CFMG
California Forensic Medical Group
INCORPORATED

Fed

INTAKE TRIAGE ASSESSMENT

Date: 7-1-11 Time: 0330
Previous Jail Record: ☐ No ☒ Yes
When & Where: 2/10

Name: Dow, Marsha
AKA:
DOB: 1-31-53 BKG#: 920917/401424

CURRENT COMPLAINTS / MEDICAL HISTORY

Allergies: NKDA
Fibromyalgia
Panic Attacks
Hx Lung Cancer 2006 (R) Lung removed

MEDICATIONS

Under MD care: ☐ No ☐ Yes MD Name: Dr Albert Lau Pharmacy:
Tel & Address: Rancho Mirage ☐ Medication verified:

Medication Name&Dosage	Last Use	MD Name	Pharmacy	Current Rx
Diazepam 10g ī po pil	took last dose 1 hr ago			Yes ☐
Brought (9 pills)				Yes ☐
Suboxone 8mg/2mg Sublingl po qd took 1 hr ago				Yes ☐
(9 Ends)				Yes ☐
				Yes ☐

CURRENT STATUS

Cooperative: ☐ No ☒ Yes LOC: A/O x 3 Pain scale (1 - 10): 5 Other:
B/P: 118/70 P: 86 T: 98.6 R: 18 Pulse Ox (if indicated): VS Deferred: ☐ Reason:
Gait: ☒ Steady ☐ Unstable Assist. Device: ☒ No ☐ Yes What: Pupils: ☒ Equal Size ☒ Reactive
Speech: ☒ Clear ☐ Slurred Skin: ☒ Warm & Dry ☐ Diaphoretic Chest Pain: ☒ No ☐ Yes SOB: ☒ No ☐ Yes
HA: ☒ No ☐ Yes Vertigo: ☒ No ☐ Yes Blurred Vision: ☒ No ☐ Yes Recent Head Injury: ☒ No ☐ Yes
☐ Signs of Trauma What:
Where: Placed meds in lock up / sealed
Comments: States can't take opiates for pain Ambulates well Lungs clear Respiration non labored Skin warm & dry MAE

SUBSTANCE USE / ABUSE

UI (drugs/alcohol): ☒ No ☐ Yes Other:
Alcohol: ☒ Denies ☐ Yes Type:
Freq: Amt: Last Use:
☐ Hx W/D Type: Last Experienced:
Drugs: ☒ Denies ☐ Yes Type:
☐ PO ☐ IV ☐ IN ☐ Other Freq: Amt: Last Use:
☐ Hx W/D Type: Last Experienced:
Comments:

☐ ETOH W/D Protocol(see Doctor Order) ☐ Opiate Protocol (see Doctor Order)

Hx Diabetes: ☐ NIDDM ☐ IDDM Diet: Date&Time Last Meal: BS (if indicated):

CFMG-ITA-2

EXHIBIT D

DIABETES ASSESSMENT

Insulin type	Dose & Freq	Last Dose Taken
	Denies	

Oral Diabetic Agent	Dose & Freq	Last Dose Taken
	Denies	

PREGNANCY ASSESSMENT

~~Pregnant: ☐ No ☐ Yes HCG: ☐ neg~~ ☐ pos Gravida: Para: LMP:

Fetal Movement: ☐ No ☐ Yes Blurred Vision: ☐ No ☐ Yes Elevated B/P: ☐ No ☐ Yes HA: ☐ No ☐ Yes

Weight Loss: ☐ No ☐ Yes Epigastric Pain: ☐ No ☐ Yes Edema: ☐ No ☐ Yes N/V: ☐ No ☐ Yes

N/A

Vaginal Discharge: ☐ No ☐ Yes Other: ____

Prenatal Care: ☐ No ☐ Yes Physician / Clinic: ____ Last exam: ____

Substance Use / Abuse: ☐ No ☐ Yes (complete substance use section of form) **Methadone:** ☐ **No** ☐ **Yes**

Comments:

☐ Pregnancy Protocol initiated (*See Doctor order sheet*)

PLAN & COMMENTS

Appears Comfortable. Denies SI. Good eye Contact.
See above will put for MD sick Call & [illegible]
Brought 9 pills of Valium & 9 Envelopes of Sublingual [illegible]
Suboxone.

☐ ROI sent ☐ PSYCH Assessment (*See Form*) ☐ Chronic Care Protocol

REFERRAL

☐ Call OCP ☐ Next SC ☐ DDS category____

☐ ED ☐ SC PRN ☐ ~~MH~~ / Psych Nurse Line

☑ MD SC on ____ ☐ Other: ____

PLACEMENT

☑ House per classification ☐ Sobering Cell (*start "Safety/Sobering" log*)

☐ Safety Cell (*start "Safety/Sobering" log*) ☐ OPHU / SH (Special Housing)

☐ Resp. Isolation ☐ LB/LT ☐ Other: ____

[signature] 7-1-11 @ 0730

Staff Signature & Title *Date & Time*

____ ____

RN / NP / PA / MD Co-Signature *Date & Time*

EXHIBIT D