPSULE	LEWIS, WASSEL A	04/14/07	05/13/07	0 5	10/10/07
TAKE 2 CAPS (40MG) PO Q PM X 30 DAYS					

NS

Scanned by WELBURN, KATHY I in facility ALLRED on 07/03/2007 07:25

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Garnes, B
TDCJ No.: 123507
Unit: JA

Date & Time	Psychiatric Evaluation
7/2/07	Mood / Affect <u>Euthymic / Anxious</u>
1230	Thought / Perceptions <u>No delusions reported</u>
	Risk / Impulse Control <u>Low</u>
	A): Diagnosis
	Axis I <u>Depressive disorder NOS</u> Axis III
	Axis II <u>Anxiety disorder NOS</u>
	P): Disposition / Individual Treatment Plan:
	PULHES <u>2BT</u> III <u>19, 20, 21</u> IV <u>A</u> V <u>A</u>
	ITP Goals: <u>Free of severe depression or anxiety</u>
	Medication:
	Compliant <input checked="" type="checkbox"/> Non-Compliant <input type="checkbox"/>
	RTC: <u>3mo</u>
	Medication Order: <u>Prozac 40mg HS (already started today)</u>
	Lab:
	Monitor by MH Staff <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
	<u>Prozac</u> Side effects and risk and benefits of medication were discussed
	with O/P and O/P voiced understanding. <u>No objective evidence of psychosis, severe anxiety or severe depression</u>
	<u>most stable.</u>
	Signature & Title <u>[Signature]</u>
	ease sign each entry with status.
	WM - 1 (Rev. 5/92)
	WASSEL A. LEWIS M.D.

Scanned by WELBURN, KATHY I in facility ALLRED on 07/03/2007 07:25

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Games, B
 TDCJ No.: 1139507
 Unit: JM

Date & Time	Notes
7/2/07	Psychiatric Evaluation
1230	Initial Evaluation or Follow-up See PE 1124107, 4/19/06, MHCCPM 71207 S): Psychiatric tx for: Depressive disorder NOS, Anxiety disorder NOS. He is currently on Prozac 40mg HS. He was recently sent to ER b/s Throwing (stabbed in chest). Somehow his Prozac was stopped when he went to the hospital but was not restarted until today. "I am OK". Appetite "good", sleep OK. No H/S thoughts. No HIV related
	Past History:
	Self-Harm Risk Management:
	<input checked="" type="checkbox"/> Denies being a self-harm risk.
	<input type="checkbox"/> Reports being a self-harm risk.
	O): Current Mental Status:
	Brief MSE reveals 24 yo C Mwt 185 lbs
	Appearance / Behavior up male, up dressed, good eye contact, calm
	Speech / Language normal rate & tone, coherent & relevant
	Sensorium Clear

Please sign each entry with status.

IM - 1 (Rev. 5/92)

WASSEL A. LEWIS M.D.

**Correctional Managed Care
MENTAL HEALTH CHRONIC CARE PROGRAM MONITORING**

Name: GAINES, BARTON R

TDCJ#: 1139507

Date: 06/28/2007 09:27

Facility: ALLRED

Age: 24 Years Race: W Sex: Male

Most recent vitals from 06/27/2007: BP: 157 / 75 (Sitting) ; Wt: ; Height: 70 In.; Pulse: 67 (Sitting) ; Resp: 18 / min; Temp: 97.9 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Type: ☐ Weekly ADSEG/ADSEP ☒ 5 days/week PHD, SOL, LOP
☐ Treatment non-compliant, monitored closely by staff, and awaiting disposition
☐ Other (describe)

S): Presenting Problem(s):

Self-Report: ☐ Voices no complaints ☒ Other (describe below): "I haven't received my meds since I got here yesterday. Can you please tell the nurse?"

Self-Harm Risk Management:

☒ Denies being a self-harm risk
☐ Reports being a self-harm risk. **Self-Harm Risk Assessment completed** (see record).

O): Current Mental Status:

Level of Consciousness: alert
Oriented to: x4
Appearance: appropriate
Behavior: cooperative
Motor Functioning: wnl
Speech: coherent
Mood: euthymic
Affect: congruent to mood
Thought Processing: goal-directed
Thought Content: clear
Judgment: limited
Insight: limited
Memory: intact

A): Assessment: No acute distress noted. No objective evidence of psychosis or depression. Thinking is clear and goal-directed. Mood appears to be stable. Patient denied thoughts of self harm. Patient's only concern this date is his medication. He just transferred to 11 building 2 days ago.

P): Disposition:

☐ Follow-up scheduled (specify):
☒ Referred to (describe): **Referred med question to psych nurse**
☐ Other (describe):
☐ Individual Treatment Plan (for all 2BR or 3NR O/Ps, specify goals):
☐ Continue with regularly scheduled rounds

Electronically Signed by ONDER, JOE LPC on 06/28/2007.
Electronically Signed by STARNES, MICHAEL R L.V.N. on 06/29/2007.
###And No Others###

**Correctional Managed Care
MENTAL HEALTH CHRONIC CARE PROGRAM MONITORING**

Name: GAINES, BARTON R
Facility: ALLRED

TDCJ#: 1139507

Date: 06/29/2007 09:07

Age: 24 Years **Race:** W **Sex:** Male

Most recent vitals from 06/27/2007: BP: 157 / 75 (Sitting) ; Wt: ; Height: 70 In.; Pulse: 67 (Sitting) ; Resp: 18 / min; Temp: 97.9 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Type: ☐ Weekly ADSEG/ADSEP ☒ 5 days/week PHD, SOL, LOP
☐ Treatment non-compliant, monitored closely by staff, and awaiting disposition
☐ Other (describe)

S): Presenting Problem(s):

Self-Report: ☒ Voices no complaints ☐ Other (describe below):

Self-Harm Risk Management:

☒ Denies being a self-harm risk
☐ Reports being a self-harm risk. **Self-Harm Risk Assessment completed** (see record).

O): Current Mental Status:

Level of Consciousness: alert
Oriented to: x4
Appearance: appropriate
Behavior: cooperative
Motor Functioning: wnl
Speech: coherent
Mood: euthymic
Affect: congruent to mood
Thought Processing: goal-directed
Thought Content: clear
Judgment: limited
Insight: limited
Memory: intact

A): Assessment: No acute distress noted. No objective evidence of psychosis or depression. Thinking is clear and goal-directed. Mood appears to be stable. Patient denied thoughts of self harm.

P): Disposition:

☐ Follow-up scheduled (specify):
☐ Referred to (describe):
☐ Other (describe):
☐ Individual Treatment Plan (for all 2BR or 3NR O/Ps, specify goals):
☒ Continue with regularly scheduled rounds

Electronically Signed by ONDER, JOE LPC on 06/29/2007.
##And No Others##

MEDICATION PASS

10/26/2007

Scanned by MCREYNOLDS, PATRICIA A in facility ALLRED on 10/26/2007 13:49

TDC NO.: 01139507

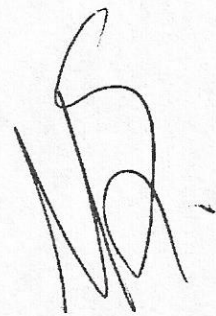
NAME: GAINES, BARTON RAY

UNIT: JA

HOUSING LOCATION: BLDG 8-K-1 ROW 3

CELL: 19

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
FLUOXETINE 20MG CAPSULE	LEWIS, WASSEL A	09/30/07	10/29/07	3 3	00/00/00
TAKE 2 CAPS PO Q PM X 30 DAYS					
FLUOXETINE 20MG CAPSULE	LEWIS, WASSEL A	10/30/07	11/28/07	0 5	04/26/08
TAKE 2 CAPS (40MG) PO Q PM X 30 DAYS					

A handwritten signature in black ink, appearing to be 'NA' with a flourish.

Patient Name: GAINES, BARTON R **TDCJ#:** 1139507 **Date:** 10/26/2007 10:07 **Facility:** ALLRED

Age: 25 Race: W Sex: Male

Patient Language: ENGLISH **Name of interpreter, if required:**

RENEWAL

PROZAC 40MG PO Q PM X 30 DAYS 5RF

DR LEWIS / M STARNES LVN

Electronically Signed by STARNES, MICHAEL R L.V.N. on 10/26/2007.
Electronically Signed by LEWIS, WASSEL A M.D. on 10/26/2007.
##And No Others##

Patient Name: GAINES, BARTON R **TDCJ#:** 1139507 **Date:** 11/05/2007 13:40 **Facility:** ALLRED

Age: 25 Race: W Sex: Male

Patient Language: ENGLISH **Name of interpreter, if required:**

APPT R/S DUE TO UNIT LOCKDOWN.

Electronically Signed by STARNES, MICHAEL R L.V.N. on 11/05/2007.
##And No Others##

Scanned by COMBS, CAROL J in facility ALLRED on 11/28/2007 12:25

MEDICATION PASS

11/27/2007

TDC NO.: 01139507

UNIT: JA

NAME: GAINES, BARTON RAY

HOUSING LOCATION: BLDG 8-K-1 ROW 3

CELL: 19

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
FLUOXETINE 20MG CAPSULE	LEWIS, WASSEL A	10/30/07	11/28/07	0 5	04/26/08
TAKE 2 CAPS (40MG) PO Q	PM X 30 DAYS				
FLUOXETINE 20MG CAPSULE	LEWIS, WASSEL A	11/29/07	12/28/07	1 5	04/26/08
TAKE 2 CAPS (40MG) PO Q	PM X 30 DAYS				
SELENIUM SULF. 2.5% SUSP J	DOTY, LAWRENCE R	11/27/07	12/26/07	0 0	00/00/00
APPLY DAILY TO AFFECTED AREA X 30 DAYS (4REFL)-KOP.					
TETRACYCLINE 500MG CAPSULE	DOTY, LAWRENCE R	11/27/07	12/06/07	0 0	00/00/00
TAKE 1 CAPSULE 2 X DAY X 10 DAYS-KOP.					

JA

Patient Name: GAINES, BARTON R TDCJ#: 1139507 Date: 12/06/2007 10:12 Facility: ARLAND
Age: 25 Race: W Sex: Male

Patient Language: ENGLISH Name of interpreter, if required:

APPT R/S DUE TO SUSPENDED ACTIVITY.



Electronically Signed by STARNES, MICHAEL R L.V.N. on 12/06/2007.
##And No Others##

Date: 06/29/2007 13:02
From: CAROL COMBS
To: CAROL COMBS J(E);
Subject: missed clinic note
Re: BARTON GAINES

MISSED CLINIC VISIT REPORT

PATIENT: GAINES, BARTON R TDCJ #: 1139507 FACILITY: ALLRED

This patient missed the scheduled clinic visit for today, Jun 29, 2007, due to:

☒ Due to security(11 Bldg)--psc--f/u puncture wounds

Please review chart information and advise of needed reschedules or other actions.

☒ Reschedule

Date: 07/03/2007 13:42
From: CAROL COMBS
To: CAROL COMBS J(E);
Subject: missed clinic note
Re: BARTON GAINES

MISSED CLINIC VISIT REPORT

PATIENT: GAINES, BARTON R TDCJ #: 1139507 FACILITY: ALLRED

This patient missed the scheduled clinic visit for today, Jul 03, 2007, due to:

(☒) Due to security(11 bldg)--psc--f/u puncture wounds

Please review chart information and advise of needed reschedules or other actions.

(☒) Reschedule

Date: 07/11/2007 12:56
From: KENYON PAGE
To: KENYON PAGE D(E);
Subject: Missed clinic note
Re: BARTON GAINES

MISSED CLINIC VISIT REPORT

PATIENT: GAINES, BARTON R TDCJ #: 1139507 FACILITY: ALLRED

This patient missed the scheduled clinic visit for today, Jul 11, 2007, due to:

- ☒ No Show to psc for F/U PUNCTURE WOUNDS due to DNA testing
- ☐ Refusal
- ☐ Ad Seg Patient - No Show due to no escort available
- ☐ Patient left clinic without being seen by the provider

Please review chart information and advise of needed reschedules or other actions.

- ☒ Reschedule
- ☐ Do Not Reschedule

Date: 11/09/2007 14:08
From: KATHY WELBURN
To: WELBURN, KATHY I(E);
Subject: Missed Clinic Note
Re: BARTON GAINES

MISSED CLINIC VISIT REPORT

PATIENT: GAINES, BARTON R TDCJ #: 1139507 FACILITY: ALLRED

This patient missed the scheduled clinic visit for today, Nov 09, 2007, due to:

- ☐ No Show
- ☐ Refusal
- ☒ Lockdown - No Show due to no escort available -appt with Dr. Lewis
- ☐ Patient left clinic without being seen by the provider

Please review chart information and advise of needed reschedules or other actions.

- ☒ Reschedule
- ☐ Do Not Reschedule

Date: 12/19/2007 12:31
From: KATHY WELBURN
To: WELBURN, KATHY I(E);
Subject: Missed Clinic Note
Re: BARTON GAINES

MISSED CLINIC VISIT REPORT

PATIENT: GAINES, BARTON R TDCJ #: 1139507 FACILITY: ALLRED

This patient missed the scheduled clinic visit for today, Dec 19, 2007, due to:

- ☒ No Show-appt with Dr. Lewis
- ☐ Refusal
- ☐ Ad Seg Patient - No Show due to no escort available
- ☐ Patient left clinic without being seen by the provider

Please review chart information and advise of needed reschedules or other actions.

- ☒ Reschedule
- ☐ Do Not Reschedule

Scanned by ALLEN, GAYLENE A in facility ALLRED on 04/15/2008 12:33N PASS

04/15/2008

TDC NO.: 01139507
UNIT: JA

NAME: GAINES, BARTON RAY
HOUSING LOCATION: BLDG 4-D-3 ROW 2

CELL: 62

DRUG	PREScriBER	START DT	EXP DATE	RENEW	FINAL EXP
FLUOXETINE 20MG CAPSULE	LEWIS, WASSEL A	03/28/08	04/26/08	5 5	00/00/00
TAKE 2 CAPS (40MG) PO Q	PM X 30 DAYS				
FLUOXETINE 20MG CAPSULE	LEWIS, WASSEL A	04/27/08	05/26/08	0 5	10/23/08
TAKE 2 CAPS (40MG) PO Q	PM X 30 DAYS				

NS

Scanned by WELBURN, KATHY I in facility ALLRED on 04/30/2008 07:52

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Gaines, B
TDCJ No.: 1139507
Unit: JH

Date & Time	Psychiatric Evaluation
4/29/08	Mood / Affect <u>Euthymic / Anxious</u>
0910	Thought / Perceptions <u>No delusions reported</u>
	Risk / Impulse Control <u>Fair</u>
	A): Diagnosis
	Axis I <u>Depressive disorder NOS</u> Axis III
	Axis II <u>Anxiety disorder NOS</u>
	P): Disposition / Individual Treatment Plan:
	PULHES <u>2-15T</u> III <u>19, 20, 21</u> IV <u>A</u> V <u>A</u>
	ITP Goals: <u>Free of severe depression & anxiety</u>
	Medication:
	Compliant Non-Compliant
	RTC: <u>6 mos</u>
	Medication Order:
	Lab: <u>CBC, SMA, T4, Thyroid panel</u>
	Monitor by MH Staff <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
	<u>Prozac</u> Side effects and risk and benefits of medication were discussed
	with O/P and O/P voiced understanding. <u>No objective evidence of psychosis, severe anxiety or severe depression. Attention & love good</u>
	Signature & Title <u>WASSEL A. LEWIS M.D.</u>

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

Scanned by WELBURN, KATHY I in facility ALLRED on 04/30/2008 07:52

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Gaines, B
TDCJ No.: 1139507
Unit: JH

Date & Time	Notes
4/29/08	Psychiatric Evaluation
0910	Initial Evaluation or Follow-up. See DE 7/21/07
	S): Psychiatric tx for: Depressive disorder NOS, Anxiety disorder NOS. He is on Prozac 40, 10. "I am OK". Appetite (sleep) good. No H/L thoughts. No HIV related. No more chest pain. States he works out exercises and runs.
	Past History:
	Self-Harm Risk Management:
	<input checked="" type="checkbox"/> Denies being a self-harm risk.
	<input type="checkbox"/> Reports being a self-harm risk.
	O): Current Mental Status:
	Brief MSE reveals 25 yo C M Wt 205 lbs
	Appearance / Behavior W/ male, no distress, good eye contact, pleasant
	Speech / Language normal rate & tone, coherent & relevant
	Sensorium Clear

Please sign each entry with status.

WASSEL A. LEWIS M.D.

HSM - 1 (Rev. 5/92)

DOC 5: GENERAL PRISON RECORDS

Texas Department of Criminal Justice INSTITUTIONAL DIVISION

4D-376

Inter-Office Communications

To: Offender Gaines, Burton
TDCJ# 1139507

Date: July 28, 2009

From: N. Davis CMII
James V. Allred Unit

Subject: Visitation

This letter is to inform you that per the Unit Warden, Melissa Adams has been removed from your approved visitation list. This decision was made to protect the safety and security of the institution. You have the right to appeal this through the grievance process. This is for your information. You may write to Warden Williams in 6 months and asked if she can be placed back onto your list.

Cc: Offender file

JAKIE L. JAMES - TAMEC WILLIAMS

**Texas Department of Criminal Justice
INSTITUTIONAL DIVISION**

Inter-Office Communications

To: Offender Gaines, Barton
TDCJ# 1139507

Date: September 16, 2009

From: T. Vitolo, CUC *T. Vitolo*
James V. Alfred Unit

Subject: Visitation

This letter is to inform you that per the Unit Warden, Gail Inman has been removed from your approved visitation list. This decision was made to protect the safety and security of the institution. You have the right to appeal this through the grievance process. This is for your information.

Cc: Offender file

Clyde L. Hargrove

Texas Department of Criminal Justice
INSTITUTIONAL DIVISION

Inter-Office Communications

To: Offender Gaines, Barton
TDCJ# 1139507

Date: March 30, 2010

From: J. Smith, CMII
James V. Allred Unit

Subject: Visitation

This letter is to inform you that per the Unit Warden, James Adams has been removed from your approved visitation list. You have the right to appeal this through the grievance process. This is for your information.

Cc: Offender file



X IP ☐ OPT ☐ OPS

PATIENT NAME				PATIENT INFORMATION									
GAINES, BARTON 1201 FM ALLRED IOWA PARK' TX 763670000 WICHITA				OT RELGN	M SEX	S M/S	10/25/1982 DATE OF BIRTH	24Y AGE	2 FC	W MC	VIP	ACCOUNT NUMBER 11111192979	
				inmate IOWA PARK EMPLOYER INFORMATION							SOC. SEC. NUMBER 001139507 MEDICAL RECORD NUMBER 440987		
NEAREST RELATIVE-CONTACT #1				EMERGENCY NOTIFICATION-CONTACT #2				ADMITTING INFORMATION					
								6/27/2007 REGISTER DATE	0:24 TIME OF REGISTER	I PATIENT TYPE			
								LIVING WILL u - 24 No - Info Was Provided					
ATTENDING OR ER PHYSICIAN MERCER, LEO				NATURE OF ACCIDENT Admitting Diagnosis: \Trm,stab wound									

[illegible]

REMARKS



EXPIRED AT _____ HOURS DATE _____
 UNDER 24 HOURS _____ UNDER 48 HOURS _____ OVER 48 HOURS _____
 AUTOPSY _____

DATE _____

SIGNATURE OF ATTENDING PHYSICIAN



rev 03/07 smcschart.jsn

CHART COPY - Page 1 of 1		UNITED REGIONAL HEALTH CARE SYSTEM		Printed: 05/19/2008 11:49
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007	Service Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN		REQ: 137011, DET: 1188559 IK: 13642977 ITK: 21714 EK: 3094419 VER: 1		

☒ IP ☐ OPT ☐ OPS



PATIENT NAME		PATIENT INFORMATION									
GAINES, BARTON 1201 FM ALLRED IOWA PARK TX 763670000 WICHITA		OT	M	S	10/25/1982	24Y	2	W		ACCOUNT NUMBER	
		RELGN	SEX	M/S	DATE OF BIRTH	AGE	FC	MC	VIP	11111192979	
		inmate IOWA PARK EMPLOYER INFORMATION							SOC. SEC. NUMBER 001139507 MEDICAL RECORD NUMBER 440987		

NEAREST RELATIVE-CONTACT #1		EMERGENCY NOTIFICATION-CONTACT #2		ADMITTING INFORMATION		
				6/27/2007	0:24	I
				REGISTER DATE	TIME OF REGISTER	PATIENT TYPE
				LIVING WILL u-24 No-Info Was Provided		
ATTENDING OR ER PHYSICIAN MERCER, LEO		NATURE OF ACCIDENT Admitting Diagnosis: \Tmm,stab wound				

SUMMARY		ICD-9-CODE
PRINCIPAL DIAGNOSIS		
SECONDARY DIAGNOSIS		
PRINCIPAL PROCEDURE: DATE PERFORMED:		PROCEDURES
SECONDARY PROCEDURE: DATE PERFORMED:		

REMARKS



EXPIRED AT _____ HOURS DATE _____
UNDER 24 HOURS _____ UNDER 48 HOURS _____ OVER 48 HOURS _____
AUTOPSY _____
DATE _____

SIGNATURE OF ATTENDING PHYSICIAN

rev 03/07 emcschart.jsn

CHART COPY - Page 1 of 1		UNITED REGIONAL HEALTH CARE SYSTEM		Printed: 05/19/2008 11:49	
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007	Service Dates: 06/27/2007-06/27/2007	
Copy for: ROI MGT TGREEN		REQ: 137011, DET: 1188559 IK: 13642977 ITK: 21714 EK: 3094419 VER: 1			

UNITED REGIONAL HEALTH CARE SYSTEM
WICHITA FALLS, TEXAS

HISTORY AND PHYSICAL

Patient Name: GAINES, BARTON
Medical Record: 440987
Admit Date: 06/27/2007
Room Number: S444
Physician: TAMMY L. SARTOR, M.D.
Discharge Date: 06/27/2007
Procedure Date:

REQUESTING PHYSICIAN
Dr. P. Chapa

CHIEF COMPLAINT
Trauma.

HISTORY OF PRESENT ILLNESS

This patient is a 24-year-old white male who was apparently stabbed multiple times by a 4 inch nail. The patient is an inmate at Allred prison. He was brought to United Regional Health Care System. The stab wounds are all on the patient's left side in his chest, left abdomen and left thigh. At this point, the patient is really complaining of nothing and is not having any difficulty breathing.

PAST MEDICAL HISTORY

Tonsils and adenoids at 7 years old.

OUTPATIENT MEDICATIONS

Including herbal and over-the-counter medications are none.

MEDICATION ALLERGIES
None.

SOCIAL HISTORY

The patient is an inmate. He does not smoke or chew tobacco. He denies alcohol or drug use.

FAMILY HISTORY

Non-contributory.

REVIEW OF SYSTEMS

Positive for some shortness of breath.

PHYSICAL EXAM

VITAL SIGNS: On arrival to the emergency room at 22:30, blood pressure 133/73, pulse 99, respiratory rate 18 and temperature 97.8. O2 saturation 100% on room air. GCS is 4, 5 and 6. Pain is 5 out of 10. State weight and height is 180 lbs on a 5 feet 11 inch frame. By the time I saw the patient at approximately 11:30, his blood pressure was 139/53, pulse 84, respiratory rate 17. O2 saturation was 100% on room air. GCS remained at a 4, 5 and 6, and his pain scale was still a 5.

GENERAL: Physical examination reveals a fairly pleasant, very well-developed white male in no apparent distress. He is a bit hypervigilant. He is, however alert, oriented times 3 and cooperative.

HEENT: Normocephalic atraumatic. Pinna are normal. There are no nasal abnormalities noted externally. Dentition is fairly well maintained. Mucous membranes are moist. Eyes are pupils are equal, round, and reactive to light and accommodation. Sclera are anicteric. Lids are normal with no lid lag.

HISTORY & PHYSICAL - Page 1 of 1 Part 1/2		UNITED REGIONAL HEALTH CARE SYSTEM		Printed: 05/19/2008 11:49
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007	Service Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN		REQ: 137011, DET: 1188560 IK: 13639497 ITK: 20884 EK: 3196182 VER: 3		

NECK: Trachea is midline. No jugular venous distention. No subQ air. Thyroid is soft without masses.
 LYMPHATICS: No cervical, supra or infraclavicular adenopathy is noted.
 CHEST: There is some subQ air on the left side. There are approximately 3 chest stab wounds on the left lateral chest.
 LUNGS: Clear without wheezes, rales or rhonchi. He has excellent excursion. There is no hyperresonance.
 CARDIOVASCULAR: Regular rate and rhythm without murmurs, gallops or rubs. There are no carotid bruits heard.
 SKIN: Warm and dry. There are multiple tattoos, but no evidence of recurrent boils. Capillary refill is 2-3 seconds.
 ABDOMEN: Tender in the left upper quadrant, but not markedly so. There are no peritoneal signs. No masses, rebound or guarding. There are about 3 stab wounds in the left abdomen. There is no evidence of any umbilical or groin hernias bilaterally, even on Valsalva.
 RECTAL/GU EXAMINATION: Not performed by me.
 EXTREMITIES: Grossly neurovascularly intact. There is one punctate stab wound in the left thigh laterally.

LABORATORY DATA

Laboratory is reviewed, but not reiterated.

RADIOGRAPHIC DATA

CT scan of the chest, abdomen and pelvis was performed along with plain films of the chest. The plain x-rays revealed no evidence of pneumothorax. The CT scan reveals a small pneumothorax on the left. No evidence of any bleeding or fluid in the patient's abdomen or pelvis is noted.

IMPRESSION

Multiple stab wounds with a 4 inch nail leading to a left pneumothorax approximately 10-15%.

PLAN

I intend to manage this initially nonoperatively, but he will be watched closely through the night. I am concerned, of course, about the pneumothorax. A morning chest x-ray will also be obtained to insure that this is not increasing in size.

CHART COPY ONLY

Final version of document obtained only from SRM - Record Manager.
 Preliminary report until authenticated by the physician and permanently stored in SRM - Record Manager.

TLS/cc

D: 06/27/2007 10:04:35 Job #: 490684
 T: 06/28/2007 05:26:32 URHCS TRANSCRIPTION

HISTORY & PHYSICAL - Page 1 of 1 Part 2/2	UNITED REGIONAL HEALTH CARE SYSTEM			Printed: 05/19/2008 11:49
Patient: GAINES, BARTON	MR#: 440987	Discharged: 06/27/2007	Service Dates: 06/27/2007-06/27/2007	
Copy For: ROBERT GREEN	Job #: 490684	REQ: 137011, DET: 1188560, IK: 13639497, ITK: 20884, EK: 3126182, VER: 3	Typed: TRANSCRIPTION	

TAMMY L SARTOR, MD
ELECTRONICALLY SIGNED 7/9/2007 11:19

HISTORY & PHYSICAL - Page 1 of 1 Part 2/2		UNITED REGIONAL HEALTH CARE SYSTEM		Printed: 05/19/2008 11:49
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007	Service Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN	REQ: 137011, DET: 1188560 IK: 13639497 ITK: 20884 EK: 3196182 VER: 3			

44222 11111192979

GAINES , BARTON

1111192979

440987

6/27/2007 Admit Date

10/25/1982DOB M

MERCER, LEO



**UNITED REGIONAL
HEALTHCARE SYSTEM**

MEDICATION ADMINISTRATION RECORD

rev 10/06marscheduledmeds.taw

SCHEDULED MEDS

FOR THE PERIOD 6126101 THROUGH 6127107

PAGE

UNIT
HT
WT

ROOM 444 BED

SQ M BODY
Est CrCl

ALLERGIES:

DIAGNOSIS:

[illegible]

SIGNATURE KEY	
Name/Title/Shift	Initials
Chittenden, RAL 7P-7A	CP
Brandon, LWR 7P-7A	BS

LG - LEFT GLUTEUS	RG - RIGHT GLUTEUS
LD - LEFT DELTOID	RD - RIGHT DELTOID
LL - LEFT LEG	RL - RIGHT LEG
LA - LEFT ARM	RA - RIGHT ARM
LAB - LEFT ABDOMEN	RAB - RIGHT ABDOMEN
PO - ORAL	T - TOPICAL
RECT - RECTAL	NG - NG TUBE

44222 11111192979

GAINES , BARTON

1111192979

440987

6/27/2007 Admit Date

10/25/1982DOB M

MERCER, LEO



**UNITED REGIONAL
HEALTHCARE SYSTEM**

MEDICATION ADMINISTRATION RECORD

rev 10/06 ewcnote.taw

PRN MEDS

FOR THE PERIOD 6/26/07 THROUGH 6/28/10

PAGE

UNIT
HT
WT

ROOM 444 BED
SQ M BODY
Est CrCl

ALLERGIES:

DIAGNOSIS:

[illegible]

SIGNATURE KEY	
Name/Title/Shift	Initials
Brandon, LVA 7P-7A	BB

LG - LEFT GLUTEUS	RG - RIGHT GLUTEUS
LD - LEFT DELTOID	RD - RIGHT DELTOID
LL - LEFT LEG	RL - RIGHT LEG
LA - LEFT ARM	RA - RIGHT ARM
LAB - LEFT ABDOMEN	RAB - RIGHT ABDOMEN
PO - ORAL	T - TOPICAL
RECT - RECTAL	NG - NG TUBE

MARS - Page 2 of 4		UNITED REGIONAL HEALTH CARE SYSTEM		Printed: 05/19/2008 11:49
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007	Service Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN		REQ: 137011, DET: 1188562 IK: 13642978 ITR: 22167 EK: 3094421 VER: 1		



FOR THE PERIOD 06/27/07 07:00 THROUGH 06/28/07 06:59

PAGE 1

ALLERGIES: NO KNOWN ALLERGIES

DIAGNOSIS: \Trm, stab wound

[illegible]

SIGNATURE KEY	
Name/Title/Shift	Initials
<i>Madoff</i>	<i>MA</i>
<i>7A Bunkinshaw</i>	<i>BA</i>
<i>Col Brandon WA 7P-7A</i>	<i>CB</i>

LG - LEFT GLUTEUS	RG - RIGHT GLUTEUS
LD - LEFT DELTOID	RD - RIGHT DELTOID
LL - RIGHT LEG	RL - RIGHT LEG
LA - LEFT ARM	RA - RIGHT ARM
LAB - LEFT ABDOMEN	RAB - RIGHT ABDOMEN

OS - LEFT EYE	OU - BOTH EYES	OD - RIGHT EYES
PO - ORAL	T - TOPICAL	RECT - RECTAL
		NG - NG TUBE

06/27/07 PAGE 1 (continued)

MARS - Page 3 of 4		UNITED REGIONAL HEALTH CARE SYSTEM		Printed: 05/19/2008 11:49
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007	Service Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN		REQ: 137011, DET: 1188563 IK: 13642978 ITK: 22167 EK: 3094422 VER: 1		



MEDICATION ADMINISTRATION RECORD - PRN

United Regional
Health Care System

11111192979

MR 44-09-87

ACCT 1111192979

FOR THE PERIOD 06/27/07 07:00 THROUGH 06/28/07 06:59

UNIT S4W

ROOM S444

BED 01

GAINES, BARTON

ADM 06/27/07

PAGE 2

DOB 10/25/82 24Y M

DR SARTOR, T. TRM

HT 5 FT11 IN = 177.5 CM

SQ M BODY 2.030 M2

WT 180.0 LB = 81.0 KGM

Est CrCl

ALLERGIES:

NO KNOWN ALLERGIES

DIAGNOSIS:

\Trm,stab wound

[illegible][illegible]

LG - LEFT GLUTEUS	RG - RIGHT GLUTEUS
LD - LEFT DELTOID	RD - RIGHT DELTOID
LL - LEFT LEG	RL - RIGHT LEG
LA - LEFT ARM	RA - RIGHT ARM
LAB - LEFT ABDOMEN	RAB - RIGHT ABDOMEN

OS - LEFT EYE	OU - BOTH EYES	OD - RIGHT EYES
PO - ORAL	T - TOPICAL	RECT - RECTAL
		NG - NG TUBE

06/27/07 PAGE 2 (end of report)

MARS - Page 4 of 4		UNITED REGIONAL HEALTH CARE SYSTEM		Printed: 05/19/2008 11:49	
Patient: GAINES, BARTON		MR#: 440987		Discharged: 06/27/2007 Service Dates: 06/27/2007-06/27/2007	
Copy for: ROI MGT TGREEN		REO: 137011, DPT: 1188564 IK: 13642978 ITK: 22167 EK: 3094423 VER: 1			



unitedregiona

Close Observation Flow Sheet

rev 03/07 cobsflow1.jsn

Q1° x 4/

[illegible]

Instructions:

1. To be used for close observation items ordered more than q 4°.
2. Only mark applicable areas.
3. Remark column may be used for other checks ordered more than q 4°.

Focus:

- ☐ Close observation ☐ Post-Op Vital Signs ☐ Neurovascular Checks
☐ Special Lab Observation ☐ Titration

Signatures:

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

CLOSE OBSERVATION FLOW SHEET

FLOW SHEET - Page 1 of 1		UNITED REGIONAL HEALTH CARE SYSTEM		Printed: 05/19/2008 11:49
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007	Service Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN	REQ: 137011, DET: 1188565 IK: 13642981 ITK: 22194 EK: 3094428 VER: 1			



UNITED REGIONAL HEALTH CARE SYSTEM
44-08-87
GAINES, BARTON
CHAPA, PHILLIP
DOB 10/25/1982M 24Y ADM 6/26/2007
1111192979



united regional

**ADMISSION / DISCHARGE
MEDICATION RECONCILIATION LIST**

8331.117E (Rev. 5-07)

Page _____ of _____ Scanned to Pharmacy on _____ at _____Page 65 of Appendix 4



UNITED REGIONAL HEALTH CARE SYSTEM
44-09-87
GAINES, BARTON
MERCER, LEO
DOB 10/25/1982 M 24Y ADM 6/27/2007
1111192979



United Regional
Health Care System

Trauma Services Admission Orders

Date: 6/26/07

Time: 2350

HT 5'11" WT 180

Allergies: NKA

S/P SW @ chest, abd

@ pneumo, small

Admit to Trauma Services: Dr. Mercer

Orders will be initiated if the box is checked

☒ VS Q 1 hr v4 then q4

☐ Foley Catheter

☐ Advance mobility as tolerated

☐ Diet: NPO

IV Fluids

☐ D5NS at ___ ml/hr

Laboratory

☒ SMA 8

☐ SMA 14

☐ H&H

☒ CBC

☐ Amylase & Lipase

Radiology

☒ Chest X-ray in am

☐ CT of

Ulcer prophylaxis

☒ Protonix 40 mg IVPB Q daily

☐ Protonix 40 mg PO Q daily

☐ Famotidine (Pepcid) 20 mg every 12 hours

Pain Management:

☐ Lorazepam 10 mg 1 (one) PO every six hours as needed for pain

☐ Vicoprofen 7.5 mg 1 (one) every six hours as needed for pain

☐ PCA Morphine 1 mg basal rate, 1 mg each 15 minutes with 5 mg per hour limit. Titrate per protocol.

☒ Toradol 30 mg IVP every 6 (six) hours for 6 (six) doses.

Antibiotic Therapy

☐ Ancef 1 (one) gm IVPB every 6 (six) hours

☐ Gentamycin ___ mg IVPB once daily

☐ Unasyn ___ gm IVPB every 6 (six) hours

☐ Clindamycin ___ mg IVPB every 6 (six) hours

☐ Zosyn ___ gm IVPB every 6 (six) hours

Ancillary Medications

☐ Tylenol 650 mg ☐ PO/NG ☐ PR Q 4 (four) hours as needed for pain or temperature greater than 101° F

☐ Phenergan ☐ 6.25 mg ☐ 12 mg IVP every 6 hours as needed for nausea/vomiting

☒ Zofran 4 mg IVP Every 8 hours as needed for nausea/vomiting

☐ Benadryl 25 mg IVP every six hours as needed for itching

☐ Dulcolax suppository 1 (one) PR for constipation. May repeat one time if no results from first dose

Glucose Management

☐ BBG every ___ hours

☐ Sliding Scale Insulin: Hyperglycemia Protocol Algorithm

DVT/PE Prophylaxis

☒ Lovenox 30 mg subcutaneous every 12 hours

☐ SCD hose on patient at all times

☐ AV impulse boots

Respiratory Therapy

☐ Albuterol 2.5 mg/3mL via nebulization every 4 (four) hours and PRN every 2 hours for wheezing or shortness of breath

☐ Levalbuterol ☐ 0.63 mg ☐ 1.25 mg via nebulization every 8 hours for wheezing or shortness of breath

☐ O2 per nasal cannula titrate to keep O2 Sat > 90%

Call physician or trauma nurse clinician for:

☒ Temperature greater than 101° F

☒ Urine output less than 30 ml per hour

☒ Heart rate greater than 100

☒ Systolic blood pressure less than 100

☐ New onset shortness of breath

☐ Increasing oxygen demand

☐ O2 Saturation less than 90 %

☐ Decreased level of consciousness

Physician's Signature

Date/Time

Revised: January 30, 2007

TRAU 0002
FAXED

PHYSICIANS ORDERS - Page 2 of 3		UNITED REGIONAL HEALTH CARE SYSTEM		Printed: 05/19/2008 11:49
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007	Service Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN		REQ: 137011, DET: 1188567 IK: 13642979 ITR: 21553 EK: 3094425 VER: 1		

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Envelope ID: 56940423

Status as of 9/3/2021 9:27 AM CST

Associated Case Party: BARTON RAYGAINES

Name	BarNumber	Email	TimestampSubmitted	Status
Barton RGaines		bartongaines@gmail.com	9/3/2021 9:02:37 AM	SENT