

BEFORE HONORABLE DAVID BURNETT, JUDGE OF THE CIRCUIT
COURT WESTERN DISTRICT OF CRAIGHEAD COUNTY
ARKANSAS, ON 19TH MARCH, 1994

STATE OF ARKANSAS

PLAINTIFF

VS

CR-93-450 & CR-93-450A

CAPITAL MURDER

CHARLES JASON BALDWIN
DAMIEN WAYNE ECHOLS

DEFENDANTS

000001

| | INDEX | PAGE NO. |
|----|---------------------|----------|
| 1. | CAPTION | 1 |
| 2. | INDEX | 2 |
| 3. | EXHIBITS | 3-507 |
| 3. | CLERK'S CERTIFICATE | 508 |
| 4. | CERTIFICATE OF COST | 509 |

000002



LEGAL INVESTIGATIONS

ATTORNEY WORK PRODUCT - PRIVILEGED AND CONFIDENTIAL INFORMATION

MICHAEL "DAMIEN" ECHOLS

CASE NO.: 1700-00-30182

BY: GLORI J. SHETTLES

INQUISITOR, INC.
GARDEN LEVEL, SUITE 1
80 MONROE AVENUE
MEMPHIS, TENNESSEE 38103
(901) 526-6576

000003



LEGAL INVESTIGATIONS

ATTORNEY WORK PRODUCT - PRIVILEGED AND CONFIDENTIAL INFORMATION

MICHAEL "DAMIEN" ECHOLS
CASE NO. 1700-00-30182

TABLE OF CONTENTS

MENTAL HEALTH RECORDS:

CHRONOLOGY OF TREATMENT

ADMISSION TO EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER 05/07/92

ARKANSAS DISABILITY DETERMINATION RECORDS

ADMISSION TO ST. VINCENT'S HOSPITAL AND MEDICAL CENTER 09/02/92

ADMISSION TO CHARTER HOSPITAL OF LITTLE ROCK 06/01/92 AND 09/14/92

000004



ATTORNEY WORK PRODUCT - PRIVILEGED AND CONFIDENTIAL INFORMATION

MICHAEL "DAMIEN" ECHOLS
CASE NO. 1700-00-30182

CHRONOLOGY OF TREATMENT

000005

CHRONOLOGY OF
TREATMENT

PRIVILEGED AND CONFIDENTIAL - ATTORNEY WORK PRODUCT

MEMORANDUM

TO: MICHAEL ECHOLS FILE (CASE #1700-00-30182)
FROM: GLORI J. SHETTLES
RE: CHRONOLOGY OF TREATMENT
DATE: AUGUST 2, 1993

- 05-07-92 Referral for family treatment made by DHS based on sexual abuse. Cannot determine if any treatment received.
- 06-01-92 Jerry Driver refers to Charter following charges of Burglary, Terroristic Threatening, Sexual Misconduct. Had been in Jonesboro Detention since 05-92, exact date not given. Admitted to Charter - Anti-depressant medication given.
- 06-25-92 Discharged from Charter. Family leaving state.
- 09-02-92 Admitted to St. Vincent's Hospital, Portland, Oregon. Suicidal, threatening family, drug use, parental concern re: satanism.
- 09-04-92 Discharged. Hospital indicates they called Oregon Probation Officer to call Arkansas Probation Officer. Family does not want him to live with them. Michael to return to Arkansas by bus. Hospital agrees.
- 09-10-92 Referral to Charter by Jerry Driver. Had been in Detention Center. Sucked blood of inmate.
- 09-14-92 Re-admitted to Charter. Probation violated by returning to Arkansas. Threatening parents.
- 09-28-92 Discharged from Charter to reside with Jack Echols. Follow-up with mental health center.
- 01-05-93 Mental Health Center re-opens case.
- 01-13-93 Scheduled session.
- 01-19-93 Scheduled session.
- 01-25-93 Scheduled session.
- 02-05-93 Scheduled session (found in S.S.I. material).
- 05-05-93 Physician's Progress Report.

000006

PRIVILEGED AND CONFIDENTIAL - ATTORNEY WORK PRODUCT

1. East Arkansas Regional Mental Health Center
105 W. Harrison
West Memphis, AR 72301
501/735-6923

05-07-92 Arkansas Human Services makes referral for Echols family - open protective services case on family - Gloria Stevenson, Family Service Worker I. Referral indicates Pam thinks Michelle is lying. Damien holds Jack in low regard and feels sexual abuse allegations are true. Pam says Damien is in need of counseling as he feels he is "smarter than everyone else." He has little regard for others and their main purpose is to use and bring harm to others around them. Unclear if Damien is seen at this time. Time frame is when he and Deanna ran away.

06-01-92 Intake sheet - court referral (Jerry Driver) for screening for hospitalization. Had been in Jonesboro Detention since attempting to run away with 15 year old girlfriend last month. Had made suicide pact if could not be together. Expressing suicidal thoughts. Denies being abused, however, this is "strongly questioned." Denies feeling violent - sees fighting at school as release. States he has one friend. "A friend is someone who would die for you..."

07-24-92 Referred to Charter - Little Rock. Charter intake report same date - dressed all in black - small gold cross stud earring in left ear. Nails filed to points. Question of satanic involvement by court. MHC closes case.

01-05-93 Case re-opened at Mental Health Center. Referred by Charter after discharge. Currently on probation. States problems began at age 9 with Jack Echols. Family at this time living in Portland. Living with Jack Echols as only way he can live in Arkansas. He will live with Domini and her mother when they get an apartment. Reports self-mutilation. Will "trance out" since 5th grade - doesn't have to deal with what's going on.

Reports history of drug abuse - Alcohol, cocaine, acid, pot. Denies current usage.

02-11-93 Reports being harassed by local authorities as "they think I'm a satanic leader." Admits he has satanic items, but denies cult involvement. Has been interested in witchcraft for past eight years. Medication: Tofranil 150 mg.

Diagnostic change of status: Depressive Disorder, other specified circumstances based on treatment records from previous admission received.

000007

PRIVILEGED AND CONFIDENTIAL - ATTORNEY WORK PRODUCT

- 01-13-93 Notes from scheduled session. Brought by Echols. Dressed in black with silver cross. Reports doesn't feel like he belongs anywhere. History of moving from place to place. Problem he wants to work on is being able to forgive others. Wants to be normal, feels he has never been normal. Discussed issues of power and control. Believes very much in magic.
- 01-19-93 Notes from session. Mother told him to apply for disability. Wants to live on his own. Speaks of abuse and says "I just put it all inside." Describes anger is more like rage. Very damaging notes.
- 01-20-93 Progress notes. Imipramine 50. Three daily. Has been on Tofranil 150 mg at bedtime for a year. Hospitalizations associated with thoughts of killing himself and others.
- 01-25-93 Notes from session. Dressed in black. This is very damaging - speaks of rituals, drinking blood, more involved in demonology. Cannot remember early tantrums.
- 05-05-93 Physician's progress report. See report of Dr. Easley 01-20-93. Noted Imipramine 50 mg.
- 05-06-93 Information sheet.

2. Arkansas Disability Determination Report 03-05-93.

Applied for disability 02-01-93. Determination made by reports of Charter, MHC, Vincent's. Have all reports except 02-05-93 session at MHC - cut Domini's name in arm. Was angry - ran into former girlfriend, but controlled anger.

3. St. Vincent Hospital and Medical Center
9205 S.W. Barnes Road
Portland, OR 97225
503/291-2251

Admitted 09-02-92

Diagnosis - Suicidal Ideation, Depression. Admitted through Emergency Room - parents called police - alleged threat to parents. Parents stated he has been abusing drugs. Threatening suicide.

Information was consistent from Michael. Parents expressed concern that he was involved in satanism. Felt family members were in danger. Michael stirred chocolate with a spoon. Grandmother accused him of having knife, but wasn't true. Was given battery of tests. Tested well above average for age and grade level.

Discharged 09-04-93. Probation officer made phone arrangements for Michael to return to Arkansas and check in with probation office upon arrival. Michael missed friends and parents thought it was best he return without them. Hospital agreed. Did not feel he was suicidal or a threat.

PRIVILEGED AND CONFIDENTIAL - ATTORNEY WORK PRODUCT

4. Charter Hospital Records
1601 Murphy Drive
Maumelle, AR 72113
501/851-8700

Admitted 06-01-92. Referred by Joe Hutcheson, Probation Officer (not believed to be Echols' father). Was at Jonesboro Detention Center for 2-3 weeks. Court ordered admission. (Reports may have typo - admitted 06-21-92, discharged 06-25-92). Information from detention center - Damien and girlfriend to have baby and sacrifice it. Damien denies this. States he is involved in witchcraft, not satanism. Alleged to have chased younger child with ax and attempted to set house on fire. Damien denies this. States girlfriend's family wants him in trouble. Admits to violence and attempting to enucleate peer's eye at school. Suspensions and disruptive at school. Has heart problems, asthma, bronchitis, and migraine headaches. On 06-05-92, Imipramine 50 mg. Increased to 100 mg, 06-12-92. Was originally to go to Mid-South but as Deanna was there, court order changed to Charter.

06-03-92 Psychological evaluation, Tina Deaton speaks of name change. Information from Pam is very contradictory. Damien indicates he has two friends that he would "die for." He has a blood brother. While waiting in police car, thought Deanna's father was going to do something to her in an aggressive manner. Was able to take safety off officer's gun left in police car. Would have shot her father if he had acted in an aggressive manner. Progress notes are included but are handwritten and somewhat difficult to read. Speaks to depression, bizarre behavior, but feels he is making progress.

06-25-92 Discharged with medication and monitored by Jerry Driver. Family indicated they were moving to Denver, Colorado. Prosecuting Attorney was in agreement with Damien leaving state. Not felt to be a danger to himself or to others per doctor.

06-08-92 Psychological test results Lewis F. Bracy, Ph. D. - Depressed, does not trust others, non-psychotic.

09-10-92 Jerry Driver called Charter. Detention Center - sucked blood from arm of boy. Rubbed blood on his own face. Re-admitted to Charter, 09-14-92. Temporary custody to aunt, Patricia Liggett, to admit to hospital. Probation violated - threatened to kill father. Indicates Damien ran away - very contradictory. Broke probation by returning to Arkansas.

09-15-92 Psycho-social assessment age is in error. Notes he is 15 years old. Information received from Damien and Jerry Driver.

Damien's behavior has become frightening to community members in Jonesboro (in error on report). Had been suspected of witchcraft and/or devil worship prior to incident involving arrest. This report is very much in error with regard to fact incidents. Again, thought to be suicidal, but not afraid to die, per Damien. Knows he can "come back." Progress notes handwritten.

PRIVILEGED AND CONFIDENTIAL - ATTORNEY WORK PRODUCT

09-21-92 Note - discharge planning with mother in Oregon. Will live with Echols. Will not participate in occult beliefs. Notes about behavior, but discharge plans for 09-28-92.

Discharge Summary notes behavior had stabilized where he no longer needed to remain in acute care setting. Damien "contracted" that he will not attempt o harm anyone after time of discharge. Follow-up with mental health center Imipramine 100 mg.

09-28-92 Discharge.

000010



LEGAL INVESTIGATIONS

ATTORNEY WORK PRODUCT - PRIVILEGED AND CONFIDENTIAL INFORMATION

MICHAEL "DAMIEN" ECHOLS
CASE NO. 1700-00-30182

ADMISSION TO EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER

05/07/92

000011

E. ARK. REG.
05/07/92 ADMISSION



LEGAL INVESTIGATIONS

GARDEN LEVEL, SUITE 1
80 MONROE AVENUE
MEMPHIS, TN 38103
PHONE (901) 528-6576
FAX (901) 523-9281

July 6, 1993

East Arkansas Regional Mental Health Center
105 West Harrison
West Memphis, AR 72301

RE: Damien Wayne Echols

To Whom It May Concern:

We have been retained to conduct an investigation by the attorneys of the above referenced.

We are requesting all records, evaluation, treatment notes, medications prescribed and any other information regarding the treatment of Mr. Echols.

Please note the attached release of information. Feel free to call upon me should you have questions regarding this request.

Sincerely,

INQUISITOR, INC.

Glori J. Shettles

Enclosure

GJS/nv

000012

NASHVILLE: SUITE 415, 222 SECOND AVENUE NORTH • NASHVILLE, TN 37201 • PHONE (615) 254-4181 • FAX (615) 254-4184
JACKSON: SUITE 340, ONE JACKSON PLACE, 188 E. CAPITOL ST. • JACKSON, MS 39201 • PHONE (601) 353-2941 • FAX (601) 353-2956
KNOXVILLE: SUITE 210, TWO CENTRE SQUARE, 625 GAY STREET • KNOXVILLE, TN 37902 • PHONE (615) 522-1688 • FAX (615) 522-1673

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my agent, INQUISITOR, INC.,
to request and receive from EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER

any and all documents, reports or information relating in any manner to me. I further release custodians and possessors of such information from any and all liability for its disclosures to my agent. The authority herein granted includes, but is not limited to, educational, employment history, credit, financial, medical reports of physical and/or mental disorders, Internal Revenue Service, Selective Service, Military, Veterans Administration, and law enforcement information. The authority includes, but is not limited to, the inspection, copying, and receipt of documents, photographs and all other written or recorded information and the receipt of oral information.

I hereby request that all persons cooperate fully in providing the
INQUISITOR, INC. such information. A photostatic reproduction of an executed copy of this Authorization For Release Of Information will accompany requests for information or documents.

Danien Wayne Echols
SIGNATURE

6-16-93
DATE

M. J. Skottles
WITNESS

C00013

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my agent, INQUISITOR, INC.,
to request and receive from EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER

any and all documents, reports or information relating in any manner to me. I further release custodians and possessors of such information from any and all liability for its disclosures to my agent. The authority herein granted includes, but is not limited to, educational, employment history, credit, financial, medical reports of physical and/or mental disorders, Internal Revenue Service, Selective Service, Military, Veterans Administration, and law enforcement information. The authority includes, but is not limited to, the inspection, copying, and receipt of documents, photographs and all other written or recorded information and the receipt of oral information.

I hereby request that all persons cooperate fully in providing the
INQUISITOR, INC. such information. A photostatic reproduction of an executed copy of this Authorization For Release Of Information will accompany requests for information or documents.

Michael Wayne Hutchison
SIGNATURE

6-16-93
DATE

Mike Shettles
WITNESS

000014

EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER



J. E. Chauvin, President
William I. Ivey 3rd, M.S., Executive Director

105 W. Harrison
West Memphis, Arkansas 72301
(501) 735-6923

July 13, 1993

Ms. Gloria J. Shettles
Inquisitor Inc.
Garden Level, Suite 1
80 Monroe
Memphis, Tennessee 38103

RE: Damien Echols
SSN: [REDACTED]
DOB: 12-11-74

Dear Ms. Shettles:

Please find enclosed copies of the information requested on the above named individual.

Feel free to contact this agency should additional information be required.

Sincerely,

Carol Blansett, R.N.
Mental Health Nurse

CB/mg

Encl.

c: File

000C15

Serving Crittenden, Cross, Lee, Monroe, Phillips and St. Francis Counties

This Agency is in compliance with Title VII of the Civil Rights Act

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my agent, INQUISITOR, INC.,
to request and receive from EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER

any and all documents, reports or information relating in any manner to me. I further release custodians and possessors of such information from any and all liability for its disclosures to my agent. The authority herein granted includes, but is not limited to, educational, employment history, credit, financial, medical reports of physical and/or mental disorders, Internal Revenue Service, Selective Service, Military, Veterans Administration, and law enforcement information. The authority includes, but is not limited to, the inspection, copying, and receipt of documents, photographs and all other written or recorded information and the receipt of oral information.

I hereby request that all persons cooperate fully in providing the
INQUISITOR, INC. such information. A photostatic reproduction of an executed copy of this Authorization For Release Of Information will accompany requests for information or documents.

Phonisha J. Hutto
SIGNATURE

6-26-93
DATE

Wm. J. Slatton
WITNESS

000016

EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER



J. E. Chauvin, President
William L. Ivey 3rd, M.S., Executive Director

105 W. Harrison
West Memphis, Arkansas 72301
(501) 735-6923

July 13, 1993

Ms. Gloria J. Shettles
Inquisitor Inc.
Garden Level, Suite 1
80 Monroe
Memphis, Tennessee 38103

RE: Damien Echols
SSN: [REDACTED]
DOB: 12-11-74

Dear Ms. Shettles:

Please find enclosed copies of the information requested on the above named individual.

Feel free to contact this agency should additional information be required.

Sincerely,

Carol Blansett
Carol Blansett, R.N.
Mental Health Nurse

CB/mg

Encl.

c: File

Serving Crittendon, Cross, Lee, Madison, and St. Francis Counties

This Agency is in compliance with Title VII of the Civil Rights Act



Bill Clinton
Governor

Terry Yamauchi, M.D.
Director

Arkansas Department of Human Services Crittenden County

250 Shoppingway
West Memphis, AR 72301-1734
Telephone (501) 732-5170

May 7, 1992

East Arkansas Regional Mental Health Center
105 West Harrison
West Memphis, AR 72301

RE: Pamela J. Echols, DOB: . /58
Michelle Echols, DOB: /77
Damien Echols, DOB: 12/11/74

Dear Sir/Madam:

I am writing in regard to a referral regarding the above named family. This family is in need of counseling and evaluation (See referral attached). We have an open protective Services case on this family.

Please bill these services under Title XX funds.

Sincerely,

Gloria Stevenson
Family Service Worker I

GS:srm

cc: files

000018

MENTAL HEALTH REFERRAL FORM

DATE:

I. VICTIM(S)---NAME(S)---AGE(S):

Michelle Echols, age 14

Damien Echols, age 17

II. ALLEGED PERPETRATOR---NAME & AGE, RELATIONSHIP TO CHILD: (WHEREABOUTS)

Andy "Jack" Echols, age 54, step-father - adopted father (out of home)

III. FAMILY COMPOSITION: ONE SENTENCE DESCRIPTION OF EACH INDIVIDUAL:

Andy "Jack" Echols, W/M, step-father, d.o.b. 1/38-ADOPTED Parent

Pamela J. Echols, W/F, mother, d.o.b. /58

Michelle C. Echols, W/F, victim child, d.o.b. /77

Damien W. Echols, W/M, brother of victim, d.o.b. 12/11/74

Frances Haynes, W/F, maternal grandmother

IV. TYPE OF CHILD ABUSE/NEGLECT---PAST & PRESENT (PHYSICAL FINDINGS):

Child reported her step-father has been sexually abusing her for a long time. Her mother knows about it but has done nothing to stop it. Sexual abuse reportedly occurred periodically from age 7 until present. The abuse included fondling.

V. LEGAL ACTION---PAST & PLANNED:

Sheriff's Department involved, interviewed victim and parents.

Charges pending contingent on counseling - sex offender.

C00019

MENTAL HEALTH REFERRAL FORM (CONTINUE)

VI. SOCIAL SERVICES---CASE PLAN:

Perpetrator will not have unsupervised contact with victim. Perpetrator will attend Woods-Mitchell Counseling Center for Sex Offenders. Family will have IFS. Michelle will seek family planning services at the local Health Department, Michelle and Damien will receive counseling and evaluation at EARMH.

VII. IMPRESSIONS OF CASE WORKER:

It appears that the Echols family has extreme problems related to an on going history of sexual abuse, suspected emotions problems and undefined interpersonal relationship disorders. Mr. Echols admits to being overly affectionate with Michelle and to have been charged for indecently exposing himself to an older daughter, however, Mrs. Echols states she feels Michelle is lying as she has been skipping school and sexually acting out. Michelle alleges to have had several Miscarriages although the mother denies it. Damien Echols on the other hand, holds his adopted father in low regard and feels the allegations are infact true. Mrs. Echols states Damein is in need of counseling and evaluation as he feels he is "smarter than everyone else" and will verbalize this fact. He also reportedly has little regard for others and stated he feels people have no true feeling for each other; Their main purpose is to use and bring harm to others around them. Mrs. Echols reports Damien has attempted to fight wiht her on occasion.

VIII. PROFESSIONALS INVOLVED (NAME, TITLE, AGENCY):

Gloria Stevenson, FSW I, Crittenden County-DCFS
Dollie Ellis, FSW II, Crittenden County-DCFS
James Wood, Family Therapist, Wood Mitchell Counseling Center



Gloria Stevenson

CASEWORKER'S SIGNATURE

C00020

**Arkansas Department of Human Services
Information / Referral**

I. Sending and Receiving Agencies

A To Mental Health 60 18-1 B From CRFS 30 18-1
Agency Code County Code Agency Code County Code
105 W. Harrison 250 Shoppingway Blvd.
Address Address
West Memphis, AR 72301 West Memphis Ark 72301
City State Zip City State Zip
 Attn _____ Worker Name Gloria Stevenson

II. Client Information

A. Name of Referred Damien Echols SSN _____
 Date of Birth 12/11/74
Rt. 2 Box 988 Marion Crittenden 18-1 72301 732-2326
Street City County/Code Zip Telephone No.
 Directions to home Lakeshore Trailer Park

B. Services Requested and Codes

| Service | Code | Service | Code |
|------------------------------------------|-----------|---------|-------|
| <u>Diagnosis/Evaluation</u> | <u>68</u> | _____ | _____ |
| <u>Outpatient Treatment (Counseling)</u> | <u>69</u> | _____ | _____ |

C. Parent or Guardian Pamela J. Echols SAME
If Applicable Address

D. Comments Child is in need of counseling + evaluation due to family history of sexual abuse to younger sister, behavioral problems related to lack of respect for authority/others

III. Confidentiality Waiver

The purpose of this Information & Referral Form has been discussed fully with me. I hereby grant permission to release the contents of this form to authorized representatives of the Department of Human Services for the purpose of securing services and for internal record auditing.

Signature of Witness _____

Signature (Parent/Guardian) _____

IV. Acknowledgement of Receipt of Referral

Person Receiving Referral _____ Date Received _____

Comments _____

Date Keyed _____

C00021 Operator Initial _____

MENTAL HEALTH REFERRAL FORM

DATE:

I. VICTIM(S)---NAME(S)---AGE(S):

Michelle Echols, age 14
Danien Echols, age 17

II. ALLEGED PERPETRATOR---NAME & AGE, RELATIONSHIP TO CHILD: (WHEREABOUTS)

Andy "Jack" Echols, age 54, step-father - adopted father (out of home)

III. FAMILY COMPOSITION: ONE SENTENCE DESCRIPTION OF EACH INDIVIDUAL:

Andy "Jack" Echols, W/M, step-father, d.o.b. /38 - ADOPTED Parent
Pamela J. Echols, W/F, mother, d.o.b. /58
Michelle C. Echols, W/F, victim child, d.o.b. /77
Damien W. Echols, W/M, brother of victim, d.o.b. 12/11/74
Frances Haynes, W/F, maternal grandmother

IV. TYPE OF CHILD ABUSE/NEGLECT---PAST & PRESENT (PHYSICAL FINDINGS):

Child reported her step-father has been sexually abusing her for a long time.
Her mother knows about it but has done nothing to stop it. Sexual abuse reportedly
occurred periodically ~~from~~ age 7 until present. The abuse included fondling.

V. LEGAL ACTION---PAST & PLANNED:

Sheriff's Department involved, interviewed victim and parents.
Charges pending contingent on counseling - sex offender.

000022



Bill Clinton
Governor

Terry Yamauchi, M.D.
Director

Arkansas Department of Human Services Crittenden County

250 Shoppingway
West Memphis, AR 72301-1734
Telephone (501) 732-5170

May 7, 1992

East Arkansas Regional Mental Health Center
105 West Harrison
West Memphis, AR 72301

RE: Pamela J. Echols, DOB: /58
Michelle Echols, DOB: /77
Damien Echols, DOB: 12/11/74

Dear Sir/Madam:

I am writing in regard to a referral regarding the above named family. This family is in need of counseling and evaluation (See referral attached). We have an open protective Services case on this family.

Please bill these services under Title XX funds.

Sincerely,

Gloria Stevenson
Family Service Worker I

GS:srm

cc: files

000023

MENTAL HEALTH REFERRAL FORM (CONTINUE)

VI: SOCIAL SERVICES---CASE PLAN:

Perpetrator will not have unsupervised contact with victim. Perpetrator will attend Woods-Mitchell Counseling Center for Sex Offenders. Family will have IFS. Michelle will seek family planning services at the local Health Department, Michelle and Damien will receive counseling and evaluation at EARTH.

VII. IMPRESSIONS OF CASE WORKER:

It appears that the Echols family has extreme problems related to an on going history of sexual abuse, ~~and~~ suspected emotions problems and undefined interpersonal relationship disorders. Mr. Echols admits to being overly affectionate with Michelle and to have been charged for indecently exposing himself to an older daughter, however, Mrs. Echols states she feels Michelle is lying as she has been skipping school and sexually acting out. Michelle alleges to have had several Miscarriages although the mother denies it. Damien Echols on the other hand, holds his adopted father in low regard and feels the allegations are infact true. Mrs. Echols states Damien is in need of counseling and evaluation as he feels he is "smarter than everyone else" and will verbalize this fact. He also reportedly has little regard for others and stated he feels people have no true feeling for each other; Their main purpose is to use and bring harm to others around them. Mrs. Echols reports Damien has attempted to fight with her on occasion.

VIII. PROFESSIONALS INVOLVED (NAME, TITLE, AGENCY):

Gloria Stevenson, FSW I, Crittenden County-DCFS
Dollie Ellis, FSW II, Crittenden County-DCFS
James Wood, Family Therapist, Wood Mitchell Counseling Center


CASEWORKER'S SIGNATURE

000024

REQUEST FOR SERVICE

☒ New
 ☐ Reopened
 ☐ Existing

30

Subfacility #: 30 Appointment Date: 5-20-92

Date: 4-20-92 Appointment Time: 10:00 AM

Therapist: Joyce Referral Letter Needed ☐

Name: Donnier Echols Phone: 732-2326

D.O.B.: 12-11-74 Age: 17 Sex: M

Parent / Guardian Name: Pamela Echols Rel.:

Address: Rte. 2, Box 988, Marion, AR 72364

Source of Referral: Self

Interview With: Self ☐ Personal ☒ Phone

Presenting Problems: Behavior Problems, argumentative, suspicious of drugs

Victoria Stevenson made apt. for Michelle who was

REIMBURSEMENT INFORMATION

☐ Medicaid Medicaid # _____

☐ Medicare Medicare # _____

☐ Title XX Date of Eligibility _____ TX Case # _____

Date of Recertification _____ Category _____

Casehead Information (if applicable):

Case # _____ Soc. Sec. # _____

Name _____ Race _____ Sex _____

Birthdate _____ Category _____ Co. Code _____

☐ Other Bill to: _____

Address _____

☐ Insurance Insurance Co. Name _____

Address _____

Policy Holder _____ Rel.: _____

Policy # _____ Group # _____

Complete only if claim is to be mailed to employer:

Employer _____

Attention of _____

Address _____

Insurance Co. Code (Leave blank) _____

☐ Delete Medicaid # _____ Effective Date of Ineligibility _____

☐ Delete Medicare # _____ Effective Date of Ineligibility _____

☐ Delete Title XX Eligibility _____ Effective Date of Ineligibility _____

☐ Delete Insurance Information _____ Effective Date of Ineligibility _____

Client Case # _____ Preparer Employee Code _____

Client's Other Case # (if applicable) _____ Keypunched By: _____

000025

REQUEST FOR SERVICE

☐ New ☐ Reopened ☐ Existing

 Subfacility #: 30 Appointment Date: 6-1-92

 Date: 6-1-92 Appointment Time: _____

 Therapist: _____ Referral Letter Needed ☐

 Name: Pamela Echols Phone #: _____

 D.O.B.: 12-11-74 Age: _____ Sex: Female

 Parent / Guardian Name: Pamela Echols Rel.: _____

 Address: see attached

 Source of Referral: Su. Serv.

 Interview With: _____ ☐ Personal ☐ Phone

 Presenting Problems: Tried to hang herself
in bathroom

REIMBURSEMENT INFORMATION

☒ Medicaid Medicaid #: 1238412-201
☐ Medicare Medicare #: _____

☒ Title XX Date of Eligibility: 6-1-92 TXX Case #: 1238412-20

 Date of Recertification: _____ Category: 03

Casehead Information (if applicable):

 Case #: 101 Soc. Sec. #: _____

 Name: Pamela Echols Race: 01 Sex: 02

 Birthdate: -58 Category: 03 Co. Code: 18
☐ Other Bill to: _____

Address: _____

☐ Insurance Insurance Co. Name: _____

Address: _____

Policy Holder: _____ Rel.: _____

Policy #: _____ Group #: _____

Complete only if claim is to be mailed to employer:

Employer: _____

Attention of: _____

Address: _____

Insurance Co. Code (Leave blank): _____

☐ Delete Medicaid # _____ Effective Date of Ineligibility: _____

☐ Delete Medicare # _____ Effective Date of Ineligibility: _____

☐ Delete Title XX Eligibility _____ Effective Date of Ineligibility: _____

☐ Delete Insurance Information _____ Effective Date of Ineligibility: _____

 Client Case #: 42109 Preparer: Employee Code: 3914

C00026

Living Nightmare can't you see you really
 have no choice. Faded memories haunt you,
 Listen closely to my voice. Feed me all
 your hatred, empty all your thoughts to me.
 I can fill your emptiness with immortality.

Welcome to my world involve your self within my
 dream. Experience a life just like your mind
 thought not to be. Take a look through time
 at past or present worlds to be. I rule
 this inferno enthroned for eternity

Spirits damned to rot amidst the
 brimstone fireballs. Eyes of the Dead watching
 from their living walls. Broken glass reflections
 show your flesh eaten away. beyond the
 gates I'll take you where the blood forever reigns

H. Sherry
 No
 Pinner

INTAKE DATA SHEET

NAME: Damien EcholsDATE: 6-1-92SERVICE CODE: 024CLIENT TIME: 2:45-3:45 p

17 yo w/m.

Include in narrative form: identifying information; presenting problem including symptoms and duration of same; family and childhood history; current situational factors; past illness; therapist's impressions. Please include medication and testing write-ups, if relevant (see information for above categories in Form Section). Use additional intake sheets if more pages than one are needed for the above.

It referred by Jerry Driver - Juvenile office for screening for hospitalization. It earlier refer by DHS 5-20-92. Protective Services Case opened on Family - It's 14yo sister Michelle reportedly sexually abused by step-father. Original referral was made due to It's "behavior problems, argumentativeness, suspicion of drug use." It was held in detention Center for youth in Lakesboro since he attempted to run away 15yo girlfriend last month. They had made suicide pact if they could not be together & it had voiced suicidal ideation to folks at detention center re hanging himself. It's girlfriend hospitalized at mid-South. It readily admits suicidal plan - "It would have been necessary if her parents would have let us see each other." It denies his being abused, but this is strongly questioned. He is aware of sister being seen by EMMAC for to at her sexual abuse by stepfather.

000028

It states stepfather "would get into mood + lie on couch for three days" States ~~mother~~ ^{to him} "let him they love him + he starts this back ~~to him~~ 5 any feelings." Admits to having been suspended for this past semester for initiating fights at school; starting small fires, cursing. "States in one fight he almost gouged out the victim's eyes. Denies feeling violent - saw it as release - "Sometimes I have to do this not because of being angry -- sometimes I'm confused" States girlfriend's parents objecting to their dating because they were ~~engaging~~ ^{think we} in sexual intercourse "they say we think we know everything - that we're too young to really love each other."

States step-father out of home + mother + natural father (who he denies contact for past 7 yrs) are now together. Admits to substance abuse - use of speed "just a month ago." States he wants to be a girlfriend "only ~~when~~ ^{more} he's ever loved or loved him." States he has one friend "a friend is one who would do for you -- everyone is only interested in themselves + what they want."

EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER

CONSENT, AUTHORIZATION, ASSIGNMENT AND FEE AGREEMENT

Name: Damien Echols Case No: 42109

This form should be signed by the client if 18 years of age and legally competent. If the client is not legally competent, or not of age, the legally appointed guardian or parent should sign.

CONSENT FOR TREATMENT

I do hereby authorize and give my consent to the East Arkansas Regional Mental Health Center to provide treatment in accordance with Community Mental Health Standards issued by the division of Mental Health Services, Arkansas Department of Human Services.

AUTHORIZATION FOR DISCLOSURE

I hereby authorize East Arkansas Regional Mental Health Center to release diagnostic and therapeutic information including any information on treatment for alcohol or drug abuse rendered to me, to any third party provider that is or may be liable for part or all of the Center charges, as may be necessary to determine benefits and to process payment claims for services provided.

ASSIGNMENT OF BENEFITS

I hereby authorize payment directly to East Arkansas Regional Mental Health Center from any third party provider for services received. I understand that I am financially responsible to the Center for charges not covered by this authorization.

FEE AGREEMENT

I understand that I am personally responsible for the cost of services that I will receive from East Arkansas Regional Mental Health Center and that I may use a third party source to satisfy my bill. In the event I am not eligible for a third party pay source or the Center does not collect from the third party, I understand that I am personally responsible for the cost of these services. Charges will include non-direct client time, such as report writing, scoring, treatment plan, interpreting tests, etc.

I understand that my fee based on the "Ability to Pay Adjustment" scale is 5 % of full charge, if not paid in full by a third party.

Fees are payable at time of service unless other arrangements have been made. I understand there will be a \$6.00 charge for appointments not canceled 24 hours prior to the appointment scheduled and that third party payors will not pay for missed appointments.

Damien J. Echols
Signature of Client/Person authorized to act in behalf

Date: 6-1-92

Mother (Relationship to Client)

Brenda Amis
000030

Signature of representative for the East Arkansas Regional Mental Health Center

Date: 6-1-92

**** PROVIDER—PLEASE READ REVERSE SIDE ****
 THIS CARD CERTIFIES THAT THE RECIPIENT(S) LISTED
 BELOW ARE ELIGIBLE FOR MEDICAL SERVICES FOR

X2147
 CATEGORY

POSSIBLE
 INSURANCE
 COVERAGE

COUNTY OF RESIDENCE

JUN 01 1972 THRU JUN 30 1972 AFDC-EC NO CRITTENDEN

| NAME OF ELIGIBLE RECIPIENT(S) | IDENTIFICATION NUMBER | BIRTH DATE | SEX | HOSP | PHY | L/X | Rx1 | Rx2 | Rx3 | Rx4 | Rx5 |
|-------------------------------|-----------------------|------------|------|------|-----|-----|-----|-----|-----|-----|-----|
| ECHOLS PAMELA J | 1238412-101 | | 58 F | 000 | 09 | 000 | | | | | |
| ECHOLS DAMIEN WAYNE | 1238412-201 | 121174 | M | | | | | | | | |
| *ECHOLS CONSTANCE NICH | 1238412-202 | | 77 F | | | | | | | | |

ONLY RECIPIENT(S) LISTED ABOVE ELIGIBLE

ECHOLS PAMELA J

RT 2 BOX 988

NAHION AK

72364

C00031

DEPARTMENT OF HUMAN SERV. S
APPLICATION FOR TITLE XX SERVICES

Name Damien Echols
Address Rt. 2 Box 988
City-Co.-State-Zip Marion, AR 72364
Telephone (501) 732-2326 - message
Family Members

| Name | Soc. Sec. No. | Birthdate | Sex | Race | Rel. to Head | Case # | Suffix | Nat. Goal |
|-------------------------|---------------|-----------------|-----------|-----------|--------------|-------------------|------------|-----------|
| <u>Damien Echols</u> | | <u>SS</u> | <u>02</u> | <u>01</u> | | | <u>10</u> | |
| <u>Damien Echols</u> | | <u>12-11-74</u> | <u>01</u> | <u>01</u> | | <u>1238412-20</u> | | <u>02</u> |
| <u>Corstoner Echols</u> | | <u>-77</u> | <u>02</u> | <u>01</u> | | | <u>262</u> | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Family Income

| Source | Amount | Source | |
|---------------------------------|--------------------|----------------------------------|-----------------|
| <u>Earned Income</u> | \$ | <u>Worker's Compensation</u> | \$ |
| <u>Farm Self-Emp. (net)</u> | \$ | <u>Unemployment Compensation</u> | \$ |
| <u>Non-Farm Self-Emp. (net)</u> | \$ | <u>Pensions & Annuities</u> | \$ |
| <u>Social Security</u> | \$ | <u>Dividends & Royalties</u> | \$ |
| <u>V.A.</u> | \$ | <u>Interest from Savings</u> | \$ |
| <u>AFDC</u> | \$ | <u>Rental Income</u> | \$ |
| <u>SSI</u> | \$ | <u>Other</u> | \$ |
| <u>Alimony</u> | \$ | | |
| <u>Child Support</u> | \$ | | |
| | <u>\$200.00 mo</u> | <u>TOTAL FAMILY INCOME</u> | <u>\$200.00</u> |

Services Requested

Mental Health Services

Reason for Needing Services

Client requested services

I hereby certify that the above information is true and correct and authorize the Provider Representative to make any investigation necessary to establish my eligibility for services. I understand that if I am dissatisfied with the services rendered I may request a hearing. I agree that I shall report within five days any changes that affect my eligibility for services as long as I am a client of the Department of Human Services.

Damien Echols
Client's Signature
Damien Echols

6-1-92
Date
000052

Brenda Smith
Signature of Person Assisting

made by you or your family to the Department of Human Services. You should be aware of the following information:

1. Your application for services must be processed within 30 days.
2. You have the right to choose which services are provided to you and to say that you do not want any services.
3. You have the right to request a hearing from the Department of Human Services if you are dissatisfied with the handling of your case. Requests for a hearing may be filed in writing through the Provider Agency or the Office of Title XX Services, Suite 626 Donaghey Building, Little Rock, AR 72201.
4. You have the responsibility to report within 5 days if you or any member of your family covered by this request for service moves from the state, enters a nursing home or institution for the mentally retarded, ceases to receive AFDC or SSI, or has changes in their income, or if there are any other changes in information obtained on the DHS-100.
5. Your case may be selected for a detailed review of eligibility factors by staff of the Office of Title XX Services.
6. Information about you and your family will be maintained in a case record at the office of the Provider from whom you have requested services. This information may include but is not necessarily limited to: Information on problems or conditions requiring services; records of treatment received or services provided, and general information, such as name, address, race, sex, and employment status. The provider is required to make information in your case record available to representatives of the Department of Human Services and the federal Department of Health and Human Services for any purpose connected with the administration of the program. Such purposes may include, but are not necessarily limited to: (1) review of the services or treatment provided to you and your family to verify that any services for which the Department was billed were delivered in accordance with the Provider's contract; (2) audit of Provider's records to establish that the Provider's program was operated in compliance with the Department Title XX Financial Standards. Your signature on this form is your consent to the release of information for those purposes. You may refuse to supply any or all such information to the provider, but your refusal to do so may result in the denial or discontinuation of your eligibility for Title XX Services.
7. Both the provider and the Department are required to keep any personal information about you or your family confidential and information about you and your family will not be released to anyone without your written consent, except as stated in item 6 above.

If you do not understand any of these statements or wish more explanation, the person taking your request for services will explain them to you.

Pamela Echols - Damien Echols 6-1-92
Signature of Client Date

PART II

FOR PROVIDER USE ONLY

A. Income Maintenance Categories

☐ AFDC-WIN ☐ SSI-AA
☐ AFDC-Non-WIN ☐ SSI-AB
☐ MEDICAID ☐ SSI-AD
☐ WIN AFDC APPLICANT

B. Income Eligibility Determination

Family Size 03
Max. Allowable Income 11,630.00
Income Eligible ☒ Not Income Eligible ☐
Fee 5.90

C. Without Regard to Income

☐ Without Regard to Income (Verification of protective services case plan on file)
☐ CWS (SSD direct services only)
☐ Status Eligible

Name of Group _____

D. Verification of service Need

☐ Current statement of need in narrative

E. Service Eligibility

☒ Eligible ☐ Not Eligible

Brenda Amde
Person Assisting

000033

Date 6-1-92

TERMINATION SUMMARY

DATE 7-24-92 CASE NO. 42109CLIENT NAME Darrin Echols SUB-FACILITY 30CURRENT DIAGNOSIS I 312.60 ; 300.40 II V71.09

TYPE OF SERVICE: Psychotherapy (1) ☐ Hospitalization (4) ☐
 Evaluation (2) ☒ Med. Maintenance (5) ☐
 Day Treatment (3) ☐ Other (6) ☐

CONDITION ON TERMINATION:

1. Improved ☐
2. Not Improved ☐
3. Not Applicable ☒

REASON FOR TERMINATION:

- ☐ 1. No Further Treatment Needed, Not Referred
☐ 2. Further Treatment Needed, Appropriate Referral Not Available
☐ 3. Client Discontinued Treatment
☐ 4. Client Died
☐ 5. Client Moved
☐ 6. Evaluation Only
☒ 7. Other
☐ 8. Referred to Charter - Little Rock

FOLLOW UP:

Screening only

000034

Cavale Hansert (CA/MTH) Natalie Williams PhD
Primary Therapist Supervisor

NAME: ECHOLS, DAMIEN PATIENT IDENTIFICATION NUMBER: 000035
 LAST: ECHOLS FIRST: DAMIEN
 DATE: 7/27/92 TIME: 10:07:25

IDENT INFORMATION:

Case Number: 000035 Initial Date: 05/01/92 Warning Neg: 1
 LEADER/CHIEF
 Name (Last): ECHOLS First: Damien
 Address: RT. 2, BOX 988
 City: MARION State: AR Zip: 72364 City: MARION
 County/Parish: DE CALHOUN Date of Birth: 12/11/74
 Home phone: (501) 722-2326 Place of Birth: W. MEMPHIS, AR
 Social Sec Num: Religion: N Sex: M Race: N WHITE
 Marital Status: S Referral Source: 00015 FAMILY

EMPLOYMENT INFORMATION:

Status:
 Occupation:
 Employer: Work phone: ()

STUDENT INFORMATION:

Status:
 Last School Att: MARION HIGH SCHOOL Grade Completed: 09
 Legal Custody:
 CUMULATIVE RECORDS
 COMMENT (Y/N): 1 - NEW ADMISSION
 NOT USED 10 - WEST MEMPHIS CLINIC

PROGRAM ADMISSIONS:

| TRT | PRG | PROGRAM | ADMIT. DATE | TERM. DATE | **PRIMARY** | **GAF** |
|------|------|-------------|-------------|------------|-------------|--------------|
| MODE | CODE | DESCRIPTION | DATE | DATE | STAFF REIMB | ADM CUR TERM |
| 2 | 02 | OUTPATIENT | 6/01/92 | 7/24/92 | 201 MCDRH | 00 35 35 |

CLIENT DIAGNOSIS:

CODE ORD. DIS. LINE LINE 2
 302.40 1 1 DEPRESSIVE DEPRESSION
 302.00 2 1 UNSOCIALIZED CONDUCT DISORDER AGGRESSIVE-UNSPECIFIED
 V71.09 3 2 NO DIAGNOSIS

BILLING INFORMATION:

Responsible Party: ECHOLS, DAMIEN Relationship: SL
 Address: RT. 2, BOX 988 Pay rate: 5.00 %
 City, State: MARION AR 72364
 Telephone: (501) 722-2326

| ECODE | FROM | TO | REIMBURSEMENT SOURCE | AUTHORIZATION | NEXT SOURCE |
|-------|----------|----------|----------------------|---------------|-------------|
| MCDRH | 06/00/00 | 00/00/00 | MEIC41D RENAB-NO PA | | |
| MCDTR | 00/00/00 | 00/00/00 | MEDICAID TRANSPORTAT | | |
| TYX | 06/01/92 | 06/02/93 | TITLE XX | | |

RELATED INDIVIDUALS:

| REL NAME | STREET ADDRESS | CITY | ST. PHONE | REL |
|------------------|----------------|--------|-------------|-----|
| M ECHOLS, PAMELA | RT. 2, BOX 988 | MARION | AR 722-2326 | Y |

CONTENTS:

CLIENT/PATIENT HISTORY:

| TRANSACTION | ACTIVITY | TRT | PRG | SUB | **PRIMARY** |
|-------------|----------|------|------|-----|----------------------|
| TYPE | DATE | MODE | CODE | FAC | THERAPIST DIAG REIMB |
| ADMISSION | 6/01/92 | P | 02 | 20 | 2601 799.90 MCDRH |
| STATUS CHG | 6/02/92 | P | 02 | | 300.40 |
| STATUS CHG | 6/02/92 | P | 02 | | |

000035

EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER

NAME: Damien Echols
 CASE #: 42109

REASONS FURTHER PHYSICIAN ATTENTION IS NOT NECESSARY AT THIS TIME:
 (circle numbers which apply)

1. The diagnosis is clearly established by the intake data.
2. Treatment of this condition does not require medication therapy at this time.
3. There appear to be no physical conditions or disorders which contribute to the present illness.
4. The psychotherapist assigned to this case does not require direct supervision by a psychiatrist.
5. The physician will continue indirect supervision through staffing and treatment plan review.
6. Other - Please List:

At Seen in emergency screening and sent to Charles-Little Clinic for hospitalization

Based upon my review of the clinical assessment and proposed plan of care, I have determined that it is not medically necessary to observe this client. I concur with the evaluation of client's condition, diagnostic findings, and recommended services to meet treatment objectives.

SIGNATURE: David D. [Signature]
 Physician

DATE: _____

MENTAL STATUS

BEHAVIORAL OBSERVATIONS/PHYSICAL DESCRIPTION

W/D, W/M, 17 y/o w/m - dressed all in black - T shirt
slacks & shoes. Wears small gold cross stud earring
in (D) ear - Nails are clean & filed to points.
He sits quietly & looks ^{down} ~~forward~~ ^{downward} ~~forward~~ on other leg. Eye
contact fair - but would look away to wall on
cast up & downward.

ORIENTATION: X3

SPEECH: Clear, coherent - speaks softly but controlled

THOUGHT CONTENT: Coherent - goal-directed - VOICES only desire
is to be girlfriend

AFFECT/MOOD: He denies feeling any anger, depression - but
appears depressed - voices a rather - blunted affect - ^{moderate} ~~moderate~~ ^{high} ~~high~~ ^{moderate} ~~moderate~~

PSYCHOTIC MANIFESTATIONS: none noted - no reported history

INTELLIGENCE: not any range

ABSTRACT THINKING: N/T.

OTHER: Question of Salaries involvement & etc.

HOMICIDE/SUICIDE POTENTIAL: admits to suicidal fact "it can
go either way now"

STRENGTHS TO BE USED IN TREATMENT: intelligent generally honest
& interviewer concerning his mixed feelings - would
offer spontaneously comments - extremely disenchanted
family however

RECOMMENDATIONS:

EVALUATIONS: MEDICAL _____ PSYCHOLOGICAL _____ PSYCHIATRIC _____
NEUROLOGICAL _____ OTHER _____

CHEMOTHERAPY _____ PSYCHOTHERAPY _____ DAY TREATMENT _____

HOSPITALIZATION ☒ OTHER _____

IF HAZARDOUS PROCEDURES/MEDICATION IS TO BE EMPLOYED (E.G., ECT,
LITHIUM AVERSION THERAPY), JUSTIFY ITS USE: _____

N/A.

000038

PROFESSIONAL TIME: half HRS.

INITIAL TREATMENT PLAN/JUSTIFICATION: (LONG & SHORT TERM GOALS)

Short-term goals: 1) Immediate hospitalization due to suicidal intent 2) Further evaluation to determine past abuse in family / substance abuse / need for future placement.

CRITERIA FOR TERMINATION: _____

INVOLVEMENT OF SIGNIFICANT OTHERS: _____

PLANNED REFERRALS: _____

to be hospitalized @ Charter-Tithe
look for hospitalization via circuit court
order.

EXPECTED FREQUENCY OF VISITS: _____

EXPECTED DURATION OF TREATMENT: _____

EVALUATION REPORT TO BE SENT: N/A

*DIAGNOSIS:

AXIS I

Conduct Disorder - Solitary Aggressive

AXIS II

Dysthymia 300.40 3/2/90

AXIS III

Major Depression

AXIS IV

5 - Enduring parental abuse separation from girlfriend

AXIS V

GA-35 - unknown - need in London; change in parentsINTERVIEWER: Carol Plausent RN/MSWDATE: 6-1-92PRIMARY THERAPIST (IF DIFFERENT): same

STAFFING CHANGES OR COMMENTS: _____

STAFFING DATE: 7-24-92

Notable Williams PhD

TEAM LEADER

C00039

PHYSICIAN

REQUEST FOR SERVICE

☐ New
 ☒ Reopened
 ☐ Existing

Subfacility #: 130 Appointment Date: 4-19-92
 Date: 12-11-92 Appointment Time: 10:00 AM
 Therapist: David Gentry Sherry Referral Letter Needed ☐
 Name: Donna Echols Phone # 1174
 D. O. B.: 12-11-74 Age: 18 Sex: M
 Parent / Guardian Name: Jack Echols Rel.:
 Address: Rt 2, Box 1021, Marion, AR
 Source of Referral: Self
 Interview With: Self ☒ Personal ☐ Phone
 Presenting Problems: Assume Counseling

While in hospital 2 and half months ago
 Charles & K - married - were on Imipramin
 and now on Zephril.

REIMBURSEMENT INFORMATION

☐ Medicaid Medicaid # _____
☐ Medicare Medicare # _____
☐ Title XX Date of Eligibility _____ TXX Case # _____
 Date of Recertification _____ Category _____
 Casehead Information (if applicable):
 Case # _____ Soc. Sec. # _____
 Name _____ Race _____ Sex _____
 Birthdate _____ Category _____ Co. Code _____
☐ Other Bill to: _____
 Address _____
☐ Insurance Insurance Co. Name _____
 Address _____
 Policy Holder _____ Rel.: _____
 Policy # _____ Group # _____
 Complete only if claim is to be mailed to employer:
 Employer _____
 Attention of _____
 Address _____
 Insurance Co. Code (Leave blank) _____
☐ Delete Medicaid # _____ Effective Date of Ineligibility _____
☐ Delete Medicare # _____ Effective Date of Ineligibility _____
☐ Delete Title XX Eligibility _____ Effective Date of Ineligibility _____
☐ Delete Insurance Information _____ Effective Date of Ineligibility _____
 Client Case # _____ Preparer Employee Code _____

NAME: Damen Echols CASE NO: 42107
DATE OF SERVICE: 1-5-93 TIME OF SERVICE: 9:00 to 10:30
PLACE OF SERVICE: 5 UNITS: 4
SERVICE CODE: 01 DX: Axis I: 749.90
Axis II: 749.90

IDENTIFYING INFO

- * Age-sex-race
- * Diagnosis
- * Referred by

PRESENTING PROBLEM

- * Chief complaint/
client's perception
of problem
- * Precipitating factors
- * Progression/Duration
- * Coping attempts
- * Current emotional &
behavioral functioning
- * Current Alcohol and
other drug use
(including
intravenous)
- * High Risk Status

CURRENT STATUS

- * Living arrangements
- * Family status
- * Present support systems
- * Legal/criminal status
- * Financial Status
- * Employment/school
status

RELEVANT MH HISTORY

- * Prior EARNHC Tx.
- * Other psychiatric Tx
- * Psychotropic medication
profile/current status

SIGNIFICANT MEDICAL

- * Key medical/physical
problems or issues to
be considered
- * HIV High Risk Factors/
Behaviors

18 yr old, single white male referred to MHC by
Chastin Lakeside after his discharge from their
program. Damen was hospitalized due to suicidal ide-
ation to hospitalization he was treated for Territorial
threatening and assault. He is currently on probation
for these charges. Damen reports his problems began
here 8 years - his parents divorced and mom remarried.
"They were constantly fighting - tried to ignore it but
finally started fighting back." Reports his father was
angry for awhile, abusing his sister 2-3 months ago.
Mother divorced him and remarried father. Sister, mi-
and father currently live in Portland, Oregon. He has
little contact with family. Currently lives with his
father - Jack Echols because "it's the only way - don't
live alone - Ark." They do not get along - but - rare-
see each other. Damen is planning to move in with a
friend and his mother, who they got an apartment.
Reports he and Dominie (af) have been together
long time. Damen wants to live in West Memphis
cause of his friends and "it's where I belong".
Describes self as feeling "neutral / nothing" most of the
time. Denies current suicidal / homicidal ideation. Reports
history of self mutilation - cutting self with knives / raz-
last time was 3 months ago. Denies symptoms of
depression "I usually don't smile" He felt alone
in 9th grade (this year) because he was not allowed
to return to his previous school (Marion High School).
Reports sleeping most of day and then going
to Dominie's house. He has a part-time job
with Alderson Reading & Night Believes that
he tends to "blame out" when by himself.
He has done this since the 5th grade.

() - INITIAL ASSESSMENT () - ASSESSMENT UP
Preliminary assessment

000041

SECTION/ITEM

STATUS
(Check if within
normal limits)

COMMENT

APPEARANCE/BEHAVIOR

- * Dress/Attire ☒
- * Grooming/Bodily care ☒
- * Body Movement ☒
- * Speech ☒
- * Posture ☒

"It feels good" States he does not like to go out of the state because "I have to deal with what's going on. Reports he thinks about about life after death - "I want to go where the monsters go."

EMOTIONAL EXPRESSION/STATE

- * Sleep ☒
- * Appetite ☒
- * Mood ☒
- * Affect ☒

Reports history of alcohol/drug usage - Coto, Acid, Pot, Alcohol. Denies current usage. History of psychiatric tx - has received inpatient tx at Charter of Little Rock 2x, St. Anthony's in Portland, Oregon for substance abuse (last year)

THOUGHT PROCESS, CONTENT & PERCEPTION

- * Thought Process ☒
- * Thought Content ☒
- Suicidal Ideation ☒
- Homicidal Ideation ☒
- * Misperception ☒

Reports being harassed by local author as "they think he is a Satanic leader. He admits being caught with Satanic items and with handwritten books about witchcraft. Denies cult involvement. As interested in witchcraft for past 8 years. He has tried to steal energy from someone else and influence other minds with witchcraft. States that he was able to do these things. Describes self as "pretty much like the human race". Belates that he feels people are in two classes - Sheep & Wolves (Wolves eat the sheep).

SENSORIUM/COGNITIVE

FUNCTIONING

- * Orientation ☒
 - Person ☒
 - Date ☒
 - Place ☒
- * Memory ☒
- * Attention/Concentration ☒
- * Abstraction ☒
- * Calculation ☒
- * Judgment ☒
- * Insight ☒
- * Capability for Self-Preservation ☒

Dressed in black, wearing silver cross and earring studs. Intense eye contact.

Medication -

Topiram 150 mg HS

DISPOSITION/INTERIM TX PLAN:

Obtain treatment records from Charter of Little Rock. Referral for psychiatric evaluation to determine medication needs. Establish rapport with client. Continue data collection. Assess safety issues. Provide supportive, safe environment for assistance in more open communication and disclosure.

Sherry Jackson, LMSW

STAFF SIGNATURE:

PHYSICIAN SIGNATURE:

David W. Ely MD

SUPERVISION & UTILIZATION CASE REVIEWS

CLIENT NAME: Lernien Echale CLIENT #: 42129

TYPE OF REVIEW, FINDINGS, AND RECOMMENDATIONS

ADMISSION STAFFING

DATE: 1/8/93

Admission appropriate
Staff assignment: S. Hickin
Certify - 6 months.

SIGNATURES:

Carol Benson

Sherry Hickin, Nurse

TREATMENT PLAN REVIEW

DATE:

SIGNATURES:

UTILIZATION REVIEW

DATE:

SIGNATURES:

INITIAL SUPERVISION

DATE:

SIGNATURES:

C00043

EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER



J. E. Chauvin, President
William J. Jey 3rd, M.S., Executive Director

10th W. Harrison
West Memphis, Arkansas 72301
(501) 735-6923

January 06, 1993

Charter Hospital of Little Rock
1601 Murphy Drive
Mavnele, Arkansas 72110

RE: Damien Echols
SSN: [REDACTED]
DOB: 12-11-74

TO WHOM IT MAY CONCERN:

Enclosed you will find our Authorization for Release of Information on the above named individual.

Any information you might have on file would be beneficial in our service to this client.

If you have any questions regarding this client, please feel free to contact this agency.

Sincerely,

Sherry Dockins, LMSW
Sherry Dockins, LMSW
Clinical Social Worker

SD/mg

Enc.

c: File

000044

Serving Crittenden, Cross, Lee, Monroe, Phillips and St. Francis Counties

This Agency is in compliance with Title VII of the Civil Rights Act

AUTHORIZATION FOR RELEASE OF INFORMATION

Pursuant to Federal Guidelines concerning my right to confidentiality, I,

Damien Echols 12-11-74 429-49-2326
(Name of Patient, date of birth, and Social Security number if known)

authorize Charter & Little Rock
(Name and address of specific person or organization making disclosure)

to release my service records or information concerning my service records to:

East Ark Regional Mental Health Center, 105 West Harrison, West Memphis, AR

I specifically consent only to the release of information or service records

pertainig to: records of treatment
(Specific information to be released)

The above information is released for the following purpose and that purpose only.

Any other is forbidden: Continuity of care
(Reason for information to be released)

I understand that I may revoke this consent at any time. I also understand that any release of information which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization in writing prior to such time, this authorization to release information shall expire on 1-5-93

(date, event or condition)

or 60 days after the date below, at which time no expressed revocation shall be needed to terminate my consent.

A photostatic copy of this authorization shall be as valid as the original and shall serve in its stead.

Damien Echols
Patient's Signature

Sherry Dockins, LMSW
Witness

1-5-92
Date

Clinical Social Worker
State Title or relationship to patient

(If the patient is either under age or has a guardian appointed by the court, and signs this form, this release must also be signed by the patient's parent or guardian.

Parent or Guardian

Witness

Date

State Title or relationship to patient

000045

CONSENT, AUTHORIZATION, ASSIGNMENT AND FEE AGREEMENT

Name: Damien EcholsCase No.: 42109

This form should be signed by the client if 18 years of age and legally competent. If the client is not legally competent, or not of age, the legally appointed guardian or parent should sign.

CONSENT FOR TREATMENT

I do hereby authorize and give my consent to the East Arkansas Regional Mental Health Center to provide treatment in accordance with Community Mental Health Standards issued by the division of Mental Health Services, Arkansas Department of Human Services.

AUTHORIZATION FOR DISCLOSURE

I hereby authorize East Arkansas Regional Mental Health Center to release diagnostic and therapeutic information including any information on treatment for alcohol or drug abuse rendered to me, to any third party provider that is or may be liable for part or all of the Center charges, as may be necessary to determine benefits and to process payment claims for services provided.

ASSIGNMENT OF BENEFITS

I hereby authorize payment directly to East Arkansas Regional Mental Health Center from any third party provider for services received. I understand that I am financially responsible to the Center for charges not covered by this authorization.

FEE AGREEMENT

I understand that I am personally responsible for the cost of services that I will receive from East Arkansas Regional Mental Health Center and that I may use a third party source to satisfy my bill. In the event I am not eligible for a third party pay source or the Center does not collect from the third party, I understand that I am personally responsible for the cost of these services. Charges will include non-direct client time, such as report writing, scoring, treatment plan, interpreting tests, etc.

I understand that my fee based on the "Ability to Pay Adjustment" scale is 5 % of full charge, if not paid in full by a third party.

Fees are payable at time of service unless other arrangements have been made. I understand there will be a \$6.00 charge for appointments not canceled 24 hours prior to the appointment scheduled and that third party payors will not pay for missed appointments.

Damien Echols

Signature of Client/Person authorized to act in behalf

Date: 1-5-93

(Relationship to Client)

Sandra Fayer

Signature of representative for the East Arkansas Regional Mental Health Center

Date: 1-5-93

000046

TO BE COMPLETED BY SSA

NUMBER HOLDER

SOCIAL SECURITY NUMBER

EMPLOYEE/CLAIMANT/BENEFICIARY (if other than Number Holder)

AUTHORIZATION FOR SOURCE TO RELEASE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

INFORMATION ABOUT SOURCE — PLEASE PRINT, TYPE, OR WRITE CLEARLY

NAME AND ADDRESS OF SOURCE (Include Zip Code)

RELATIONSHIP TO CLAIMANT/BENEFICIARY

INFORMATION ABOUT CLAIMANT/BENEFICIARY — PLEASE PRINT, TYPE, OR WRITE CLEARLYNAME AND ADDRESS (if known) AT TIME CLAIMANT/BENEFICIARY
HAD CONTACT WITH SOURCE (Include Zip Code)

DATE OF BIRTH

CLAIMANT/BENEFICIARY I.D. NUMBER
(If known and different than SSN)
(Clinic/Patient No.)

APPROXIMATE DATES OF CLAIMANT/BENEFICIARY CONTACT WITH SOURCE (e.g., dates of hospital admission, treatment, discharge, etc.)

TO BE COMPLETED BY CLAIMANT/BENEFICIARY OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF

GENERAL AND SPECIAL AUTHORIZATION TO RELEASE MEDICAL AND OTHER INFORMATION IN ACCORDANCE WITH THE PROVISIONS OF THE SOCIAL SECURITY ACT; THE PUBLIC HEALTH SERVICE ACT, SECTIONS 523 AND 527; AND TITLE 38 U.S.C. VETERANS BENEFITS, SECTION 4132.

I hereby authorize the above-named source to release or disclose to the Social Security Administration or State agency the following information for the period(s) identified above:

- 1) All medical records or other information regarding my treatment, hospitalization, and/or outpatient care for my impairment(s), including psychological or psychiatric impairment(s), drug abuse, alcoholism, sickle cell anemia, acquired immunodeficiency syndrome (AIDS), or tests for or infection with human immunodeficiency virus (HIV);
- 2) Information about how my impairment(s) affects my ability to complete tasks and activities of daily living;
- 3) Information about how my impairment(s) affected my ability to work.

I understand that this authorization, except for action already taken, may be voided by me at anytime. If I do not void this authorization, it will automatically end when a final decision is made on my claim. If I am already receiving benefits, the authorization will end when a final decision is made as to whether I can continue to receive benefits.

READ IMPORTANT INFORMATION ON REVERSE BEFORE SIGNING FORM BELOW.SIGNATURE OF CLAIMANT/BENEFICIARY OR PERSON
AUTHORIZED TO ACT IN HIS/HER BEHALFRELATIONSHIP TO CLAIMANT/
BENEFICIARY

DATE

STREET ADDRESS

TELEPHONE NUMBER (Area Code)

CITY

STATE

ZIP CODE

The signature and address of a person who either knows the person signing this form or is satisfied as to that person's identity is requested below. This is not required by the Social Security Administration, but without it the source may not honor this authorization.

SIGNATURE OF WITNESS

STREET ADDRESS

CITY

STATE

ZIP CODE

E.A.R.M.H.C.

INDIVIDUAL PROGRESS NOTE

NAME: Damien Echols

CASE NO:

DATE OF SERVICE: 1-13-93

TIME OF SERVICE: 1:00 p.m. to 2:00 p.m.

PLACE OF SERVICE: 05

UNITS: 4

SERVICE CODE: 008

=====

S: Damien is seen today for a scheduled session. He is brought to the mental health center today by his stepfather. Damien was dressed totally in black with a silver cross.

O: Damien enters the session stating that he was glad to be back. The focus of today's session is spent in getting comfortable with Damien and being able to talk about his concerns. One of his most important concerns that he brought up is the issue of confidentiality. Therapist assured him that his treatment will be confidential except in cases of where he would harm himself or others. He seemed much more comfortable after that and there was a notable shift in his chair as he relaxed. Damien related that he does not feel like he belongs anywhere. He reports a history of moving from one place to another. He emphasizes that in many ways he is much older than chronological age. Damien reports one of his biggest problems that he would like to work on is being able to forgive others. When questioned about this he reports that he is very angry with family members and with other people that have "let him down". He wants to be normal but feels that he has never been normal. Damien questioned whether therapist could really help him. He discussed issues of power and control. He states that he could make things happen. He believes very much in magic. Damien stated "I don't believe anything until it's proven". Therapist assured him that she would be able to help him. Demonstrated a technique with him which indicated that there was a way of control without black magic. This was done by placing Damien in a trance and having his arm numb. He brought out of the trance but therapist instructed him to continue to have his arm numb. He was amazed that when he came out of the trance his arm was numb. This was very affective and proven to Damien that therapist was going to be able to help him with his concerns. It should be noted that this also helped with issue of trust.

A: Damien's affect and mood was flat. He did not smile during the session. He seemed more responsive to therapist after talking

C00048

E.A.R.M.H.C.

INDIVIDUAL PROGRESS NOTE

NAME: Damien Echols

CASE NO:

DATE OF SERVICE: 1-13-93

TIME OF SERVICE: 1:00 p.m. to 2:00 p.m.

PLACE OF SERVICE: 05

UNITS: 3

SERVICE CODE: 008

about confidentiality issues and the trance episode.

P: A return appointment is given for Damien in one week. Will continue his treatment plan as stated previously.

Sherry Dockins, LMSW
Sherry Dockins, LMSW
Clinical Social Worker

SD: jb
DD: 1-14-93
DT: 1-15-93

000049

INDIVIDUAL PROGRESS NOTE

NAME: Damien Echob
 DATE OF SERVICE: 1-19-93
 PLACE OF SERVICE: 5
 SERVICE CODE: 118

CASE NO:
 TIME OF SERVICE: 11:00 - 12:00
 UNITS: 4

S- Damien is seen today for a scheduled session.

"Mom told me to apply for disability-what do you think?"

O- Damien relates that he is trying to find a way to live on his own. He does not get along with step-father. Reveals a history of abuse as he talked of how he was treated as a child. Denies that this has influenced him stating "I just got it all inside." Describes this as more than just anger-like rage. Sometime he does "blow up". Relates that when this happens the only solution is to "hurt someone". Damien reports being told at the hospital that he could be another "Charles Manson or Ted Bundy". When questioned on his feelings he states "I know I'm going to influence the world-people will remember me".

A- Affect - expressionless. Good eye contact. Dressed in black with cross earring in (L) ear.

P- Return appointment given XI week.

000050

Sherry Cockins, LCSW
 Criminal Social Worker

E.A.R.M.H.C.

INDIVIDUAL PROGRESS NOTE

NAME: Damien Echols

CASE NO: 42109

DATE OF SERVICE: 1-20-93

TIME OF SERVICE:

PLACE OF SERVICE: 05

UNITS: 2

SERVICE CODE: 031

S: Damien is an eighteen year old recently discharged from Charter Hospital. He's had three psychiatric hospitalizations. Each has been associated with anger, thoughts of killing others and thoughts of killing himself. He's not currently suicidal or homicidal. He's been on Tofronil 150 mg. at bedtime for about a year. He's found that that's been somewhat helpful. He's not experiencing any side affects with it, he's tried to stop it and had some discontinuation symptoms. We discussed that some tonight. He's had a traumatic upbringing, this is well documented in the intake data sheet. He has used alcohol and drugs in the past, he says that he's been through rehab and there has been no recent usage.

H: Mr. Echols is a well developed young white male. He has on combat boots and a black rock band type of T-shirt. He has earrings in each ear and long dark hair. He's alert and cooperative, he seems friendly.

A: Depressive Disorder NOS.

P: Imipramine 50 mg. q9s, 3 at h.s. Obtain records from Lakeside Hospital and other treatment sources. Followup in two months.

David D. Erby, MD
Psychiatrist

DD: JB

DD: 1-20-93

DT: 1-21-93

C00051

INDIVIDUAL PROGRESS NOTE

NAME: Damien Echols

CASE NO: 42109

DATE OF SERVICE: 1/25/93

TIME OF SERVICE: 11:00 to 12:00 p.m.

PLACE OF SERVICE: 5

UNITS: 4

SERVICE CODE: 008

R: Damien is seen today for a scheduled session. He is dressed in black today with a cross ear ring in his left ear.

O: Focus of today's session is spent talking with Damien about his feelings of death. He brought with him to session a poem that he had written during the past week. The theme of this poem centered around death and power. Damien explained that he obtains his power by drinking blood of others. He typically drinks the blood of a sexual partner or of a ruling partner. This is achieved by biting or cutting. He states "it makes me feel like a God". Damien describes drinking blood as giving him more power and strength. He remembers doing this as far back as age 10. He does not remember where he learned to do this. Damien believes that there is no God. He feels that society believes there is a God because society is weak. He wants very much to be all powerful. He wants very much to be in total control. We discussed how some of this is related to his experiences as a child. He acknowledges that some of this is related to his childhood abuse trauma issues but he feels that it is who he is now. Damien relates that a spirit is now living with him. The spirit was put inside him last year. He indicates that a month ago the spirit decided to become part of him and he to become part of the spirit. This is reportedly a spirit of a woman who was killed by her husband. When questioned about how he feels with this spirit or what the difference is, Damien is able to relate that he feels stronger and more powerful with this spirit. He has not seen the spirit but does hear the spirit. In addition, he also reports conversations with demons and other spirits. This is achieved through rituals. He denies that he is satanic, seeing himself more as being involved in demonology. It becomes more noticeable today in talking with Damien that he has many things from childhood that he simply does not remember. This is believed to be a dissociative response to trauma issues. Damien is agreeable to beginning to talk about what he experienced as a child that he remembers. He is also agreed to continue to discuss his issues with power and control as related to his practice of rituals. Therapist encouraged him to continue writing and to bring the writings into the sessions as a way of communicating his feelings. Damien is agreeable to doing this though he continues to question the therapist on confidentially issues and wants to be assured that he will not be misunderstood.

A: Damien's affect and mood today continued to be bland though there was more emotion when talking about drinking blood. He is continuing to talk about issues related to power and control. Damien is much more verbal in today's session. Eye contact was very good.

C00052

Damien Echols
1/25/93
Page Two

P: A return appointment was scheduled for Damien in one week. We will continue to address the issues of his early trauma.

Sherry Dockins, LMSW

Sherry Dockins, LMSW
Clinical Social Worker

500/clw
OO: 1/25/93
DT: 1/17/93

000053

INDIVIDUAL PROGRESS NOTE

NAME: Damien Echols

CASE NO: 42109

DATE OF SERVICE: 2-5-93

TIME OF SERVICE: 10:00-11:00

PLACE OF SERVICE: 5

UNITS: 4

SERVICE CODE: 08

3. Damien is seen today for a scheduled session. He is dressed completely in black and is noted to have cuts on his R arm and hand.
- 0 - Damien relates that he cut his arm & hand as a way of permanently marking his skin. The name Domini is cut into his arm. Session continues focused on Damien's self concept and image. Relates feeling very angry yesterday when running into previous girlfriend. "I controlled it - I can do anything". His grandmother was observed to be waiting for him.
- A - Affect and mood - flat - after session.
- P - Return appointment given for one week.
- Continue current tx plan
- Sherry Dockins, MSW
Clinical Social Worker

DIAGNOSTIC CHANGE OF STATUS

DATE: 2-11-93 CASE NO.: 42109
 CLIENT NAME: Damien Echols

| OLD DIAGNOSIS | NEW DIAGNOSIS | AXIS | NEW DIAGNOSIS DESCRIPTION | RANK IN ORDER |
|-----------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|--------------------------------------|-------------------------------------------------------------|
| <div style="border: 1px solid black; padding: 2px;">79990</div> | <div style="border: 1px solid black; padding: 2px;">31100</div> | <input checked="" type="checkbox"/> I | <u>Depressive Disorder NOS</u> | <div style="border: 1px solid black; padding: 2px;">1</div> |
| <div style="border: 1px solid black; padding: 2px;">79990</div> | <div style="border: 1px solid black; padding: 2px;">V6180</div> | <input checked="" type="checkbox"/> I | <u>Other Specified Circumstances</u> | <div style="border: 1px solid black; padding: 2px;">2</div> |
| <div style="border: 1px solid black; padding: 2px;">79990</div> | <div style="border: 1px solid black; padding: 2px;">V7109</div> | <input checked="" type="checkbox"/> II | <u>No Diagnosis</u> | <div style="border: 1px solid black; padding: 2px;"></div> |
| <div style="border: 1px solid black; padding: 2px;"> </div> | <div style="border: 1px solid black; padding: 2px;"> </div> | <input type="checkbox"/> | _____ | <div style="border: 1px solid black; padding: 2px;"></div> |

A primary diagnosis must be entered for each program. Please check the program admissions file (CND 1 on the Intake Screen) to be sure that the changes made above are reflected in that file.

CRITERIA FOR DIAGNOSIS (DIAGNOSES) CHANGE:

Treatment records from his previous admission
have been received as well as information
obtained during individual sessions.

Sherry Lockman, LMSW
 THERAPIST SIGNATURE

Michael M.D.
 PHYSICIAN SIGNATURE

C00055

EARMHC (Revised 11/01/92)

INDIVIDUAL TREATMENT PLAN

PLEASE PRINT LEGIBLY

NAME: _____

CASE NO: _____

DATE OF SERVICE: _____

TIME OF SERVICE: _____ to _____

PLACE OF SERVICE: _____

UNITS: _____

SERVICE CODE: _____

DSM III-R DIAGNOSIS

| | CODE | NAME | CODE | NAME |
|----------|--------|-------------------------------|---------|---------|
| AXIS I | 311.00 | Depressive Disorder, NOS | AXIS IV | |
| | V61.80 | Other Specified Circumstances | | |
| AXIS II | V71.09 | No Diagnosis | | |
| AXIS III | | | AXIS V | CURRENT |
| | | | | HIGHEST |

REASON PURPOSE OF ADMISSION OR CONTINUATION OF SERVICES

CRITERIA FOR DISCHARGE

| AGENCIES CURRENTLY PROVIDING SERVICES | PROGRAM/SERVICES | DATE OF INITIATION OF PROGRAM/SERVICES | FUNDING SOURCE |
|------------------------------------------|------------------|-------------------------------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SIGNATURE - PHYSICIAN

DATE

SIGNATURE - TEAM MEMBER

DATE

SIGNATURE - CLIENT

DATE



BILL CLINTON
Governor

STATE OF ARKANSAS

Disability Determination For Social Security Administration 930212400571

701 PULASKI STREET
LITTLE ROCK, ARKANSAS 72201
TELEPHONE 501 682-3030

February 12, 1993

CASSANDRA F. WILKINS
Director

East AR Regional Mental Health
Medical Record Administrator
105 West Harrison
West Memphis, AR 72301

ADDRESS CORRECTION:

12109

ReDamien W Echols

CLAIMANT'S NAME

SOCIAL SECURITY NUMBER

12/11/74

DATE OF BIRTH

The above named claimant has filed for disability benefits under the Social Security Act.

We would appreciate your furnishing this office with medical information from your records to include history, physical and laboratory findings with diagnosis. You may submit a copy of your records or provide a report on your letterhead.

We are authorized to pay a maximum of \$15.00 for this report. If payment is required, enter the amount and sign this form in the space provided. PLEASE NOTE: UNLESS THE REPORT AND THIS FORM ARE RECEIVED WITHIN THIRTY DAYS FROM THE DATE OF THE REQUEST, PAYMENT WILL NOT BE MADE.

If you have any questions, please call this Agency at telephone number 1-800-482-9950. Thank you for your cooperation.

Allegations: mental problems.

Please send office notes, mental status exams and IQ testing if available.

Please describe the patient's ability to maintain social relationships, complete tasks, tolerate stress and perform activities of daily living independently. Specific examples are helpful.

Is the patient able to understand the meaning of filing for disability benefits?

If you have any questions, please call Karen Brown at 682-7543.

ALL COPIES OF THIS FORM SHOULD BE SUBMITTED WITH THE REPORT AND MUST BE SIGNED BY THE PHYSICIAN, BUSINESS MANAGER, OR OTHER AUTHORIZED PERSON. NO PAYMENT CAN BE MADE UNTIL PROPER FORMS ARE RECEIVED.

IF THE NAME OF THE PAYEE IS NOT THE NAME WE USED IN YOUR ADDRESS, PLEASE INDICATE TO WHOM REMITTANCE SHOULD BE MADE.

8 15.00
FILL IN YOUR CHARGE FOR THIS REPORT

SIGNED

Henry Dockins, LMSW
PHYSICIAN-BUSINESS MANAGER-AUTHORIZED AGENT

FOR OFFICE USE ONLY

Reviewed for compliance and completeness.
Processing for payment approved.

DATE AUTHORIZED

XUT /810

TYPE CASE

DATE REPORT RECEIVED

SIA EXAMINER

000057

"AN EQUAL OPPORTUNITY EMPLOYER"



BILL CLINTON
Governor

Disability Determination For Social Security Administration

701 PULASKI STREET
LITTLE ROCK, ARKANSAS 72201
TELEPHONE (501) 682-3030

CASSANDRA F. WILKINS
Director

February 26, 1993

East Arkansas Regional Mental Health Center
Attention: Medical Record Administrator
105 West Harrison
West Memphis, AR 72301

Re: DAMIEN W. ECHOLS
SSN:
DOB: 12/11/74

SECOND REQUEST

Dear Director:

This office requested information from you on February 12, 1993 concerning this applicant's alleged disability. As of this date, we have not received the information. This information is considered essential for a fair and equitable decision for this claimant.

We would appreciate it if you could give this request immediate consideration. If you have any questions, please feel free to call. If you are in Little Rock, the phone number is 682- [REDACTED]. Thank you for your cooperation.

Sincerely,
Karen Brown
Adjudicator
(810)

000058

"AN EQUAL OPPORTUNITY EMPLOYER"

EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER



J. E. Chauvin, President
William L. Ivey 3rd, M.S., Executive Director

105 W. Harrison
West Memphis, Arkansas 72301
(501) 735-6923

March 5, 1993

Disability Determination for
Social Security Administration
701 Pulaski Street
Little Rock, AR 72201

Dear Sir:

Enclosed please find enclosed testing requested by your office.
If you have any questions, please contact the above office.

Sincerely,

Sherry Dockins LMSW
Sherry Dockins, LMSW
Clinical Social Worker

SD: jb

c: file

Serving Crillenden, Cross, Lee, Monroe, Phillips and St. Francis Counties

This Agency is in compliance with Title VII of the Civil Rights Act

000059

EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER



J. E. Chauvin, President
William I. Ivey 3rd, M.S., Executive Director

105 W. Harrison
West Memphis, Arkansas 72301
(501) 735-6923

March 9, 1993

Ms. Karen Brown
State of Arkansas
Disability Determination For
Social Security Administration
701 Pulaski Street
Little Rock, Arkansas 72201

RE: Damien W. Echols
SSN:
DOB: 12/11/74

Dear Ms. Brown:

Please find enclosed the requested information regarding
Danien W. Echols. Should you need further information, please
feel free to contact our office.

Sincerely,

Sherry Dockins, LMSW
Sherry Dockins, LMSW
Clinical Social Worker

SD/dw

Serving Crittenden, Cross, Lee, Monroe, Phillips and St. Francis Counties

This Agency is in compliance with Title VII of the Civil Rights Act

000060

PHYSICIAN'S PROGRESS REPORT

in Exhibit

S-12

131

50 men

110

34

of Dr. Early on 1-20-93. He
at times he is impulsive
things that may be harmful to
he has impulses to do strange
or feel things to himself. He
is suicidal thoughts. He says
he is mad, seeing, playing pool
likes to work animals, snakes &
garden & spiders. He is bothered of
snakes are killed even if they are poisonous.
has not seriously cause lost a vacation
mother seems dedicated but insecure
seem to enjoy people being concerned about him.
Physician's Orders (if applicable):

Long pramir 150 mgm NS
Return in 3 m

M. L. Hall

Physician's Signature

Date

000061

EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER
MEDICATION RECORD

Damien Echels

42107

[illegible]

PHARMACY REFILLS

[illegible]

000062

(Revised 03/9

12/28/92

PROGRAM: EFACE
USER: SANDRA
WSID: E3EAST ARK REGIONAL MENTAL HEALTH CENTERS
CLIENT/PATIENT INFORMATION SHEET
NAME: DAMIEN ECHOLSPAGE: 1
DATE: 5/06/93
TIME: 20:12:37CLIENT INFORMATION:

Case Number: 000042109

Intake Date: 06/01/1992

Warning Msg: N

DEMOGRAPHICS

Name (Last)..... ECHOLS First: DAMIEN
 Address..... 2706 S. GROVE
 City..... WEST MEMPHIS State: AR Zip: 72301 City: WM
 County/Parish... 18 CRITTENDEN Date of Birth: 1211 1974
 Home phone..... (501) 732-4018 Place of Birth: W. MPHS, AR
 Social Sec No.... Religion: N Sex: M Race: W WHITE
 Marital Status.. S Referral Source: 00001 SELF

EMPLOYMENT INFORMATION

Status..... FT FULL TIME
 Occupation.....
 Employer..... ALDERSON ROOFING & SHEET Work phone: ()

STUDENT INFORMATION

Status.....
 Last School Att. MARION HIGH SCHOOL Grade Completed: 12
 Legal Custody...

C.A.T.E.G.O.R.I.E.S

COMMENT (Y:N) :4 - DISCHARGE THIS FY
 NOT USED :30 - WEST MEMPHIS CLINIC

PROGRAM ADMISSIONS:

| TRT | PRG | PROGRAM | ADMIN. | TERM. | *-PRIMARY* | *---GAF--- |
|------|------|-------------|---------|-------|-------------|--------------|
| MODE | CODE | DESCRIPTION | DATE | DATE | STAFF REIMB | ADM CUR TERM |
| 2 | 02 | OUTPATIENT | 1/05/93 | | 2512 SELF | 00 40 00 |

CLIENT DIAGNOSIS:

| CODE | ORD | AXIS | LINE 1 | LINE 2 |
|--------|-----|------|---------------------------------------------|--------|
| 311.00 | 1 | 1 | DEPRESSIVE DISORDER NOT OTHERWISE SPECIFIED | |
| V61.80 | 2 | 1 | OTHER SPECIFIED FAMILY CIRCUMSTANCES | |
| V71.09 | 3 | 9 | NO DIAGNOSIS | |

BILLING INFORMATION:

Responsible Party... ECHOLS, DAMIEN Relationship: SL
 Address..... 2706 S. GROVE Pay rate..... 5.00 %
 City, State..... WEST MEMPHIS AR 72301
 Telephone..... (501) 732-4018

| ECODE | FROM | TO | REIMBURSEMENT SOURCE | AUTHORIZATION | NEXT SOURCE |
|-------|----------|----------|----------------------|---------------|-------------|
| MCDRH | 00/00/00 | 07/24/92 | MEDICAID REHAB-NO PA | | |
| MCDTR | 00/00/00 | 07/24/92 | MEDICAID TRANSPORTAT | | |
| SSDD | 00/00/00 | 00/00/00 | SOCIAL SECURITY DISA | | |
| TXX | 06/01/92 | 06/02/93 | TITLE XX | | |

RELATED INDIVIDUALS:

| REL NAME | STREET ADDRESS | CITY | ST PHONE | LGL |
|---------------------|----------------|-------------|-------------|-----|
| M HUTCHISON, PAMELA | 2706 S. GROVE | WEST MEMPHI | AR 732-4018 | Y |

COMMENTS:CLIENT/PATIENT HISTORY:

| TRANSACTION | ACTIVITY | TRT | PRG | SUB | *-PRIMARY* |
|-------------|----------|------|------|-----|-------------------|
| TYPE | DATE | MODE | CODE | FAC | DIAG REIMB |
| ADMISSION | 6/01/92 | 2 | 02 | 30 | 3601 799.90 MCDRH |
| STATUS CHG | 6/02/92 | 2 | 02 | | 300.40 |

000063

PROGRAM: EFACE
USER: SANDRA
WSID: E3

EAST ARK REGIONAL MENTAL HEALTH CENTERS
CLIENT/PATIENT INFORMATION SHEET
NAME: DAMIEN ECHOLS

PAGE: 2
DATE: 5/06/93
TIME: 20:12:07

=====

CLIENT/PATIENT HISTORY:

| TRANSACTION | ACTIVITY | TO | PRG | SUB | *-----PRIMARY-----* | | |
|-------------|----------|-----|------|-----|---------------------|--------|-------|
| TYPE | DATE | N E | CODE | FAC | THERAPIST | DIAG | REIMB |
| STATUS CHG | 6/02/92 | 2 | 02 | | | | |
| TERMINATION | 7/24/92 | 2 | 02 | 30 | 3601 | 300.40 | MCDRH |
| READMISSION | 1/05/93 | 2 | 02 | 30 | 2512 | 799.90 | TXX |
| CORRECTION | 1/06/93 | 2 | 02 | | | | |
| CORRECTION | 1/07/93 | 2 | 02 | | | | SELF |
| STATUS CHG | 2/12/93 | 2 | 02 | | | 311.00 | |

PRESENTING PROBLEMS:

| TRT | PRG | PROBLEM | OVERRIDE | | |
|------|------|---------|----------|------|-------------|
| MODE | CODE | CODE | PRIORITY | CODE | DESCRIPTION |

=====

000064



ATTORNEY WORK PRODUCT - PRIVILEGED AND CONFIDENTIAL INFORMATION

MICHAEL "DAMIEN" ECHOLS
CASE NO. 1700-00-30182

ARKANSAS DISABILITY DETERMINATION RECORDS

ARK. DISABILITY
DETERMINATION

000065



LEGAL INVESTIGATIONS

GARDEN LEVEL SUITE 1
80 MONROE AVENUE
MEMPHIS, TN 38103
PHONE (901) 526-6576
FAX (901) 523-3281

July 6, 1993

Ms. Janice L. Warden
Deputy Commissioner for Operations
Resident Station
202 Shopping Way Blvd.
West Memphis, AR 72301

RE: Damien W. Echols

Dear Ms. Warden:

Please note the attached release of information regarding Mr. Echols. We have been retained by the attorneys representing Mr. Echols to conduct an investigation regarding his pending criminal case.

We are requesting all information regarding Mr. Echols evaluation, documentation of eligibility, months of payments, amounts, and any other information relative to Mr. Echols' disability.

Feel free to call upon me should you have any questions regarding this request.

Sincerely,

INQUISITOR, INC.

Glori J. Shettles

Enclosure

GJS/nv

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my agent, INQUISITOR, INC.,
to request and receive from SSI

any and all documents, reports or information relating in any manner to me. I further release custodians and possessors of such information from any and all liability for its disclosures to my agent. The authority herein granted includes, but is not limited to, educational, employment history, credit, financial, medical reports of physical and/or mental disorders, Internal Revenue Service, Selective Service, Military, Veterans Administration, and law enforcement information. The authority includes, but is not limited to, the inspection, copying, and receipt of documents, photographs and all other written or recorded information and the receipt of oral information.

I hereby request that all persons cooperate fully in providing the INQUISITOR, INC. such information. A photostatic reproduction of an executed copy of this Authorization For Release Of Information will accompany requests for information or documents.

Damon Wayne Echols
SIGNATURE

6-16-93

DATE

M. Skottles
WITNESS

000067

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my agent, INQUISITOR, INC.
to request and receive from SSI

any and all documents, reports or information relating in any manner to me. I further release custodians and possessors of such information from any and all liability for its disclosures to my agent. The authority herein granted includes, but is not limited to, educational, employment history, credit, financial, medical reports of physical and/or mental disorders, Internal Revenue Service, Selective Service, Military, Veterans Administration, and law enforcement information. The authority includes, but is not limited to, the inspection, copying, and receipt of documents, photographs and all other written or recorded information and the receipt of oral information.

I hereby request that all persons cooperate fully in providing the INQUISITOR, INC. such information. A photostatic reproduction of an executed copy of this Authorization For Release Of Information will accompany requests for information or documents.

Michael Wayne Hutchison
SIGNATURE

6-16-93
DATE

Wm. Skettles
WITNESS

C00068

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize my agent, INQUISITOR, INC.,
to request and receive from SSI

any and all documents, reports or information relating in any manner to me. I further release custodians and possessors of such information from any and all liability for its disclosures to my agent. The authority herein granted includes, but is not limited to, educational, employment history, credit, financial, medical reports of physical and/or mental disorders, Internal Revenue Service, Selective Service, Military, Veterans Administration, and law enforcement information. The authority includes, but is not limited to, the inspection, copying, and receipt of documents, photographs and all other written or recorded information and the receipt of oral information.

I hereby request that all persons cooperate fully in providing the INQUISITOR, INC. such information. A photostatic reproduction of an executed copy of this Authorization For Release Of Information will accompany requests for information or documents.

Barbara J. Hutchinson
SIGNATURE

6-26-93
DATE

Wm. J. Shetter
WITNESS

000069

CONSULTATIVE EXAMINATION WORKSHEET

| | | | |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------|----|----|
| Source | #1 <i>BA. B. B.</i> | #2 | #3 |
| City | <i>W. Memphis, Ar</i> | | |
| Specialty | | | |
| Comments | | | |
| Medical to Copy: Other Comments: | <p><i>MEC Suppl</i></p> <p><i>DOE 3-553</i></p> | | |
| | <p>ECHOLS, DAMIEN J 039</p> <p>429-47-8E23 00</p> <p>RR 2 BOX 1021</p> <p>MARION 2364</p> <p>2/11/93 1,777-74 810</p> | | |

To claimant: We need more information about your

mental problems

| EXAMS | LABORATORY | XRAYS |
|--------------------------------------------------------------|-----------------------|---------------------------|
| 100 General Physical | 200 Urinalysis | 301 Chest |
| 110 Physical (Internal Medicine) | 215 Uric Acid | 302 Chest, PA. Lat. |
| 129 Pediatric | 216 Hematocrit | 303 Cervical, AP and Lat. |
| 102 Orthopedic | 217 Hemoglobin | 304 Cervical, Complete |
| 103 Neurological | 218 CBC | 305 Thoracic AP and Lat. |
| 106 Neuro-Psychiatric | 228 Platelet Count | 306 Lumbar, AP and Lat. |
| 107 N/P Battery (Halstead: Luria) | 220 Prothrombin Time | 307 Lumbar, Complete |
| 108 Psychiatric w/form | 209 Blood Sugar | 308 Pelvis, AP |
| 120 <input checked="" type="checkbox"/> Mental Status w/form | 221 Sed. Rate | |
| 112 Psychological (complete battery) | 222 RA | Right Left |
| 104 WAIS-R | 228 ANA | 310 Shoulder, 1 View |
| 105 WISC-R | 219 L.E. Cell | 311 Shoulder, Complete |
| 122 Stanford Binet | 202 Phenobarbital | 350 Clavicle |
| 123 Bayley (Infant Dev.) | 208 Dilantin | 312 Humerus |
| 124 WPPSI | 224 Mebarol | 313 Elbow |
| 125 MMPI | 225 Depakote | 315 Forearm |
| 423 Home Visit (local) | 230 Mysoline | 316 Wrist |
| 424 Home Visit (out of town) | 231 Tegretol | 318 Hand |
| 109 Eye exam w/report | 235 Depakene | 319 Hip, 1 View |
| 111 Eye exam (ARC) | 206 Creatinine | 320 Hip, 2 Views |
| 117 ENT (exam only) | 207 Creatinine Cl. | 321 Femur |
| 429 Audiometric only (425, 427) | 214 SUN | 322 Knee, 2 Views |
| 118 ENT w/audiometric | 226 Liver Profile | 323 Knee, Complete |
| 432 Sound Field Testing | 203 Bilirubin | 324 Tibia and Fibula |
| 435 Ear Mold | 201 Serum Albumin | 325 Ankle, 2 Views |
| 113 Speech Evaluation | 233 Serum Amylase | 326 Ankle, Complete |
| 136 Rheumatology | 204 Calcium | 327 Foot, 2 Views |
| 116 Dermatology | 205 Cholesterol | 328 Foot, Complete |
| 421 Medical Assessment (Mental) | 212 T3 and T4 | 350 Os calcis (heel) |
| 441 Medical Assessment (Physical) | 227 SMA 12 | |
| 455 Office Visit | 237 Drawing Fee | |
| | 440 Height and Weight | |

| SPECIAL PROCEDURES |
|----------------------------------------|
| 407 EKG w. tracing |
| 408 EKG w/stress |
| 412 Holter Monitor |
| 401 Echocardiogram |
| 402 Doppler |
| 419 Exercise Doppler |
| 409 PFS (No Broncho.) |
| 410 PFS w/broncho. |
| 405 Arterial Puncture |
| 422 Arterial Puncture (After Exercise) |
| 418 Carbon Monoxide Diff. Capacity |
| 413 EEG w/sleep |
| 411 Evoked Response (auditory) |
| 444 Evoked Response (visual) |

Other:

CE Approved By

Date

3/5/93

000070

CONSULTATIVE EXAMINATION WORKSHEET

| | | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----|----|
| Treating Source | #1 <i>BA B. M. H.</i> | #2 | #3 |
| City | <i>W. Memphis AR</i> | | |
| Specialty | | | |
| Comments | | | |
| Medical to Copy/Other Comments: | ECHOLS, CAMIEN # 039 <i>MCX clipped</i> RR 2 BOX 1021 MARION 2/11/93 12/11/74 310 AR 72364 | | |
| <i>TOUE 3-543</i> To claimant: We need more information about your | | | |

| EXAMS | LABORATORY | XRAYS |
|--------------------------------------|-----------------------|---------------------------|
| 100 General Physical | 200 Urinalysis | 301 Chest |
| 110 Physical (Internal Medicine) | 215 Uric Acid | 302 Chest, PA, Lat. |
| 129 Pediatric | 218 Hematocrit | 303 Cervical, AP and Lat. |
| 102 Orthopedic | 217 Hemoglobin | 304 Cervical, Complete |
| 103 Neurological | 218 CBC | 306 Thoracic, AP and Lat. |
| 106 Neuro-Psychiatric | 229 Platelet Count | 308 Lumbar, AP and Lat. |
| 107 N/P Battery (Halstead: Luria) | 220 Prothrombin Time | 307 Lumbar, Complete |
| 108 Psychiatric w/form | 209 Blood Sugar | 308 Pelvis, AP |
| 112 Psychological (complete battery) | 221 Sed. Rate | Right Left |
| 104 WAIS-R | 222 RA | 310 Shoulder, 1 View |
| 105 WISC-R | 228 ANA | 302 Shoulder, Complete |
| 122 Stanford Binet | 219 L.E. Cell | 350 Clavicle |
| 123 Bayley (Infant Dev.) | 202 Phenobarbital | 312 Humerus |
| 124 WPPSI | 208 Dilantin | 313 Elbow |
| 128 MMPI | 224 Meberol | 318 Forearm |
| 423 Home Visit (local) | 228 Depakote | 318 Wrist |
| 424 Home Visit (out of town) | 230 Myosolone | 318 Hand |
| 109 Eye exam w/report | 231 Tegretol | 319 Hip, 1 View |
| 111 Eye exam (ARC) | 238 Depakene | 320 Hip, 2 Views |
| 117 ENT (exam only) | 206 Creatinine | 321 Femur |
| 429 Audiometric only (425, 427) | 207 Creatinine CL | 322 Knee, 2 Views |
| 118 ENT w/audiometric | 214 BUN | 323 Knee, Complete |
| 432 Sound Field Testing | 228 Liver Profile | 324 Tibia and Fibula |
| 436 Ear Mold | 203 Bilirubin | 325 Ankle, 2 Views |
| 113 Speech Evaluation | 201 Serum Albumin | 328 Ankle, Complete |
| 136 Rheumatology | 233 Serum Amylase | 327 Foot, 2 Views |
| 118 Dermatology | 204 Calcium | 328 Foot, Complete |
| 421 Medical Assessment (Mental) | 205 Cholesterol | 350 Os calcis (heel) |
| 441 Medical Assessment (Physical) | 212 T3 and T4 | |
| 455 Office Visit | 227 SMA 12 | |
| | 237 Drawing Fee | |
| | 440 Height and Weight | |
| Other: | | |
| CE Approved By <i>[Signature]</i> | Date <i>3/5/93</i> | |

SPECIAL PROCEDURES

- 407 EKG w/tracing
 408 EKG w/stress
 412 Holter Monitor
 401 Echocardiogram
 402 Doppler
 419 Exercise Doppler
 409 PFS (No Broncho.)
 410 PFS w/broncho.
 405 Arterial Puncture
 422 Arterial Puncture (After Exercise)
 418 Carbon Monoxide Diff. Capacity
 413 EEG w/sleep
 411 Evoked Response (audio)
 444 Evoked Response (visual)

000071

ACI-8771

AR D08 (3-91)

ECHOLS, DAMIEN W
[REDACTED] 00
RR 2 BOX 1021
MARION

RA 2 BOX 1021
MARION

AR 72364

2/11/93 12/11/74 910

SSN

AR/DDS 90

EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER



J. E. Chauvin, President
William I. Ivey 3rd, M.S., Executive Director

105 W. Harrison
West Memphis, Arkansas 72301
(501) 735-6923

March 9, 1993

Ms. Karen Brown
State of Arkansas
Disability Determination For
Social Security Administration
701 Pulaski Street
Little Rock, Arkansas 72201

RECEIVED

MAR 15 1993

RE: Damien W. Echols
SSN: [REDACTED]
DOB: 12/11/74

Disability Determination

Dear Ms. Brown:

Please find enclosed the requested information regarding
Danien W. Echols. Should you need further information, please
feel free to contact our office.

Sincerely,

Sherry Dockins, LMSW
Sherry Dockins, LMSW
Clinical Social Worker

SD/dw

000073

Serving Crittenden, Cross, Lee, Monroe, Phillips and St. Francis Counties

This Agency is in compliance with Title VII of the Civil Rights Act

E.A.R.M.H.C.

INDIVIDUAL PROGRESS NOTE

NAME: Damien Echols

CASE NO:

DATE OF SERVICE: 1-13-93

TIME OF SERVICE: 1:00 p.m. to 2:00 p.m.

PLACE OF SERVICE: 05

UNITS: 4

SERVICE CODE: 008

=====

S: Damien is seen today for a scheduled session. He is brought to the mental health center today by his stepfather. Damien was dressed totally in black with a silver cross.

O: Damien enters the session stating that he was glad to be back. The focus of today's session is spent in getting comfortable with Damien and being able to talk about his concerns. One of his most important concerns that he brought up is the issue of confidentiality. Therapist assured him that his treatment will be confidential except in cases of where he would harm himself or others. He seemed much more comfortable after that and there was a notable shifts in his chair as he relaxed. Damien related that he does not feel like he belongs anywhere. He reports a history of moving from one place to another. He emphasis that in many ways he is much older than chronological age. Damien reports one of his biggest problems that he would like to work on is being able to forgive others. When questioned about this he reports that he is very angry with family members and with other people that have "let him down". He wants to be normal but feels that he has never been normal. Damien questioned whether therapist could really help him. He discussed issues of power and control. He states that he could make things happen. He believes very much in magic. Damien stated "I don't believe anything until its proven". Therapist assured him that she would be able to help him. Demonstrated a technique with him which indicated that there was a way of control without black magic. This was done by placing Damien in a trance and having his arm numb. He brought of the trance but therapist instructed him to continue to have his arm numb. He was amazed that when he came out of the trance his arm was numb. This was very affective and proven to Damien that therapist was going to be able to help him with his concerns. It should be noted that this also helped with issue of trust.

A: Damien's affect and mood was flat. He did not smile during the session. He seemed more responsive to therapist after talking

000074

E.A.R.M.H.C.

INDIVIDUAL PROGRESS NOTE

NAME: Damien Echols

CASE NO:

DATE OF SERVICE: 1-13-93

TIME OF SERVICE: 1:00 p.m. to 2:00 p

PLACE OF SERVICE: 05

UNITS: 3

SERVICE CODE: 008

about confidentiality issues and the trance episode.

P: A return appointment is given for Damien in one week. Will continue his treatment plan as stated previously.

Sherry Dockins, LMSW
Sherry Dockins, LMSW
Clinical Social Worker

SD: jb
DD: 1-14-93
DT: 1-15-93

000075

INDIVIDUAL PROGRESS NOTE

NAME: Damien Echols
 DATE OF SERVICE: 1-19-93
 PLACE OF SERVICE: 5
 SERVICE CODE: 08

CASE NO:
 TIME OF SERVICE: 11:00 - 12:00
 UNITS: 4

S- Damien is seen today for a scheduled session.

"Mom told me to apply for disability - what do you think?"

O- Damien relates that he is trying to find a way to live on his own. He does not get along with step-father. Reveals a history of abuse as he talked of how he was treated as a child. Denies that this has influenced him stating "I just got it all inside." Describes this as more than just anger-like rage. Sometimes he does "blow up". Relates that when this happens the only solution is to "hurt someone". Damien reports being told at the hospital that he could be another "Charles Manson or Ted Bundy". When questioned on his feelings he states "I know I'm going to influence the world - people will remember me".

A- Affect - expressionless. Good eye contact. Dressed in black with cross earring in 1 ear.

P- Return appointment given XI week.

000076

Sherry Dockim, MSW
 Criminal Social Worker

E.A.R.M.H.C.

INDIVIDUAL PROGRESS NOTE

NAME: Damien Echols

CASE NO: 42109

DATE OF SERVICE: 1-20-93

TIME OF SERVICE:

PLACE OF SERVICE: 05

UNITS: 2

SERVICE CODE: 031

S: Damien is an eighteen year old recently discharged from Charter Hospital. He's had three psychiatric hospitalizations. Each has been associated with anger, thoughts of killing others and thoughts of killing himself. He's not currently suicidal or homicidal. He's been on Tofranil 150 mg. at bedtime for about a year. He's found that that's been somewhat helpful. He's not experiencing any side affects with it, he's tried to stop it and had some discontinuation symptoms. We discussed that some tonight. He's had a traumatic upbringing, this is well documented in the intake data sheet. He has used alcohol and drugs in the past, he says that he's been through rehab and there has been no recent usage.

O: Mr. Echols is a well developed young white male. He has on combat boots and a black rock band type of T-shirt. He has earrings in each ear and long dark hair. He's alert and cooperative, he seems friendly.

A: Depressive Disorder NOS.

P: Imipramine 50 mg. #95, 3 at h.s. Obtain records from Lakeside Hospital and other treatment sources. Followup in two months.

David D. Erby, MD
Psychiatrist

DD: JB
DD: 1-20-93
DT: 1-21-93

C00077

INDIVIDUAL PROGRESS NOTE

NAME: Damien Echols

CASE NO: 42109

DATE OF SERVICE: 1/25/93

TIME OF SERVICE: 11:00 to 12:00 p.m.

PLACE OF SERVICE: 5

UNITS: 4

SERVICE CODE: 00B

5: Damien is seen today for a scheduled session. He is dressed in black today with a cross ear ring in his left ear.

0: Focus of today's session is spent talking with Damien about his feelings of death. He brought with him to session a poem that he has written during the past week. The theme of this poem centered around death and power. Damien explained that he obtains his power by drinking blood of others. He typically drinks the blood of a sexual partner or of a ruling partner. This is achieved by biting or cutting. He states "it makes me feel like a God". Damien describes drinking blood as giving him more power and strength. He remembers doing this as far back as age 10. He does not remember where he learned to do this. Damien believes that there is no God. He feels that society believes there is a God because society is weak. He wants very much to be all powerful. He wants very much to be in total control. We discussed how some of this is related to his experience as a child. He acknowledges that some of this is related to his childhood abuse/trauma issues but he feels that it is who he is now. Damien relates that a spirit is now living with him. The spirit was put inside him last year. He indicates that a month ago the spirit decided to become part of him and he to become part of the spirit. This is reportedly a spirit of a woman who was killed by her husband. When questioned about how he feels with this spirit or what the difference is, Damien is able to relate that he feels stronger and more powerful with this spirit. He has not seen the spirit but does hear the spirit. In addition, he also reports conversations with demons and other spirits. This is achieved through rituals. He denies that he is satanic, seeing himself more as being involved in demonology. It becomes more noticeable today in talking with Damien that he has many things from childhood that he simply does not remember. This is believed to be a dissociative response to trauma issues. Damien is agreeable to beginning to talk about what he experienced as a child that he remembers. He is also agreed to continue to discuss his issues with power and control as related to his practice of rituals. Therapist encouraged him to continue writing and to bring the writings in the sessions as a way of communicating his feelings. Damien is agreeable to doing this though he continues to question the therapist confidentially issues and wants to be assured that he will not be misunderstood.

0: Damien's affect and mood today continued to be bland though there was more emotion when talking about drinking blood. He is continuing to talk about issues related to power and control. Damien is much more verbal today's session. Eye contact was very good.

000078

Damien Echols
1/25/93
Page Two

P: A return appointment was scheduled for Damien in one week. We will continue to address the issues of his early trauma.

Sherry Dockins, LMSW

Sherry Dockins, LMSW
Clinical Social Worker

SD/rlw
DD: 1/25/93
DT: 1/17/93

000079

INDIVIDUAL PROGRESS NOTE

NAME: Damien Echols

CASE NO: 42109

DATE OF SERVICE: 2-5-93

TIME OF SERVICE: 10:00-11:00

PLACE OF SERVICE: 5

UNITS: 4

SERVICE CODE: 08

- =====
3. Damien is seen today for a scheduled session. He is dressed completely in black and is noted to have cuts on his R arm and hand.
- 0 - Damien relates that he cut his arm & hand as a way of permanently marking his skin. The name Domini is cut into his arm. Session continues focused on Damien's self concept and image. Relates feeling very angry yesterday when running into previous girlfriend. "I controlled it - I can do anything". His grandmother was observed to be waiting for him after session.
- A - Affect and mood - flat -
- P - Return appointment given for one week.
- Continues circuit to plan. Sherry Dockins, LMSW
- 000C80 Clinical Social Worker

DIAGNOSTIC CHANGE OF STATUS

DATE: 2-11-93 CASE NO.: 42109

CLIENT NAME: Damien Echols

| OLD DIAGNOSIS | NEW DIAGNOSIS | AXIS | NEW DIAGNOSIS DESCRIPTION | RANK IN ORDER |
|------------------|------------------|---------------------------------------|--------------------------------------|--------------------------|
| 79990 | 31100 | <input checked="" type="checkbox"/> I | <u>Depressive Disorder NOS</u> | <u>1</u> |
| 79990 | V6180 | <input checked="" type="checkbox"/> I | <u>Other Specified Circumstances</u> | <u>2</u> |
| 79990 | V7109 | <input checked="" type="checkbox"/> I | <u>No Diagnosis</u> | <input type="checkbox"/> |
| [][][][][] | [][][][][] | <input type="checkbox"/> | _____ | <input type="checkbox"/> |

A primary diagnosis must be entered for each program. Please check the program admissions file (CHD 1 on the Intake Screen) to be sure that the changes made above are reflected in that file.

CRITERIA FOR DIAGNOSIS (DIAGNOSES) CHANGE:

Treatment records from his previous admission
have been received as well as information
obtained during individual sessions.

Sherry Lockman, LMSW
 THERAPIST SIGNATURE

[Signature]
 PHYSICIAN SIGNATURE

000081

EAPMHC (Revised 11/01/92)

CHARTER HOSPITAL
OF LITTLE ROCK

PATIENT: Echols, Damien W.
MR#: 00-11-60
ADMISSION: 9-14-92
DISCHARGE: 9-28-92
UNIT: Adolescent Psychiatry

DISCHARGE SUMMARY

IDENTIFYING DATA: Damien is a 17-year-old, white male who is in the custody of DHS. He is a court ordered admission.

CHIEF COMPLAINT: "They say I suck blood."

HISTORY OF PRESENT ILLNESS: Damien presented for admission accompanied by police officers. Damien was housed at the Craighead County Juvenile Detention Center. Damien was living in Oregon and recently returned to Arkansas. As a result of his returning to Arkansas, he broke his probation. Damien was subsequently arrested. Damien was on probation due to threatening his girlfriend's parents. He was also arrested and charged with second degree sexual misconduct (was having sex with his girlfriend in a vacant house). Reportedly, Damien and his girlfriend were going to have a boy and sacrifice the baby. Damien relates that he is a witch.

Damien was placed in the Detention Center. While at the Detention Center, he reportedly grabbed a peer and began "sucking blood from the peer's neck". According to Damien, he relates that the peer was aware that he was going to do this. Staff reports that Damien was not remorseful for his behavior. Damien indicated that he sucked blood in order to get into a gang. He denies that it was any type of ritual.

Damien reportedly threatened to kill his father while in Oregon and also threatened to eat him. Damien was subsequently placed in St. Vincent's Hospital until arrangements could be made for him to come to Arkansas. Damien, however, denies this. Damien laughed when he was called "a blood sucking vampire". He relates he does not know why people think this. He was placed in isolation in the Detention Center until he could be admitted to Charter Hospital. The other peers were afraid of him. Damien denies that he rubbed the blood all over his face.

MENTAL STATUS EXAM:

APPEARANCE, ATTITUDE, BEHAVIOR, SENSORIUM, AND ORIENTATION: Damien is a well-developed, well-nourished, white male who was neat in appearance. He was noted to have a T-shirt on that had a demon like figure. He did not appear to be physically ill or in distress. He was oriented to person.

C00082

FEB 26 1993

MINAT

place, and time. He was very cooperative during the exam and did not appear to have difficulty answering questions. There was absolutely no observable evidence of emotion. There were no repetitious activities. He maintained good eye contact during the exam. He was able to follow three step commands.

SPEECH AND LANGUAGE: His speech was of normal rate and tone with good articulation. He had no difficulty with auditory processing.

MOOD AND AFFECT: His mood was mildly depressed. His affect was extremely flat.

THOUGHT PROCESS AND CONTENT: His form of thought was logical, coherent, and goal directed. There were no unusual patterns of association. He denied intent to harm himself or others at the time of the exam. He did admit to sucking blood out of the peer's neck. He related that the peer had hurt his neck, and he subsequently sucked the blood.

SENSORY/PERCEPTION: He denied false perceptions including illusions, depersonalization, distortion of body images, and ideas of reference. There was no evidence of auditory or visual hallucinations. There was no evidence of delusions.

COGNITION, MEMORY, INTELLECT, ABSTRACT THINKING, AND CALCULATIONS: Recent, immediate, and remote memory were intact as evidenced by age appropriate questioning. He was able to perform forward and reverse digit span. Intellectual functioning was felt to be average based upon general fund of information, vocabulary, and complexity of concepts.

JUDGMENT AND INSIGHT: He exhibits extremely poor judgment and has absolutely no insight into his illness.

PROVISIONAL DIAGNOSES:

Axis I: 1. Psychotic disorder, not otherwise specified.
 2. Dysthymia.
 3. Other specified family circumstances.

Axis II: None.

Axis III: None.

Axis IV: Stressors: Level 5.

Axis V: Global Assessment of Functioning Scale: Level

CONFIDENTIAL

DO NOT REDISCLOSE

30/60.

SIGNIFICANT LABORATORY, CONSULTATIONS, X-RAY FINDINGS, ETC.
Laboratory within normal limits.

Physical exam within normal limits.

COURSE OF TREATMENT AND RESPONSE TO TREATMENT: Damien was initially observed on the unit very closely secondary to admission screening that he was demonstrating bizarre and unusual behavior (i.e. blood sucking). He definitely demonstrated a depressed mood. He was also reported to be threatening others in his environment. This was not noted while Damien was in the hospital. On , he was started on his Imipramine 50 mg, 1 tablet, p.o., q.h.s. He was taking that medication prior to admission. While in the hospital, Imipramine was increased to 100 mg, 1 tablet, p.o., q.h.s. on due to continued symptoms of depression. Throughout most of hospitalization, Damien related in a very quiet and withdrawn fashion.

His problems included bizarre and unusual behavior, extreme resistant to authority figures, and disturbed family relationships. Unfortunately, there was no family therapy while Damien was in the hospital. He did not demonstrate bizarre and unusual behavior with exception on one occasion, he did bite a male peer; however, this was in a fight type manner. He was not resistant to authority figures. He did appear to be willing and motivated for treatment, maintained good physical health, and appropriate social skills. The immediate treatment objects were to perform a physical exam and laboratory with urine drug screen. He was monitored very closely as previously stated for his behavior. The focus of treatment was to eradicate his bizarre and unusual behavior. The goal was to be able to work with Damien in regard to his behavior and assist him with alternatives for acting out his feelings.

At the time of discharge, Damien no longer exhibited a desire to participate in bizarre and unusual behavior. He was cautioned about his behavior and how it might appear to others. He was able to communicate appropriately with others in his environment. He was able to explore unresolved feelings of anger toward his father. He was able to verbalize reasons for his bizarre and unusual behavior.

CONDITION AT DISCHARGE: At the time of discharge, it was felt that Damien's behavior had stabilized to the point to where he no longer needed to remain in an acute care setting. He was not considered a danger to others at the time of his

000084

ECHOLS, DAMIEN
MR#: 00-11-60
Page Four

discharge. He had had no special procedures seventy-two hours prior to his discharge. Damien has contracted that he will not attempt to harm anyone after the time of discharge.

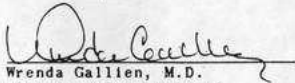
FINAL DIAGNOSES:

- Axis I: 1. Dysthymia.
2. Other specified family circumstances.
- Axis II: None.
- Axis III: None.
- Axis IV: Stressors: Level 5.
- Axis V: Global Assessment of Functioning Scale: Level 70.

AFTERCARE PLANS:

- A. REFERRALS AND FOLLOW-UP: He will be followed at the local mental health center.
- B. DISCHARGE MEDICATIONS:
1. Imipramine 100 mg, 1 tablet, p.o., q.h.s.
- C. ACTIVITIES: No precautions or limitations.
- D. DIET: Regular.
- D. EDUCATIONAL PLANS: He is to return to public school.

SIGNED:


Brenda Gallien, M.D.
Attending Psychiatrist

DD: 10-13-92
DT: 10-14-92

WG:mj

CONFIDENTIAL
DO NOT REDISCLOSE

C00085

CHARTER HOSPITAL
OF LITTLE ROCK

PATIENT: Echols, Damien W.
MR#: 00-11-60
ADMISSION: 9-14-92
UNIT: Adolescent Psychiatry

ADMISSION PSYCHIATRIC EVALUATION

DATE OF EXAM: 9-15-92

IDENTIFYING DATA: Damien is a 17-year-old, white male who is in the custody of DHS. He is a court ordered admission.

CHIEF COMPLAINT: "They say I suck blood."

HISTORY OF PRESENT ILLNESS: Damien presented for admission accompanied by police officers. Damien was housed at the Craighead County Juvenile Detention Center. Damien was living in Oregon and recently returned to Arkansas. As a result of his returning to Arkansas, he broke his probation. Damien was subsequently arrested. Damien was on probation due to threatening his girlfriend's parents. He was also arrested and charged with second degree sexual misconduct (was having sex with his girlfriend in a vacant house). Reportedly, Damien and his girlfriend were going to have a boy and sacrifice the baby. Damien relates that he is a witch.

Damien was placed in the Detention Center. While at the Detention Center, he reportedly grabbed a peer and began "sucking blood from the peer's neck". According to Damien, he relates that the peer was aware that he was going to do this. Staff reports that Damien was not remorseful for his behavior. Damien indicated that he sucked blood in order to get into a gang. He denies that it was any type of ritual.

Damien reportedly threatened to kill his father while in Oregon and also threatened to eat him. Damien was subsequently placed in St. Vincent's Hospital until arrangements could be made for him to come to Arkansas. Damien, however, denies this. Damien laughed when he was called "a blood sucking vampire". He relates he does not know why people think this. He was placed in isolation in the Detention Center until he could be admitted to Charter Hospital. The other peers were afraid of him. Damien denies that he rubbed the blood all over his face.

PAST PSYCHIATRIC HISTORY:

1. Charter Hospital.
2. St. Vincent's Hospital in Oregon.

PAST MEDICAL HISTORY: None.

CONFIDENTIAL

DO NOT REDISCLOSE

COC086

1001460-5

ECHOLS, DAMIEN W.
MR#: 00-11-60
Page Two

ECHOLS, DAMIEN W
DOB 12/11/74
OF W CALIFIA
ADM 39/114/92
REC REF PG-11-60

PAST PERSONAL HISTORY:

1. BIRTH AND DEVELOPMENTAL HISTORY: No reported difficulties at the time of his birth. Developmental milestones accomplished in the usual fashion.
2. ALCOHOL AND DRUG HISTORY: He denies usage.
3. EDUCATIONAL HISTORY: Damien has had major difficulties in school mainly because of behavior and placement.
4. BRIEF SOCIAL HISTORY: Damien is presently in the custody of DHS. He left his parents in Oregon approximately two weeks ago.
5. FAMILY PSYCHIATRIC HISTORY: None reported.
6. FAMILY MEDICAL HISTORY: None reported.

MENTAL STATUS EXAM:

CONFIDENTIAL

APPEARANCE, ATTITUDE, BEHAVIOR, SENSORIUM, AND ORIENTATION: Damien is a well-developed, well-nourished white male who was neat in appearance. He was noted to have a T-shirt on that had a demon like figure. He did not appear to be physically ill or in distress. He was oriented to person, place, and time. He was very cooperative during the exam and did not appear to have difficulty answering questions. There was absolutely no observable evidence of emotion. There were no repetitious activities. He maintained good eye contact during the exam. He was able to follow three step commands.

SPEECH AND LANGUAGE: His speech was of normal rate and tone with good articulation. He had no difficulty with auditory processing.

MOOD AND AFFECT: His mood was mildly depressed. His affect was extremely flat.

THOUGHT PROCESS AND CONTENT: His form of thought was logical, coherent, and goal directed. There were no unusual patterns of association. He denied intent to harm himself or others at the time of the exam. He did admit to sucking blood out of the peer's neck. He related that the peer had hurt his neck, and he subsequently sucked the blood.

SENSORY/PERCEPTION: He denied false perceptions including illusions, depersonalization, distortion of body images, and ideas of reference. There was no evidence of auditory or visual hallucinations. There was no evidence of

C00087

1001460-5

STANLEY, DAMIEN W
DOB 12/11/74
16 W TALLIEN
ADM 09/14/92
MOS 340 000-11-60

ECHOLS, DAMIEN W.
MR#: 00-11-60
Page Three

delusions.

COGNITION, MEMORY, INTELLECT, ABSTRACT THINKING, AND CALCULATIONS: Recent, immediate, and remote memory were intact as evidenced by age appropriate questioning. He was able to perform forward and reverse digit span. Intellectual functioning was felt to be average based upon general fund of information, vocabulary, and complexity of concepts.

JUDGMENT AND INSIGHT: He exhibits extremely poor judgment and has absolutely no insight into his illness.

JUSTIFICATION FOR ADMISSION:

1. Bizarre and unusual behavior (blood sucking).
2. Depressed mood.
3. Threatening others.

PROVISIONAL DIAGNOSES:

- Axis I: 1. Psychotic disorder, not otherwise specified.
2. Dysthymia.
3. Other specified family circumstances.

Axis II: None.

Axis III: None.

Axis IV: Stressors: Level 5.

Axis V: Global Assessment of Functioning Scale: Level 30/60.

CONFIDENTIAL
DO NOT REDISCLOSE

INITIAL TREATMENT PLAN:

A. PROBLEM LIST:

1. Bizarre and unusual behavior.
2. Extreme resistant to authority figures.
3. Disturbed family relationships.

B. STRENGTHS:

1. Damien appears to be willing and motivated for treatment.
2. Good physical health.
3. Appropriate social skills.

C. IMMEDIATE TREATMENT OBJECTIVES:

1. Physical exam and laboratory with urine drug screen.
2. Damien will be monitored very closely to observe for any type of unusual behavior.
3. Focus of treatment will be to eradicate his bizarre

000088

ECHOLS, DAMIEN W.
MR#: 00-11-60
Page Four

1001460-5

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
XREF 00-11-60

and unusual behavior.

4. The goal will be to work with Damien in regard to his bizarre and unusual behavior and assist him with alternative behaviors for acting out his feelings.

D. GOALS FOR DISCHARGE:

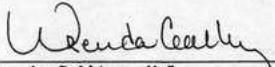
1. At the time of discharge, Damien will no longer exhibit a desire to participate in bizarre and unusual behavior.
2. He will be able to communicate appropriately with peers in his environment.
3. He will be able to explore unresolved feelings of anger toward his father.
4. He will be able to verbalize reasons for his bizarre and unusual behavior.

E. AFTERCARE PLANS: Damien will be referred to an independent living situation if he stabilizes while in acute treatment.

F. ESTIMATED LENGTH OF STAY: Seven (7) to ten (10) days.

PROGNOSIS: Poor.

SIGNED:


Wrenda Gallien, M.D.
Attending Psychiatrist

DD: 9-16-92
DT: 9-16-92

WG:mj

CONFIDENTIAL
DO NOT REDISCLOSE

C00089

CHARTER HOSPITAL
OF LITTLE ROCK

PATIENT: ECHOLS, Damien
MR#: 00-11-60
ADMISSION: 9-14-92

HISTORY AND PHYSICAL

ADMISSION HISTORY: This 15-year-old white male is admitted with depressive symptoms and behavior disorder. Today, the patient has no physical complaints. His admitting psychiatric history is well documented elsewhere in the chart.

PAST MEDICAL HISTORY: The patient has a remote history of multiple atopic illness with what sounds like hay fever and allergies. He also has a history of asthma. He has required no medicines for his asthma for the last two years. He says he has had borderline hypertension but takes no medicines for this. He has migraines by history but currently takes no medicine. He has a history of "palpitations," and these are asymptomatic and require no medications as well.

FAMILY HISTORY: He has very little knowledge of his biological family's history. His mother is described as probably healthy. She and his biological father live in Portland. He has no knowledge of his biological father's health.

HABITS: The patient will smoke one to two packs per day. He has used alcohol but does not use it currently. He denies other drug use.

REVIEW OF SYSTEMS: Positive for occasional symptoms of allergic rhinitis. He has rare asymptomatic palpitations and his above-mentioned migraines. Otherwise, his review of systems is negative.

PHYSICAL EXAMINATION:

GENERAL: A quiet, cooperative, white male.

VITAL SIGNS: Pending.

HEENT: Normocephalic. Tympanic membranes are translucent with good landmarks bilaterally. His pupils are equal and reactive to light. Disks are sharp. His tongue is midline and is moist. His dentition is good.

NECK: Supple. There is no jugular venous distention. No thyromegaly.

HEART: Regular rhythm and rate. No murmur.

LUNGS: Clear to auscultation. No wheezing, retractions or prolonged expiration.

CONFIDENTIAL
DO NOT REDISCLOSE

C00090

1001450-5

ECHOLS, DAMIEN W
 DOB 12/11/74
 PR W KALLIEN
 ADM 09/14/92
 MED REF #00-11-60

ECHOLS, Damien
 MR# 00-11-60
 Page 2

1001450-5

ECHOLS, DAMIEN W
 DOB 12/11/74
 PR W KALLIEN
 ADM 09/14/92
 MED REF #00-11-60

ABDOMEN: Soft, nontender. There is no ~~abdominal~~ **CONFIDENTIAL**

GENITOURINARY: Normal scrotal contents. Circumcised. No discharge. **DO NOT REDISCLOSE**

RECTAL: External rectal exam is unremarkable.

NEUROLOGIC: Cranial Nerves: II - The cup-to-disk ratio is within normal limits. There are no obvious visual field defects on direct confrontational examination. Cranial nerves III, IV and VI are intact as noted by conjugate gaze and full range of motion of extraocular eye movements. There is no strabismus. Cranial nerve V - There is symmetrical and good function of the muscles of mastication. Cranial nerve VII - There is no facial sensory deficit noted on examination. There is no gross evidence of facial palsy or muscle weakness. Cranial nerve VIII - Normal hearing is noted. There is no vertigo or nystagmus. Cranial nerves IX and X - There is symmetrical uvular elevation and tonsillar pillar movement. Pharyngeal sensation is intact. Cranial nerve XI - Sternocleidomastoid and strap muscle function is intact and equal bilaterally. Cranial nerve XII - The tongue protrudes normally in the midline with no gross evidence of dysarthria. Cranial nerves II-XII are intact. His deep tendon reflexes are 2+ and symmetric bilaterally. His somatosensory exam is intact and symmetric. Speech, language and vocabulary are appropriate for his age and education. Romberg is negative. The finger-nose-finger is excellent.

SKIN: He has moderate comedonal acne on his face and his torso and back. He has a rudimentary or homemade tattoo on his chest as well as left thumb and index finger web.

IMPRESSION:

1. Psychiatric diagnosis deferred.
2. Asthma by history; none by exam.
3. Migraines by history; none by exam.
4. Acne.

RECOMMENDATIONS:

1. Agree with admission and work-up.
2. Recommend symptomatic management of his asthma, acne, and migraines as needed.

MEDICAL PROGNOSIS: Good

Jeff Caragno
 Jeff Caragno, M.D.

DD: 9-15-92
 DT: 9-15-92
 JC/je

C00091

CHARTER HOSPITAL
OF LITTLE ROCK

PATIENT: Echols, Damien
MR#: 00-178
ADMISSION: 6-21-92
DISCHARGE: 6-25-92
UNIT: Adolescent Psychiatry

CONFIDENTIAL

DO NOT REDISCLOSE

DISCHARGE SUMMARY

IDENTIFYING DATA: Damien is a 17-year-old, white male who lives with his mother and grandmother. His was referred for admission by Joe Hutcheson, probation officer. He was recently at the Jonesboro Detention Center for two to three weeks. He was a court ordered admission. He was admitted on 6-21-92 and discharge on 6-25-92.

BRIEF HISTORY: Damien presented for admission accompanied by his probation officer. He was described as having suicidal ideation for two weeks prior to admission. He indicated that he ran away with his girlfriend, because her parents forbade her to see him anymore. He said they were upset, because he was engaging in sexual encounters with her. There was a conversation that concerned staff at the detention center. Reportedly, Damien and his girlfriend were going to have a baby and then sacrifice the child. Damien denied this type of behavior. There was also a question about his involvement with satanism. Damien, however, indicated that he was not involved with satanism, but witchcraft. Supposedly, Damien chased a younger child with an ax and attempted to set a house on fire. He denied this behavior. He reported that his girlfriend's family reported this so that they could get him in trouble. He was also accused of beating a peer up at school.

Damien admits to a history of violence. He said prior to admission he did attempt to enucleate a peer's eye at school. He was suspended subsequently from school. He was suspended on seven different occasions during the school year. He related that he was suspended on one occasion, because he set a fire in his science classroom and also would walk off on campus on several occasions. He was disruptive to the school environment. He was also disrespectful to teachers. He has been accused of terroristic threatening.

There has been no previous psychiatric treatment.

Damien indicated that he has heart problems, asthma, bronchitis, and migraine headaches.

PROVISIONAL DIAGNOSES:

- Axis I:
1. Major depression, single episode.
 2. Dysthymia.

000092

3. Rule out psychotic disorder not otherwise specified.

Axis II: None.

Axis III: None.

Axis IV: Stressors: Level 3.

Axis V: Global Assessment of Functioning Scale: Level 30.

CONFIDENTIAL
DO NOT REDISCLOSE

SIGNIFICANT LABORATORY, CONSULTATIONS, X-RAY FINDINGS, ETC:
No abnormalities noted.

Physical exam within normal limits.

ECG revealed undetermined rhythm, abnormal right axis deviation and nonspecific T wave abnormality.

COURSE OF TREATMENT AND RESPONSE TO TREATMENT: Damien was admitted to the unit in the usual fashion. Initially, he was very quiet and withdrawn and did not interact with other peers. Staff was quite concerned as they noticed that he was meditating in his room in a bizarre and unusual fashion. He also drew numerous pictures of witchcraft type symbols. He also wrote some very unusual poems. He tended to remain on the peripheral of the group throughout most of his hospitalization. Damien denied involvement in satanic worship but did admit to involvement in witchcraft. He definitely exhibited a pervasively depressed mood throughout most of his hospitalization. On 6-5-92, he was started on Imipramine 50 mg, 1 tablet, p.o., q.h.s. He indicated that initially it was causing him some difficulties sleeping. On 6-12-92, the Imipramine was increased to 100 mg, 1 tablet, p.o., q.h.s. due to continued symptoms of depression. Damien had one successful pass while he was in the hospital. His parents indicated that they were willing to move out of the state of Arkansas to Denver, Colorado. Damien was very happy with the changes. I spoke with the prosecuting attorney who was in agreement with Damien's leaving the state.

CONDITION AT DISCHARGE: At the time of discharge, Damien was not felt to be a danger to himself or a danger to others.

FINAL DIAGNOSES:

Axis I: Major depression, single episode.

Axis II: None.

C00C93

ECHOLS, DAMIEN
MR#: 00-11-60
Page Three

Axis III: None.

Axis IV: Stressors: Level 3.

Axis V: Global Assessment of Functioning Scale: Level 50.

AFTERCARE PLANS:

- A. REFERRALS AND FOLLOW-UP: Damien will be followed in Denver, Colorado.
- B. DISCHARGE MEDICATIONS:
 - 1. Imipramine 100 mg, 1 tablet, p.o., q.h.s.
- C. ACTIVITY: No precautions or limitations.
- D. DIET: Regular.

SIGNED:

Wrenda Gallien
Wrenda Gallien, M.D.
Attending Psychiatrist

DD: 7-9-92
DT: 7-9-92

WG:mj

000C94

CONFIDENTIAL PSYCHOLOGICAL REPORT

NAME: Damian Echols
AGE: 17
SEX: Male
DATE EVALUATED: 6-8-92
EXAMINER: Lewis F. Bracy, Ph.D.

TESTS ADMINISTERED:

WAIS (Verbal Scale)

Bender Gestalt Test

Figure Drawings Test

Rorschach Test

Minnesota Multiphasic Personality Inventory (MMPI)

TAT

CONFIDENTIAL
DO NOT REDISCLOSE

SUMMARY OF TEST RESULTS:

On the WAIS verbal scale, Damian obtained a verbal I.Q. of 101. This estimate of his intellectual functioning places him in the middle of the average range. His inter-subtest scatter is reasonably consistent, fluctuating from a low of seven on comprehension to a high of twelve on similarities. His abstract thinking is clearly his best ability. Understanding and comprehending everyday situations and his reality testing are somewhat impaired.

His verbal sub-test scale scores are indicated below:

000095

CONFIDENTIAL PSYCHOLOGICAL REPORT OF
DAMIAN ECHOLS
PAGE 2

Verbal Sub-tests

Scale Scores

Information
Comprehension
Arithmetic
Similarities
Digit Span
Vocabulary

9

7

8

12

10

10

CONFIDENTIAL
DO NOT REDISCLOSE

Damian's drawings reflect rather impoverished, empty appearing figures. They lack enrichment, color, life and emotion. They appear to be primarily depressive, helpless and in poor contact with reality. A schizoid orientation is suggested, with feelings of emptiness and depressed outlook on life. He appears to have undergone some rather significant trauma in his life around the ages of six and seven, that is still a deep wound and giving him some difficulties now. His figures do not appear to have any association with grounding and appear to be floating, suggesting strong feelings of insecurity, feelings of isolation, and lack of contact in connection with his family of origin. The human figure is somewhat distorted in the face and body, indicating some difficulty in his self image. He appears to have a rather distorted view of himself and life. His figures appear rather rigid and lacking any spontaneity and freedom to move about in his life and to make spontaneous contact with the world. He appears to be somewhat frightened, intimidated, and see the world as a threatening place.

His TAT stories were literal, concrete and did not manifest very much imagination. He seems to relate what he saw in the picture and could not use his imagination to develop a story from that. He appears to be a very concretistic person who is arrested

000096

1001335

in his imaginative functioning. He would be expected to see things in a rather simplistic
overly constrictive manner.

On the MMPI, he elevates mildly on the mania (T score of 80), schizophrenia (T score of 71) and paranoia scale (T score of 70). None of the clinical sub-scales elevate above normal, when applied to adolescent norms. This profile is indicative of individuals who are somewhat overanxious and withdrawn from social situations. He appears to be rather aloof and difficult to get to know. He does manifest a distrust of others and may feel very intimidated in relationships. He appears to be very fearful that he is going to be harmed or hurt in personal relationships. He did elevate on the substance abuse category, indicating that there are some tendencies in this direction. He answered in a positive direction some of the following statements: "Someone has it in for me." "Evil spirits possess me at times." "I have had very peculiar and strange experiences." "I am afraid of losing my mind." "I have strange and peculiar thoughts." Responses such as these may suggest the possibility of a thought disorder in this individual.

On the Rorschach, Damian gave nineteen responses, which is adequate for interpretive purposes. He manifested an introverted personality orientation, indicating that he has strong tendencies to go within himself rather than exchange with the outer world. This would suggest that Damian would tend to rely heavily on internal evaluation in forming judgments. His ego resources available to him at this time are somewhat low; however, they are sufficient to deal with the stressors that he is presently confronted with in his life. The most striking finding in his Rorschach is the lack of color responses,

C00097

1001285-1
CONFIDENTIAL
DO NOT RE-REVEAL

suggesting that he has real difficulty dealing with his affective life. He definitely prefers to keep his feelings at a peripheral distance, and utilize a great deal of energy in keeping his affects under control. A great deal of his stress seems to be relating to affect control and also, experiencing deeply felt distress and discomfort.

To aggravate his stress, this individual has difficulty getting close to people and does not experience emotional closeness in a constructive way. He tends to avoid close intimate relationships with others, especially those involving tactile exchange. The main concern with this individual is that he has to invest tremendous energy in keeping his affect under control and this does raise the possibility of him being vulnerable to stresses that might occur causing him to have emotional outbursts or else to explode internally.

His depressive constellation on the Rorschach is mildly elevated, indicating that the depressive process appears to be going on in this individual. None of the other constellations: schizophrenia, coping deficit index, or suicidal ideation elevate. There is a mild elevation in the area of anger and negative tendencies. His minus responses elevate significantly, indicating that his contact with reality tends to be somewhat tenuous at times. He also has a rather strong unconventional bent, indicating that he would tend to distort reality to meet his own needs rather than see things as they really are. A positive finding is that his self-esteem index falls at a good solid range, indicating a positive self image. As depicted on the other tests, he appears to have weak imaginative resources and is lacking aliveness and productive energy for his life.

C00098

CONFIDENTIAL PSYCHOLOGICAL REPORT OF
DAMIAN ECHOLS
PAGE 5

1001235-1

CONFIDENTIAL

DO NOT REDISCLOSE

A content analysis of the Rorschach indicates the following responses: On Card 1, he sees a "bug and the face" both unusual, but reasonably good form level responses. These responses may suggest a basic fear of interpersonal relationships and intimidation by a perceived threatening environment. On Card 2, he sees a positive response of "two people, then convert into wizards dancing". This is a good form level response. On Card 3, he sees a "frog wearing a bow tie", which is considered an incom response, with poor form level, that may suggest the possibility of some thought disorder present in this individual. He does recover nicely on his second response to Card 3 seeing "two women holding something", which does indicate an ability to form object relationships and to relate to others. On Card 4, he sees a "man with big feet", which is a good level response. On Card 5, he sees the usual "bat", which is a popular response. On Card 6, he sees an "indian design", utilizing colors at the top, a minus response, which may suggest some difficulty in the area of sexual identity and some confusion. He does recover utilizing the lower part of the card for the usual "bear rug"; however, he did not utilize the texture determinant, which would suggest some difficulty in close interpersonal relationships. On Card 7, he does utilize an unusual, but adequate, form level response in seeing "two hands with thumbs up". On Card 8, the first full color card, he sees a "crab" for the whole card, which is a minus level response; his second response to Card 8, was a "turtle" using the whole card, another minus response. His minus responses to the first color card may suggest color shock or an inability to deal adequately with his emotional life. He tends to lose contact with reality when his affects become triggered.

000099

CONFIDENTIAL PSYCHOLOGICAL REPORT OF
DAMIAN ECHOLS
PAGE 6

1001235-1

It is interesting, on that card he did not recover. Once his emotions get affected they seem to escalate and he has real difficulty getting them under control where he then can relate to his environment. On Card 9, he sees "two faces", in the green area, which is an unusual but adequate form level response. The figures are "smiling", which may suggest some positive potential in this individual. On Card 10, he sees the popular response of "spiders" in the blue area. His next responses, utilizing the yellow for "fish" and a "tree" in the pink area, which is a minus response, and sees "snowflakes" in the blue area. These responses do not utilize color, indicating that he avoids and keeps a distance from his affective life as much as possible. The last response of "snowflakes" on Card 10, may suggest strong feelings of loneliness, emptiness and isolation that he is experiencing in his life.

His Rorschach, even though has some elevation on minus form level response, does not suggest a psychotic process going on in this individual. The most significant process appears to be a depressive, withdrawal, schizoid process going on.

SUMMARY:

This seventeen year old white male appears to possess average intellectual functioning (WAIS verbal I.Q. of 101). He does not appear to be in a psychotic process at this time, even though he gave some manifestation of the possibility of a thought disorder going on. The most prominent finding is that he has a rather strong depressive process going on and has real difficulty making contact with people. He tends to be very distrustful of others and keeps at a distance from himself and his feelings. He invests a

C00100

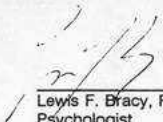
1001437-1

CONFIDENTIAL PSYCHOLOGICAL REPORT OF
DAMIAN ECHOLS
PAGE 7

great deal of energy keeping his affects under control, and when his affects become triggered he may lose contact with reality and not see things as they really are.

DIAGNOSTIC IMPRESSION:

- (1) Depressive disorder.
- (2) Bipolar disorder.



Lewis F. Bracy, Ph.D.
Psychologist

CONFIDENTIAL
DO NOT REDISCLOSE

COC101

MEDICAL RECORD REPORT

ECHOLS, DAMIAN

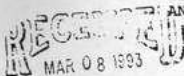
~~85-09-99~~ 85-05-99

Dr. Milan- Sosnovec

Adm Date: 09/02/92

Dis Date: 09/04/92

HISTORY, PHYSICAL EXAM
AND DISCHARGE SUMMARY



cc: Dr. Milan- Sosnovec

Dr. Stanley Sturges

SABILITY DETERMINATION

The patient is a 17-year-old male who was admitted to St. Vincent Hospital, Young Adult Program, on psychiatry on 9/2/92, through the Emergency Room because of the parents calling the police and his being admitted through the Emergency Room because of alleged threat to the parents.

There has been considerable conflict between him and his parents through the years regarding his behavior in which he has threatened to harm himself in the context of a host of legal difficulties for which he is now accountable to a parole officer in Arkansas. He readily admits to charges of breaking and entering, and inappropriate sexual conduct toward others.

The patient has been hospitalized in the past and has also taken imipramine, 75 mg daily. He reports that the imipramine offers him no particular benefit as far as his mood and is not interested in continuing it.

REVIEW OF SYSTEMS: The patient has no medical problems for which he receives medical care, no history of any type of surgical operations. He admits the using street drugs within the past year. He smokes 1-1/2 packs per day.

PHYSICAL EXAMINATION: Height 5 ft 8 in, weight 176, blood pressure 150/90, respiratory rate 18, pulse 88, temperature 37.1.

HEENT: Normal.

NECK: No masses.

CHEST: Clear.

HEART: Regular rhythm, no murmurs.

ABDOMEN: Soft, no masses with no surgical scars.

REFLEXES: Active bilaterally.

MENTAL STATUS EXAMINATION: The patient is a casually dressed, young man, who is verbal, volunteers no information regarding his

COC102

difficulties and does quite well on his school performance in the light of dropping out of school. There is no evidence of a thought disorder. He is not depressed and his efforts at self harm may be seen more as a manipulation to escape responsibility for a wide variety of behaviors which have got him into difficulty with the law.

He has severe problems in relating to his parents. His father owns and operates a service station and he pumps gas at that station.

DIAGNOSIS:

Adjustment disorder of adolescence with disturbance of conduct.

RECOMMENDATIONS:

Plans for emancipation and return to Arkansas seem reasonable to me.

Imipramine is not indicated.

I do not consider him a suicidal risk at this time.

FINAL DIAGNOSIS:

AXIS I: Adjustment disorder of adolescence with disturbance of conduct.

AXIS II: . No diagnosis.

AXIS III: No diagnosis.

RECOMMENDATIONS: See above.

Dictated by Stanley Sturges, M.D. 9/3/92
Transcribed on 9/4/92 by njm

This report has been computer
authenticated by the dictating
physician.

501

ST. VINCENT HOSPITAL & MEDICAL CENTER
9205 S.W. BARNES RD. PORTLAND, OREGON 97225 PHONE (503) 297-4411

MEDICAL RECORD REPORT

ECHOLS, DAMIAN
85-09-99
Dr. Milan- Sosnovec
Adm Date: 09/02/92

EMERGENCY ROOM REPORT

ADMITTED

cc: Emergency Department
Dr. Milan- Sosnovec

The patient is a 17-year-old gentleman who comes in by way of parents, concerned about his mental health. Apparently, the police were called to the house and after discussing with him his options, he comes voluntarily to St. Vincent Hospital for evaluation. Apparently, the parents were concerned about his thoughts of harming himself and possibly others. He does have a psychiatric history, in that in June of this year in Arkansas, he was hospitalized for about one month with diagnosis by history of bipolar disease. He apparently has been on Imipramine and had it recently increased from 50 to I believe, 75 mg at bedtime.

He apparently has had thoughts of harming himself by his report to the family members, even though he denies that. He has talked about drinking lye or some type of bleach that would kill himself, he has also apparently told his sister that he won't be around much longer. The parents are concerned that he is also into satanism or devil worship. He apparently has a number of items that relates to this.

He has not taken pills in ingestion in the past, but he has apparently cut on his hands in the past. He states he was depressed today because he was sad or upset after talking with his friends in Arkansas, who said that they missed him and wanted him to come.

The patient denies suicidal or homicidal ideation at this time, however, in talking with the family members, they state that he made it quite clear that he had thoughts of harming other people, i.e. was going to cut the throat of his mother and has said so in the past and also apparently made some verbal threats to his father here at St. Vincent Hospital even.

FAMILY HISTORY: Such that his real father and mother are with him in the Emergency Room. Apparently, his stepfather actually has adopted him. He denies any recent drug use. Mother and

COC104

father state that he apparently has sniffed propane, glue, gasoline and almost any other drug that is possible, but he denies that, especially over the last four months.

He states he may have had some alcohol or glass of wine. The patient states he was told he may be started on Lithium over the next several weeks.

PHYSICAL EXAMINATION: The patient is responsive, answering questions, appears calm and denies hallucinations or delusions.

The patient again denies most of the information that the parents give.

The patient was also seen by Social Service. Contact was made with Dr. Sosnovec. At this time, the mother will sign the child into 5-West to a security bed.

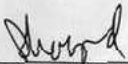
The patient is cooperative at this time.

ADMISSION DIAGNOSIS:
Suicidal/homicidal ideation.
Adjustment disorder.

PLAN: See discussion above.

Dictated by R. Skogrand, M.D.
Transcribed on 9/2/92 by njm

9/2/92


Emergency Medicine Physician

ST. VINCENT HOSPITAL
AND MEDICAL CENTER

Department of Psychiatry
Nursing Admission

26654004

ECHOLS, DAMIEN W
25-05-77 NUP 017 M/01SEP/72
SOSNOVEC, MILAN

Name Echols Damien

Date 9-1-92 Time 2330

Legal Status 1st

School Anti 9th grade

Grade

Job Service Station

Admission Vitals: T 37 P 88 R 18 BP 150/90 Weight 176 Height 5'8"

Allergies dogs, cats, guinea, strawberries

Current Medications "Anti depressant" - doesn't know what

Belongings Checked: Medications + Sharps + Eyeglasses/Contact Lens +

Past Psychiatric Hospitalizations 1 wk in Chatter Hosp in Little Rock Arkansas

Signature Baynham RN

Physical Assessment & Relevant Medical Information Damien may surg. illness, anti
accidents or loss of consciousness for any reason - last used street
drugs (pot, acid, acid, sniffs grass) about 1 yr. ago - was "lots
of caffeine" because of migraine headaches - smoke 1 1/2 pks per day

Signature Baynham RN

Reason for Admission and Initial Nursing Treatment Plan (Include appearance, behavior, conversation, suicide history, present living situation). 17 yr. old white male admitted to 561 (open) p
which was accompanied by sec. staff. Damien is conversant &
pleasant. Damien states the reason his here is because he "was
trying to kill & parents thought I was in depression." He says
he is homesick for his friends in Arkansas. Pt. denies
threatening to harm or hurt himself or others.

About 3 mos. ago in Arkansas pt. was arrested for
sexual misconduct - his girlfriend (both underage) & broken
entering an empty house while he was running away -
his girlfriend. Damien spent 1 month in jail & then about
6 mos. in psych. hosp. Pt. states he is now engaged to
other girl - Dominga - who lives in Arkansas (his mom lives in Arkansas
about where she met Damien) Pt.
states his supposed to go get her in 3 mos."

Signature Baynham RN

Damien lives in his nat. parents, his grandmother, a
15 yr old sister & a 6 yr old 1/2 bro. (his parents have
only

000106

divorced, married others & now are remarriage
each other

Danien states "everything is just a home."

Pl. denies suicidal ideation or homicidal thoughts
at this time.

Pl. denies involvement in Satanism or other cult
activities.

Plan: Get other more info.

- ② watch for manipulative behavior
- ③ Start med. program
- ④ make Soc ~~Service~~ Service asst
- ⑤ Assess for alcohol & drug problem
- ⑥ Assess for possible cult activities
& Satanism

~~Pl. denies involvement~~

Wynham

DDS NOTIFICATION OF ENTITLEMENT AND/OR
PRIOR DENIAL/TERMINATION DATA

DOC 20

Complete and include this exhibit in the transmittal to DDS on all claims for disability benefits. If the prior claim folder is in the field office it should be sent to the DDS with the current claim.

Name Camryn K. Ebel SSN X-Refer

TITLE II

I. NO PRIOR FILING ☒ II. PRIOR DENIAL ☐ III. PRIOR TERMINATION OR CESSATION ☐

☐ Prior folder attached

☐ BDIQ

☐ AACT

☐ HA04

☐ Prior folder attached

☐ BDIQ

☐ AACT

☐ HA04

A. Date of prior denial or cessation:

B. SSN on prior claim:

C. Type of prior claim:

D. Location of prior file:

TITLE XVI

I. NO PRIOR FILING ☒ II. PRIOR DENIAL ☐ III. PRIOR TERMINATION OR CESSATION ☐

☐ Prior folder attached

☐ SSI2 with CCTL

☐ SSI3

☐ HA04

☐ Prior folder attached

☐ SSI2 with CCTL

☐ SSI3

☐ HA04

A. Date of prior denial or cessation:

B. SSN on prior claim:

C. Type of prior claim:

D. Level of prior decision:

E. Location of prior file:

THE FOLLOWING FORMS WERE GIVEN TO THE APPLICANT TO COMPLETE AND RETURN DIRECTLY TO DDS:

☒ None ☐ SSA 3369 ☐ SSA 795 (Pain) ☐ SS-RVI-400 ☐ Other

000108

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0985-0047

STATEMENT OF CLAIMANT OR OTHER PERSON

| | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| NAME OF WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT <i>William W. E. Chole</i> | SOCIAL SECURITY NUMBER [REDACTED] |
| NAME OF PERSON MAKING STATEMENT (if other than above wage earner, self-employed person, or SSI claimant) | RELATIONSHIP TO WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT |

Understanding that this statement is for the use of the Social Security Administration, I here certify that the information below is correct.

A. Describe your pain (or other symptoms)

mentally disturbed

1. What does it feel like?

2. Where does it hurt?

3. What activities cause the pain (or other symptoms)? *Stress*

4. How long does it usually last? *Few Days*

B. Medications

1. Please list the medications you are taking now for your pain and/or other symptoms.

| Name of Medicine | Date 1st Prescribed | Dosage (How often) |
|---------------------|---------------------|--------------------|
| a. <i>Imipramin</i> | <i>5-20-92</i> | <i>every night</i> |
| b. | | |
| c. | | |
| d. | | |

2. Do you have any side effects of the medicine you are taking?

No

Yes ☒

If yes, please describe:

*When I Don't have it I shake
vomit get headaches*

000109

C. Names and addresses of drug stores where prescriptions have been filled

(If more information about these prescriptions is needed to make a decision on your claim, we will contact these drug stores):

Marion Hospital Pharmacy
Marion ARK 72310
729 4400

D. Do you require any special treatment or equipment (such as braces, oxygen, physical therapy, etc.)? No Yes ☒ If yes, please

describe: I have to go to
the mental health center
once a week

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal and/or State law. I affirm that all information I have given in this document is true.

SIGNATURE OF PERSON MAKING STATEMENT

Signature (First name, middle initial, last name) (Write in ink)

Date (Month, day, year)

SIGN
HERE

Dormien W Echols

2 2 93

Telephone Number (include Area)

Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route)

Rt 2 Box 1001

City and State

Marion Arkansas

ZIP Code

72364

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, and ZIP Code)

Address (Number and street, City, State, and ZIP Code)

C00110

DISABILITY
SUPPLEMENTAL INTERVIEW OUTLINE

Name: Damien Echols

SSN:

- 1.A. Describe what you do on an average day. Tell what you usually do in the mornings, what takes most of your time during the day, etc.

Get up, Eat breakfast, take a shower,
look for new job, read books

- B. Describe any changes in your routine since your condition began:

- 2.A. How many hours do you usually sleep each night?

5

- B. Describe any problems you have sleeping:

Insomnia

- C. Describe any changes in your sleeping habits since your condition began:

having night mares

- 3.A. Describe where you live (house, apartment, etc.):

trailer

- B. Who lives in your household with you?

ex step-father

- C. Do you get along well with these persons?

no he hates me

- D. Do you get along well with other persons in general?

~~no~~ no loner

- E. Describe any changes in these things since your condition began:

I am a sociopath

c00111

4 Personal Needs and Grooming

Do you need help taking care of your personal needs or grooming? ☐ Yes ☒ No

If yes, what kind of help do you need? _____

Who helps you? _____

Describe any changes in your ability to take care of your personal needs since your condition began: _____

5. Meals

Do you prepare your own meals? ☒ Yes ☐ No

If yes, which meals do you prepare? _____

breakfast

How often do you cook? _____

once a day

How long does it take you? _____

an hour

If no, describe why not: _____

Describe any changes in cooking habits since your condition began: _____

6. Household Maintenance

Do you clean your house, launder clothes, or do any other work around the house?
☐ Yes ☒ No

If yes, describe which of these things you do: _____

Do you need help doing these things? Explain: _____

How much time do you spend to do these? _____

If no, describe why not: my Dad does it

Describe any changes in household maintenance since your condition began: _____

7. Shopping

Do you do any shopping? ☐ Yes ☒ No

If yes, describe what you shop for: _____

How often do you shop? _____

How long does it take you? _____

Do you need help shopping? Explain: _____

If no, describe why not: my Dad does it

Describe any changes in shopping since your condition began: _____

Recreational Activities and Hobbies

- A. Do you do any reading? ☒ Yes ☐ No

If yes, describe what you read: books

How often and how long do you read? Every Day
2/3 hours

If no, describe why not: _____

- B. Do you watch television or listen to the radio? ☒ Yes ☐ No

If yes, describe what you watch or listen to: Comedy, Horror movies
all music

How much time do you spend doing this? 1/2 hours

If no, describe why not: _____

- C. Do you have any hobbies or pastimes? ☒ Yes ☐ No

If yes, describe the things you do: read

How often do you do these things? Every day

How much time do you spend doing these? 2/3 hours

If no, describe why not: _____

- D. Describe any changes in these activities since your condition began:

9. Social Activities

- A. Do you go out and visit friends or relatives? ☒ Yes ☐ No

If yes, describe how often you visit: once a day

How much time do you spend visiting? 1-2 hours

Does anyone help you go visiting? no

If no, describe why not: I just walk

- B. Do you drive? ☐ Yes ☒ No

If yes, can you drive on unfamiliar routes? _____

Do you need help driving? _____

If no, explain why not: I don't have a license

- C. Are you active in clubs, or other groups? ☐ Yes ☒ No

If yes, explain the activities that you do: _____

How often do you do these activities? _____

Do you need any help doing these? _____

If no, describe why not: I can't stand large groups of people

- D. Describe any changes in social activities since your condition began: _____

10. Please provide the names, addresses, phone numbers and relationships of other persons (not doctors) we can contact who know about your condition:

A. Father - Jack Echols
817 Birch Cove
Marion Ar 12364

B. Mother Pamela Echols Oregon
6-503-646-8385

11. Remarks - Use this space to complete any previous answers:

DO CERTIFICATION

The information shown on this outline was obtained during an interview with the following individual(s):

(Show relationship to claimant if an individual other than the claimant furnished the information).

Interviewer Signature

Title

District Office

Date

VOCATIONAL REPORT

This report supplements the Disability Report (Form SSA-3368-BK) by requesting additional information about your past work experience. PLEASE PRINT, TYPE, OR WRITE CLEARLY AND ANSWER ALL ITEMS TO THE BEST OF YOUR ABILITY. If you are filing on behalf of someone else, enter his or her name and Social Security number in the space provided and answer all questions. COMPLETE ANSWERS WILL AID IN PROCESSING THE CLAIM.

PRIVACY ACT/PAPERWORK REDUCTION ACT NOTICE: The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1633(a) of the Social Security Act. The information on this form is needed by Social Security to make a decision on your claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on your claim and could result in the loss of benefits. Although the information you furnish on this form is almost never used for any purpose other than making a determination on your disability claim, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Veterans Administration); and (3) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security). These and other reasons why information about you may be used or given out are explained in the Federal Register. If you would like more information about this, any Social Security office can assist you.

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 20 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on how long it takes to complete this form or on any other aspect of this form, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235, and to the Office of Management and Budget, Paperwork Reduction Project (0960-0141), Washington, D.C. 20503. Do not send completed forms or information concerning your claim to these offices.

A. Name of Claimant

B. Social Security Number

C. Telephone number where you can be reached (include area code)

Dorrien Wayne Echols

PART I — INFORMATION ABOUT YOUR WORK HISTORY

List all jobs you have had in the last 15 years before you stopped working, beginning with your usual job; normally, this will be the kind of work you did the longest. (If you have a 6th grade education or less, **AND** did only heavy unskilled labor for 35 years or more, list all of the jobs you have had since you began to work. If you need more space, use Part III.) If you have already given information about your usual job on the Form SSA-3368-BK (Disability Report), begin with your other jobs.

| JOB TITLE (Be sure to begin with your usual job) | TYPE OF BUSINESS | DATES WORKED (Month and Year) | | DAYS PER WEEK | RATE OF PAY (Per hour, day, week, month or year) |
|--------------------------------------------------------|------------------|----------------------------------|----|---------------------|-----------------------------------------------------------|
| | | FROM | TO | | |
| 1 Cleaner | Restaurant | 91 | 91 | 2 | 4.50 |
| 2 Gas Station Attendant | Gas station | 92 | 92 | 5 | 4.85 |
| 3 Cleaner | Factory | 92 | 93 | 5 | 4.90 |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |

PART II — INFORMATION ABOUT YOUR JOB DUTIES

Provide the following information (on pages 2-5) for each of the jobs listed in Part I starting with your usual job:

Job Title (from Part I):

Cleaner

- A. In your job did you:
- Use machines, tools, or equipment of any kind? ☐ Yes ☒ No
 - Use technical knowledge or skills? ☐ Yes ☒ No
 - Do any writing, complete reports, or perform similar duties? ☐ Yes ☒ No
 - Have supervisory responsibilities? ☐ Yes ☒ No

B. Describe your basic duties (explain what you did and how you did it) below. Also, explain all "Yes" answers by giving a FULL DESCRIPTION of: the types of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; and the number of people you supervised and the extent of your supervision:

all I did was
cleaned.

C. Describe the kind and amount of physical activity this job involved during a typical day in terms of:

- **Walking** (circle the number of hours a day spent walking) — 0 1 2 3 4 5 6 7 8
- **Standing** (circle the number of hours a day spent standing) — 0 1 2 3 4 5 6 7 8
- **Sitting** (circle the number of hours a day spent sitting) — 0 1 2 3 4 5 6 7 8
- **Bending** (circle how often a day you had to bend) — Never Occasionally Frequently Constantly
- **Lifting and Carrying**: Describe what was lifted, and how far it was carried. Check below heaviest weight lifted, and weight frequently lifted and/or carried.

all I lifted was Garbage

Heaviest weight lifted

- ☒ 10 lbs.
- ☒ 20 lbs.
- ☐ 50 lbs.
- ☐ 100 lbs.
- ☐ Over 100 lbs.

Weight frequently lifted/carried

- ☒ Up to 10 lbs.
- ☐ Up to 25 lbs.
- ☐ Up to 50 lbs.
- ☐ Over 50 lbs.

c00118

Gas Station Attendant

- A. In your job did you:
- Use machines, tools, or equipment of any kind?
 - Use technical knowledge or skills?
 - Do any writing, complete reports, or perform similar duties?
 - Have supervisory responsibilities?

☐ Yes
☐ Yes
☐ Yes
☐ Yes

☒ N
☒ N
☒ N
☒ N

- B. Describe your basic duties (explain what you did and how you did it) below. Also, explain all "Yes" answers by giving a FULL DESCRIPTION of: the types of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; and the number of people you supervised and the extent of your supervision:

Pumped Gas

- C. Describe the kind and amount of physical activity this job involved during a typical day in terms of:

• **Walking** (circle the number of hours a day spent walking) — 0 1 2 3 4 5 6 7 8

• **Standing** (circle the number of hours a day spent standing) — 0 1 2 3 4 5 6 7 8

• **Sitting** (circle the number of hours a day spent sitting) — 0 1 2 3 4 5 6 7 8

• **Bending** (circle how often a day you had to bend) — Never Occasionally - Frequently - Constantly

• **Lifting and Carrying:** Describe what was lifted, and how far it was carried. Check below heaviest weight lifted, and weight frequently lifted and/or carried.

Nothing was Carried

| Heaviest weight lifted | Weight frequently lifted/carried |
|---------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> 10 lbs. | <input checked="" type="checkbox"/> Up to 10 lbs. |
| <input type="checkbox"/> 20 lbs. | <input type="checkbox"/> Up to 25 lbs. |
| <input type="checkbox"/> 50 lbs. | <input type="checkbox"/> Up to 50 lbs. |
| <input type="checkbox"/> 100 lbs. | <input type="checkbox"/> Over 50 lbs. |
| <input type="checkbox"/> Over 100 lbs. | |

Cleaner

- A. In your job did you:
- Use machines, tools, or equipment of any kind?
 - Use technical knowledge or skills?
 - Do any writing, complete reports, or perform similar duties?
 - Have supervisory responsibilities?

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

- B. Describe your basic duties (explain what you did and how you did it) below. Also, explain all "Yes" answers by giving a FULL DESCRIPTION of: the types of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; and the number of people you supervised and the extent of your supervision:

cleaned

- C. Describe the kind and amount of physical activity this job involved during a typical day in terms of:

- **Walking** (circle the number of hours a day spent walking) — 0 1 2 3 4 5 6 7 8
- **Standing** (circle the number of hours a day spent standing) — 0 1 2 3 4 5 6 7 8
- **Sitting** (circle the number of hours a day spent sitting) — 0 1 2 3 4 5 6 7 8
- **Bending** (circle how often a day you had to bend) — Never Occasionally Frequently Constantly
- **Lifting and Carrying:** Describe what was lifted, and how far it was carried. Check below heaviest weight lifted, and weight frequently lifted and/or carried.

Garbage was Carried

Heaviest weight lifted

- ☒ 10 lbs.
- ☐ 20 lbs.
- ☐ 50 lbs.
- ☐ 100 lbs.
- ☐ Over 100 lbs.

Weight frequently lifted/carried

- ☒ Up to 10 lbs.
- ☐ Up to 25 lbs.
- ☐ Up to 50 lbs.
- ☐ Over 50 lbs.

C00120

A. In your job did you:

• Use machines, tools, or equipment of any kind?

☐ Yes

☒ No

• Use technical knowledge or skills?

☐ Yes

☒ No

• Do any writing, complete reports, or perform similar duties?

☐ Yes

☒ No

• Have supervisory responsibilities?

☐ Yes

☒ No

B. Describe your basic duties (explain what you did and how you did it) below. Also, explain all "Yes" answers by giving a FULL DESCRIPTION of: the types of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; and the number of people you supervised and the extent of your supervision:

~~Nothing was carried~~

C. Describe the kind and amount of physical activity this job involved during a typical day in terms of:

• Walking (circle the number of hours a day spent walking) — 0 1 2 3 4 5 6 7 8

• Standing (circle the number of hours a day spent standing) — 0 1 2 3 4 5 6 7 8

• Sitting (circle the number of hours a day spent sitting) — 0 1 2 3 4 5 6 7 8

• Bending (circle how often a day you had to bend) — ~~Never~~ Occasionally - Frequently - Constantly

• Lifting and Carrying: Describe what was lifted, and how far it was carried. Check below heaviest weight lifted, and weight frequently lifted and/or carried.

~~Nothing was carried~~

Heaviest weight lifted

- ☒ 10 lbs.
☐ 20 lbs.
☐ 50 lbs.
☐ 100 lbs.
☐ Over 100 lbs.

Weight frequently lifted/carried

- ☒ Up to 10 lbs.
☐ Up to 25 lbs.
☐ Up to 50 lbs.
☐ Over 50 lbs.

IF YOU NEED ADDITIONAL SPACE TO PROVIDE INFORMATION ABOUT OTHER JOBS LISTED IN PART I OF THIS FORM, USE PART III OR ASK THE SOCIAL SECURITY OFFICE FOR ADDITIONAL COPIES OF THIS FORM.

PART III — REMARKS

Use this section for any other information you may want to give about your work history, or to provide any other remarks you may want to make to support your disability claim.

(If you need more space, use separate sheets of paper.)

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

NAME (Signature of Claimant or Person Filing on the Claimant's Behalf)

SIGN
HERE ▶

Damien Echols

DATE

2 2 93

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, city, state, and ZIP code)

Address (Number and street, city, state, and ZIP code)

Do not write below this line

SSA-3369-F6 taken by:

☐ PERSONAL INTERVIEW

☐ TELEPHONE ☐ MAIL

SIGNATURE OF INTERVIEWER OR REVIEWER

FORM SUPPLEMENTED:
If "Yes," by

☐ YES

☐ NO

☐ PERSONAL INTERVIEW

☐ TELEPHONE

☐ MAIL

TITLE (also check office)

DATE

☐ DSS ☐ DO ☐ BO

PART II — INFORMATION ABOUT YOUR MEDICAL RECORDS

| | | |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------|
| 4. List the name, address and telephone number of the doctor who has the latest medical records about your disabling condition | | If you have no doctor check <input type="checkbox"/> |
| NAME <i>Sherry Jackson</i> | ADDRESS <i>105 W. Harrison</i> | |
| TELEPHONE NUMBER (include area code) <i>201 735 6923</i> | <i>Memphis TN 381</i> | |
| HOW OFTEN DO YOU SEE THIS DOCTOR? <i>twice a week</i> | DATE YOU FIRST SAW THIS DOCTOR <i>12/92</i> | DATE YOU LAST SAW THIS DOCTOR <i>2/1/93</i> |
| REASONS FOR VISITS (show illness or injury for which you had an examination or treatment) <i>mental health</i> | | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------|
| TYPE OF TREATMENT OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, show "NONE") <i>mental treatments and imipramine</i> | | |
| 5A. Have you seen any other doctors since your disabling condition began? If "yes", show the following: | | <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| NAME | ADDRESS | |
| TELEPHONE NUMBER (include area code) | | |
| HOW OFTEN DO YOU SEE THIS DOCTOR? | DATE YOU FIRST SAW THIS DOCTOR | DATE YOU LAST SAW THIS DOCTOR |
| REASONS FOR VISITS (show illness or injury for which you had an examination or treatment) <i>suicidal tendencies</i> | | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|
| TYPE OF TREATMENT OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, show "NONE") <i>imipramine & tofranil</i> | | |
| 5B. Identify below any other doctor you have seen since your illness or injury began. | | |
| NAME | ADDRESS | |
| TELEPHONE NUMBER (include area code) | | |
| HOW OFTEN DO YOU SEE THIS DOCTOR? | DATE YOU FIRST SAW THIS DOCTOR | DATE YOU LAST SAW THIS DOCTOR |
| REASONS FOR VISITS (show illness or injury for which you had an examination or treatment) | | |

TYPE OF TREATMENT OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, show "NONE")

00124

6A. Have you been hospitalized or treated at a clinic for your disabling condition?

If "yes" show the following:

☒ YES ☐ NO

NAME OF HOSPITAL OR CLINIC

ADDRESS

PATIENT OR CLINIC NUMBER

WERE YOU AN INPATIENT? (stayed at least overnight?)

☒ YES ☐ NO (If "yes", show:)

WERE YOU AN OUTPATIENT?

☐ YES ☒ NO (If "yes", show:)

DATES OF ADMISSIONS

DATES OF DISCHARGES

DATES OF VISITS

REASON FOR HOSPITALIZATION OR CLINIC VISITS (show illness or injury for which you had an examination or treatment.)

Homicidal

manic Depression

Socio pathic

suicidal

SCHIZOPHRENIA

TYPE OF TREATMENT OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, show "NONE".)

therapy

imipramine

6B. If you have been in other hospital or clinic for your illness or injury, identify it below.

NAME OF HOSPITAL OR CLINIC

ADDRESS

PATIENT OR CLINIC NUMBER

WERE YOU AN INPATIENT? (stayed at least overnight?)

☒ YES ☐ NO (If "yes", show:)

WERE YOU AN OUTPATIENT?

☐ YES ☒ NO (If "yes", show:)

DATES OF ADMISSIONS

DATES OF DISCHARGES

DATES OF VISITS

REASON FOR HOSPITALIZATION OR CLINIC VISITS (show illness or injury for which you had an examination or treatment.)

Homicidal

manic Depression

Drug abuse

sociopathic

suicidal

schizophrenia

alcohol abuse

TYPE OF TREATMENT OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, show "NONE".)

therapy

imipramine & tofranil

If you have been in other hospitals or clinics for your illness or injury, list the names, addresses, patient or clinic numbers, dates and reasons for hospitalization or clinic visits in Part VI.

7. Have you been seen by other agencies for your disabling condition?

(VA, Workmen's Compensation, Vocational Rehabilitation, Welfare, etc.)

(If "yes" show the following:)

☐ YES ☒ NO

NAME OF AGENCY

ADDRESS

YOUR CLAIM NUMBER

DATE OF VISITS

TYPE OF TREATMENT, EXAMINATION OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, show "NONE".)

000125

If more space is needed, list the other agencies, their addresses, your claim numbers, dates, and treatment received in Part VI.

8. Have you had any of the following tests in the last year?

| TEST | CHECK APPROPRIATE BLOCK OR BLOCKS | IF "YES" SHOW: | |
|--------------------------------------------|---------------------------------------------------------------------|-------------------------|-----------|
| | | WHERE DONE | WHEN DONE |
| Electrocardiogram | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Chest X-Ray | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Other X-Ray (name body part here) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Breathing Tests | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Blood Tests | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Charter St Anthony's | |
| Other (Specify) <i>can't remember name</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

9. If you have a medicaid card, what is your number (some hospitals and clinics file your records by your medicaid number.)

PART III — INFORMATION ABOUT YOUR ACTIVITIES

10. Has your doctor told you to cut back or limit your activities in any way? ☐ YES ☒ NO
If "yes", give the name of the doctor below and tell what he or she told you about cutting back or limiting your activities.

11. Describe your daily activities in the following areas and state what and how much you do of each and how often you do it:

● **Household maintenance** (including cooking, cleaning, shopping, and odd jobs around the house as well as any other similar activities):

cooking - once a day

cleaning - once a week

● **Recreational activities and hobbies** (hunting, fishing, bowling, hiking, musical instruments, etc.):

walking

● **Social contacts** (visits with friends, relatives, neighbors):

once a day

● **Other** (drive car, motorcycle, ride bus, etc.):

never

P00126

PART IV — INFORMATION ABOUT YOUR EDUCATION

12. What is the highest grade of school that you completed and when?

9th Grade 1992

13. Have you gone to trade or vocational school or had any type of special training? If "yes", show:

☒ YES ☐ NO

• The type of trade or vocational school or training:

GED

• Approximate dates you attended:

10 - 7 93

• How this schooling or training was used in any work you did:

wasn't

PART V — INFORMATION ABOUT THE WORK YOU DID

14. List all jobs you have had in the last 15 years before you stopped working, beginning with your usual job. Normally, this will be the kind of work you did the longest. (If you have a 6th grade education or less, AND did only heavy unskilled labor for 35 years or more, list all of the jobs you have had since you began to work. If you need more space, use Part VI.)

| JOB TITLE (Be sure to begin with your usual job) | TYPE OF BUSINESS | DATES WORKED (Month and Year) | | DAYS PER WEEK | RATE OF PAY (Per hour, day, week, month or year) |
|--------------------------------------------------------|------------------|----------------------------------|------|---------------------|-----------------------------------------------------------|
| | | FROM | TO | | |
| cleaner | Restaurant | 9/92 | 9/92 | 2 | 4.50 |
| gas station Attendant | B.R. | 92 | 92 | 5 | 4.85 |
| cleaner | Factory | 92 | 93 | 5 | 4.90 |
| | | | | | |
| | | | | | |
| | | | | | |

15A. Provide the following information for your usual job shown in item 14, line 1.

In your job did you: • Use machines, tools, or equipment of any kind?

☐ Yes ☒ No

• Use technical knowledge or skills?

☐ Yes ☒ No

• Do any writing, complete reports, or perform similar duties?

☐ Yes ☒ No

• Have supervisory responsibilities?

☐ Yes ☒ No

15B. Describe your basic duties (explain what you did and how you did it) below. Also, explain all "Yes" answers by giving a FULL DESCRIPTION of: the types of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; and the number of people you supervised and the extent of your supervision:

I cleaned up Garbage

15C. Describe the kind and amount of physical activity this job involved during typical day in terms of:

- **Walking** (circle the number of hours a day spent walking) — 0 ① 2 3 4 5 6 7 8
- **Standing** (circle the number of hours a day spent standing) — 0 1 2 ③ 4 5 6 7 8
- **Sitting** (circle the number of hours a day spent sitting) — 0 1 2 3 4 5 ⑥ 7 8
- **Bending** (circle how often a day you had to bend) — Never - Occasionally - Frequently - Constantly
- **Reaching** (circle how often a day you had to reach) — Never - Occasionally - Frequently - Constantly
- **Lifting and Carrying:** Describe below what was lifted, and how far it was carried. Check heaviest weight lifted, and weight frequently lifted and/or carried:

Garbage

not far

| HEAVIEST WEIGHT LIFTED | WEIGHT FREQUENTLY LIFTED/CARRIED |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 10 lbs. <input type="checkbox"/> 20 lbs. <input type="checkbox"/> 50 lbs. <input type="checkbox"/> 100 lbs. <input type="checkbox"/> Over 100 lbs. | <input checked="" type="checkbox"/> Up to 10 lbs. <input type="checkbox"/> Up to 25 lbs. <input type="checkbox"/> Up to 50 lbs. <input type="checkbox"/> Over 50 lbs. |

PART VI — REMARKS

Use this section for additional space to answer any previous questions. Also use this space to give any additional information that you think will be helpful in making a decision in your disability claim, (such as information about other illnesses or injuries not shown in Parts I and II.) Please refer to the previous items by number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Social Security Administration ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235 and to the Office of Management and Budget, Paperwork Reduction Project (OMB #0960-0141), Washington, D.C. 20503.

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

NAME (Signature of claimant or person filing on the claimant's behalf)

SIGN HERE

Damian Echols

DATE

2-1-93

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, city, state, and ZIP code)

Address (Number and street, city, state, and ZIP code)

00128

PART VII — FOR SSA USE ONLY - DO NOT WRITE BELOW THIS LINE

NAME OF CLAIMANT

Damian V. E. [unclear]

SOCIAL SECURITY NUMBER

L2942 10 P25

16. Check any of the following categories which apply to this case:

PRESUMPTIVE DISABILITY CONSIDERATION

(If any of these boxes are checked, DO's (and DDS's) should be alert to the possibility of a presumptive disability determination in SSI claims per DI 11055.240 and 23535.005.

- A. ☐ Amputation of two limbs
- B. ☐ Amputation of a leg at the hip
- C. ☐ Allegation of total deafness
- D. ☐ Allegation of total blindness
- E. ☐ Allegation of bed confinement or immobility without a wheelchair, walker, or crutches, allegedly due to a longstanding condition — exclude recent accident and recent surgery.
- F. ☐ Allegation of a stroke (cerebral vascular accident) more than 3 months in the past and continued marked difficulty in walking or using a hand or arm.
- G. ☐ Allegation of cerebral palsy, muscular dystrophy or muscular atrophy and marked difficulty in walking (e.g., use of braces), speaking or coordination of the hands or arms.
- H. ☐ Allegation of diabetes with amputation of a foot.
- I. ☐ Allegation of Down's Syndrome (Mongolism).
- J. ☐ An applicant filing on behalf of another individual alleges severe mental deficiency for claimant who is at least 7 years of age. The applicant alleges that the individual attends (or attended) a special school, or special classes in school, because of his mental deficiency, or is unable to attend any type of school (or if beyond school age was unable to attend), and requires care and supervision of routine daily activities.
- L. ☐ Allegation of Acquired Immune Deficiency Syndrome (AIDS)

17A. Does the claimant speak English?

If "no," what language does he speak?

☒ Yes ☐ No

17B. Does the claimant need assistance in prosecuting his or her claim?

If "yes," show name, address, relationship, and telephone number of an interested party willing to assist the claimant.

☐ Yes ☒ No

NAME

ADDRESS

RELATIONSHIP

TELEPHONE NUMBER
(area code)

17C. Can the claimant (or his representative) be readily reached by telephone with no communication problems due to language, speech or hearing difficulties? If "no" DO should complete SSA-3368-F6.

☐ Yes ☒ No

18A. Check each item to indicate if any difficulty was observed:

| | | | | | |
|---------------|------------------------------|-----------------------------|------------------|------------------------------|-----------------------------|
| Reading | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Using Hands | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Writing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Breathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Answering | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Seeing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hearing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Walking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Understanding | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other (Specify): | | |

18B. If any of the above items were checked "yes," describe the exact difficulty involved:

*dressd all in black, had E-V-I-L tattoo
 hand appears done by razor blade
 sink - soft spoken - laughed at some
 of my attempts to kid him - He wore
 same clothes 11/15/93 when he made aptmt -
 said he only got 1 meal a day (usually) - lives*

18C. Describe the claimant fully (e.g., general build, height, weight, behavior, any difficulties that add to or supplement those noted above, etc.):

*Height 5'8"
 Weight 170 lbs
 with EX Step ftr says he hates him -
 yells all the time - prefers grandmtr payce.*

19. Medical Development - Initiated by District or Branch Office

| SOURCE | DATE REQUESTED | DATE(S) OF FOLLOW-UP | CAPABILITY DEVELOPMENT REQUESTED |
|--------|----------------|----------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

20. DO or BO curtailed completion of Parts III - V per DI 11005.035 (DI 20501.005)

☐ YES ☒ NO

21. Is capability development by the DDS necessary?

☒ YES ☐ NO

If "yes," show "DDS capability development needed" in item 11 of the SSA-831-U5

22. Is development of work activity necessary?

☐ YES ☒ NO

If "yes," is an SSA-820-F4 or SSA-821-F4.

☐ Pending ☒ In File

23. SSA-3368-BK taken by:

☒ Personal Interview ☐ Telephone ☐ Mail

24. Form supplemented:

If "yes" by: ☐ Personal Interview ☐ Telephone ☒ Mail

SIGNATURE OF DO OR BO INTERVIEWER OR REVIEWER

TITLE

DATE

TO BE COMPLETED BY SSA

NUMBER HOLDER

SOCIAL SECURITY NUMBER

EMPLOYEE/CLAIMANT/BENEFICIARY (If other than Number Holder)

**AUTHORIZATION FOR SOURCE TO RELEASE
INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)**
INFORMATION ABOUT SOURCE — PLEASE PRINT, TYPE, OR WRITE CLEARLY

NAME AND ADDRESS OF SOURCE (Include Zip Code)

RELATIONSHIP TO CLAIMANT/BENEFICIARY

INFORMATION ABOUT CLAIMANT/BENEFICIARY — PLEASE PRINT, TYPE, OR WRITE CLEARLY

 NAME AND ADDRESS (If known) AT TIME CLAIMANT/BENEFICIARY
HAD CONTACT WITH SOURCE (Include Zip Code)

DATE OF BIRTH

 CLAIMANT/BENEFICIARY I.D. NUMBER
(If known and different than SSN)
(Clinic/Patient No.)

APPROXIMATE DATES OF CLAIMANT/BENEFICIARY CONTACT WITH SOURCE (e.g., dates of hospital admission, treatment, discharge, etc.)

TO BE COMPLETED BY CLAIMANT/BENEFICIARY OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF

GENERAL AND SPECIAL AUTHORIZATION TO RELEASE MEDICAL AND OTHER INFORMATION IN ACCORDANCE WITH THE PROVISIONS OF THE SOCIAL SECURITY ACT; THE PUBLIC HEALTH SERVICE ACT, SECTIONS 523 AND 527; AND TITLE 38 U.S.C. VETERANS BENEFITS, SECTION 4132.

I hereby authorize the above-named source to release or disclose to the Social Security Administration or State agency the following information for the period(s) identified above:

- 1) All medical records or other information regarding my treatment, hospitalization, and/or outpatient care for my impairment(s), including psychological or psychiatric impairment(s), drug abuse, alcoholism, sickle cell anemia, acquired immunodeficiency syndrome (AIDS), or tests for or infection with human immunodeficiency virus (HIV);
- 2) Information about how my impairment(s) affects my ability to complete tasks and activities of daily living;
- 3) Information about how my impairment(s) affected my ability to work.

I understand that this authorization, except for action already taken, may be voided by me at anytime. If I do not void this authorization, it will automatically end when a final decision is made on my claim. If I am already receiving benefits, the authorization will end when a final decision is made as to whether I can continue to receive benefits.

READ IMPORTANT INFORMATION ON REVERSE BEFORE SIGNING FORM BELOW.

 SIGNATURE OF CLAIMANT/BENEFICIARY OR PERSON
AUTHORIZED TO ACT IN HIS/HER BEHALF

 RELATIONSHIP TO CLAIMANT/
BENEFICIARY

DATE

STREET ADDRESS

TELEPHONE NUMBER (Area Code)

CITY

STATE

ZIP CODE

The signature and address of a person who either knows the person signing this form or is satisfied as to that person's identity is requested below. This not required by the Social Security Administration, but without it the source may not honor this authorization.

SIGNATURE OF WITNESS

STREET ADDRESS

CITY

STATE

ZIP CODE



ATTORNEY WORK PRODUCT - PRIVILEGED AND CONFIDENTIAL INFORMATION

MICHAEL "DAMIEN" ECHOLS
CASE NO. 1700-00-30182

ADMISSION TO ST. VINCENT'S HOSPITAL AND MEDICAL CENTER

09/02/92

ST. VINCENT'S
HOSPITAL
09/02/92 ADMISSION

000132

TO MEDICAL
RECORDS

7-26-93
25995



LEGAL INVESTIGATIONS
GARDEN LEVEL, SUITE 1
80 MONROE AVENUE
MEMPHIS, TN 38103
PHONE (901) 526-6576
FAX (901) 523-9281

26654889
ST. VINCENT'S
MEDICAL RECORDS June 25, 1993

St. Vincent's Hospital
9450 S.W. Barnes Road
Portland, Oregon 97225-6637

JUL 21 1993

RE: Medical records for Michael Wayne Hutchison a/k/a Damien Wayne Echols *act under this name*

To whom it may concern:

We have been retained by attorneys Val Price and Scott Davidson to conduct an investigation on behalf of the above referenced individual. Please forward all records regarding admission, treatment notes, evaluations conducted, etc. to assist in this investigation.

Your assistance in this request is appreciated. Please feel free to contact me should you have any questions regarding this matter.

Sincerely,

INQUISITOR, INC.

Glori J. Shettles

Enclosure

GJS/nv

000133

MEDICAL RECORD DEPARTMENT
ST. VINCENT HOSPITAL & MEDICAL CENTER
9205 S.W. Barnes Road
Portland, OR 97225

Date: 07/26/93

GLORI SHETTLES, PRIVATE INVESTIGATOR
INQUISITOR, INC.
GARDEN LEVEL, SUITE 1
80 MONROE AVENUE
MEMPHIS TN 38103

REGARDING: ECHOLS, DAMIEN W
850599

Dear Sirs:

The information you requested on the above identified patient is enclosed. A copy of the billing information and/or copies of radiological films will be sent under separate cover from the respective hospital departments, if such was a part of your original request.

This information is being disclosed to you, as authorized, with the understanding that such medical information received from St. Vincent Hospital and Medical Center is confidential and will be used for the stated purpose only, will be treated as confidential and destroyed when the need for it no longer exists.

Please contact this office directly if you have any concerns regarding the information enclosed.

Sincerely,

WS

Willie Schwabauer
Medical Record Department

COC134

MEDICAL RECORD DEPARTMENT
ST. VINCENT HOSPITAL & MEDICAL CENTER
9205 S.W. Barnes Road
(503) 291-2251

07/26/93

GLORI SHETTLES, PRIVATE I
INQUISITOR, INC.
GARDEN LEVEL, SUITE 1
MEMPHIS TN 38103

REGARDING: ECHOLS, DAMIEN W
850599

The enclosed statement is the retrieval and photocopy charge for medical records you requested. Payment is due upon receipt of the records.

| | |
|--------------------|---------|
| Total copies: 025 | \$25.00 |
| Pre-payment credit | \$.00 |
| Balance | \$25.00 |

Please send payment directly to St. Vincent Hospital accounting department.

Thank you for your remittance!

IRS #93-03869291

Fee Schedule: \$10.00
1.00
0.75
0.15

minimum fee (covers up to 10 pages)
per additional copy (up to 25 pages)
per additional copy (from 26 to 125 pages)
per additional copy (after 125 pages)

00C125

ST. VINCENT HOSPITAL AND MEDICAL CENTER
9124 S.W. BARNES RD. • PORTLAND, OREGON 97225 • PHONE (503) 297-4411

| | | | | | | | |
|-----------------------------------------|--|---------------------------|--|-----------------------------|--|-----------------|--|
| PATIENT NAME: DANIEL W | | DATE OF BIRTH: SUMMARY | | ACCOUNT: 26501889 | | MRN: 0061185019 | |
| PRIMARY DIAGNOSIS: BIPOLAR I DEPRESSION | | DATE OF BIRTH: 12/11/92 | | DATE OF ADMISSION: 09/02/92 | | | |
| ADMIT LOCATION: 1W 151 - 01 | | DATE OF DISCHARGE: 9-4-92 | | TIME OF DISCHARGE: 1400 | | 2 | |
| DOCTOR: 002041 SUSNOV, ALAN | | LENGTH OF STAY: 106 | | | | | |

CLINICAL DIAGNOSES:

PRINCIPAL:

REFER TO PHYSICIAN REPORTS

SECONDARY:

COMPLICATIONS:

OPERATIONS/PROCEDURES:

CAUSE OF DEATH:

AUTOPSY: YES NO

000126

INTERVIEWED BY: HARVEY

PHYSICIAN'S SIGNATURE

DATE

by 98

ST. VINCENT HOSPITAL AND MEDICAL CENTER PATIENT REGISTRATION

PATIENT INFORMATION

| | | | | | | | | |
|---------------------------------------------------|---------------------------------------|-------------------------|--------------------------|------------------------------------|-----------------------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| COUNT NUMBER 26654889 | | DATE 09/02/92 | TIME 00:15AM | PATIENT TYPE INPATIENT | SERVICE PSY | ADMIT TYPE EMERGENCY | MED REC NO. 000000850599 | |
| ROOM NO. SW 509 01 | SOCIAL SECURITY NO. - - | | IC HH | ANI Y | LAST VISIT DATE / / | TYPE N | DDPA N | |
| PATIENT NAME ECHOLS, DAMIEN W | | | | DATE OF BIRTH 12/11/1974 | AGE 17 | MS S | SEX M | HOME PHONE 503-591-0881 |
| ADDRESS 5420 SW 180TH #88 | | | | CITY ALOHA | STATE OR | ZIP CODE 97007- | | |
| DIAGNOSIS SUICIDAL IDEATION, DEPRESSION | | | | COUNTRY USA | | | | |
| DOCTOR TYPE CONSULTING | DOCTOR NAME SOSNOVEC, MILAN | | | DOCTOR TYPE ADMITTING | DOCTOR NAME STURGES, STANLEY GORDON | | | |
| OCCUPATION | EMPLOYER NAME NONE | | | EMPLOYER ADDRESS | | | | |
| CITY | STATE | ZIP CODE | WORK PHONE - - | | | DRIVER'S LICENSE NO. | | |

FINANCIALLY RESPONSIBLE PERSON

| | | | | | |
|-------------------------------------|------------------------------|-----------------------------------|------------------------------------------------|---------------------------|-----------------------|
| NAME ECHOLS, DAMIEN W | | SOCIAL SECURITY NO. - - | FINANCIALLY RESP. PHONE 503-591-0881 | EMPLOYEE # | |
| ADDRESS 5420 SW 180TH #88 | | CITY ALOHA | STATE OR | ZIP CODE 97007- | COUNTRY USA |
| OCCUPATION | EMPLOYER NAME NONE | | EMPLOYER ADDRESS | | |
| CITY | STATE | ZIP CODE - | EMPLOYER PHONE - - | | |

NEXT OF KIN

| | | | |
|-------------------------------------|--|-------------------------------|------------------------------|
| NAME HUTCHINSON, JOE | | RELATIONSHIP PARENT | PHONE 503-591-0881 |
| ADDRESS 5420 SW 180TH #88 | | CITY ALOHA | STATE OR |
| | | ZIP CODE 97007- | |

ACCIDENT INFORMATION

| | | | |
|----------------------|-----------------------|--------------------|---------------------|
| LOCATION | NOTIFY: POL CLERK REL | DATE / / | TIME : AM |
| HOW INJURY SUSTAINED | | | |

| | | | | | |
|-------------------|------------------------|-----------------------------|---------------|------------------------------|----------|
| INSURANCE COMPANY | WORKMAN'S COMP CLAIM # | INCIDENT DATE / / | MEDICARE PLAN | EFFECTIVE DATE / / | |
| | CO: | INSURED: | | REF #: | REL |
| | ADDR: | | | PLAN #: | CODE #: |
| | | | | ID #: | PRE-AUTH |
| | | | | GROUP #: | |
| | | | | COMMENTS: | |
| | CO: | INSURED: | | REF #: | REL |
| | ADDR: | | | PLAN #: | CODE #: |
| | | | | ID #: | PRE-AUTH |
| | | | | GROUP #: | |
| | | | COMMENTS: | | |
| CO: | INSURED: | | REF #: | REL | |
| ADDR: | | | PLAN #: | CODE #: | |
| | | | ID #: | PRE-AUTH | |
| | | | GROUP #: | | |
| | | | COMMENTS: | | |
| CO: | INSURED: | | REF #: | REL | |
| ADDR: | | | PLAN #: | CODE #: | |
| | | | ID #: | PRE-AUTH | |
| | | | GROUP #: | | |
| | | | COMMENTS: | | |

MEMOS

000137

3093

PROBLEM LIST

26654689

10/11/77

ECHOLS, DAMIEN W

2505-17 HOP CTR, N. D.

SOS: ~~PRINCIPAL~~ ILAN(Identify Principal
diagnosis by a check ✓)

| DATE RECORDED | # | ACTIVE PROBLEMS | DATE RESOLVED | |
|------------------|---|----------------------|------------------|--|
| 9-1-92 | 1 | INCOMPLETE DATA BASE | | |
| 9-1-92 | 2 | DISCHARGE PLANNING | | |
| 9/2/92 | 3 | Coping ineffective | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PRINCIPAL DIAGNOSIS is the condition established after study to be chiefly responsible
occasioning the admission of the patient to the hospital for care.

2M 5/177

C00138

914

ST. VINCENT HOSPITAL & MEDICAL CENTER
9205 S.W. BARNES RD. PORTLAND, OREGON 97225 PHONE (503) 297-4411

MEDICAL RECORD REPORT

ECHOLS, DAMIAN
~~85-09-99~~ 85-05-99
Dr. Milan- Sosnovec
Adm Date: 09/02/92
Dis Date: 09/04/92

HISTORY, PHYSICAL EXAM
AND DISCHARGE SUMMARY

cc: Dr. Milan- Sosnovec
Dr. Stanley Sturges

The patient is a 17-year-old male who was admitted to St. Vincent Hospital, Young Adult Program, on psychiatry on 9/2/92, through the Emergency Room because of the parents calling the police and his being admitted through the Emergency Room because of alleged threat to the parents.

There has been considerable conflict between him and his parents through the years regarding his behavior in which he has threatened to harm himself in the context of a host of legal difficulties for which he is now accountable to a parole officer in Arkansas. He readily admits to charges of breaking and entering, and inappropriate sexual conduct toward others.

The patient has been hospitalized in the past and has also taken imipramine, 75 mg daily. He reports that the imipramine offers him no particular benefit as far as his mood and is not interested in continuing it.

REVIEW OF SYSTEMS: The patient has no medical problems for which he receives medical care, no history of any type of surgical operations. He admits the using street drugs within the past year. He smokes 1-1/2 packs per day.

PHYSICAL EXAMINATION: Height 5 ft 8 in, weight 176, blood pressure 150/90, respiratory rate 18, pulse 88, temperature 37.1.

HEENT: Normal.

NECK: No masses.

CHEST: Clear.

HEART: Regular rhythm, no murmurs.

ABDOMEN: Soft, no masses with no surgical scars.

REFLEXES: Active bilaterally.

MENTAL STATUS EXAMINATION: The patient is a casually dressed, young man, who is verbal, volunteers no information regarding his

C00139

difficulties and does quite well on his school performance in the light of dropping out of school. There is no evidence of a thought disorder. He is not depressed and his efforts at self harm may be seen more as a manipulation to escape responsibility for a wide variety of behaviors which have got him into difficulty with the law.

He has severe problems in relating to his parents. His father owns and operates a service station and he pumps gas at that station.

DIAGNOSIS:

Adjustment disorder of adolescence with disturbance of conduct.

RECOMMENDATIONS:

Plans for emancipation and return to Arkansas seem reasonable to me.

Imipramine is not indicated.

I do not consider him a suicidal risk at this time.

FINAL DIAGNOSIS:

AXIS I: Adjustment disorder of adolescence with disturbance of conduct.

AXIS II: No diagnosis.

AXIS III: No diagnosis.

RECOMMENDATIONS: See above.

Dictated by Stanley Sturges, M.D. 9/3/92
Transcribed on 9/4/92 by njm

This report has been computer
authenticated by the dictating
physician.

ST. VINCENT HOSPITAL & MEDICAL CENTER
PORTLAND, OREGON

ER Room # 415

Previous admission: ☐ Yes ☒ No
Old Chart Ordered: ☐ Yes ☒ No
Date 09/01/92 Time 12:05

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|-----------------------------------------|-------------------------|-----|---|----|-----|---|------------------------------------|----------|--|--------------|-------------------|--|---------------|--|--|----------|-----------|------------|--------|--|--|----------|----------|----------|---------------------|--|--|----------|----------|----------|
| PATIENT NAME ECHOLS, DAMIEN W | DOB 12/11/74 | AGE 017 | SEX M | RELIGION 26654889 | MEDICAL RECORD # 000000850599 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS UNKNOWN | CITY UNKNOWN | STATE ZZ | ZIP 00000 | TELEPHONE # 000-000-0000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURANCE COMPANY | AMOUNT/DATE CO | METHOD OF ARRIVAL <input checked="" type="checkbox"/> WALK <input type="checkbox"/> W/C <input type="checkbox"/> CARRY <input type="checkbox"/> STRETCHER | | PATIENT'S PHYSICIAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHIEF COMPLAINT | <table border="0"> <tr> <td>PSYCH EVALUATION</td> <td>O/C</td> <td>T</td> <td>P.</td> <td>B/P</td> <td>R</td> </tr> <tr> <td>Medications <i>Antidepressants</i></td> <td><u>Q</u></td> <td></td> <td><u>P. 96</u></td> <td><u>B/P 146/82</u></td> <td></td> </tr> <tr> <td>Last Tetanus?</td> <td></td> <td></td> <td><u>Q</u></td> <td><u>P.</u></td> <td><u>B/P</u></td> </tr> <tr> <td>Weight</td> <td></td> <td></td> <td><u>Q</u></td> <td><u>Q</u></td> <td><u>Q</u></td> </tr> <tr> <td>Allergies <i>SS</i></td> <td></td> <td></td> <td><u>Q</u></td> <td><u>Q</u></td> <td><u>Q</u></td> </tr> </table> | | | | | PSYCH EVALUATION | O/C | T | P. | B/P | R | Medications <i>Antidepressants</i> | <u>Q</u> | | <u>P. 96</u> | <u>B/P 146/82</u> | | Last Tetanus? | | | <u>Q</u> | <u>P.</u> | <u>B/P</u> | Weight | | | <u>Q</u> | <u>Q</u> | <u>Q</u> | Allergies <i>SS</i> | | | <u>Q</u> | <u>Q</u> | <u>Q</u> |
| PSYCH EVALUATION | O/C | T | P. | B/P | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medications <i>Antidepressants</i> | <u>Q</u> | | <u>P. 96</u> | <u>B/P 146/82</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Tetanus? | | | <u>Q</u> | <u>P.</u> | <u>B/P</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weight | | | <u>Q</u> | <u>Q</u> | <u>Q</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies <i>SS</i> | | | <u>Q</u> | <u>Q</u> | <u>Q</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PHYSICIAN'S REPORT

Physician's Orders

☐ Urine ☐ catheter ☐ voided ☐ clean catch

☐ ABC ☐ O₂

☐ CBC ☐ Monitor

☐ Chem 7 ☐ IV

☐ Chem Screen ☐ EKG

☐ BHCg ☐ CCU Labs

☐ ABG

☐ Amylase

☐ T&C units

☐ ETOH

☐ Other

☐ X-Rays

☐ X-Ray Results

DIAGNOSIS: *suicidal/homicidal ideation adjustment d.o.*

TREATMENT PLAN:

SS script.

CONDITION ON DISCHARGE *SS script.*

Chart Complete? ☒ M.D. *ALS*

PATIENT INSTRUCTIONS: *pt is signed in by mother cooperative*

☐ FEVER MANAGEMENT ☐ SUTURES & DRESSINGS ☐ SPRAINS & FRACTURES ☐ EYE INJURIES ☐ TETANUS DIPHTHERIA IMMUNIZATION

☐ PAIN MEDICATIONS ☐ VOMITING & DIARRHEA ☐ NECK or BACK INJURY ☐ URINARY TRACT INFECTIONS ☐ HEAD INJURY

I hereby acknowledge receipt of the above instructions.

I will arrange for follow-up care as instructed.

I understand that if my symptoms persist or worsen I should contact my physician or return to the Emergency Department.

Call and arrange for your appointment with Dr. _____ if necessary or in _____ days. Call your follow-up doctor concerning results in _____ days. May return to work (date) _____

☐ Regular work ☐ Modified work ☐ No work

Signature of Patient or Responsible Party
X

Signature of Attending and/or Consulting Physician
X

Signature of Emergency Physician
X *2230*

Phone 291-2361 Ask for _____

Name _____ Contact Time _____ Arrival Time _____

☒ Admitted to Room: *501*

☐ Transferred To: _____

☐ Discharged per: ☐ Carry ☒ W/C ☐ Walk ☐ Stretcher

Ambulance Co. _____ Discharge Time: *2325*

COCC-111

Resident Phys. _____

561

ST. VINCENT HOSPITAL & MEDICAL CENTER
9205 S.W. BARNES RD. PORTLAND, OREGON 97225 PHONE (503) 297-4411

MEDICAL RECORD REPORT

ECHOLS, DAMIAN
85-09-99
Dr. Milan- Sosnovec
Adm Date: 09/02/92

EMERGENCY ROOM REPORT

ADMITTED

cc: Emergency Department
Dr. Milan- Sosnovec

The patient is a 17-year-old gentleman who comes in by way of parents, concerned about his mental health. Apparently, the police were called to the house and after discussing with him his options, he comes voluntarily to St. Vincent Hospital for evaluation. Apparently, the parents were concerned about his thoughts of harming himself and possibly others. He does have a psychiatric history, in that in June of this year in Arkansas, he was hospitalized for about one month with diagnosis by history of bipolar disease. He apparently has been on Imipramine and had it recently increased from 50 to I believe, 75 mg at bedtime.

He apparently has had thoughts of harming himself by his report to the family members, even though he denies that. He has talked about drinking lye or some type of bleach that would kill himself, he has also apparently told his sister that he won't be around much longer. The parents are concerned that he is also into satanism or devil worship. He apparently has a number of items that relates to this.

He has not taken pills in ingestion in the past, but he has apparently cut on his hands in the past. He states he was depressed today because he was sad or upset after talking with his friends in Arkansas, who said that they missed him and wanted him to come.

The patient denies suicidal or homicidal ideation at this time, however, in talking with the family members, they state that he made it quite clear that he had thoughts of harming other people, i.e. was going to cut the throat of his mother and has said so in the past and also apparently made some verbal threats to his father here at St. Vincent Hospital even.

FAMILY HISTORY: Such that his real father and mother are with him in the Emergency Room. Apparently, his stepfather actually has adopted him. He denies any recent drug use. Mother and

C00142

father state that he apparently has sniffed propane, glue, gasoline and almost any other drug that is possible, but he denies that, especially over the last four months.

He states he may have had some alcohol or glass of wine. The patient states he was told he may be started on Lithium over the next several weeks.

PHYSICAL EXAMINATION: The patient is responsive, answering questions, appears calm and denies hallucinations or delusions.

The patient again denies most of the information that the parents give.

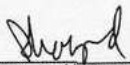
The patient was also seen by Social Service. Contact was made with Dr. Sosnovec. At this time, the mother will sign the child into 5-West to a security bed.

The patient is cooperative at this time.

ADMISSION DIAGNOSIS:
Suicidal/homicidal ideation.
Adjustment disorder.

PLAN: See discussion above.

Dictated by R. Skogrand, M.D. 9/2/92
Transcribed on 9/2/92 by njm



Emergency Medicine Physician

ST. VINCENT HOSPITAL AND MEDICAL CENTER

Department of Psychiatry
Nursing Admission

26654889

12/11/72

ECHOLS, DAMIEN W
25-05-79 NUP 017 N01SEP72
SOSNOVEC, MILAN

Name Echols, Damien

Date 9-1-72 Time 2330

Legal Status Vol

School W. 9th grade

Grade

Job Service Station

Admission Vitals: T 37 P 98 R 18 BP 150/90 Weight 176 Height 5'8"

Allergies deep, cuts, grasses, strawberries

Current Medications "Anti-depressant" - doesn't know what

Belongings Checked: Medications to Sharps to Eyeglasses/Contact Lens to

Past Psychiatric Hospitalizations 1. when in Chatter House in Little Rock Arkansas

Signature B. Wyckham RN

Physical Assessment & Relevant Medical Information Dennis may surg. illusive, auto accident or loss of consciousness for any reason - that used street drugs (pot, acid, amphet, heroin) about 1 yr. ago - was "late of caffeine" because of migraine headaches - smokes 1 1/2 pkts per day

Signature B. Wyckham RN

Reason for Admission and Inpatient Nursing Treatment Plan (Include appearance, behavior, conversation, suicide history, present living situation): 17 yr. old white male admitted to St. Vincent by police. Damien is cooperative & pleasant. Damien states the reason he is here is because he was crying today & parents thought I was in depression. He says he is homesick for his friends in Arkansas. Pt. Damien is threatening to harm or kill himself or others.

About 3 mos. ago in Arkansas pt. was arrested for sexual misconduct & his girlfriend (both underage) & breaking entering an empty house while he was running away & his girlfriend. Damien spent 1 month in jail & then about 6 weeks in psych. hosp. Pt. states he is now engaged to another girl - Dominique - who lives & her dad in Illinois (her mom lives in Arkansas - that's where she met Damien). Pt. states his supposed to go get her in 3 mos.

Signature B. Wyckham RN

Damien lives & his parents, his grandmother, a

000144

at home & a town. old 1/2 hrs. (his parents had

DATE

Physician's Progress Record

9/1/72 Special Work Note:

17 yr old male brought to Ek by mother & maternal father because pt has been increasingly depressed & has been making statements daily that he was going to kill himself or others. Mom states Damien is on probation for terroristic threatening & breaking & entering. Dad says that Damien has been sniffing gasoline & that at dinner table tonight he talked about drinking a bottle of bleach & that it would be over soon. Pt told sister that he would be killing himself in the next 3 days. Pt has made threats to kill himself by hanging w/ bed sheet as ~~by~~ tying neck together & told grand mother today that he would cut his mother's throat.

Pt lives w/ mother, 15 yr old sister & maternal father who is planning to remarry his mother in near future. Family moved here from Arkansas in late June. At that time Damien was in Charter Hospital in Little Rock Arkansas when he had been hospitalized for 6 weeks after running off w/ girlfriend & both threatening to kill themselves when they were picked up.

ST. VINCENT
HOSPITAL &
MEDICAL CENTER

25-05-92

SCHOLS, DAMIAN
25-05-92 NCP 017
SOSNOVEC, MILAN

DATE

Physician's Progress Record

9-2-92 (0600) Court note - appeared to sleep well all night
✓ 15' per ft I in open security - Polynesian

9/2/92 PATIENT CARE CONFERENCE/NURSING TREATMENT PLAN: (1145)

Damian's treatment plan was discussed in the interdisciplinary patient care conference with representatives from OT, Education, Social Services and nursing in attendance. A brief history was presented. Julie Plekan, LCSW, will meet with the patient and his parents to complete a family assessment and begin to plan post-hospital care on 09/03/92 at 2:00 p.m. A cognitive assessment will be done by Deborah Honthaner, OTR. An education assessment will be completed by Sonja Grove, MS MPA. The primary nurse will coordinate the patient's treatment and do medication teaching, as needed. Dr. Sturges will meet with the patient daily and work with him to develop better coping skills and manage suicidal ideation. He will order laboratory studies, medications as needed and evaluate the patient for suicide potential. At this time, Damian remains on Suicide Level-I with q 15 minute checks and open security pending Dr. Sturges' evaluation. He will be involved in all groups and activities of the YAP. When seen in nursing 1:1 this morning, he continues to deny suicidal ideation, but acknowledges that he has been depressed for quite some time related to ongoing legal and family problems and most recently missing his friends in Arkansas. He has been quite cooperative with all aspects of the program this morning and did complete his data base prior to attending both morning groups. The plan at this time is to continue collecting data re: the history of his problems and to develop an effective treatment plan related to his substance, family and legal problems. He will continue in open security on Suicide Level-I at this time. All parents visited in chambers 12:30, he still

visit did not go well, he was fearful & would not discuss it other than to say "I no longer have parents." Other staff overheard him begging them to take him Edith Stuetzger, RN home 7:45 PM. He said he was still in decision but appeared depressed & would not elaborate further. He did not ES:sd ~~other statements~~ ~~some~~ ~~should~~ be encouraged to begin treatment

ST. VINCENT
HOSPITAL &
MEDICAL CENTER

25554889

12/11/92

CHARLES, DAMIEN W
PS-05-99 NOP 017 H 02 SEP 92
STURGES, STANLEY GORDON

DATE (continued)

Physician's Progress Record

AGE: 17 years old, 9 months

GRADE LEVEL: 12th grade, dropped out of school in the 9th grade in Arkansas.

(All Numbers Are In Grade Levels)

DATE OF TESTING: 09/02/92

READING:

Woodcock-Johnson Psycho-Educational Battery-R:

Word Identification: 13.6 (At the level of a 21 year old)

Passage Comprehension: 12th grade level

This is really quite an outstanding score when you consider this young man has missed a great deal of school. He says he loves to read.

MATH:

Calculation: 6.7

Damien could do the basic skills accurately until he reached long division, decimals, or anything that required sequencing or processing to high degree.

LANGUAGE:

Dictation: 7.4

Damien could spell several words accurately to a level somewhat higher than I might have expected. With more writing, this deficit could easily be worked out.

WRITTEN SAMPLE:

Damien wrote a poem. The use of language is very high level and beautiful in quality, although it has a morbid appeal to it. He uses incredible metaphors and writes in legible print. I think more writing would definitely work out the spelling deficit which certainly does not inhibit his creative writing.

SCIENCE: 16.9 (At the level of a 26 year old)

C00147

ST. VINCENT

HOSPITAL &
MEDICAL CENTER

25054089

1711/774

ECHOLES, DAKIEN W
SS-05-99 NCP C17 M01SEP92
SOSNOVEC, MILAN

DATE

Physician's Progress Record

09/02/92 (continued physician progress note - late entry)

on his part which he vigorously denies.

He appears to me to be an individual who passively provokes anxiety in others including actual petty criminal behavior, now mixed up with suicidal threats entitling him to psychiatric treatment.

He states that he would wish most to return to Arkansas and get married to a girlfriend. The social work note indicates that both he and his girlfriend were threatening suicide when picked up by the police on one occasion while in Arkansas.

He is not suicidal, but rather is in disagreement about living in Oregon and on this basis pines for Arkansas and his friends.

There will be a further evaluation of his condition, including an M.M.P.I., social work appointment and then provision for out-patient treatment.

Sturges

Stanley G. Sturges, MD

SGS:ssd d: 09/02/92 t: 09/03/92

9/2/92 NPN#3 Ineffective Coping Individual

12³⁰ S: "I'm the only person who stands up to my Dad. My Mom just cries but I don't stand for him pushing me around. I don't want anything to do with either one of them. I just want to be on my own from here on out. I'm not suicidal, that's their way of trying to keep me in a hospital & away from my friends & girl friend." O: Damien calmly discussed above on pag 1:1 this a.m. His plan is to cash his last check & return to Arkansas by bus where he states a friend's family has agreed to let him live with them. He plans to contact local protection

ST. VINCENT
HOSPITAL &
MEDICAL CENTER

26654889

12/11/974

ECHOLS, DAMIEN W
25-05-99 WOP 017 Mr. 02SEP92
STURGES, STANLEY GORDON

DATE

Physician's Progress Record

9/4/92 (continued physician progress note)

this 15 year old girl, as well as other problems. His return to Arkansas will be facilitated and his discharge will be conditional upon proper arrangements made by the probation officer in Washington County connecting with the probation officer in his home in Arkansas.

Aug

Stanley G. Sturges, MD

SGS:ssd

9/4/92 NURSING PROGRESS NOTE (1115)

PROBLEM #2: Discharge Planning

Patient is scheduled to be discharged today between 3 and 4:00 p.m., at which time his mother will be in to pick him up. Julie Plekan was able to talk with Washington County Probation Department who has okayed his discharge according to him. The mother was also notified by phone that Damien could be discharged today, and she will make arrangements with the bus ticket and make arrangements with Arkansas authorities.

On the unit, Damien has been quiet, but cooperative. He shows little or no investment in treatment, and is basically awaiting discharge today which he is looking forward to very much.

B. Henry RN

Brian Henry, RN

BH:ssd

OT PROGRESS NOTE (late entry)

DATE: 09/03/92

Damien has attended OT groups on Thursday of this week. Morning Structure Group focused on developing treatment goals and objectives and identifying how working on these objectives may be a risk in terms of, there are things to be

ST. VINCENT

HOSPITAL &
MEDICAL CENTER

26654889

12/11/974

ECHOLS, DAMIEN W
85-05-99 NOP 017 M, 02SEP92
STURGES, STANLEY GORDON

DATE

Physician's Progress Record

SOCIAL SERVICE ASSESSMENT-InitialDATE: 09/04/92

Present at the assessment were the biological parents, Pam and Joe. Mother's last name is Hutchinson. She was divorced from Damien's stepfather recently and has come to Oregon. Pam and Joe have been divorced from one another for a long period of time. Joe actually has only parented Damien for a very short time when he was an infant. The couple, Damien and his mother, moved from Arkansas three months ago. Father maintains that he barely knows his son.

In Arkansas, Damien was on probation for breaking and entry and sexual misconduct. Because of his unusual threats, the court ordered an evaluation at one of their facilities and under Title XIX that occurred. Mother states that he was diagnosed as a manic depressive in Arkansas and was placed on Imipramine and possibly one other medication. Briefly, Pam stated that she has had difficulty with Damien since he was 10 years old. He always tended to be an angry child and somewhat difficult to manage, particularly through his adolescent years. She is convinced that he is into activities, such as witchcraft and is very concerned about the quality of friends that he developed while living in Arkansas. For this reason, she felt that coming to Oregon would be a new beginning for him. Damien has not been in school steadily for the last 3 years and technically even though he is almost 18 years old, he carries only freshman credits.

Because of the circumstances that precipitated the hospitalization and Damien's threats, particularly towards his father and of course his mother, both parents do not feel that they wish to have him return to their home. They are frightened of him and what he can do, not only to them but to other children that reside in the home (2 others). **C00150**

Damien does not want to remain in Oregon. He wishes to return to Arkansas

ST. VINCENT HOSPITAL AND MEDICAL CENTER

9205 S.W. BARNHART RD. SEASIDE, OREGON 97138 PHONE (503) 297-4411

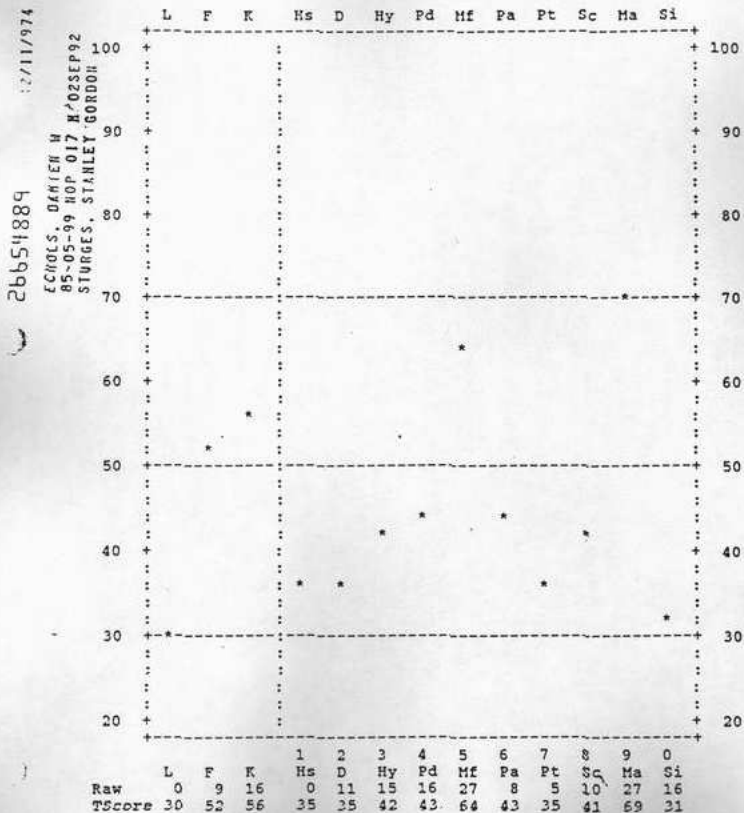
A.L. Aaronson and Applied Innovations, Inc. Staff

Copyright (C) 1986 - All Rights Reserved -

Name : Damien W Echols
 Age : 17
 Report Date : 09-03-92
 Test Form : Form R

Sex : Male

Acct Code : 2190-2
 Birthdate : 12-11-74
 Test Date : 09-02-92
 Norms : Adolescent



C00151

ST. VINCENT HOSPITAL AND MEDICAL CENTER

9205 S. W. BARNES RD. PORTLAND, OREGON 97216 PHONE (503) 247-4411

The MMPI Scoring Program II

Echols -PAGE 2-

Supplemental Scales

Frequently Scored Scales

| Scale | Raw | T | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
|-------------------------------|-----|----|----|----|----|----|----|----|-----|
| A Anxiety | 2 | 37 | <* | | | | | | |
| R Repression | 10 | 38 | <* | | | | | | |
| MAS Manifest Anxiety | 1 | 31 | <* | | | | | | |
| * ES Ego Strength | 63 | 80 | | | | | * | | |
| LB Low Back Pain | 8 | 45 | | * | | | | | |
| CA Caudality | 3 | 38 | <* | | | | | | |
| DY Dependency | 9 | 39 | <* | | | | | | |
| * DO Dominance | 23 | 73 | | | | * | | | |
| RE Social Responsibility | 20 | 50 | | * | | | | | |
| PR Prejudice | 9 | 45 | | * | | | | | |
| * ST Social Status | 27 | 71 | | | | * | | | |
| CN Control | 28 | 58 | | | * | | | | |
| MAC MacAndrew Alcholism | 23 | 60 | | | * | | | | |
| O-H Over-Controlled Hostility | 11 | 46 | | * | | | | | |

Scale 2 - Depression Subscales (Harris & Lingoos)

| Scale | Raw | T | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
|----------------------------|-----|----|----|----|----|----|----|----|-----|
| D1 Subjective Depression | 1 | 33 | <* | | | | | | |
| D2 Psychomotor Retardation | 2 | 32 | <* | | | | | | |
| D3 Physical Malfunctioning | 2 | 42 | * | | | | | | |
| D4 Mental Dullness | 0 | 40 | * | | | | | | |
| D5 Brooding | 0 | 38 | <* | | | | | | |

Scale 3 - Hysteria Subscales (Harris & Lingoos)

| Scale | Raw | T | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
|------------------------------|-----|----|----|----|----|----|----|----|-----|
| HY1 Denial of Social Anxiety | 3 | 47 | | * | | | | | |
| HY2 Need for Affection | 5 | 50 | | * | | | | | |
| HY3 Lassitude-Malaise | 1 | 45 | | * | | | | | |
| HY4 Somatic Complaints | 0 | 39 | <* | | | | | | |
| HY5 Inhibition of Aggression | 4 | 60 | | | * | | | | |

Scale 4 - Psycopathic Deviate Subscales (Harris & Lingoos)

| Scale | Raw | T | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
|-----------------------------|-----|----|----|----|----|----|----|----|-----|
| PD1 Familial Discord | 0 | 39 | <* | | | | | | |
| * PD2 Authority Problems | 8 | 74 | | | | * | | | |
| PD3 Social Imperturbability | 10 | 60 | | | * | | | | |
| PD4A Social Alienation | 4 | 45 | | * | | | | | |
| PD4B Self-Alienation | 3 | 47 | | * | | | | | |

C00152

Supplemental Scales (Cont.)

Scale 5 - Masculine/Feminine Subscales (Serkownek)

| Scale | Raw | T | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
|------------------------------|-----|----|----|----|----|----|----|----|-----|
| MF1 Narcissism-Hypersensit'y | 7 | 61 | | | * | | | | |
| MF2 Stereotypic F Interests | 2 | 41 | * | | | | | | |
| MF3 Denial of Stereo M Int's | 6 | 73 | | | | * | | | |
| MF4 Hetero Discomfort-Pass'y | 1 | 33 | <* | | | | | | |
| MF5 Introspective-Critical | 3 | 46 | * | | | | | | |
| MF6 Social Retiring | 4 | 42 | * | | | | | | |

Scale 6 - Paranoia Subscales (Harris & Lingoes)

| Scale | Raw | T | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
|-----------------------|-----|----|----|----|----|----|----|----|-----|
| PA1 Persecutory Ideas | 2 | 50 | | * | | | | | |
| PA2 Poignancy | 2 | 49 | | * | | | | | |
| PA3 Naivete | 2 | 41 | * | | | | | | |

Scale 8 - Schizophrenia Subscales (Harris & Lingoes)

| Scale | Raw | T | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
|--------------------------------|-----|----|----|----|----|----|----|----|-----|
| SC1A Social Alienation | 2 | 44 | * | | | | | | |
| SC1B Emotional Alienation | 1 | 39 | <* | | | | | | |
| SC2A Lack Ego Mastery, Cogni'e | 1 | 47 | | * | | | | | |
| SC2B Lack Ego Mastery, Conat'e | 1 | 45 | | * | | | | | |
| SC2C Lack Ego Mastery, Defec'e | 1 | 47 | | * | | | | | |
| SC3 Bizarre Sensory Experi's | 1 | 44 | * | | | | | | |

Scale 9 - Hypomania Subscales (Harris & Lingoes)

| Scale | Raw | T | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
|------------------------------|-----|----|----|----|----|----|----|----|-----|
| MA1 Amoralit'y | 6 | 81 | | | | | | * | |
| MA2 Psychomotor Acceleration | 7 | 73 | | | | | * | | |
| MA3 Imperturbability | 5 | 59 | | | * | | | | |
| MA4 Ego Inflation | 6 | 71 | | | | * | | | |

Scale 0 - Social Introversion Subscales (Serkownek)

| Scale | Raw | T | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
|------------------------------|-----|----|----|----|----|----|----|----|-----|
| SI1 Infer'y-Personal Disco't | 4 | 31 | <* | | | | | | |
| SI2 Discomfort with Others | 1 | 30 | <* | | | | | | |
| SI3 Staid-Personal Rigidity | 4 | 23 | <* | | | | | | |
| SI4 Hypersensitivity | 1 | 35 | <* | | | | | | |
| SI5 Distrust | 6 | 58 | | | * | | | | |
| SI6 Physical-Somatic Conce's | 2 | 53 | | | * | | | | |

Supplemental Scales (Cont.)

| | | Wiggins Content Scales | | | | | | | | | |
|-------|--------------------------|------------------------|----|----|----|----|----|----|----|-----|--|
| Scale | | Raw | T | 40 | 50 | 60 | 70 | 80 | 90 | 100 | |
| HEA | Poor Health | 1 | 40 | * | | | | | | | |
| DEP | Depression | 0 | 36 | <* | | | | | | | |
| ORG | Organic Symptoms | 0 | 37 | <* | | | | | | | |
| FAM | Family Problems | 5 | 56 | | | * | | | | | |
| AUT | Authority Conflict | 17 | 69 | | | | * | | | | |
| FEM | Feminine Interest | 13 | 61 | | | * | | | | | |
| REL | Religious Fundamentalism | 0 | 29 | <* | | | | | | | |
| HOS | Manifest Hostility | 14 | 59 | | | * | | | | | |
| MOR | Poor Morale | 1 | 36 | <* | | | | | | | |
| PHO | Phobia | 0 | 35 | <* | | | | | | | |
| PSY | Psychoticism | 6 | 46 | | * | | | | | | |
| HYP | Hypomania | 13 | 53 | | * | | | | | | |
| SOC | Social Maladjustment | 5 | 43 | * | | | | | | | |

| | | Tryon, Stein, & Chu Cluster Scales | | | | | | | | | |
|-------|--------------------------|------------------------------------|----|----|----|----|----|----|----|-----|--|
| Scale | | Raw | T | 40 | 50 | 60 | 70 | 80 | 90 | 100 | |
| I | Social Introversion | 3 | 45 | * | | | | | | | |
| II | Body Symptoms | 2 | 46 | * | | | | | | | |
| III | Suspicion & Mistrust | 12 | 57 | | | * | | | | | |
| IV | Depression & Apathy | 0 | 41 | * | | | | | | | |
| V | Resentment & Aggression | 8 | 59 | | | * | | | | | |
| VI | Autism & Disruptive Th's | 7 | 57 | | | * | | | | | |
| VII | Tension, Worry, Fears | 1 | 40 | * | | | | | | | |

| | | Weiner-Harmon Subtle-Obvious Subscales | | | | | | | | | |
|-------|--------------------------|----------------------------------------|----|----|----|----|----|----|----|-----|--|
| Scale | | Raw | T | 40 | 50 | 60 | 70 | 80 | 90 | 100 | |
| D-O | Depression-Obvious | 1 | 35 | <* | | | | | | | |
| D-S | Depression-Subtle | 10 | 49 | | * | | | | | | |
| HY-O | Hysteria-Obvious | 0 | 29 | <* | | | | | | | |
| HY-S | Hysteria-Subtle | 16 | 57 | | | * | | | | | |
| PD-O | Psychopathic Deviate-Obv | 7 | 53 | | | * | | | | | |
| PD-S | Psychopathic Deviate-Sub | 9 | 50 | | * | | | | | | |
| PA-O | Paranoia-Obvious | 2 | 48 | | * | | | | | | |
| PA-S | Paranoia-Subtle | 6 | 50 | | * | | | | | | |
| MA-O | Mania-Obvious | 10 | 64 | | | * | | | | | |
| MA-S | Mania-Subtle | 17 | 80 | | | | | * | | | |

ST. VINCENT HOSPITAL AND MEDICAL CENTER

9225 S.W. BARNES RD. PORTLAND, OREGON 97215 PHONE (503) 297-4411

The MFFT Scoring Program II

Echols -PAGE 8-

Patient Responses

| Raw Scores | | | | | | | | | | | | | | | | |
|------------|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| | 1 | 41 | 81 | 121 | 161 | 201 | 241 | 281 | 321 | 361 | 401 | 441 | 481 | 521 | 561 | |
| | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : |
| | 40 | 80 | 120 | 160 | 200 | 240 | 280 | 320 | 360 | 400 | 440 | 480 | 520 | 560 | 566 | |
| 1 | F | F | F | F | F | T | F | T | F | F | T | F | T | T | F | |
| 2 | T | F | F | F | F | F | T | T | F | F | T | F | T | T | T | |
| 3 | T | F | F | T | T | T | F | F | T | F | T | F | T | T | T | |
| 4 | F | F | F | F | T | T | F | F | F | F | T | T | F | T | F | |
| 5 | T | T | F | F | T | T | F | F | F | F | T | T | F | F | F | |
| 6 | F | T | F | F | T | F | F | F | F | F | T | T | T | F | F | |
| 7 | T | F | F | F | T | F | F | F | T | T | T | T | F | T | T | |
| 8 | T | T | T | T | F | F | T | F | F | F | T | F | F | T | T | |
| 9 | T | T | T | T | F | T | F | F | F | T | T | T | F | F | F | |
| 10 | F | F | T | T | T | F | F | T | F | T | T | T | T | F | F | |
| 11 | T | T | F | F | F | F | F | F | F | T | T | F | T | F | F | |
| 12 | F | F | F | F | T | T | F | F | F | T | T | T | F | F | T | |
| 13 | F | F | T | T | T | T | F | T | F | F | F | F | F | F | T | |
| 14 | F | T | F | F | T | T | T | T | F | F | F | F | F | T | T | |
| 15 | T | T | F | T | T | T | F | T | T | F | F | T | T | T | F | |
| 16 | F | F | T | T | F | T | F | F | T | F | F | T | T | T | T | |
| 17 | F | T | T | T | T | T | T | T | T | F | F | F | F | T | F | |
| 18 | T | F | F | F | F | T | T | F | F | F | F | F | F | F | F | |
| 19 | T | T | T | T | F | F | F | F | F | T | F | F | F | T | T | |
| 20 | T | T | T | T | F | F | T | F | F | T | T | F | T | T | T | |
| 21 | F | F | T | T | T | T | F | F | F | F | T | T | F | T | F | |
| 22 | F | F | F | T | F | F | T | T | F | F | T | T | T | T | T | |
| 23 | F | T | T | T | F | F | F | F | F | F | F | F | F | F | F | |
| 24 | F | F | F | F | F | F | T | F | F | F | F | T | T | F | F | |
| 25 | F | F | F | T | F | T | T | T | F | F | F | T | T | F | F | |
| 26 | F | F | F | F | F | T | F | T | T | T | T | T | F | F | F | |
| 27 | F | F | T | F | T | F | F | F | T | T | F | F | F | F | T | |
| 28 | F | T | F | T | T | T | T | F | F | F | F | T | T | T | F | |
| 29 | F | F | T | T | F | F | T | T | F | F | F | T | F | F | F | |
| 30 | T | ? | T | T | T | T | T | T | F | F | F | T | F | F | F | |
| 31 | F | T | F | T | T | T | T | T | F | F | F | F | F | F | F | |
| 32 | F | F | T | T | T | F | T | F | F | F | F | T | T | F | T | |
| 33 | T | T | T | T | T | F | T | F | T | T | F | F | F | T | F | |
| 34 | F | F | F | T | F | T | T | F | T | F | T | F | T | F | F | |
| 35 | F | T | F | F | T | T | F | F | F | F | T | T | T | T | F | |
| 36 | T | F | F | F | T | T | F | T | T | F | F | T | F | T | T | |
| 37 | F | F | T | F | F | T | T | F | F | F | T | F | F | F | F | |
| 38 | T | T | T | F | T | F | F | T | F | F | F | T | T | F | F | |
| 39 | T | T | T | F | T | F | F | F | F | T | F | T | F | F | F | |
| 40 | F | F | T | F | F | F | F | F | F | T | T | F | T | F | F | |

C00155

Physician's Order Record

| Date Time | Another brand of Drug Identical in Form and Content May Be Dispensed Unless Checked | Noted Nurse Time | Addressograph |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------|
| 9/1/92 | Admit to Dr. Sassano. dis. suicidal / homicidal ideation outpatient d.o. ✓ 500 security ✓ regular diet ✓ suicidal precautions ✓ tuberc. + - ii po q 4-6 pm <u>AAOL</u> <u>LOC</u> | | Addressograph ECHOLS, DANIEL M 85-05-29 NUP 017 M 01SEP92 SOSNOVEC, MILAN |
| | call PM D if any concerns on additional orders. ✓ Ricki Dargatz. | | Addressograph ECHOLS, DANIEL M 85-05-29 NUP 017 M 01SEP92 SOSNOVEC, MILAN |
| | | | Addressograph ECHOLS, DANIEL M 85-05-29 NUP 017 M 01SEP92 SOSNOVEC, MILAN |
| 9-2-92 | ① de SL ② kg bed OK ③ mmf 1 - | | Addressograph ECHOLS, DANIEL M 85-05-29 NUP 017 M 01SEP92 SOSNOVEC, MILAN |
| 9/2/92 1519 | | | |
| | Noted by Peggy Higgins 7/2/92 1530 | | |

c00156

Physician's Order Record

| Date Time | Another brand of Drug Identical in Form and Content May Be Dispensed Unless Checked | Addressograph |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 9-3-92 | Discharge tomorrow Sturge Noted R. Beckwith 9/3 1700 | <p>2bb54889</p> <p>12/11/74</p> <p>Addressograph</p> <p>ECNOL, DANLEN K 85-05-29 NUP 017 N 01SEP72 SOSNOVEC, MILAN</p> |
| 7/3 | Imipramine 150mg @ H.S. T.O. Dr. Sturge / R. Beckwith Sturge Noted R. Beckwith 9/3 2100 | <p>2bb54889</p> <p>12/11/74</p> <p>Addressograph</p> <p>ECNOL, DANLEN K 85-05-29 NUP 017 N 01SEP72 SOSNOVEC, MILAN</p> |
| C00157 | | |

2/11/77

ECHOLS, DAMIEN W
85-05-77 NUP 017 M01SEP72
SOSNOVEC, MILAN

Temperature X Pulse •

-0320-3

C00160

| 2 3 4 5 6 7 | | | | | | | | | | PATIENT NAME | | MR# | |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|----|----|---|-----|--------------------|--------|--------|---------------|---------------|----|--------|-------------|
| | | | | | | | | | | Echols, Arman | | 852599 | |
| TIME | B P | P | R | T | SAT | GLASGOW COMA SCALE | PUPILS | DATE | VISUAL ACUITY | OS | OD | OU | WEIGHT (kg) |
| 820 | 146/82 | 96 | 18 | - | | | | 8/1/92 | | | | | |
| 7320 | | | | | | | | | | | | | |
| Admit to psych J.F. Costa - pt. to arrange admit Security - pt. Mr to S.W./W.C. Security. Continued cooperation - Mrs | | | | | | | | | | | | | |

| CLOTHING/VALUABLES LIST | | | | | INTAKE | | LABS DRAWN | | TIME | | RESULTS BACK | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|----------------------|--|----------------------------|--|--------------------|--|---------------------|--|-------------------|--|
| Hat _____ Dress _____ Gown _____ Shirt _____ Blouse _____ Pajamas _____ Pants _____ Slip _____ Robe _____ Belt _____ Bra _____ Slippers _____ Tie _____ Nylons _____ Shoes _____ Coat _____ Skirt _____ Socks _____ Sweater _____ Underwear _____ Undershirt _____ Other <u>Halter Jacket & gloves</u> Items to sale | | | | | TIME LAST P.O. _____ | | TO X-RAY PER: _____ | | RETURN PER: _____ | | TO CT/US PER: _____ | | RETURN PER: _____ | |
| PREHOSPITAL | | | | | IV | | CERVICAL SPINE CLEARED BY: | | | | | | | |
| ORAL | | | | | OTHER | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | | |
| TOTAL | | | | | OUTPUT | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | | |
| PREHOSPITAL | | | | | URINE | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | | |
| NG-EMESIS | | | | | OTHER | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | | |
| TOTAL | | | | | TOTAL | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | | |
| NURSE COMPLETING VALUABLES CHECKLIST | | | | | TOTAL | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | | |
| PERSON RECEIVING VALUABLES (SIGNATURE) | | | | | TOTAL | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | GLASGOW COMA SCALE | | | |

COC161

VINCENT HOSPITAL
AND
MEDICAL CENTER

EMERGENCY DEPARTMENT TRIAGE AND NURSING CARE RECORD

ROOM NO

4A

| | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LAST NAME ECOLS | | FIRST DAMIEN W | M F M | DOB 12/11/74 | DATE 9/1/92 | MR # 850599 | | | |
| CHIEF COMPLAINT Psych Eval | | | | | TRIAGE DECISION TIME 2200 1 (2) | | | | |
| Mode of Arrival Accompanied by Parent | | Date Last Tetanus NA | LMP NA | Personal Physician None | | | | | |
| HISTORY To ER by private vehicle from home where pt reportedly threatened mother & others & physical harm. D advised of need for mental health evaluation. Pt of court appointment appointed M.H. Hospital Home Reportation. In M. | | | | ALLERGIES NKA | | Previous Admission Order Medical Record Work Injury NO | | | |
| PRESENT MEDICATIONS DOSE antidepressant | | | | TREATMENT PTA <input type="checkbox"/> Airway <input type="checkbox"/> O2 <input type="checkbox"/> Cervical Collar <input type="checkbox"/> Some Stabilization <input type="checkbox"/> Extremity Splint/Traction <input type="checkbox"/> CPH Definitive <input type="checkbox"/> IV Left <input type="checkbox"/> Right <input type="checkbox"/> Meds | | | | | |
| PAST MEDICAL HISTORY Involuntary adm. | | | | | | | | | |
| INITIAL ASSESSMENT | | NURSE INITIALS | | WNL = Within Normal Limits NE = Not Examined ABN = Abnormal | | | | | |
| | | WNL | NE | ABN | DETAILS OF ASSESSMENT | | | | |
| AIRWAY | | | | | NO | | | | |
| BREATHING | | | | | | | | | |
| CIRCULATION/PULSES | | | | | | | | | |
| MENTAL STATUS | | | | | | | | | |
| PUPILS/EYES | | | | | | | | | |
| HEAD | | | | | | | | | |
| FACE | | | | | | | | | |
| NECK/BACK | | | | | | | | | |
| CHEST/CARDIOVASCULAR | | | | | | | | | |
| LUNGS | | | | | | | | | |
| ABDOMEN | | | | | | | | | |
| UROGENITAL | | | | | | | | | |
| EXTREMITIES | | | | | | | | | |
| SKIN | | | | | | | | | |
| SOCIAL | | | | | NO per by Pt cooperative & | | | | |
| NURSING DIAGNOSIS | | | | | | | | | |
| <table border="0"> <tr> <td> <ul style="list-style-type: none"> — Airway Clearance, Ineffective — Anxiety — Body Temperature, Altered — Breathing Pattern, Ineffective — Cardiac Output, Decreased — Communication, Impaired — Other </td> <td> <ul style="list-style-type: none"> — Coping, Ineffective — Fluid Volume, Altered — Gas Exchange, Impaired — Infection, Potential ① Injury, Potential — Knowledge Deficit — Other </td> <td> <ul style="list-style-type: none"> — Mobility Impaired — Pain — Self-Care Deficit — Skin Integrity, Impaired — Thought Processes, Altered — Tissue Perfusion, Impaired — Violence Potential </td> </tr> </table> | | | | | | | <ul style="list-style-type: none"> — Airway Clearance, Ineffective — Anxiety — Body Temperature, Altered — Breathing Pattern, Ineffective — Cardiac Output, Decreased — Communication, Impaired — Other | <ul style="list-style-type: none"> — Coping, Ineffective — Fluid Volume, Altered — Gas Exchange, Impaired — Infection, Potential ① Injury, Potential — Knowledge Deficit — Other | <ul style="list-style-type: none"> — Mobility Impaired — Pain — Self-Care Deficit — Skin Integrity, Impaired — Thought Processes, Altered — Tissue Perfusion, Impaired — Violence Potential |
| <ul style="list-style-type: none"> — Airway Clearance, Ineffective — Anxiety — Body Temperature, Altered — Breathing Pattern, Ineffective — Cardiac Output, Decreased — Communication, Impaired — Other | <ul style="list-style-type: none"> — Coping, Ineffective — Fluid Volume, Altered — Gas Exchange, Impaired — Infection, Potential ① Injury, Potential — Knowledge Deficit — Other | <ul style="list-style-type: none"> — Mobility Impaired — Pain — Self-Care Deficit — Skin Integrity, Impaired — Thought Processes, Altered — Tissue Perfusion, Impaired — Violence Potential | | | | | | | |
| DX | | PATIENT GOAL EXPECTED OUTCOME BY DISCHARGE | | GOAL EVALUATION | NURSE INITIAL | K E Y | | | |
| #1 | | Verbalizes & demonstrates appropriate non-threatening behavior | | | | | | | |
| #2 | | | | | | | | | |
| #3 | | | | | | | | | |
| #4 | | | | | | | | | |
| #5 | | | | | | | | | |
| C00162 | | | | | | M = Goal Met N = Goal Not Met TRIAGE INITIALS SIGNATURE INITIALS SIGNATURE INITIALS SIGNATURE INITIALS SIGNATURE | | | |

ST. VINCENT HOSPITAL AND MEDICAL CENTER
PATIENT DATABASE
YOUNG ADULT PROGRAM

26654689

11/11/92

ECHOLS, DAMIEN W
85-05-77 NUP Q17 M 013672
SOSNOVEC, MILAN

In order for us to help you need as much information as possible about you. Please answer the following questions.

YOURSELF

1. What do you do when you feel uptight or angry? *nothing*
2. Who do you turn to when things are not going well? *nothing*
3. Do you see yourself (check all that apply)?
 - ☐ warm and affectionate ☒ a leader
 - ☒ cold and not very emotional ☒ bored easily
 - ☐ too serious ☐ always needing to be busy
 - ☐ having a good sense of humor ☒ quick tempered
 - ☐ worry too much
4. Do you ever (check all that apply)
 - ☒ feel depressed ☐ see things that aren't there
 - ☐ think about hurting yourself ☐ hear things that aren't there
 - ☐ think about suicide ☐ feel too high
5. What do you like best about yourself?
6. What would you like to change about yourself? *Determination*
7. Describe a routine school day from the time you get up in the morning until you go to bed at night. *nothing*

8. Describe a routine weekend day from the time you get up in the morning until you go to bed at night.

I don't go to school
get up around 3:20 A.M. go to bed around 7:30 A.M.

SCHOOL

1. Name of your school _____ Grade _____
School counselor _____
2. Are your grades (check one)
 - ☐ above average
 - ☐ average
 - ☐ below average
3. Have your grades gone down lately? _____ If yes, when did this start happening?

4. Check all that apply about school
 - ☐ difficulty concentrating ☐ feel bad if you don't get a perfect paper
 - ☐ difficulty sitting still in classes ☐ getting into trouble
 - ☐ getting along with teachers ☐ making teachers angry at you
 - ☐ cutting classes ☐ teacher's pet
 - ☐ volunteer in class ☐ in a special class

000163

Least favorite subjects

NO school

FRIENDS

1. Check all items that apply to your friendships.

☒ easy to make friends
☐ difficult to make friends
☐ keep friends
☐ teased or made fun of by friends.

2. Do you feel different from other kids? yes If yes, please explain.

Other kids are shallow and don't think much

3. Describe your best friend.

he has long blond hair, blue eyes, funny

FAMILY

1. With whom were you living just before you came to the hospital?

2. Are your parents married ☐ divorced ☒ deceased

Parents

If divorced answer the following:

How long have they been divorced? 8 years

Have you moved from one parent to the other? NO If yes, when and why?

Which parent is easiest for you to get along with? Neither
Please explain.

3. List names and ages of brother/sisters and other children living in your family. Specify their relationship to you.

| Name | Age | Relationship |
|-----------------|-----|--------------|
| Michael Roberts | 15 | Sister |
| | | |
| | | |

4. List names of other adults other than parents living in your family and their relationship to you.

| Name | Age | Relationship |
|-----------------|-----|--------------|
| Francis Higgins | 70 | Grandfather |
| | | |
| | | |

5. Of the people listed above, to whom are you the closest?

Grand mother

6. Does anyone in your family ever use drugs not prescribed by a doctor, such as marijuana, cocaine, speed, etc.? If yes, please explain.

NO

7. Do you think your parents drink too much alcohol? If yes, please explain.

NO

000164

8. Have your parents or any of the adults with whom you live ever been in trouble with the law? If yes, please explain.

NO

9. Have your parents or any of the adults with whom you live suffered from a long illness, been seriously hurt in an accident or suffered from mental illness? If yes, please explain.

NO

10. Are there one or two main issues that you and your family seem to argue about all the time? (For example, the type of friends you have, your curfew, schoolwork, going downtown?) Please explain.

NO

11. When arguments cannot be settled, what usually happens? (For example, do you use physical violence, run away to your room, run out of the house, cry, don't talk to your parents for a couple of days?) Please explain.

12. Name two things you would like to change about your family:

1.

2.

13. Name two things that make you feel good about your family:

1.

2.

14. How do your parents discipline you?

they don't

15. Check all items that describe your mother.

- | | |
|---------------------------------------------------------|------------------------------------------------------------|
| <input checked="" type="checkbox"/> warm & affectionate | <input type="checkbox"/> goes to your activities |
| <input type="checkbox"/> cold & distant | <input checked="" type="checkbox"/> understanding |
| <input checked="" type="checkbox"/> gives hugs | <input type="checkbox"/> strict |
| <input type="checkbox"/> understanding | <input type="checkbox"/> bad temper |
| <input type="checkbox"/> spends time with you | <input checked="" type="checkbox"/> home in evening |
| <input checked="" type="checkbox"/> loves you | <input checked="" type="checkbox"/> other (please explain) |

16. Check all items that describe your father:

- | | |
|----------------------------------------------------------|------------------------------------------------------------|
| <input checked="" type="checkbox"/> warm & affectionate | <input type="checkbox"/> goes to your activities |
| <input type="checkbox"/> cold & distant | <input type="checkbox"/> understanding |
| <input checked="" type="checkbox"/> gives hugs | <input type="checkbox"/> strict |
| <input type="checkbox"/> understanding | <input checked="" type="checkbox"/> bad temper |
| <input checked="" type="checkbox"/> spends time with you | <input type="checkbox"/> home in evening |
| <input type="checkbox"/> loves you | <input checked="" type="checkbox"/> other (please explain) |

17. Check all items that describe your parents relationship with each other.

- | | |
|---------------------------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> warm & affectionate | <input type="checkbox"/> cold & distant |
| <input type="checkbox"/> talk regularly | <input type="checkbox"/> talk rarely |
| <input checked="" type="checkbox"/> enjoy activities together | <input type="checkbox"/> much time alone |
| <input type="checkbox"/> give each other hugs/kisses | <input type="checkbox"/> fighting (physical) |
| <input checked="" type="checkbox"/> argue often | <input type="checkbox"/> discuss problems |
| <input type="checkbox"/> support each other | <input type="checkbox"/> put each other down |
| <input type="checkbox"/> other (please explain). | |

000166

ST. VINCENT HOSPITAL AND MEDICAL CENTER
PATIENT DATABASE
YOUNG ADULT PROGRAM

26534689

ECHOLS, DAMIEN W
25-05-79 NUP 017 M 013012
SOSNOVEC, MILAN

In order for us to help you need as much information as possible about you. Please answer the following questions.

YOURSELF

1. What do you do when you feel uptight or angry? *nothing*
2. Who do you turn to when things are not going well? *nothing*
3. Do you see yourself (check all that apply)?

| | |
|-----------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> warm and affectionate | <input checked="" type="checkbox"/> a leader |
| <input checked="" type="checkbox"/> cold and not very emotional | <input checked="" type="checkbox"/> bored easily |
| <input type="checkbox"/> too serious | <input checked="" type="checkbox"/> always needing to be busy |
| <input type="checkbox"/> having a good sense of humor | <input checked="" type="checkbox"/> quick tempered |
| | <input type="checkbox"/> worry too much |
4. Do you ever (check all that apply)

| | |
|-------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> feel depressed | <input type="checkbox"/> see things that aren't there |
| <input type="checkbox"/> think about hurting yourself | <input type="checkbox"/> hear things that aren't there |
| <input type="checkbox"/> think about suicide | <input type="checkbox"/> feel too high |
5. What do you like best about yourself?
6. What would you like to change about yourself? *Determination*
nothing
7. Describe a routine school day from the time you get up in the morning until you go to bed at night.
I don't go to school
8. Describe a routine weekend day from the time you get up in the morning until you go to bed at night.

get up around 3:00 A.M. go to bed around 2:30 A.M.

SCHOOL

1. Name of your school _____ Grade _____
School counselor _____
2. Are your grades (check one)

| |
|----------------------------------------|
| <input type="checkbox"/> above average |
| <input type="checkbox"/> average |
| <input type="checkbox"/> below average |
3. Have your grades gone down lately? _____ If yes, when did this start happening?

- I Don't Go to School*
4. Check all that apply about school

| | |
|--------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> difficulty concentrating | <input type="checkbox"/> feel bad if you don't get a perfect paper |
| <input type="checkbox"/> difficulty sitting still in classes | <input type="checkbox"/> getting into trouble |
| <input type="checkbox"/> getting along with teachers | <input type="checkbox"/> making teachers angry at you |
| <input type="checkbox"/> cutting classes | <input type="checkbox"/> teacher's pet |
| <input type="checkbox"/> volunteer in class | <input type="checkbox"/> in a special class |

000167

1. Have you had any of the following in the last year? (check all that apply)
- | | |
|---------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> difficulty falling asleep | <input checked="" type="checkbox"/> headache |
| <input checked="" type="checkbox"/> awakening in the night | <input type="checkbox"/> stomach ache |
| <input type="checkbox"/> waking up early | <input type="checkbox"/> joint pain |
| <input type="checkbox"/> feeling tired in daytime | <input type="checkbox"/> dizzy spells |
| <input type="checkbox"/> weight gain | <input type="checkbox"/> skin rash |
| <input type="checkbox"/> weight loss | <input checked="" type="checkbox"/> chest pain |
| <input type="checkbox"/> coughing spells | <input type="checkbox"/> frequent colds |
| <input type="checkbox"/> problems with urinating | <input type="checkbox"/> trouble seeing |
| <input type="checkbox"/> problems with bowel movements | <input type="checkbox"/> trouble hearing |
2. List your allergies, if any:

3. List any medication you are taking

4. List any street drugs, such as marijuana, cocaine, speed that you have used, frequency, how much

5. Do you smoke cigarettes?

How many per day?

6. How much alcohol do you drink?

When was your last drink?

7. Are you sexually active?

If yes, do you use methods of protection?

8. For women only:

Are you menstruating?

At what age did you begin?

First day of last period ____.

Do you have problems with your periods?

Do you have any vaginal discharge?

Have you ever been pregnant? How many times?

Have you ever had an abortion?

Have you ever had a miscarriage?

Dominic Lallo
Patient signature

September 2, 1992
Date



ATTORNEY WORK PRODUCT - PRIVILEGED AND CONFIDENTIAL INFORMATION

MICHAEL "DAMIEN" ECHOLS
CASE NO. 1700-00-30182

ADMISSION TO CHARTER HOSPITAL OF LITTLE ROCK

06/01/92

C00169

06/01/92 ADMISSION

Patient Name: ECHOLS, DAMIEN W.
MR# 00-11-60

[illegible]

0050C

000170

CHARTER HOSPITAL
OF LITTLE ROCK

PATIENT: Echols, Damien
MR#: 00-11-60
ADMISSION: 6-21-92
DISCHARGE: 6-25-92
UNIT: Adolescent Psychiatry

DISCHARGE SUMMARY

IDENTIFYING DATA: Damien is a 17-year-old, white male who lives with his mother and grandmother. His was referred for admission by Joe Hutcheson, probation officer. He was recently at the Jonesboro Detention Center for two to three weeks. He was a court ordered admission. He was admitted on 6-21-92 and discharge on 6-25-92.

BRIEF HISTORY: Damien presented for admission accompanied by his probation officer. He was described as having suicidal ideation for two weeks prior to admission. He indicated that he ran away with his girlfriend, because her parents forbade her to see him anymore. He said they were upset, because he was engaging in sexual encounters with her. There was a conversation that concerned staff at the detention center. Reportedly, Damien and his girlfriend were going to have a baby and then sacrifice the child. Damien denied this type of behavior. There was also a question about his involvement with satanism. Damien, however, indicated that he was not involved with satanism, but witchcraft. Supposedly, Damien chased a younger child with an ax and attempted to set a house on fire. He denied this behavior. He reported that his girlfriend's family reported this so that they could get him in trouble. He was also accused of beating a peer up at school.

CONFIDENTIAL
DO NOT REDECLOSE

Damien admits to a history of violence. He said prior to admission he did attempt to enucleate a peer's eye at school. He was suspended subsequently from school. He was suspended on seven different occasions during the school year. He related that he was suspended on one occasion, because he set a fire in his science classroom and also would walk off on campus on several occasions. He was disruptive to the school environment. He was also disrespectful to teachers. He has been accused of terroristic threatening.

There has been no previous psychiatric treatment.

Damien indicated that he has heart problems, asthma, bronchitis, and migraine headaches.

PROVISIONAL DIAGNOSES:

- Axis I: 1. Major depression, single episode.
2. Dysthymia.

C00171

ECHOLS, DAMIEN
MR#: 00-11-60
Page Two

3. Rule out psychotic disorder not otherwise specified.

Axis II: None.

Axis III: None.

Axis IV: Stressors: Level 3.

Axis V: Global Assessment of Functioning Scale: Level 30.

SIGNIFICANT LABORATORY, CONSULTATIONS, X-RAY FINDINGS, ETC:
No abnormalities noted.

Physical exam within normal limits.

ECG revealed undetermined rhythm, abnormal right axis deviation and nonspecific T wave abnormality.

COURSE OF TREATMENT AND RESPONSE TO TREATMENT: Damien was admitted to the unit in the usual fashion. Initially, he was very quiet and withdrawn and did not interact with other peers. Staff was quite concerned as they noticed that he was meditating in his room in a bizarre and unusual fashion. He also drew numerous pictures of witchcraft type symbols. He also wrote some very unusual poems. He tended to remain on the peripheral of the group throughout most of his hospitalization. Damien denied involvement in satanic worship but did admit to involvement in witchcraft. He definitely exhibited a pervasively depressed mood throughout most of his hospitalization. On 6-5-92, he was started on Imipramine 50 mg, 1 tablet, p.o., q.h.s. He indicated that initially it was causing him some difficulties sleeping. On 6-12-92, the Imipramine was increased to 100 mg, 1 tablet, p.o., q.h.s. due to continued symptoms of depression. Damien had one successful pass while he was in the hospital. His parents indicated that they were willing to move out of the state of Arkansas to Denver, Colorado. Damien was very happy with the changes. I spoke with the prosecuting attorney who was in agreement with Damien's leaving the state.

CONDITION AT DISCHARGE: At the time of discharge, Damien was not felt to be a danger to himself or a danger to others.

FINAL DIAGNOSES:

Axis I: Major depression, single episode.

Axis II: None.

000172

CONFIDENTIAL
DO NOT REDISCLOSE

ECHOLS, DAMIEN
MR#: 00-11-60
Page Three

Axis III: None.

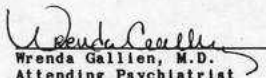
Axis IV: Stressors: Level 3.

Axis V: Global Assessment of Functioning Scale: Level 50.

AFTERCARE PLANS:

- A. REFERRALS AND FOLLOW-UP: Damien will be followed in Denver, Colorado.
- B. DISCHARGE MEDICATIONS:
 - 1. Imipramine 100 mg, 1 tablet, p.o., q.h.s.
- C. ACTIVITY: No precautions or limitations.
- D. DIET: Regular.

SIGNED:


Wrenda Gallien, M.D.
Attending Psychiatrist

DD: 7-9-92
DT: 7-9-92

WG:mj

CONFIDENTIAL
DO NOT REDISCLOSE

000173

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF ECONOMIC AND MEDICAL SERVICES
CERTIFICATION OF NEED
MEDICAID INPATIENT PSYCHIATRIC SERVICES FOR UNDER AGE 21

Recipient's Name Damien Echols
Medicaid ID # 1238412-201 Facility Charter Hospital

DSM III-R Diagnostic

Codes

Axis I: 1. Major depression, single episode
2. Dysthymia
Axis II: 3. No Psychotic Disorder, NOS
NONE
Axis III: NONE
Axis IV: Code 3
Axis V: GA 50/60

1. Ambulatory care resources available in the community do not meet the treatment needs of the recipient. Explain: Outpatient interventions not attempted due to the intensity of the situation. He was court ordered for evaluation and treatment.
2. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician. Explain: Damien was reportedly involved in witchcraft and Satanism. Damien has demonstrated intermittent explosive behavior (attempted to enslave a peer). He has participated in fire setting. He was involved in sexual abuse.
3. The services can reasonably be expected to improve the recipient's condition or prevent further regression so that services will no longer be needed: Explain: Damien has the therapeutic potential to be put from inpatient as can be transferred to a lesser level of care.
4. Reason for Emergency Admission:
 1. Fire-Setting behavior by history
 2. Potential danger to property
 3. Excessive irritability and anger that is potentially dangerous & persistent
 4. Involvement in bizarre unusual behavior.

Signature of Certification Team Physician

W.B. Callaway
Chisham Deaton (MSW)

Signature of Certification Team Social Worker

6/1/92
Date

6/1/92
Date

000175



TRIMS HOSPITAL FORM

CHARTER HOSPITAL
OULTER ROCK

NAME:

Damion Echols

REFERENCE #:

4454

I. GENERAL INFORMATION

DATE: 8/1/82 DAY: Mon TIME: 1:30

CALL/WALK-IN

PROGRAM: CLASS (CIRCLE ONE)

1- ADULT

2- ADOLESCENT

3- CHILD

4- GERIATRIC

TYPE (CIRCLE ONE)

1- PSYCHIATRIC

2- ADDICTIVE DISEASE

SPECIALTY DETAIL PROGRAM (IF APPLICABLE)

PRESENTING PROBLEM(S) (CIRCLE ALL THAT APPLY)

A- PERSONAL PROBLEM

B- PERSONAL

C- PERSONAL

D- PERSONAL

E- PERSONAL

F- PERSONAL

G- PERSONAL

H- PERSONAL

I- PERSONAL

J- PERSONAL

K- PERSONAL

L- PERSONAL

M- PERSONAL

N- PERSONAL

O- PERSONAL

P- PERSONAL

Q- PERSONAL

R- PERSONAL

IS THIS THE FIRST TIME YOU HAVE CALLED? Y/N

IS THE CLINICAL HISTORY COMPLETED? Y/N

THE CALLER IS THE PATIENT? Y/N

NOTES:

Count ordered to Mid South Hospital for
Suicidal self-mutilation - made back
grinding & devil to sacrifice 1st born -
EAR MHC - Being evaluated
Don't want to send to Mid South - different
Place now - wants to change court order to order

II. CALLER INFORMATION

RELATIONSHIP: A) PERSONAL B) REFERRAL

NAME: A) (S)

Terry

TITLE: (S)

Driver

CO-AGENCY: (S)

Crittenden

ADDRESS: A) (S)

Crittenden

CITY: A) (S)

Marion

STATE: A) (S)

AR

COUNTY: A) (S)

Crittenden

ZIP CODE: A) (S)

72304

AREA: A) (S)

SEX: A) (S)

Male

RACE: A) (S)

W

MARITAL STATUS: A) (S)

PHONE-HOME: A) (S)

PHONE-WORK: A) (S)

739-4401

III. PATIENT INFORMATION

NAME:

Damion Echols

ADDRESS:

CITY:

Marion

STATE:

AR

COUNTY:

Crittenden

ZIP CODE:

72304

DOB: 8/1/82

AGE: 17

SEX: M

RACE: C

MARRITAL STATUS:

Single

PHONE-HOME:

PHONE-WORK:

WHO IS LEGAL GUARDIAN:

Custody - Crittenden

EMPLOYER/SCHOOL:

OCCUPATION (PATIENT'S OCCUPATION IF CHILD OR ADOLESCENT):

RETURN CALL INSTRUCTIONS:

HAS THERE PREVIOUSLY BEEN TREATMENT? Y/N

Y

WHEN:

WHERE:

PREVIOUS TREATMENT LOC:

IS THIS A READMIT TO OUR SYSTEM? Y/N

PRESENT PHYSICIAN:

IF A READMIT, PREVIOUS DISCHARGE STATUS:

1) AMA

2) ADMINISTRATIVE

3) TO HOME

4) CHRONIC 3+

IV. REFERRAL INFORMATION

EXISTING REFERRAL SOURCE

EXISTING REFERRAL SOURCE

FIRST REFERRAL SOURCE:

Terry Driver - Crittenden

Crittenden

SECOND REFERRAL SOURCE, IF ANY:

000176

CUSTOM PRINTING CO. - HLR - 878-7311 - CHLR 1078

138

PRIMARY SOURCE OF PAYMENT

- 1 = BECH STREET
2 = CHO BASED BLUE CROSS
3 = COST BASED BLUE CROSS

- 4 = CHAMPUS
5 = COMMERCIAL
6 = HMO/PRO

- 7 = MEDICAID/MEDICAL
8 = MEDICARE
9 = SELF-PAY

- 10 = WORKMAN'S COMP
11 = OTHER FED. PROGRAM
99 = OTHER

NAME: _____

INSURED IS PATIENT'S: _____

INSURANCE CO.: MedicaidPOLICY #: 1232112201

EMPLOYER: _____

TITLE/DEPT: _____

ADDRESS: _____

CITY: _____

STATE: _____

VERIFICATION PHONE #: _____

OK TO CONTACT EMPLOYER IF NECESSARY TO VERIFY: _____

PER-CENT: Y/N

IF PER-CENT: _____

DIAGNOSIS: _____

NOTES: _____

SECONDARY SOURCE OF PAYMENT

NAME: _____

INSURED IS PATIENT'S: _____

INSURANCE CO.: _____

POLICY #: _____

EMPLOYER: _____

TITLE/DEPT: _____

ADDRESS: _____

CITY: _____

STATE: _____

VERIFICATION PHONE #: _____

OK TO CONTACT EMPLOYER IF NECESSARY TO VERIFY: _____

NOTES: _____

ADDITIONAL FINANCIAL RESOURCES: _____

GUARANTOR: _____

PHONE: _____

CONFIDENTIAL

DO NOT REDISCLOSE

VI. CMC VIABILITY

ARE FINANCIAL RESOURCES AVAILABLE FOR HOSPITAL SERVICES? _____

Y/N OR UNDETERMINED: _____

IS CLINICAL ADMISSION CRITERIA MET FOR HOSPITAL SERVICES? _____

Y/N OR UNDETERMINED: _____

VII. ADMISSION

OUTPATIENT OR PARTIAL ADMIT MUST BE TRANSFERRED TO COUNSELING CENTER OR O P DEPT.

INPATIENT *OUTPT-PARTIAL/RESIDENTIAL: _____

COMMITTED VOLUNTARY/INVOL: _____

DATE: 6-1-92 MED. REC. #: 11-60PAT. ACCT. #: 10012351ATTENDING PROFESSIONAL: Gallien

LOOP SOURCE, IF ANY: _____

NOTES: _____

VIII. DISPOSITION

CURRENT STATUS: X 3REASON PENDING: XFOLLOW UP DATE: 4/2/92

REFERRED OUTSIDE: _____

REASON DROPPED: _____

DROPPED-REFERRED TO: _____

CMC TRANSFERAL TO: _____

CALL TAKEN BY: BHR - Alra EdwardsTITLE: 02-05ENTERED BY: VEDDATE: 6/1/926-1-92

Jameson, Ernest
when arrested



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Little Rock, Arkansas 72113
A member of the Children's Medical Center

ADDRESSOGRAPH PLATE

ADOLESCENT SERVICES CLINICAL ASSESSMENT FORM

Client LAMON ECHOLS Age 17 Sex M Race W
Assessment Time 3-15 Date 3-1-82

Presenting Problems suicidal ideation
History of the Problem he is not allowed to be

CLINICAL CRITERIA

| CHECK APPROPRIATE | ELABORATE | CHECK APPROPRIATE | ELABORATE |
|----------------------------------------------------------|----------------------------------------------------------------|--------------------------------------|-----------------------------------|
| SUICIDAL THOUGHTS / IDEAS | <u>suicidal at this time and would use and means available</u> | SUICIDAL GESTURES | <u>while there</u> |
| SELF MUTILATION | <u>not</u> | CRUELTY TO ANIMALS | <u>not</u> |
| PHYSICAL AGGRESSION TO OTHERS | <u>not</u> | GENERAL THREATS TO OTHERS | <u>to kill people when</u> |
| DESTRUCTION OF PROPERTY | <u>not</u> | STEALING | <u>not</u> |
| RENNING AWAY FROM | <u>once - snowed up</u> | CHANGE IN TYPE OF FRIENDS | <u>not</u> |
| WITHDRAWAL FROM FAMILY / FRIENDS | <u>keeps himself shut in his room</u> | CHANGE IN APPEARANCE | <u>not</u> |
| MOOD SWING | <u>not</u> | CHANGE IN SLEEPING PATTERNS | <u>initiating and entering</u> |
| CHANGE IN EATING PATTERNS | <u>poor appetite - 2013</u> | RECENT WEIGHT LOSS OR GAIN | <u>not</u> |
| REFUSING TO ATTEND SCHOOL | <u>days of not going</u> | DROPPING GRADES | <u>poor grades - suspended 7x</u> |
| DISRUPTED FAMILY RELATIONSHIP | <u>does not appeal</u> | REBELLIOUS / DEFIES FAMILY AUTHORITY | <u>not</u> |
| OPTIMALITY FUNCTIONING IN FAMILY | <u>not</u> | VIOLENCE IN FAMILY | <u>not</u> |
| HISTORY OF SEXUAL ABUSE | WHEN? BY WHOM? | | |
| PREFERENCE OF PSYCHOSES DELUSIONS, HALLUCINATIONS, ETC.) | | | |

| ALCOHOL / DRUGS | KINDS | AMOUNT | FREQUENCY |
|-------------------------|--------------------|-----------------|-----------------|
| <u>speed, marijuana</u> | <u>not used</u> | <u>not used</u> | <u>not used</u> |
| LENGTH OF ORAGE | ABILITY TO ABSTAIN | BLACKOUTS | DTs |

Treatment:
Inpatient: ☐ Yes ☒ No
Outpatient: ☐ Yes ☒ No
☐ Positive Response ☐ Failed

Current Medication MD drugs
Perceived Effect works fine
Previous Medication not
Medication Taken Today no

SUMMARY: Least problems in group
Recommendation it and smells up / suppresses

FINAL DISPOSITION ☒ Inpatient ☐ Outpatient ☐ Other ☐ No Services

ASSIGNED NURSE Carissa Jones cdc178 W.B. Cullen



CHARTER HOSPITAL
OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

APPLICATION FOR VOLUNTARY INPATIENT ADMISSION AND TREATMENT UNDER ACT 861 OF 1990

TO THE HOSPITAL ADMINISTRATOR OF CHARTER HOSPITAL OF LITTLE ROCK

I HEREBY APPLY FOR ADMISSION OF Demetri Echols
AS A VOLUNTARY PATIENT FOR CARE AND TREATMENT. I AGREE, IF MY REQUEST BE
GRANTED, TO CONFORM TO RULES AND REGULATIONS. I AGREE TO GIVE NOTICE TO A
MEMBER OF THE HOSPITAL STAFF AND COMPLETE NORMAL HOSPITALIZATION DEPARTURE
PROCEDURES TO LEAVE THE HOSPITAL OR TO TERMINATE TREATMENT.

Signature of the applicant (patient)

Date

Signature of Relative, Guardian or Conservator

Relationship

Date

Witness By:

1) Name

Relationship or Title

2) Name

Relationship or Title

Physician Signature:

CONFIDENTIAL
DO NOT REDISCLOSE

Note: Arkansas Statutes provide that a person may not be held on a Voluntary Statement against his / her
will unless considered a clear and present danger to self or others as defined by law.

C00179

CUSTOM PRINTING CO — MUR — 275-7211 — CHLR 1028



1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

XEROGRAPHIC PLATE

ADMISSION AGREEMENT

HOSPITAL EXPENSES: The hospital bill will include only routine hospital charges (i.e., room & board, therapies, lab, pharmacy, etc.) and any services that are ordered by your physician.

PROFESSIONAL SERVICES BILLING: Professional fees for the interpretation of diagnostic services will be billed separately. Physician charges are also separate. In the event emergency medical treatment is required, the facility rendering this treatment will bill separately. I give consent for the hospital to provide insurance information to outside service providers, so that they can bill separately.

FINANCIAL RESPONSIBILITY: I agree to pay Charter Hospital of Little Rock for all damages to the property of the hospital and others caused by the above-named patient.

I have been informed, by the hospital, of the estimated amounts (if any) payable by my insurance company. I understand that this is based on information deemed reliable by the hospital, but the hospital in no way guarantees that these benefits will be paid by my insurance. I agree to be responsible for all hospital charges whether covered by insurance or not for.

PERSONAL VALUABLES: It is understood and agreed that the hospital maintains a safe for the safekeeping of money and valuables, and the hospital shall not be liable for the loss or damage to any money, jewelry, documents, or other articles of unusual value and small size, unless placed therein, and shall not be liable for loss or damage to any other personal property unless deposited with the hospital for safe keeping. The liability of the hospital for loss of any personal property which is deposited with the hospital for safe keeping is limited by statute to five hundred dollars (\$500.00) unless a written receipt for a greater amount has been obtained from the hospital by the patient.

CONSENT TO TREATMENT: The patient and/or representative whose signature appears below does hereby voluntarily consent to any and all treatment, including agency treatment and transportation to another facility if necessary for said patient, which may be considered advisable by his or her physician on the Medical Staff of Charter Hospital of Little Rock. The patient and/or representative acknowledges that no guarantees have been made to him/her as to the result of treatment or examinations in the hospital.

RIGHT TO SEARCH: The undersigned patient recognizes the right of Charter Hospital of Little Rock to search the belongings of the patient and to remove and safeguard any items deemed to be potentially dangerous to the health or safety of the patient or others.

LEASE FROM LIABILITY: The undersigned understands that Charter Hospital of Little Rock is not responsible for the acts of its contracting hospital services, and their agents. Therefore, the patient or his/her agent releases Charter Hospital of Little Rock from any and all liability for the acts of its contracting hospital services.

RELEASE FROM RESPONSIBILITY OF ELOPEMENT: If the patient leaves the hospital premises without a discharge order by the attending physician or without knowledge or supervision of hospital staff, the hospital shall be relieved of any and all liability whatsoever of any kind of nature resulting directly or indirectly or in any manner connected with such absence of the patient.

CONSENT TO PHOTOGRAPH: The undersigned hereby consents to Charter Hospital of Little Rock obtaining three (3) photographs which will be used exclusively for the purpose of identification.

THERAPEUTIC ACTIVITIES/OUTINGS: In consideration of the value to the patient of a treatment program including Expressive Therapy, field trips/recreational outings, and outside support/therapy groups, the undersigned hereby:

- consent to the patient's participation in the aforementioned activities.
- Adventure Ropes Training Course (to include high and low elements - see Ropes Course Fact Sheet)
- release Charter Hospital at Little Rock, its medical staff, employees and agents from any and all liability for injury to the patient resulting from participation in activities;
- agree to indemnify and hold harmless, Charter Hospital of Little Rock, its medical staff, employees and agents from all claims, costs, liabilities, expenses and losses incurred as a result of any act or omission of the patient while participating in activities; and
- consent to the administration of first aid or other medical treatment in the event of any injury to; the patient during participation in activities and agree to be financially responsible for such treatment.

I consent to the Hospital sending me and/or a family/significant other a Satisfaction Survey to complete and forward to the Charter Medical Corporation. This will be sent a few days after discharge.

I consent to the Hospital contacting me by telephone in approximately six months to see how I am doing. The Hospital makes periodic contact with those who have used its services, using the information to improve its services to patients and to make sure the Hospital is addressing patient's needs. Specific responses are not disclosed; only summary information is assembled.

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

I hereby acknowledge that I have received a copy of patient rights and the name of the patient advocate.

6-1-92
DATE
6-1-92
DATE
6-1-92
DATE

PATIENT
Parent/Guardian (mother)
RELATIONSHIP
Cecilia Davis
WITNESS SIGNATURE
CUC180
GOLD Patient
CUSTOM PRINTING CO. - 100 E. 1ST ST. - LITTLE ROCK, AR 72101

CHARTER HOSPITAL OF LITTLE ROCK
ACKNOWLEDGMENT OF
ADVANCE DIRECTIVE INFORMATION

Name: Damien W. Echols

Soc Sec No: _____

Date of Birth: 12-11-74

Medical Record No: 00-11-60

PLEASE READ THE FOLLOWING THREE STATEMENTS
AND INITIAL AFTER EACH STATEMENT

- A. I have been given written materials about my right to accept or refuse medical treatments. JE (Initials)
- B. I have been informed of my rights to formulate Advance Directives. JE (Initials)
- C. I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. JE (Initials)

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS

- I have executed an Advance Directive.
- I have not executed an Advance Directive.

PLEASE READ AND INITIAL THE FOLLOWING STATEMENT

I understand that the terms of any Advance Directive that I have executed will be followed by the health care facility and my caregivers to the extent permitted by law. JE (Initials)

Damien W. Echols
SIGNATURE

12-1-92
DATE

James Echols
WITNESS

12-1-92
DATE

James Echols
WITNESS

12-1-92
DATE



CHARTER HOSPITAL
OF LITTLE ROCK



1501 Murphy Drive, Maumelle, Arkansas 72118 (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

ADDRESSOGRAPH PLATE

FAMILY CONFIDENTIALITY STATEMENT

During my child or family member's hospital stay, I may be participating in a parent support group, multiple family groups, or on-unit activities, in addition to our family therapy sessions. These experiences will bring family members and myself into contact with other hospitalized patients and their families.

I understand that all issues discussed in groups I participate in are highly confidential. Often times, sensitive subjects and problems will arise. Such material shall not be discussed outside the group sessions with anyone other than my therapists. I will make every effort to respect the privacy of other patients and their family members, and realize my privacy and the privacy of my family will be similarly respected. If this statement is not signed upon admission, group members will be asked for their signatures prior to their participation.

CONFIDENTIAL
DO NOT REDISCLOSE

PARENT: Pamela Echols

DATE: 6-1-92

PARENT: [Signature]

DATE: 6-1-92

SIBLING: _____

DATE: _____

SIGNIFICANT OTHER: _____

DATE: _____

WITNESS: Karen Jenkins

DATE: 6-1-92

c00182



1551 Murphy Drive • Maumelle, Arkansas 72118 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001235-1

1001235-1

1001235-1

1001235-1

1001235-1

1001235-1

1001235-1

ADDRESSOGRAPH PLATE

CONSENT TO PARTICIPATE IN HUMAN SEXUALITY GROUP

I, Pamela Echols, hereby give my permission for my son/daughter, Damen Echols, to participate in a weekly group offered by Charter Hospital of Little Rock, which will discuss a number of topics dealing with human sexuality.

Signature: Pamela Echols

Date: 6/1/92

Witness: Karen Jenkins

CONFIDENTIAL
DO NOT REDISCLOSE

C00183



CHARTER HOSPITAL
OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72118 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

ADDRESSOGRAPH PLATE

GROUP VIDEOTAPE CONSENT

I UNDERSTAND THAT I WILL BE VIDEOTAPED ON THE FOLLOWING
DATE(S) during hosp. stay, AT CHARTER HOSPITAL OF LITTLE
ROCK, AND THAT THESE VIDEOTAPES MAY BE USED FOR TREATMENT
AND EDUCATIONAL PURPOSES WITHIN THE CONFINES OF CHARTER
HOSPITAL OF LITTLE ROCK ONLY.

I ALSO UNDERSTAND THAT THESE VIDEOTAPES WILL BE KEPT CONFI-
DENTIAL, AND WILL BE ERASED IN THEIR ENTIRETY AFTER THEY HAVE
SERVED THEIR TREATMENT AND EDUCATIONAL PURPOSES, BUT NO
LATER THAN 90 DAYS PAST DISCHARGE.

BY SIGNING BELOW, I GRANT PERMISSION FOR THIS VIDEOTAPING AND
VIDEOTAPE USE. (Parents of legal guardians must sign for minor children.)

Damian Echala
PATIENT SIGNATURE

CONFIDENTIAL
6/1/92 NOT REDISCLOSE
DATE

Pamela Echala
LEGAL GUARDIAN

6/1/92
DATE

Karen Jenkins
WITNESS


6-1-92
DATE

6-1-92
DATE AND HOUR

Rn
TITLE

000184



 1601 Murphy Drive, Maumelle, Arkansas 72118 (501) 851-8700
A member of the Choice Medical Companies family of quality health care facilities

157235-1

11-6

ADDRESSOGRAPH PLATE

ADVENTURE ROPES COURSE CONSENT

DATE 6/1/92

I, Pamela Echols give my consent for
(Patient/Legal Guardian)
Damien W. Echols to participate in the Charter
(Please print full name)

Hospital of Little Rock Adventure Ropes Course activities.

Pamela Echols
(Patient/Parent/Legal Guardian)

Karen Jenkins RN
(Witness)

TO BE COMPLETED BY EXPRESSIVE THERAPY STAFF

_____ Order written for Ropes by the psychiatrist.
(Initial/date)

(Initial/date) Order written designating medical clearance by
the (H&P) medical doctor.

CONFIDENTIAL
DO NOT REDISCLOSE

C00185

CHARTER HOSPITAL
OF LITTLE ROCK

PATIENT: ECHOLS, Damien
MR#: 00-11-60
ADMISSION: 6-1-92

ADMISSION PSYCHIATRIC EVALUATION

DATE OF EXAM: 6-2-92

IDENTIFYING DATA: Damien is a 17-year-old white male who lives with his mother and grandmother. He is referred for admission by Joe Hutcheson, probation officer. He was recently at the Jonesboro Detention Center for two to three weeks. He is a court-ordered admission.

CHIEF COMPLAINT: "I ran away from home."

HISTORY OF PRESENT ILLNESS: Damien presented for admission accompanied by his probation officer. He was described as having suicidal ideation for two weeks prior to admission. He indicated that he ran away with his girlfriend because her parents forbade her to see him anymore. He says they were upset because he was engaging in sexual encounters with her. There was a conversation that concerned staff at the detention center. Reportedly, Damien and his girlfriend were going to have a baby and then sacrifice the child. Damien denies this type of behavior. There was also a question about his involvement with satanism. Damien, however, indicates that he is not involved with satanism, but witchcraft. Supposedly, Damien chased a younger child with an ax and attempted to set a house on fire. He denies this behavior. He reports that his girlfriend's family reported this so that they could get him in trouble. He was also accused of beating a peer up at school.

Damien admits to a history of violence. He says prior to admission he did attempt to enucleate a peer's eye at school. He was suspended subsequently from school. He was suspended on seven different occasions during the school year. He relates that he was suspended on one occasion because he set a fire in his science classroom and also would walk off on campus on several occasions. He was disruptive to the school environment. He was also disrespectful to teachers. He has been accused of terroristic threatening.

PAST PSYCHIATRIC HISTORY: None previous.

PAST MEDICAL HISTORY: Damien indicates that he has heart problems, asthma, bronchitis and migraine headaches.

PAST PERSONAL HISTORY:

1. BIRTH & DEVELOPMENTAL HISTORY: Damien is not aware of any difficulties at his birth. Developmental milestones were believed to be accomplished in the usual fashion.

C00186

2. ALCOHOL & DRUG HISTORY: Damien relates that he, in the past, has used spray paint, glue, speed, and marijuana. He denies recent drug usage.
3. EDUCATIONAL HISTORY: He makes average grades when he does attend school.
4. BRIEF SOCIAL HISTORY: Presently, Damien is living with his mother and grandmother. He relates that his parents were divorced; however, his father has recently returned home.

MENTAL STATUS EXAM:

APPEARANCE, ATTITUDE, BEHAVIOR, SENSORIUM & ORIENTATION: Damien is a well-developed, well-nourished white male who was neat in appearance. He did appear to have somewhat of an odd stare. He did not appear to be physically ill or in distress. He was oriented to person, time and place. He was very cooperative during the exam but did appear somewhat hesitant when answering some questions. He appeared as though some of the questions were somewhat difficult or bothered him to answer. He was very quick to state that he was not responsible for a lot of the behavior that was present. There was no unusual psychomotor activity. There was no observable evidence of emotion. There were no repetitious activities. He maintained good eye contact during the exam. There was no evidence of short attention span.

SPEECH & LANGUAGE: His speech was of normal rate and tone with good articulation.

MOOD & AFFECT: His mood was mildly to moderately depressed. His affect was flat.

THINKING PROCESS & CONTENT: His form of thought was logical, coherent and goal-directed. There were no unusual patterns of association. He denied intent to harm himself or others at the time of the exam.

SENSORY/PERCEPTIONS: He denied false perceptions, including illusions, depersonalization, distortion of body image, hallucinations and ideas of reference. There was no evidence of delusions.

COGNITION, ATTENTION, MEMORY, INTELLECT, ABSTRACT THINKING & CALCULATIONS: Recent, immediate and remote memory were

tested by serial subtractions, forward and reverse digit span, and memory of three out of three objects after 10 minutes. He did appear to have difficulties in this area; however, this was felt to be secondary to his lack of concentration. Intellectual functioning was felt to be average based upon general fund of information, vocabulary, and complexity of concepts.

JUDGMENT & INSIGHT: He exhibits extremely poor judgment and has absolutely no insight into his illness.

JUSTIFICATION FOR ADMISSION: Damien was admitted to the hospital secondary to his expressing suicidal ideation; however, he denied this at the time of admission. There were also major concerns that this young man was exhibiting disturbed thinking. He has a history of extreme physical aggression toward others. He was subsequently admitted to the hospital for evaluation and stabilization. It was felt that he needed to be temporarily removed from his environment to provide protection for him and protection for others.

PROVISIONAL DIAGNOSIS:

- AXIS I: 1. Major depression, single episode.
 2. Dysthymia.
 3. Rule out psychotic disorder not otherwise specified.
- AXIS II: None.
- AXIS III: None.
- AXIS IV: Stressors - 3.
- AXIS V: GAF - 30.

CONFIDENTIAL
DO NOT REDISCLOSE

IMMEDIATE TREATMENT PLAN:

- A. **PROBLEM LIST:**
1. Extreme physical aggression toward others.
 2. Suicide ideation and intent.
 3. Depressed mood.
 4. Bizarre and unusual thinking.
- B. **PATIENT STRENGTHS:**
1. Appropriate hygiene.
 2. Average intelligence.
 3. Supportive family.

C00188

C. IMMEDIATE TREATMENT OBJECTIVES:

1. Physical exam and laboratory with urine drug screen to rule out any medical causes for his behavior.
2. Psychological evaluation.
3. Will consider a neurological work-up.
4. Close observation via therapeutic milieu.
5. Participation in educational therapy.
6. Evaluation for psychopharmacology should it become necessary.

D. GOALS FOR DISCHARGE:

1. At the time of discharge, Damien will no longer be a danger to himself or others.
2. He will be able to communicate appropriately with others in his environment.
3. He will have resolution regarding his feelings toward his girlfriend.

E. AFTERCARE:

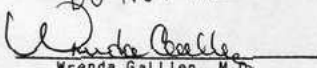
1. He will be followed in his local community or at the Family Guidance Center.

F. ESTIMATED LENGTH OF STAY:

Fourteen to twenty-one (14-21) days.

G. PROGNOSIS:

Fair with intensive treatment.

CONFIDENTIAL
DO NOT REDISCLOSE

Wanda Gallien, M.D.

DD: 6-2-92
DT: 6-2-92
WG/je

C00189

**CHARTER HOSPITAL
OF LITTLE ROCK**

PATIENT: ECHOLS, Damien
MR#: 00-11-60
ADMISSION: 6-1-92

HISTORY AND PHYSICAL

ADMISSION HISTORY: This is a 17-year-old white male admitted with a diagnosis of major depression. The patient is on a court-ordered admission after a stay at a juvenile detention center in Jonesboro. His admission history is well documented elsewhere in the chart.

Today, the patient has no no new physical complaints.

PAST MEDICAL HISTORY:

1. The patient has a history of asthma - this requires occasional emergency room visits but is currently asymptomatic.
2. Migraines - he rarely has migraine headaches.
3. Palpitations. He has seen his physician on multiple occasions for this and requires no medical therapy and has no follow-up planned currently.

FAMILY HISTORY: His mother apparently has hypertension and has had what sounds like Bell's palsy. He is unsure of his biological father's health. He has one sibling who has had recurrent ear infections but is otherwise healthy.

HABITS: He smokes one pack per day. He will rarely use alcohol. Prior to his incarceration, he had a history of substance abuse, including inhalants.

REVIEW OF SYSTEMS: Negative.

PHYSICAL EXAMINATION:

GENERAL: A quiet white male who is cooperative and polite.

VITAL SIGNS:

Temp 97.4
Pulse 80
Respirations 16
BP 118/69

HEENT: His tympanic membranes are translucent with good landmarks bilaterally. His pupils are equal and reactive to light. His extraocular movements are full. There is no nystagmus. Sclerae are nonicteric. His disks are sharp bilaterally. His tongue is midline and smooth. His dentition is fair. There are no oral lesions.

NECK: Supple. There is no jugular venous distention. No thyromegaly.

000190

**CONFIDENTIAL
DO NOT REDISCLOSE**

HEART: Regular rhythm and rate. No murmur.

LUNGS: Clear to auscultation.

ABDOMEN: Soft, nontender.

GENITOURINARY: He is a circumcised male. There are normal scrotal contents.

RECTAL: His external rectal exam is normal.

EXTREMITIES: There is no cyanosis, no clubbing, no edema.

NEUROLOGIC: Cranial nerves II-XII are intact. His deep tendon reflexes are 2+ and symmetric. His toes are down-going bilaterally. There is no clonus, no cogwheel, no rigidity. Finger-nose-finger is excellent. Romberg is negative. His somatosensory exam is intact and symmetric. Speech, language and vocabulary appear appropriate.

SKIN: Generally smooth and supple. He does have a moderate comedonal acne on his face as well as his torso and back. He has a crude rudimentary self-inflicted tattoo in his left pectoralis area. This tattoo is in the size and shape of a scientific symbol representing the female sex. He has a small linear, less than 1 cm, self-inflicted tattoo on the web space between his left index and thumb finger as well as a small, self-inflicted, linear tattoo on his right lower shin.

IMPRESSION:

1. Major depression.
2. Asthma by history - none on exam today.
3. Migraines by history.
4. Acne.

RECOMMENDATIONS:

1. I agree with admission and work-up.
2. Would have a bronchodilator, such as Ventolin, available for use if needed.
3. Would be happy to re-evaluate if needed.

MEDICAL PROGNOSIS: *Good*

Jeff

Jeff Garfagno, M.D.

12/8

CONFIDENTIAL PSYCHOLOGICAL REPORT

NAME: Damian Echols
AGE: 17
SEX: Male
DATE EVALUATED: 6-8-92
EXAMINER: Lewis F. Bracy, Ph.D.

TESTS ADMINISTERED:

WAIS (Verbal Scale)

Bender Gestalt Test

Figure Drawings Test

Rorschach Test

Minnesota Multiphasic Personality Inventory (MMPI)

TAT

SUMMARY OF TEST RESULTS:

CONFIDENTIAL
DO NOT REDISCLOSE

On the WAIS verbal scale, Damian obtained a verbal I.Q. of 101. This estimate of his intellectual functioning places him in the middle of the average range. His inter-subtest scatter is reasonably consistent, fluctuating from a low of seven on comprehension to a high of twelve on similarities. His abstract thinking is clearly his best ability. Understanding and comprehending everyday situations and his reality testing are somewhat impaired.

His verbal sub-test scale scores are indicated below:

C00192

12/8

CONFIDENTIAL PSYCHOLOGICAL REPORT OF
DAMIAN ECHOLS
PAGE 2

Verbal Sub-tests

Information
Comprehension
Arithmetic
Similarities
Digit Span
Vocabulary

Scale Scores

9
7
8
12
10
10

Damian's drawings reflect rather impoverished, empty appearing figures. They lack enrichment, color, life and emotion. They appear to be primarily depressive, helpless and in poor contact with reality. A schizoid orientation is suggested, with feelings of emptiness and depressed outlook on life. He appears to have undergone some rather significant trauma in his life around the ages of six and seven, that is still a deep wound and giving him some difficulties now. His figures do not appear to have any association with grounding and appear to be floating, suggesting strong feelings of insecurity, feelings of isolation, and lack of contact in connection with his family or origin. The human figure is somewhat distorted in the face and body, indicating some difficulty in his self image. He appears to have a rather distorted view of himself and life. His figures appear rather rigid and lacking any spontaneity and freedom to move about in his life and to make spontaneous contact with the world. He appears to be somewhat frightened, intimidated, and see the world as a threatening place.

His TAT stories were literal, concrete and did not manifest very much imagination. He seems to relate what he saw in the picture and could not use his imagination to develop a story from that. He appears to be a very concretistic person who is arrested

000193

CONFIDENTIAL PSYCHOLOGICAL REPORT OF
DAMIAN ECHOLS
PAGE 3

in his imaginative functioning. He would be expected to see things in a rather simplistic - overly constrictive manner.

On the MMPI, he elevates mildly on the mania (T score of 80), schizophrenia (T score of 71) and paranoia scale (T score of 70). None of the clinical sub-scales elevate above normal, when applied to adolescent norms. This profile is indicative of individuals who are somewhat overanxious and withdrawn from social situations. He appears to be rather aloof and difficult to get to know. He does manifest a distrust of others and may feel very intimidated in relationships. He appears to be very fearful that he is going to be harmed or hurt in personal relationships. He did elevate on the substance abuse category, indicating that there are some tendencies in this direction. He answered in a positive direction some of the following statements: "Someone has it in for me." "Evil spirits possess me at times." "I have had very peculiar and strange experiences." "I am afraid of losing my mind." "I have strange and peculiar thoughts." Responses such as these may suggest the possibility of a thought disorder in the individual.

On the Rorschach, Damian gave nineteen responses, which is adequate for interpretive purposes. He manifested an introverted personality orientation, indicating that he has strong tendencies to go within himself rather than exchange with the outer world. This would suggest that Damian would tend to rely heavily on internal evaluation in forming judgments. His ego resources available to him at this time are somewhat low; however, they are sufficient to deal with the stressors that he is presently confronted with in his life. The most striking finding in his Rorschach is the lack of color responses,

C00194

CONFIDENTIAL PSYCHOLOGICAL REPORT OF
DAMIAN ECHOLS
PAGE 4

100-1000-1

suggesting that he has real difficulty dealing with his affective life. He definitely prefers to keep his feelings at a peripheral distance, and utilize a great deal of energy in keeping his affects under control. A great deal of his stress seems to be relating to affect control and also, experiencing deeply felt distress and discomfort.

To aggravate his stress, this individual has difficulty getting close to people and does not experience emotional closeness in a constructive way. He tends to avoid close intimate relationships with others, especially those involving tactile exchange. The main concern with this individual is that he has to invest tremendous energy in keeping his affect under control and this does raise the possibility of him being vulnerable to stresses that might occur causing him to have emotional outbursts or else to explode internally.

His depressive constellation on the Rorschach is mildly elevated, indicating that the depressive process appears to be going on in this individual. None of the other constellations: schizophrenia, coping deficit index, or suicidal ideation elevate. There is a mild elevation in the area of anger and negative tendencies. His minus responses elevate significantly, indicating that his contact with reality tends to be somewhat tenuous at times. He also has a rather strong unconventional bent, indicating that he would tend to distort reality to meet his own needs rather than see things as they really are. A positive finding is that his self-esteem index falls at a good solid range, indicating a positive self image. As depicted on the other tests, he appears to have weak imaginative resources and is lacking aliveness and productive energy for his life.

CONFIDENTIAL
DO NOT REDISCLOSE

C00195

CONFIDENTIAL PSYCHOLOGICAL REPORT OF
DAMIAN ECHOLS
PAGE 5

A content analysis of the Rorschach indicates the following responses: On Card 1, he sees a "bug and the face" both unusual, but reasonably good form level responses. These responses may suggest a basic fear of interpersonal relationships and intimidation by a perceived threatening environment. On Card 2, he sees a positive response of "two people, then convert into wizards dancing". This is a good form level response. On Card 3, he sees a "frog wearing a bow tie", which is considered an incom response, with poor form level, that may suggest the possibility of some thought disorder present in this individual. He does recover nicely on his second response to Card 3 seeing "two women holding something", which does indicate an ability to form object relationships and to relate to others. On Card 4, he sees a "man with big feet", which is a good level response. On Card 5, he sees the usual "bat", which is a popular response. On Card 6, he sees an "indian design", utilizing colors at the top, a minus response, which may suggest some difficulty in the area of sexual identity and some confusion. He does recover utilizing the lower part of the card for the usual "bear rug"; however, he did not utilize the texture determinant, which would suggest some difficulty in close interpersonal relationships. On Card 7, he does utilize an unusual, but adequate, form level response in seeing "two hands with thumbs up". On Card 8, the first full color card, he sees a "crab" for the whole card, which is a minus level response; his second response to Card 8, was a "turtle" using the whole card, another minus response. His minus responses to the first color card may suggest color shock or an inability to deal adequately with his emotional life. He tends to lose contact with reality when his affects become triggered.

C00196

CONFIDENTIAL PSYCHOLOGICAL REPORT OF
DAMIAN ECHOLS
PAGE 6

It is interesting, on that card he did not recover. Once his emotions get affected they seem to escalate and he has real difficulty getting them under control where he then can relate to his environment. On Card 9, he sees "two faces", in the green area, which is an unusual but adequate form level response. The figures are "smiling", which may suggest some positive potential in this individual. On Card 10, he sees the popular response of "spiders" in the blue area. His next responses, utilizing the yellow for "fish" and a "tree" in the pink area, which is a minus response, and sees "snowflakes" in the blue area. These responses do not utilize color, indicating that he avoids and keeps a distance from his affective life as much as possible. The last response of "snowflakes" on Card 10, may suggest strong feelings of loneliness, emptiness and isolation that he is experiencing in his life.

His Rorschach, even though has some elevation on minus form level response, does not suggest a psychotic process going on in this individual. The most significant process appears to be a depressive, withdrawal, schizoid process going on.

SUMMARY:

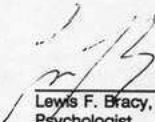
This seventeen year old white male appears to possess average intellectual functioning (WAIS verbal I.Q. of 101). He does not appear to be in a psychotic process at this time, even though he gave some manifestation of the possibility of a thought disorder going on. The most prominent finding is that he has a rather strong depressive process going on and has real difficulty making contact with people. He tends to be very distrustful of others and keeps at a distance from himself and his feelings. He invests a

CONFIDENTIAL PSYCHOLOGICAL REPORT OF
DAMIAN ECHOLS
PAGE 7

great deal of energy keeping his affects under control, and when his affects become triggered he may lose contact with reality and not see things as they really are.

DIAGNOSTIC IMPRESSION:

- (1) Depressive disorder.
- (2) Bipolar disorder.



Lewis F. Bracy, Ph.D.
Psychologist

CONFIDENTIAL
DO NOT REDISCLOSE

000198

150

MPT

Minnesota Multiphasic Personality Inventory

TEST AUTHORS: Starke R. Hathaway
J. Charnley McKinley

This clinical report is designed to assist in psychodiagnostic evaluation. It is available only to qualified professionals. This report was produced by a computerized analysis of the data given by the client listed above. The techniques utilized in the analysis of the data and in generation of this report were designed by several psychologists, psychiatrists, and other professionals utilizing highly validated clinical research. However, this report is to be used in conjunction with professional evaluation. No decision should be based solely upon the contents of this report.

CONFIDENTIAL
DO NOT REDISCLOSE

The computer program generating this report was designed by Psych Systems, Inc., Baltimore, Maryland 21208. Copyright (C) 1984 by Psych Systems, Inc. Portions of this report may have been reproduced or derived from the MINNESOTA MULTIPHASIC PERSONALITY INVENTORY (MMPI), such being done by permission of and under copyrights held by THE UNIVERSITY OF MINNESOTA dated 1943, renewed 1970. Rights to the MMPI are licensed through National Computer Systems, Inc., Interpretive Scoring Systems Division, Minneapolis, MN

C00199

COMPUTER GENERATED REPORT ONLY
REQUIRES PROFESSIONAL INTERPRETATION

09-11-60
JAN 12 35-1

7-11-60

In rare cases, they may show extreme psychotic behavior such as hallucinations and delusions, and are characterized as paranoid. Drug abuse is not uncommon.

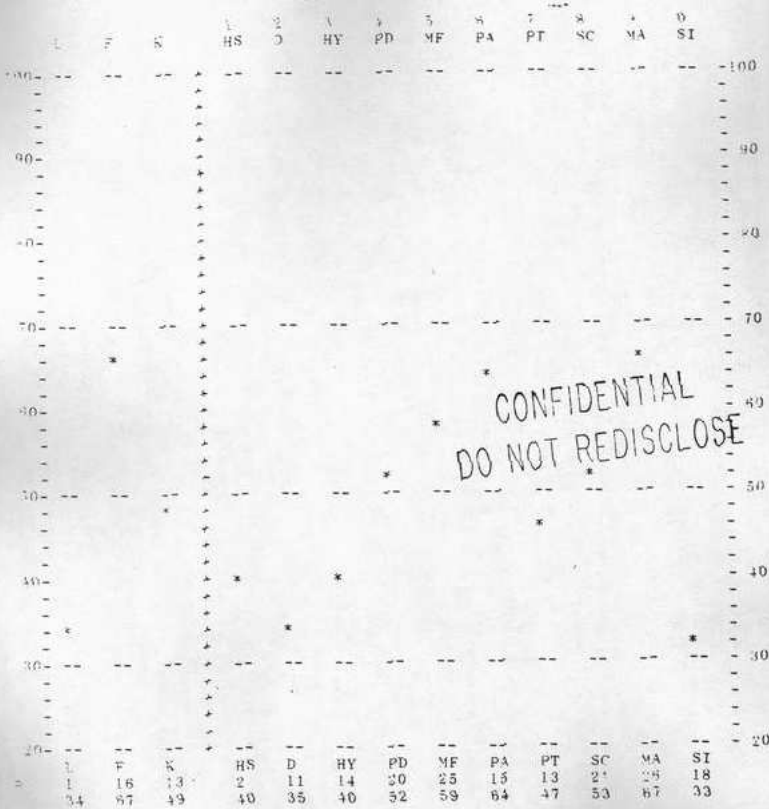
CONFIDENTIAL
DO NOT REDISCLOSE

CONSULT THE GENERATOR REPORT ONLY
REQUIRE THE CORRECT INTERPRETATION

000200

100-11-0751 DANIEL W ECHOLS 17 yr old white male - - - - -

MMPI PROFILE: ADOLESCENT



Welsh Code: 96-5__/7__:20#
 Goldberg N-P Index: 64P

F-K: 1.2
 COMPUTER GENERATED REPORT ONLY
 REQUIRES PROFESSIONAL INTERPRETATION

1001351-1

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY
CLINICAL REPORT: ADULT

CURRENT CLINICAL STATUS

This is a valid profile.

This profile type, especially in an inpatient setting, is associated with severe emotional disturbance. Individuals with this profile type often give evidence of a schizophrenic thought disorder and paranoid mentation. The onset of their illness is usually acute and characterized by excitement, disorientation, and perplexity. Typically, there is a history of autistic thinking and behavior. These persons spend much time in personal fantasy and daydreaming, often with themes of sex or power. They report difficulties in thinking and concentration, and their speech may reflect an odd, idiosyncratic thought process. Many such individuals are suffering from hallucinations and delusions.

These persons are excitable, irritable, and overreact to environmental stimuli. Disorganization under stress is a central problem. Their behavior is generally erratic and they are described as being unpredictable. They experience great difficulty expressing emotions in an even-adaptive fashion. Interpersonally, they are distrustful and suspicious of others. They fear emotional involvement, feel socially isolated, and tend to be socially withdrawn. A high level of social discomfort and limited social skills can result in awkward or inappropriate social behavior. Inner conflicts about sexuality are present and a substantial minority do not date or marry.

CONFIDENTIAL
DO NOT REDISCLOSE

CONSENT TO RELEASE REPORT ONLY
REQUIRES PROFESSIONAL INTERPRETATION

DIAGNOSTIC IMPRESSION

Although a formal diagnosis must be based on demographic, interview and case history data, psychological test results can sometimes be of assistance to the clinician in making the diagnostic decision. The DSM-III diagnostic categories most frequently associated with various MMPI profile types were identified and subsequently confirmed by a panel of experienced clinicians. The following, while not presented as a diagnosis, is a diagnostic possibility based on that consensus.

Impression: Axis I 295.1 Schizophrenia, Disorganized
 Type (Paranoid and Catatonic
 types are also possible)
 296.4 R/O Bipolar Disorder, Manic

 Axis II V71.09 None

CONFIDENTIAL
DO NOT REDISCLOSE

CONFIDENTIAL REPORT ONLY
REQUIRES PROFESSIONAL INTERPRETATION

000203

EXTENDED PERSONALITY TRAIT INFORMATION

This is a person whose needs tend toward relatively direct expression in behavior. He seeks to control situations and is not above manipulating others in achieving goals. He is opposed to earning gratification.

This person has a tendency to be somewhat overanxious and unresponsive in social situations. Others may perceive him as being aloof, disinterested, or difficult to get to know. He tends to become preoccupied with unimportant matters by perceiving situations as more complicated than they really are. He is prone to feelings of guilt and has difficulty being decisive.

He indicates that he is generally happy and finds life interesting and engrossing. He is cheerful and optimistic about his future. A tendency to deny problems and to view life through rose colored glasses should be considered. He portrays himself as self-confident and competent and not easily influenced by the opinions of others.

He tends to mistrust others and is concerned that they may be exploiting him. He may in turn feel justified in dealing with others in an unprincipled fashion.

He tends to be restless and somewhat high strung. This may be seen by others as enthusiasm and verve, but may border on irritability, ill-temper and abrasiveness at times of stress.

He suffers from tendencies toward excessive demandingness and resentment for real or imagined harms. Preferred defense mechanisms are intellectualization, projection and regression.

SPECIAL MEDICAL SYMPTOMS

Results suggest that this individual is not excessively concerned about health and physical functioning. He may be prone to substance abuse and addictive behavior.

ATTITUDES TOWARD WORK

He appears to be normally ambitious in improving his career. He tends to have innovative ideas about his job. He tends to be somewhat hasty in decision making. Generally, he does have adequate trust and confidence in his capacity to perform his own work successfully. Such individuals tend to have average work attitudes. He enjoys working in groups but empathizes poorly with his co-workers. He is likely to have difficulty accepting directives from work supervisors.

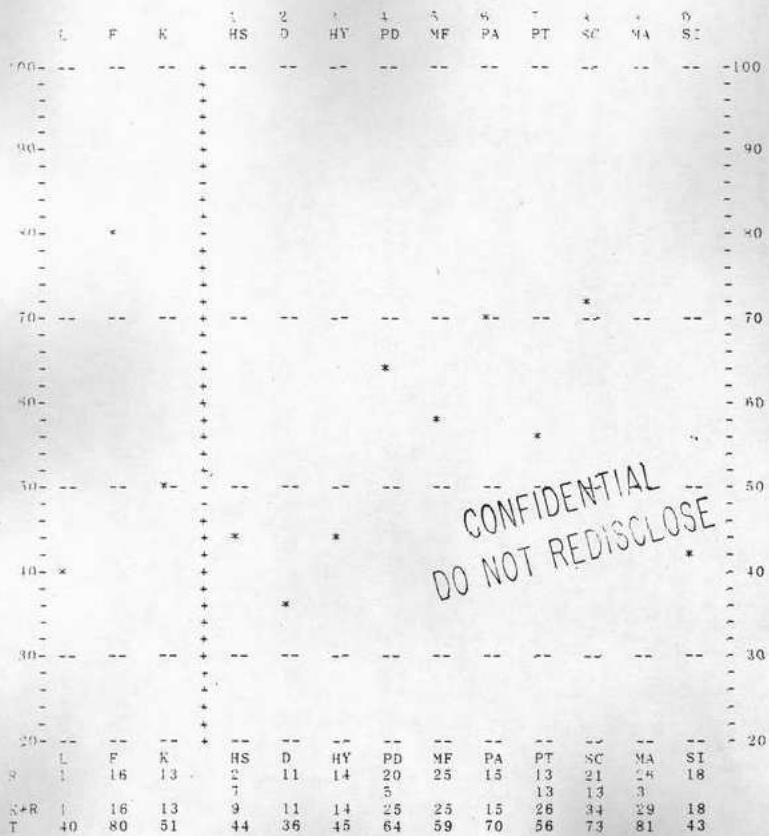
CONFIDENTIAL
DO NOT REDISCLOSE

00205

EN W

000-01-2151 DAMIEN W ECHOLS 17-0000 white male 11-60

MMPI PROFILE: ADULT



CONFIDENTIAL
DO NOT REDISCLOSE

00205

Weiss Code: 9"86"4-57/___:2#

CONFIDENTIAL REPORT ONLY
F"RZLAWED PROVISIONAL INTERPRETATION
Goldberg N-D Index: 000

CRITICAL ITEMS (EXTENDED LIST)

These MMPI test items, which were answered in the direction indicated, may require further investigation by the clinician. The clinician is cautioned, however, against overinterpretation of isolated responses.

**** Suspicion and Ideas of Reference ****

Someone has it in for me. (t)

**** Unusual Thoughts and Experiences ****

Evil spirits possess me at times. (t)

I have had very peculiar and strange experiences. (t)

I am afraid of losing my mind. (t)

I have strange and peculiar thoughts. (t)

**** Depression, Guilt and Self-destructive Feelings ****

I wish I could be as happy as others seem to be. (t)

**** Health and Bodily Concerns ****

I am almost never bothered by pains over the heart or in my chest. (f)

**** Sexual Concerns and Problems ****

I have never been in trouble because of my sex behavior. (f)

CONFIDENTIAL
DO NOT REDISCLOSE

COMPUTER GENERATED REPORT ONLY
REQUIRES PROFESSIONAL INTERPRETATION

010-01-2451 DAMIEN W ECHOLS 17 yr old white male -Jun-82 -65

RESEARCH SCALES

Standard Scores

Special Scales

| | R | T |
|---------------------------|--------|----|
| A First Factor | (A) 10 | 47 |
| R Second Factor | (R) 14 | 47 |
| TSC-I Social introversion | (I) 6 | 51 |
| TSC-II Bodily concern | (B) 2 | 46 |
| TSC-III Suspicion | (S) 16 | 64 |
| TSC-IV Depression | (D) 3 | 48 |
| TSC-V Resentment | (R) 10 | 65 |
| TSC-VI Autism | | |

according to the
procedures described in Dahistrom, W.G., Welsh, G.S., & Dahistrom, D.E.
An MMPI Handbook, Vol. II, Minneapolis, University of Minnesota Press, 1973

CONFIDENTIAL
DO NOT REDISCLOSE

FOR THE GENERATED REPORT ONLY
PERSONS PROVIDING INFORMATION

000207

110-01-2351 DANIEL W ECHOLS

7 yr old white male 8-aun-42

CONFIDENTIAL
DO NOT REDISCLOSE

ADDITIONAL SCALES

Standard Scores

Factor Scales

(Johnson, Butcher, Noll & Johnson)

| | Z | T |
|------------------------------------|----|----|
| Neuroticism-Gen'l Anx. & Worry (N) | 29 | 43 |
| Psychotism-Peculiar Thinking (P) | 4 | 50 |
| Cynicism-Normal Paranoia (C) | 13 | 53 |
| Denial of Somatic Problems (DSP) | 21 | 60 |
| Social Extroversion (SE) | 14 | 55 |
| Stereotypic Femininity (SF) | 5 | 39 |
| Psychotic Paranoia (PP) | 3 | 47 |
| Delinquency (DL) | 9 | 70 |
| Stereotypic Masculinity (SM) | 1 | 41 |
| Neuroasthenic Somatization (NS) | 0 | 41 |
| Phobias (PH) | 2 | 40 |
| Family Attachment (FA) | 7 | 45 |
| Intellectual Interests (II) | 5 | 47 |
| Religious Fundamentalism (RF) | 5 | 43 |

30 40 50 60 70

Harris & Lingoes SubScales

| | | |
|---------------------------------------|----|----|
| Subjective Depression (D1) | 3 | 44 |
| Psychomotor Retardation (D2) | 3 | 37 |
| Physical Malfunctioning (D3) | 2 | 40 |
| Mental Pulliness (D4) | 2 | 40 |
| Brooding (D5) | 4 | 60 |
| Denial of Social Anxiety (Hy1) | 3 | 47 |
| Need for Affection (Hy2) | 4 | 46 |
| Lassitude-malaise (Hy3) | 0 | 41 |
| Somatic Complaints (Hy4) | 2 | 47 |
| Inhibition of Aggression (Hy5) | 4 | 60 |
| Familial Discord (Pd1) | 2 | 51 |
| Authority Problems (Pd2) | 9 | 80 |
| Social Imperturbability (Pd3) | 10 | 60 |
| Social Alienation (Pd4A) | 8 | 59 |
| Self-Alienation (Pd4B) | 5 | 54 |
| Persecutory Ideas (Pa1) | 4 | 59 |
| Poignancy (Pa2) | 5 | 68 |
| Naivete (Pa3) | 4 | 51 |
| Social Alienation (Sc1A) | 7 | 65 |
| Emotional Alienation (Sc1B) | 1 | 39 |
| Lack of Ego Mastery, Cognitive (Sc2A) | 3 | 60 |
| Lack of Ego Mastery, Conative (Sc2B) | 3 | 55 |
| Lack Ego Mast.. Defect. Inhib. (Sc2C) | 2 | 54 |
| Bizarre Sensory Experiences (Sc3) | 2 | 48 |
| Amorality (Ma1) | 3 | 59 |
| Psychomotor Acceleration (Ma2) | 8 | 80 |
| Imperturbability (Ma3) | 3 | 47 |
| Ego Inflation (Ma4) | 8 | 83 |

CONFIDENTIAL
DO NOT REDISCLOSE

30 40 50 60 70

000208

Name : DAMIEN W ECHOLS
 Clinician : GALLIEN/BRACEY/PRICE
 Age : 17
 Sex : Male
 Ethnic Group : 1 White
 Patient Status : 1 Inpatient
 Education Level : 4 Partially Completed H.S.
 Occup. Level : 1 Not in Labor Force

11-50-1

EN W

11-50

MMPI Raw Data

1234567890 1234567890 1234567890

1- 30 FTFTFTTTF TFFTTTFTT TFFFFTTFT
 31- 60 FFFFTFTTT TFFFTTFTT TFFTTTFTT
 61- 90 FTFTFTTTF TFFTTTFTT FFFFTTFTT
 91-120 FFFFTTFTT TFFTTTFTT FFFFTTFTT
 121-150 FTFTFTTFT TFFTTTFTT TFFTTTFTT
 151-180 FTTTFTTFT FTTTFTTFT FTTTFTTFT
 181-210 TFFTTTFTT FFFFTTFTT FFFFTTFTT
 211-240 TFFFTTFTT TFFTTTFTT FTTTFTTFT
 241-270 TTTTFTTFT FFFFTTFTT FFFFTTFTT
 271-300 FTFTFTTFT TFFTTTFTT FFFFTTFTT
 301-330 FFFFTTFTT TFFTTTFTT FFFFTTFTT
 331-360 FFFFTTFTT TFFTTTFTT FFFFTTFTT
 361-390 FTFTFTTFT TTTTFTTFT FTTTFTTFT
 391-420 FFFFTTFTT TTTTFTTFT FTTTFTTFT
 421-450 TFFTTTFTT FTTTFTTFT TFFTTTFTT
 451-480 TTTTFTTFT TTTTFTTFT FTTTFTTFT
 481-510 TTTTFTTFT TTTTFTTFT TTTTFTTFT
 511-540 TFFTTTFTT TTTTFTTFT FTTTFTTFT
 541-566 FTTTFTTFT TTTTFTTFT FTTTFTTFT

CONFIDENTIAL
 DO NOT REDISCLOSE

COMPUTER GENERATED REPORT ONLY
 PLEASE DO NOT DISCLOSE INFORMATION

1- 1001 DAMIEN W ECHOLS 17 yr old white male 1-4-82

MAPI

Millon Adolescent Personality
Inventory

CONFIDENTIAL
DO NOT REDISCLOSE

This clinical report is designed to assist in psychodiagnostic evaluation. It is for use only by qualified professionals. The report was produced by computerized analysis of the data given by the patient listed above and is to be used as part of a professional evaluation. No decision should be based solely upon the contents of this report, and it should not be used in a clinical setting without the approval of a professional who is qualified in the use of psychological tests.

COPYRIGHT 1976, 1982, by Theodore Millon.
All rights reserved.
Scored by National Computer Systems, Inc.
P.O. Box 1416, Minneapolis, MN 55440

COMPUTER GENERATED REPORT ONLY
REQUIRES PROFESSIONAL INTERPRETATION

C00210

162

610-01-2351 DAMIEN W ECHOLS 17 yr old white male 13-May-81

1-5821001
 610-01-2351
 13-May-81
 17 yr old white male
 610-01-2351
 13-May-81
 17 yr old white male

0001
 610-01-2351 17 yr old white male 13-May-81

VALID AND RELIABLE REPORT

| Score | | Profile of BR Scores | | | | | DIMENSIONS |
|-------|--------|----------------------|----|----|----|-----|------------|
| Scale | Raw BR | 35 | 60 | 75 | 85 | 100 | |

PERSONALITY STYLES

| | | | | | | | |
|----|----|-------|--|--|--|--|--------------|
| 23 | 97 | ***** | | | | | Introversive |
| 9 | 81 | ***** | | | | | Inhibited |
| 9 | 81 | ***** | | | | | Cooperative |
| 14 | 75 | ***** | | | | | Sociable |
| 32 | 75 | ***** | | | | | Confident |
| 27 | 99 | ***** | | | | | Forceful |
| 18 | 45 | ***** | | | | | Respectful |
| 12 | 41 | ***** | | | | | Sensitive |

EXPRESSED CONCERNS

| | | | | | | | |
|----|----|-------|--|--|--|--|---------------------|
| 7 | 15 | ***** | | | | | Self-Concept |
| 9 | 77 | ***** | | | | | Personal Esteem |
| 7 | 70 | ***** | | | | | Body Comfort |
| 8 | 50 | ***** | | | | | Sexual Acceptance |
| 8 | 54 | ***** | | | | | Peer Security |
| 15 | 48 | ***** | | | | | Social Tolerance |
| 9 | 91 | ***** | | | | | Family Rapport |
| 10 | 79 | ***** | | | | | Academic Confidence |

BEHAVIOR CORRELATES

| | | | | | | | |
|---|----|----|-------|--|--|--|------------------------|
| S | 15 | 74 | ***** | | | | Impulse Control |
| T | 19 | 77 | ***** | | | | Social Conformity |
| T | 11 | 70 | ***** | | | | Scholastic Achievement |
| W | 4 | 77 | ***** | | | | Attendance Constancy |

000211

COMPUTER GENERATED REPORT ONLY
 REQUIRES PROFESSIONAL INTERPRETATION

010-01-1351 DAMIEN W ECHOLS 17 yr old white male 28-Nov-42

MAPI clinical report narratives have been normed on adolescent patients seen in professional treatment settings for either genuine emotional discomforts or social difficulties and are applicable primarily during the early phases of assessment or psychotherapy. Distortions such as greater severity may occur among respondents who have inappropriately taken the MAPI for essentially educational or self-exploratory purposes; in an academic counseling setting, the MAPI guidance report is likely to be more relevant and provide a more suitable picture of the psychological and vocational traits of this teenager. Inferential and probabilistic, this report must be viewed as only one aspect of a thorough diagnostic study. Moreover, these inferences should be reevaluated periodically in light of the pattern of attitude change and emotional growth that typifies the adolescent period. For these reasons, it should not be shown to patients or their relatives.

This youngster showed no unusual characterological or test-taking attitudes that may have distorted the MAPI results.

PERSONALITY PATTERNS

The following pertains to those enduring and pervasive characterological traits that underlie the personal and interpersonal difficulties of this youngster. Rather than focus on specific problem areas and complaints, to be discussed in later paragraphs, this section concentrates on the more habitual, maladaptive methods of relating, behaving, thinking and feeling.

The behavior of this youngster is characterized by impulsive hostility, an apprehensive mistrust of others and an edgy defensiveness against criticism. Fearing that others will dominate and possibly brutalize him, he puts forward a socially blunt and aggressive public posture. He fantasizes being all powerful so as to block others from possessing the means to be belittling and harmful. He believes that only alert vigilance and vigorous counter-action can prevent the malice of others. Closeness to others, displaying weakness, and a willingness to compromise are seen as fatal concessions.

The desire to gain power and demean others springs from animosity and a wish to vindicate past grievances. Although frequently unsuccessful in these aims, this teenager believes that past degradations may be undone by provoking fear and intimidation in others. He often loses his temper, gets into fights and acts in a daring fashion. He avoids displaying warmth, gentleness, and intimacy. Defiance and disobedience are rationalized into virtues

000212

CONFIDENTIAL
 DO NOT REDISCLOSE

1001235-1

010-AL-2051 DAMIEN W ECHOLS 17 yr old white male 18-Mar-72

that signify his so-called lack of hypocrisy. Let others recognize the deep insecurity and fear that underlie his harsh exterior. Intimate feelings and social cooperativeness are publicly demeaned. Inadequacy and failure are intolerable to him, and blame is quickly projected outward.

Disposed to be headstrong and able to inspire discomfort and anger in others, he may use his position in the family to bully younger sibs into submission. He avoids recognizing the contradiction between these aggressive impulses and his criticism of others and has been harsh with him. He is rarely able to submerge the memory of past humiliations and this resentment may break through his controls in impulsive and irrational ways.

EXPRESSED CONCERNS

CONFIDENTIAL
DO NOT REDISCLOSE

The scales comprising this section pertain to the personal perceptions of this youngster concerning several issues of psychological development, actualization and concern. Because the scales during this age period are notably subjective, it is important to record how this teenager sees events and reports. They are not only how others may objectively be. For comparative purposes, these self-attitudes regarding the range of personal, social, familial and scholastic matters are contrasted with those expressed by a broad cross-section of teenagers of the same age group.

Even though other problems are present, this young man is well into the process of developing a clear self-concept and a series of goals as to what he may become. Although not fully settled in this regard, he demonstrates a growing sense of values and goals for his future.

This young man reports modest satisfaction with the person he is becoming. He feels that he can express himself as an individual and that he is developing a sense of personal well-being. This comfort with himself should enhance his ability to cope with the more troublesome aspects of his current life.

In the final phases of bodily development, this teen reports reasonable satisfaction with his maturation and physical attractiveness. Although he maintains some reservations in this regard, the overall tone is a positive one, with little likelihood that difficulties in this realm will contribute to his problems.

000213

Well into adolescent maturation, this young man reports moderate

010-01-2351 DAMIEN W ECHOLS 17 yr old white male 11-MAY-42

satisfaction with his sexual impulses and responsiveness, finding little that is troubling in this realm of functioning.

Social relationships are perceived as satisfactory. There is a sense of belonging and identification with his peer group. Nevertheless, some concerns are expressed in this sphere.

Cool and distant, this youth demonstrates little or no compassion for others, viewing their difficulties as the product of their own weaknesses. He is likely to feel no compunction about ignoring their needs and sensitivities. This lack of empathy may lead this youngster to serve only himself regardless of the consequences for those around him.

In addition to any other difficulties, this young man describes serious problems in the family setting. Tension and a lack of support are typical. Depending on the personality style noted elsewhere in this report, these difficulties may reflect either severe parental rejection or, conversely, a sharp break on the part of this youngster as he asserts independence from traditional societal values.

School is an area of difficulty for this troubled youth. Discontented, he views both scholastic and extracurricular activities as relatively unrewarding. His stance may lead to a premature termination of schooling as he seeks to escape the unpleasant experience of inadequacy and failure.

BEHAVIORAL CORRELATES

The scales comprising this section focus on problems that frequently come to the attention of school counselors, family and other agencies, as well as therapeutic clinicians. It should be noted that these scales do not provide direct evidence that the youngster has or is likely to exhibit the difficulties referred to. Rather, they gauge the extent to which the responses of this teenager are similar to those who have been identified by counselors and clinicians as evidencing troublesome behaviors such as impulsivity, social noncompliance, underachievement and nonattendance.

This young man completed the MAPI in a fashion similar to teenagers who do not discharge their emotions impulsively. Rarely expressive or overly reactive, he tends to think before speaking, thereby avoiding the negative consequences of being nasty or acting out.

100-01-2351 DAMIEN W ECHOLS 17 yr old white male 18-May-82

There are indications from his responses to the MAPI that this teen is similar to youngsters described as somewhat rebellious and socially noncompliant, a stance which may bring him to the attention of authorities.

This young man completed the MAPI in a fashion similar to that of students whose academic performance is in accord with their attitudes.

In completing the MAPI this young man responded to the questions in a manner similar to students who demonstrate good school attendance records.

NOTEWORTHY RESPONSES

The following statements were answered by this youngster in the direction noted in the parentheses. These items suggest specific problem areas that may deserve further inquiry on the part of the clinician.

SOCIAL ALIENATION:

59. I often doubt whether people are really interested in what I am saying to them. (T)

BEHAVIORAL PROBLEMS:

20. I like to follow instructions and do what others expect of me. (F)
33. It is easy for me to take advantage of people. (T)
82. I'd rather just lie around doing nothing than work or go to school. (T)
47. Punishment never stopped me from doing whatever I wanted. (T)
96. I have a pretty hot temper. (T)
135. I make nasty remarks to people if they deserve it. (T)

EMOTIONAL DIFFICULTIES:

133. So little of what I have done has been appreciated by others. (T)

C00215

PARALLEL DSM-III-R DIAGNOSES

Although the diagnostic criteria utilized in the MAPI differ somewhat from those in the DSM-III-R, there are sufficient parallels to recommend consideration of the following assignments. More definitive judgments should draw upon biographical, observational and interview data, in addition to self-report inventories such as the MAPI.

309.30 Adjustment disorder with disturbance of conduct

THERAPEUTIC IMPLICATIONS

The following considerations are likely to be of greater utility and accuracy during early treatment planning than in later management phases.

Due to a reluctance to be open about reporting or discussing emotional problems, this youngster is not likely to complain excessively, even when there is very deep concern about family problems. In the therapeutic setting, anger and anxiety is likely to be made light of, covered up and denied. Contributing further to the tendency to withhold information or make little of problems is an embarrassment about talking to strangers regarding personal matters, especially things considered demeaning or shameful. Although this teenager may relate to the clinician in a polite, though passive way, there are likely to be times when anger and resentment will burst through controls. Hence, difficulties will be projected outward, attributed to others who are claimed to be the source of problems. This stems from a wish not to be seen by those in authority as irresponsible. Efforts to be what may be called a good and cooperative patient will be exhibited, even when restraining strong and angry feelings. A balance of professional authority and tolerance will be necessary to promote progress and to make the possibility of an impulsive withdrawal from treatment.

CONFIDENTIAL
DO NOT REDISCLOSE

COPIES DESTROYED OCT 1967
RECORDS MANAGEMENT DIVISION

C00216

112

1001235-1

Name : DAMIEN W. ECHOLS
Clinician : GALLIEN/BRACEY/PRICE
Age : 17
Sex : Male
Ethnic Group : 1 White
Patient Status : 1 Inpatient
Education Level : 3 Partially Completed H.S.
Occup. Level : 1 Not In Labor Force

CLINICIAN : GALLIEN
DATE : 11-11-90
TIME : 11-11-90

MAPI Raw Data

1234567890 1234567890 1234567890

1- 10 TTTTFFTTT TTTTFFTTT FTTTFFTTT
31- 40 TTTTFFTTT TTTTFFTTT TTTTFFTTT
61- 90 TTTTFFTTT FTTTFFTTT FTTTFFTTT
121-150 FTTTFFTTT TTTTFFTTT FTTTFFTTT
181-210 FTTTFFTTT FTTTFFTTT FTTTFFTTT

COMPUTER GENERATED REPORT ONLY
REQUIRES PROFESSIONAL INTERPRETATION

CONFIDENTIAL
DO NOT REDISCLOSE

C00217



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

Camille C. ...

1001235-1

SCHOLZ, CAMILLE W
DOB 12/11/74
DR W GALLIEN
ADM 06/01/92

ADDRESSOGRAPH PLATE

11 00

NURSING ASSESSMENT

GENERAL INFORMATION

Date: 6/1/92

Time: 2800

Patient: Camille Scholz Age: 17 DOB: 12/11/74
Informant: Camille Scholz
Accompanied by: Joe Mitchem Phone: _____ Ambulatory Status: yes
Legal admission status: voluntary, committed _____
court ordered ☒
Pressing legal charges: Yes _____ No ☒ Describe _____
Pressing legal issues: Yes ☒ No _____ Describe SEE NOTE
Allergies Environmental allergies No Known Drug Allergies: CATS, GRASS, ALLERGY
Ht. 72 inches Wt. 156 lb Temp. 98.9
Pulse 68 Resp. 16 B/P 110/72
Current Medications/Last Dose/Purpose Depant inhaler 3 weeks ago

Brought In N/A Sent Home with Family N/A Sent to Pharmacy _____
Person to notify in case of emergency: Name _____
Relationship Family Scholz Phone 733-2326
Address Rt 2, Box 988

Probation x 1 yr.

PSYCHIATRIC

Reason for hospitalization: suicidology p 2 wks in juvenile

Specific precipitating event: SEE NOTE

Past psychiatric hospitalizations or outpatient treatment: N/A

Date of Discharge: _____ Length of stay: _____

Referred by primary therapist, identify: _____

(check if applicable)

LEVEL OF CONSCIOUSNESS

- ☒ A. Alert
- ☒ B. Lethargic
- ☒ C. Stuporous
- ☒ D. Intoxicated

Other pertinent observation: _____

ORIENTATION

- ☒ A. Time of Day
- ☒ B. Year
- ☒ C. Place
- ☒ D. Person
- ☒ E. Situation
- ☒ F. Disoriented, explain: _____

000218

CUSTOM PRINTING CO. - M.R. - 375-7311 - CHLR-3018

17

AFFECT:

☐ A. Normal for Situation
☐ B. Animated
☒ C. Flat
☐ D. Depressed
☐ E. Masklike
☐ F. Labile
☐ G. Hostile
☐ H. Suspicious

☐ J. Laughing
☐ K. Bewildered
☐ L. Incongruent to conversation
☐ M. Angry
☐ N. Guarded
☐ O. Euphoric
☐ P. Other

THOUGHT CONTENT:

☐ A. Reality oriented
☐ B. Goal-directed
☐ C. Fragmented
☐ D. Loose Association
☐ E. Tangential
☐ F. Ambivalent
☒ G. Short Attention Span

☒ H. Answers concretely
☐ I. Answers abstractly
☐ J. Difficulty concentrating
☐ K. Circumstantial
☐ L. Preoccupied
☐ M. Flight of Ideas
☐ N. Other

DELUSIONS: (Check Type)

☒ A. Persecutory
☐ B. Grandiose
☐ C. Religious

☒ D. Paranoid
☐ E. Somatic
☐ F. Self-accusatory

HALLUCINATIONS: (Check Type)

☒ A. Auditory
☐ B. Visual
☐ C. Tactile

☒ D. Olfactory
☐ E. Taste

Describe: _____

SPEECH AND MOTOR:**Posture:**

☐ A. Stooped
☐ B. Slouching
☒ C. Erect
☐ D. Relaxed
☐ E. Other

Gait:

☐ A. Shuffling
☐ B. Staggering
☐ C. Stiff
☒ D. Other

ACTIVITY:

☐ A. Hypomanic
☐ B. Hypermanic
☐ C. Posturing
☒ D. Purposeful
☐ E. Purposeless

SPEECH:

☐ A. Pressured
☐ B. Halting
☐ C. Mute
☐ D. Repetitive
☐ E. Loud
☒ F. Soft
☐ G. Autistic
☐ H. Rambling
☐ I. Language Barrier

000219

MEMORY:Short Term
Long Term

Normal:

Impaired:

Describe

✓✓

1001235-1

INSIGHT:

- A. Awareness of self and acceptance of problem
 B. Problem acknowledged
 C. Some understanding
 D. Denies problems
 E. Denies responsibilities

PATIENT W

1001235-1

1001235-1

1001235-1

1001235-1

1001235-1

Elaborate:

SUICIDAL RISK FACTORS:

- A. Past history of suicidal attempt: denies
How: _____
Date of suicidal attempt: _____
 B. History of suicide in nuclear and/or extended family
 C. Self-inflicted burns wounds present thumbtacks - approx. 2-3wks ago.
 D. History of frequent accidents
NO E. Significant legal issues pending - on parole
 F. Increasing use of alcohol and/or other substances

Recent losses:

- Family _____
 Job _____
 Health _____
 Significant other _____
X Disruption in lifestyle _____
 Other: _____

Other pertinent observations: Mom divorced 2-4 days ago, But father return
7 yrs. Step dad was sexually abusing his sister

PRESENT SUICIDE POTENTIAL

- A. Evidence of suicidal thought or history
 B. Suicidal ideation
 C. Rumination
 D. Lethal plan
 E. Recent action
 F. Current expressed intent

Describe:

PRESENT HOMICIDAL POTENTIAL

- A. Evidence of Homicidal thought or history
 B. Homicidal ideation
 C. Rumination
 D. Lethal plan
 E. Recent action
 F. Current expressed intent

Describe:

Verbally & physically abusive x 1 mo -- beat up peer - attempted
enucleation - suspended x 3 d.
Suspended 7X this yr. - fire in class, walking off campus, & wearing phoo
fight
DO NOT RE-
DISCLOSE
Gangly @

000220

172

If clinical judgement suggests a different level of risk from that expressed by the patient, state rationale: _____

HISTORY OF: Practices witchcraft

- | | | | |
|----------------------------------------|--------------------|----------------------------------------|---------------------|
| <input checked="" type="checkbox"/> A. | Violence | <input checked="" type="checkbox"/> G. | Sexual Offenses |
| <input checked="" type="checkbox"/> B. | Arrests | <input checked="" type="checkbox"/> H. | Hyperactivity |
| <input checked="" type="checkbox"/> C. | Firesetting | <input checked="" type="checkbox"/> I. | Satanic Involvement |
| <input checked="" type="checkbox"/> D. | Cruelty to animals | <input checked="" type="checkbox"/> J. | Stealing |
| <input checked="" type="checkbox"/> E. | Physical abuse | <input checked="" type="checkbox"/> K. | Bedwetting |
| <input checked="" type="checkbox"/> F. | Sexual abuse | | |

Pertinent observations: burglary, breaking + entering, disorderly conduct, sexual misconduct, terroristic threatening, sexual misconduct

Elopement Risk Factors: Describe denies

If clinical judgement suggests a different level of risk from that expressed by the patient, state rationale: _____

SOCIAL/FAMILY/EDUCATIONAL HISTORY:

- A. Marital status SINGLE
- B. Significant others living with patient Mom, Dad, grandmother, + sister
- C. Children 1 Ages 14
- D. Employment status Ø
- E. Years of education completed 9th grade
- F. Family history of emotional problems/mental illness/substance abuse Ø
- G. ADL Management at home self

COPING - STRESS TOLERANCE PATTERN:

How do you handle stress on this job/school? fight

How do you handle stress at home? isolate self

What do you do to relax? think - listen to classic rock - Pink Floyd

Describe yourself when you become angry: go to room or woods alone
blink - think hard - eyes turn red

CONFIDENTIAL
DO NOT REDISCLOSE

C00221

Do you feel you might lose control or hurt someone? NO

What are your strengths? can do anything he wants - if he wants

What are your weaknesses? poor judgement

HEALTH HISTORY

Please check and clarify in describe section. Please note any recent changes in assessed areas:

Family Physician: Dr. James Alexander
Dr. Dan Shett - heart palpitations

Known Medical Conditions:

| | | | |
|-----------------------------|-----------------------------|-----------------------------|---------------------------|
| <input type="checkbox"/> A. | Hypertension | <input type="checkbox"/> I. | Cancer |
| <input type="checkbox"/> B. | Diabetes | <input type="checkbox"/> J. | Arthritis |
| <input type="checkbox"/> C. | Seizure Disorder | <input type="checkbox"/> K. | Ulcerative disease |
| <input type="checkbox"/> D. | Hypoglycemia | <input type="checkbox"/> L. | Gastrointestinal disorder |
| <input type="checkbox"/> E. | Multiple Sclerosis | <input type="checkbox"/> M. | Liver disease |
| <input type="checkbox"/> F. | Asthma/Bronchitis/Emphysema | <input type="checkbox"/> N. | Coronary Artery Disease |
| <input type="checkbox"/> G. | COPD | <input type="checkbox"/> O. | Sickle cell anemia |
| <input type="checkbox"/> H. | UTI | <input type="checkbox"/> P. | Renal disease |
| | | <input type="checkbox"/> Q. | Hepatitis |
| | | <input type="checkbox"/> R. | Other |

Describe: _____

Last Tetanus 4/92

NEUROLOGICAL:

| | | |
|----------------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> A. | Requires assistance with ADL | |
| <input checked="" type="checkbox"/> B. | Blackouts <u>9 2/3 months -</u> | <u>it's been approx. 4 yrs. since</u> |
| <input type="checkbox"/> C. | Dizziness | <u>last episode</u> |
| <input type="checkbox"/> D. | Other | (See Speech and Motor) |

CONFIDENTIAL
DO NOT REDISCLOSE

000222

1001235-1

REV A

174

(Check if applicable)

☒ Headaches:Type of pain all over no specific painFrequency 3 times per month

Cause _____

Locations _____

Relieved by Trudrone☒ Head Injuries:

When _____

How _____

Treatment: _____

Loss of Consciousness? _____

How long? _____

Other pertinent observations: _____

EYES:

- ☐ A. Glaucoma
☐ B. Discharge
☒ C. Glasses ± him
☐ D. Contacts
☐ E. Jaundice

- ☐ F. Strabismus
☐ G. Redness
☐ H. Cataracts
☐ I. Exophthalmos
☐ J. Blind
☐ K. Previous Eye Injuries

Other pertinent observations: _____

EARS:

- ☒ A. Discharge
☐ B. Bleeding
☒ C. Hearing aid with patient

- ☒ D. Hearing Impairment
☐ E. Pierced L R

Last time hearing checked: _____

Other Pertinent observations: _____

NOSE:

- ☒ A. Bleeding
☐ B. Discharge
☐ C. Sinus Problems

Other pertinent observations: _____

CONFIDENTIAL
DO NOT REDISCLOSE

HAIR:

- ☐ A. Dirty
☐ B. Nest

- ☒ C. Clean
☐ D. Unkept

- ☐ E. Hair Loss

Other pertinent observations: _____

C00223

(check if applicable)

1001235-1

NAILS:

A. Bitten
B. Broken
C. Clubbing

D.
E.

Nail beds Pink
Brittle

ETHOLS, DANIEL W
FCR 12/11/74
D. W. GALLIEN
DA/01/92
MED REC #00-11-60

Other pertinent observations: clean, lengthy

TEETH:

A. Decayed
B. Loose
C. Lower
D. Facial
E. Swollen

D.
E.

Loose Teeth
Discolored
Fractured with pulps
Poor Oral Hygiene
Aggravated with period
Disease

Other pertinent observations:

SKIN:

A. Abnormally
B. Swollen
C. Itchy
D. Dry
E. Scandalized

A.
B.
C.
D.
E.

Bag
Warm
Sensation
Very Tender

Other pertinent observations:

EXTRINSICS:

A. (High) (Swollen)
B. (High) (Swollen)
C. (High) (Swollen)

Other pertinent observations:

CONFIDENTIAL
DO NOT REDISCLOSE

000224

(check if applicable)

CARDIOVASCULAR:

| | | | |
|----------------------------------------|--------------------------------------------------------------------|----------------------------------------|------------|
| <input checked="" type="checkbox"/> A. | Chest Pain/Angina | <input checked="" type="checkbox"/> C. | Pacemaker |
| <input type="checkbox"/> B. | Changes in extremity color, warmth or sensitivity hands/feet | <input type="checkbox"/> D. | Arrhythmia |

Other pertinent observations: palpitations X 1 per week

GASTROINTESTINAL:

| | | | |
|-----------------------------|--------------|-----------------------------|--------------|
| <input type="checkbox"/> A. | Diarrhea | <input type="checkbox"/> D. | Flatus |
| <input type="checkbox"/> B. | Constipation | <input type="checkbox"/> E. | Laxative Use |
| <input type="checkbox"/> C. | Ostomy | | |

Last BM 6/1/92

Other pertinent observations: _____

URINARY:

| | | | |
|----------------------------------------|--------------|----------------------------------------|-----------------|
| <input checked="" type="checkbox"/> A. | Incontinence | <input checked="" type="checkbox"/> D. | Pain |
| <input type="checkbox"/> B. | Enuretic | <input type="checkbox"/> E. | Blood/Discharge |
| <input type="checkbox"/> C. | Ostomy | | |

Other pertinent observations: _____

MUSCULOSKELETAL:

| | | | |
|----------------------------------------|--------------|----------------------------------------|---------------|
| <input checked="" type="checkbox"/> A. | Deformities | <input checked="" type="checkbox"/> D. | Pain |
| <input type="checkbox"/> B. | Contractures | <input type="checkbox"/> E. | Decreased ROM |
| <input type="checkbox"/> C. | Prostheses | | |

Requires assistance with ADL (specify): _____

Ambulation Aids (specify): _____

Other pertinent observations: _____

REPRODUCTIVE:

Female: LMP _____ Last GYN exam: _____

Pap Test: Yes _____ No _____ When _____

| | | |
|-----------------------------|---------------------------|------------------------------------|
| <input type="checkbox"/> A. | Sexually Active | <input type="checkbox"/> Breast |
| <input type="checkbox"/> | Onset | <input type="checkbox"/> Pain |
| <input type="checkbox"/> | Frequency | <input type="checkbox"/> Lump |
| <input type="checkbox"/> | Number of sexual partners | <input type="checkbox"/> Discharge |
| <input type="checkbox"/> | Sexual preference | <input type="checkbox"/> Self-exam |
| <input type="checkbox"/> | Birth control method | |

CONFIDENTIAL
DO NOT REDISCLOSE

C00225

REPRODUCTIVE (cont.):

n/a

DALE, DAMIEN W
12/11/74
GALLIEN
1/01/92
100-11-60

- Male

- ✓ A. Sexually active
- 1 yr Onset
- 1x/2w Frequency
- 5 Number of Partners
- 5 Sexual preference
- None Birth Control method
- B. Prostate problems
- C. Pain/difficulty with sexual relations
- D. Problem with fertility
- 0 E. Discharge
- F. STD history
- G. Impotence

SLEEP PATTERN:

Arises: (Time) 0630 Retires: (Time) 2100-2200
Sleep aids or medications: _____
Bedtime routine: Ø

- ☒ A. Nightmares 5 2 night
☒ B. Frequent awakenings
1-2 Number of awakenings
2 Time of awakenings
☐ C. Recent changes in usual pattern: _____
☒ D. Apnea
☐ E. Sleepwalking

Other pertinent observations: Sleeps 3-4⁰ per night, trouble initiating sleep

~~CONFIDENTIAL~~
~~DO NOT REDISCLOSE~~

C00226



tattoo



List surgeries
Note presence
of surgical scars
Note lesions, bruises,
abrasions, contusions,
lacerations, scars,
decubiti and deformities.

Recent and/or Significant Surgical Procedures

NUTRITIONAL PATTERN:

(check if applicable)

Recent weight gain:

How much

Over what period of time

Recent weight loss:

How much

Over what period of time

Prior treatment:

CONFIDENTIAL

DO NOT DISCLOSE

- ☐ A. Appetite good
☒ B. Appetite poor
☐ C. Nausea
☐ D. Vomiting
☐ E. Binging and/or purging

Meal Routine:

- ☐ F. Three meals a day
☐ G. Less than 2 meals a day
☒ H. Snacks at times *hals reg. mee*
☐ I. Special diet

SUBSTANCE USE

- No* Use of alcohol _____ Type _____ Daily amount _____
☒ Use of tobacco *cigarettes* Type _____ Daily amount _____
☒ Use of Caffeine *cola* Type _____ Daily amount _____
Other substance use. *2 months ago - spray paint, glue, speed, marijuana*

Please complete Addictive Disease Assessment form, if indicated.

C00227

PATIENT/FAMILY EDUCATIONAL NEEDS ASSESSMENT

1001235-1

PLEASE USE THE FOLLOWING CODES WHEN INDICATING NEEDS:

P = PATIENT
F = FAMILY
P/F = BOTH

STHOLS, DAMIEN
DOB 12/11/74
DR W GALLIEN
ADM 06/01/82
MED REC 200-11-00

Lack of knowledge regarding:

Diet ☒ Medication ☒ Disease or Illness Process P/F
Special Equipment _____ Procedures _____ Other _____

Comments: _____

DISCHARGE NEEDS ASSESSMENT:

(check if applicable)

☒ Patient will return to home.
☒ Out-patient follow-up (Please specify) ☒ Individual ☒ Family

Medication only (Please specify) _____
Partial Day Treatment (Please specify) _____
Alternative treatment setting (Please specify) _____
Community Support Groups (Please specify) _____
Social Services Contact: _____
Special Education Services: (Please specify) _____
Vocational/Rehabilitation (Please specify) _____
School (Please specify) _____
Other (Please specify) _____

ENVIRONMENTAL NEEDS (Example: wheelchair ramp, relocation of home)

n/a

EQUIPMENT NEEDS (Example: crutches, oxygen)

n/a

CONFIDENTIAL
DO NOT REDISCLOSE

C00228

ORIENTATION:

(check if applicable)

☒ To Room and Unit☒ Visiting Hours☒ Pt. Guidelines/
Brochure Given

VALUABLES/CONTRABAND:

(check appropriate items)

- ☒ Valuables placed in envelope and sent to Business Office
☐ Valuables sent home with family/friend
☐ Contraband
☐ Contraband marked and placed in locked area.
☐ Contraband sent home with family/friend
☐ Belongings searched

Comments: 6.75 + silvertoned cross earring

_____RN Signature: Laura JenkinsTime 2330Date 6/1/92

C00229

CONFIDENTIAL
DO NOT REDISCLOSE



UNIVERSITY OF ARKANSAS
AT LITTLE ROCK

ADOLESCENT DEVELOPMENTAL HISTORY

NAME

UNIT NO.

CASE NO.

10/11/74
F. M. L. T. A. 11/11/74
P. M. L. T. A. 11/11/74
A. M. L. T. A. 11/11/74
M. L. T. A. 11/11/74

IF NOT IMPRINTED, PLEASE PRINT UNIT NO., NAME, AND LOCATION.

NAME OF PATIENT

Damien Wayne Echols

PERSON SUPPLYING INFORMATION

Pamela Echols (mother)

1. WAS THE PATIENT AFFECTED BY THE PREGNANCY OR BIRTH? IF SO, EXPLAIN.

NO

BIRTH DATE

12-11-74

RELATIONSHIP TO PATIENT

Mother

2. DURING THE PATIENT'S LIFE, HAS HE/SHE SHOWN ANY SLOW DEVELOPMENT IN GROWTH, WALKING, TALKING, LEARNING, PLAY, ETC.? IF SO, DESCRIBE IN DETAIL.

3. IF THERE WAS ANY SLOWING IN YOUR CHILD'S DEVELOPMENT, DESCRIBE ANY FACTORS THAT YOU FEEL MAY BE THE CAUSE SUCH AS PROBLEMS IN PREGNANCY OR BIRTH, CHILDHOOD DISEASES, HOSPITALIZATIONS, UPSETTING EXPERIENCES AND PROBLEMS IN THE HOME OR WITH OTHER MEMBERS OF THE FAMILY.

4. HAS YOUR CHILD EVER RECEIVED MEDICATION ON A REGULAR BASIS? IF SO, WHAT WAS IT CALLED AND WHY WAS IT PRESCRIBED?

Allergy shots for Allergies

CONFIDENTIAL
DO NOT REDISCLOSE

8. HAS YOUR CHILD HAD ANY BAD EXPERIENCES, EITHER PHYSICAL OR EMOTIONAL IN HIS/HER LIFE? IF SO, PLEASE DESCRIBE.

Emotional - Mom & Dad divorced. Mother remarried
stepfather adopted children. Sexually Abused
Damien's sister.

9. PLEASE LIST ANY KNOWN ALLERGIES OF YOUR CHILD, INCLUDING FOOD AND MEDICATIONS SUCH AS PENICILLIN, STRAWBERRIES, ETC.

No known Allergies to medicine. Allergic to
cats, grass, dust, trees, pollen.

CHECK IMMUNIZATIONS GIVEN AND AGE ADMINISTERED.

AGE

Diphtheria, pertussis, Tetanus (DPT)

☐

Tetanus alone

☐

Rubella (common measles)

☐

Rubella (3 day measles)

☐

MMPII

☐

MMPII (oral OPV or injection)

☐

10. DESCRIBE AREAS IN WHICH YOUR CHILD HAS DONE WELL. CONSIDER EDUCATIONAL, SOCIAL, PHYSICAL AND LEISURE TIME ACTIVITIES.

DESCRIBE BRIEFLY WHAT FOOD YOUR CHILD LIKES TO EAT AND THE FOOD HE/SHE DISLIKES. ALSO DESCRIBE EATING HABITS, INCLUDING ANY DIETS HE/SHE HAS BEEN ON.

Pizza, spaghetti, or any Italian foods. Macaroni & cheese
tuna, steak, hamburger, hot dogs. Dislikes greens of any
kinds. Dislikes beans. Will eat good for days then
will snack for a few days.

11. IF YOUR CHILD IS A GIRL, WHEN DID SHE BEGIN HER FIRST MENSTRUAL PERIOD? PLEASE DESCRIBE ANY DIFFICULTIES SHE IS HAVING OR HAS HAD AND INCLUDE ANY PREGNANCIES AND ABORTIONS AND THE DATES THESE OCCURRED.

CONFIDENTIAL
DO NOT REDISCLOSE

000231

1001235-1
ECHOLS, DAMIEN W
12/11/74
W. ECHOLS
104/01/92
00-11-60

CHARTER HOSPITAL
OF LITTLE ROCK

PATIENT: ECHOLS, Damien
MR#: 00-11-60
ADMISSION: 6-1-92

PSYCHOSOCIAL ASSESSMENT

DATE OF INTERVIEW: 6-2-92

PART I: INTERVIEW INFORMATION:

Information was obtained from Pam Echols, who is the biological mother of the identified patient. Information was also received from 17-year-old Damien Michael Echols. The information that was received during the course of the psychosocial assessment interview is believed to be of reliable nature. The interviews for the psychosocial assessment were completed at Charter Hospital of Little Rock on the adolescent unit and by telephone to Ms. Pam Echols, who is a resident of West Memphis.

PART II: PRESENTING PROBLEM:

Seventeen-year-old Damien Echols was admitted to Charter Hospital of Little Rock due to suicide ideation with plan. The patient currently admits to no longer having suicide ideation but stated during the course of the interview, "I have no feelings about suicide. I know that I can be reincarnated. I'm not afraid." The patient has admitted to self-harm behaviors. He states, "I burn myself with lighters. I have huffed gas and paint." Approximately two weeks ago, this 17-year-old and his 15-year-old girlfriend ran away from home. Damien stated that the reason the couple ran away from home was because the adolescent female's parents had forbade the child from having any visitation or contact with Damien. According to Damien and his mother, Pam Echols, they had tried on several occasions to meet as families to discuss the differences that the girlfriend's family had about her seeing Damien Echols. Informants state that they were not able to reach any type of agreement and that, on several occasions, the girlfriend's father became verbally abusive and, at times, threatening. On approximately 5-30-92, Damien Echols and his 15-year-old girlfriend were arrested. Damien was charged with burglary, breaking and entering, disorderly conduct, sexual misconduct, and terroristic threatening. Damien states that all of these charges were the result of the single incident in which he was arrested. Damien and his mother state that the two adolescents had stated they were going to school. The 15-year-old girl had been forbade from having any contact with Damien. She violated her parents, had contact with Damien, and the two ran to a vacant house. Damien states that this house was told to him by another adolescent male that Damien believed

C00232

ECHOLS, Damien
MR# 00-11-60
Page 2

SEARCHED
SERIAL 127
INDEXED
FILED
APR 1992
FBI - MEMPHIS

to have been his friend. Damien states that he and his girlfriend were in the middle of sexual activity when the police "berged" into the home where they were. Damien states that all of the charges that are currently pending against him were the result of this single incident. Damien states that while he was in the Jonesboro Jail, he began to experience suicide ideation. He states that he thought several times about wrapping the sheet from his bed around his neck and "trying to hang myself."

The precipitating event contributing to hospitalization on 6-1-92 was the suicide ideation as a result of having been arrested and the depression that has been reoccurring in Damien's life for approximately 3-6 months.

Major symptoms at the time of this admission, according to Damien and his mother, do seem to include a pattern of depressive episodes in which the patient begins to withdraw from family and friends. Damien, however, stated that his early childhood was void of any nurturance. He states that he "didn't know his dad" and felt no emotional connection to his stepfather. Damien stated that he was aware that his stepfather was sexually abusing his sister. Damien stated that he "hates" his sister. Upon further exploration of this particular issue, Damien stated, "she wanted to be like me, and that really bothers me a lot." Damien states that he does not have an emotional relationship with his mother. He did state through the course of this psychosocial assessment that he believes that his mother is "in my favor." Damien states that as he grew older he began to exert his independence. He states that when he was approximately 10 years old, his stepfather requested that he legally have his name changed from Michael to Damien. Damien states that the name Damien was selected because the stepfather had an interest in a Catholic saint by the same name. The patient states that this Catholic saint, Damien, was responsible for the care of lepers and eventually contacted the disease himself and eventually died. Damien states that, often times, others accuse him of taking on this particular name because of its references to satanic beliefs and worship. The patient adamantly denies any contact with devil worshipping. However, he readily admits to practicing witchcraft and did state that he believes that he is a "practicing warlock."

Identifiable stressors at the time of the admission to Charter Hospital on 6-1-92 include the patient's increased depressive symptomatology. He has withdrawn from family and

ECHOLS, Damien
MR# 00-11-60
Page 3

friends. He is no longer expressing an interest in eating. He says that he has difficulty initiating sleep. He often has thoughts of suicide and, at the time of his admission, did, in fact, have a suicide plan, which included wrapping a sheet around his neck and hanging from the prison cell that he was in until placement at a psychiatric facility could be arranged.

This patient has not sought previous mental health involvement as of his admission to Charter Hospital of Little Rock. The family of Damien Echols believes that the difficulty he is experiencing is his attempt at coping with the rejection that he is experiencing from his girlfriend's family. When Damien is asked why the girlfriend's family would not want him to have contact with her, Damien readily admits to engaging in sexual activity with the female at her consent.

PART III: PHYSICAL DISORDERS & DEVELOPMENTAL HISTORY:

Pam Echols was unable, at the time of the psychosocial assessment, to recall significant prenatal information. She states that her son did progress through postnatal history without significance. When Ms. Echols is questioned about developmental milestones, she states that she perceived her son as being withdrawn as a small child. She states that he did not walk until approximately 13 months of age. She also indicates that his speech development was slowed. Damien indicates that he recalled not "wanting" to speak to other individuals. Damien denies any serious illnesses or accidents. However, during the course of the psychosocial assessment, Damien openly showed to this social worker spots upon both forearms where he has used a cigarette lighter or other sharp object to burn marks into his forearms. Medications: this patient denies taking any medications at the time of his admission to Charter Hospital of Little Rock. When questioned about drug or alcohol use, the patient states that he had, upon occasion, engaged in gas-huffing and the huffing of spray paint. He states that he also had been experimenting with speed, marijuana, glue, and some alcohol. The patient states that he abstains from chemical use without external pressure. He says that he does not have a desire in continuing to use chemicals due to the fact that he believes they interfere with his ability to practice witchcraft successfully.

CONFIDENTIAL
DO NOT REDISCLOSE

1001235-1

ECHOLS, Damien
MR# 00-11-60
Page 4

ECHOLS, DAMIEN W
12/11/74
W. GALLIEN
06/01/92
REC REC #00-11-60

PART IV: FAMILY HISTORY:

Information from Pam Echols suggests that her first husband is the biological father of Damien Michael Echols as well as her 14-year-old female. This female is the said victim of sexual abuse at the hands of the stepfather. Ms. Echols states that she terminated the marriage with her first husband due to its rocky nature. She states that she and her husband had difficulty agreeing on values and, often times, disagreed on correct disciplinary measures for her children. She states that shortly after the divorce from her first husband, she married Mr. Echols. The first name of this individual is not voluntarily provided by Ms. Echols despite having been asked on several occasions. Ms. Echols states that her second husband was often moody, withdrawn, and was not invested in providing care for her two children. She did state that he was a devout Catholic and wanted very much for her two children to become members of the Catholic church. Ms. Echols states that her daughter stated to her that she was being sexually abused by Mr. Echols. Pam Echols states that she took the information from her daughter seriously and initiated divorce proceedings. Information from Ms. Echols suggests that her divorce was finalized on 5-30-92. According to Damien and Ms. Echols, the natural father of her children has recently become interested in the family. When Damien is questioned about his emotional response towards the father returning to the home, he stated, "I don't know him." As previously indicated within the course of this psychosocial assessment, Damien has a 14-year-old sister. He does not have a good relationship with his sister. He stated, on several occasions, that he "hated her." Damien suggests that his sister often times emulated his activities and behaviors and had threatened him on several occasions. The patient states that he often times "scared" his sister by making reference to spells and witchcraft practices. When Ms. Echols or Damien were questioned about chemical dependency issues within this family, it was adamantly denied. Ms. Echols also stated that, to her knowledge, no one in her family has been diagnosed with psychiatric disorder. Damien Echols denies having been victimized sexually, physically or verbally. He stated, several times through the course of the psychosocial assessment, that he was "left alone" as a small child, and his perception of his family was one in which it lacked nurturance and acceptance. Information from Ms. Echols does suggest that her 14-year-old daughter had been victimized sexually by the stepfather for an undetermined

CONFIDENTIAL

DO NOT REDISCLOSE

000235

ECHOLS, DAMIEN W
DOB 12/11/74
OR W GALLIEN
ADM 06/01/72
FED REC #00-11-60

ECHOLS, Damien
MR# 00-11-60
Page 5

amount of time. Ms. Echols also indicated through the interview that she believes that her second husband did engage in sexual intercourse with his stepdaughter.

PART V: SOCIAL HISTORY OF THE ADOLESCENT:

The patient is currently enrolled in the 11th grade. He has been suspended X7 due to negative behaviors in the classroom. Information does suggest that Damien has set fire to his academic classroom on two occasions, that he has also been truant, engaged in physical confrontations while on school grounds and has, often times, threatened to put "hexes" on school instructors. The patient states, "I'm real bored with school. My mom wants me to quit and get a job, but I'm not sure that's for me." Damien states that he does not enjoy the company of other peers. He says he often times feels as though they do not understand him and taunt him. He said that he has two friends that he would "die for." Damien indicated that he has a blood brother. When questioned further about having a blood brother, Damien states that he and a male have exchanged blood and that his girlfriend is an individual with whom he feels a strong bond. Damien appears to have achieved a high level of functioning. He is well-read and has a good working knowledge of many different practices and beliefs. He is articulate and able to express himself well. Damien states that he does not believe he has the ability to sustain friendships because "I don't care." This patient is currently not employed. When Damien was questioned about social or recreational interests, he stated that he enjoys reading, enjoys practicing witchcraft, and likes to be with his girlfriend. Damien is sexually active and does not admit to using birth control at this time. Upon his admission to Charter Hospital of Little Rock, there was a rumor that suggested that Damien and his 15-year-old girlfriend were arrested while in the act of copulation. The purpose of this coltus was so that the couple could conceive and had plans to sacrifice the infant in a satanic ritual. When this point was questioned as to the validity of these rumors, he adamantly denied such and indicated again, as he had throughout the course of the psychosocial interview, that he did not believe in satanic worship, that he was practicing black magic, and he had no intention of sacrifice, nor would he ever. He also indicates that he and his girlfriend were not engaging in sexual activity for a said specific purpose.

000236

CONFIDENTIAL
DO NOT REDISCLOSE
188

ECHOLS, Damien
 MR# 00-11-60
 Page 6

ECHOLS, DAMIEN W
 12/11/74
 W. HALLIEN
 06/01/72
 REC #00-11-60

PART VI: LEGAL STATUS:

This 17-year-old white male was currently in the custody of his biological mother, Pam Echols. There is a judicial system involved in this client's case. There does appear to be a court date pending on charges that include burglary, breaking and entering, disorderly conduct, and sexual misconduct. The patient indicated that these charges were the result of one single arrest. He also stated that he believes that many of the charges were "trumped up" by the girlfriend's father. The patient stated that they did not steal any objects that were in the home and further indicated that the home that he and his girlfriend were in at the time of their arrest was vacant. He states he did not break into the home, that it was unlocked. He also states that he was not belligerent at the time of his arrest. He states, "I was real sad, but not mean."

PART VII: MENTAL STATUS EXAM:

At the time this psychosocial assessment was being completed, this patient did appear to be of above average intelligence. He openly answered all questions that were posed to him in a factual manner. He was oriented to person, place and time. Through the course of the psychosocial assessment, several significant incidences occurred. The patient appeared to be sniffing the air around him as if he were responding to an external stimulus. When he was questioned as to what he was doing, the patient gave an inappropriate smile and was unwilling to discuss what he was doing. Upon several occasions, the patient also cut his eyes in one direction or the other as if he were hearing or thinking of something before he spoke. Again, it did appear to this social worker as though the client was responding to an outside stimulation during the course of the psychosocial assessment. Also of interest was the patient's unabashed discussion of sexual activity. The patient did not seem intimidated, embarrassed or shy to discuss that he had been sexually active and that many of the witchcraft practices included the patient being with other individuals in various stages of undress. The patient did not project a sense of machismo or bravado as he related this incidences. They were said very matter-of-factly. This patient did seem to be responding, as previously indicated on two occasions, to external factors. He may have been experiencing auditory hallucinations. He did not appear paranoid during the course of the psychosocial

CONFIDENTIAL
 DO NOT REDISCLOSE

C00237

189

1001235-1

ECHOLS, Damien
MR# 00-11-60
Page 7

ECHOLS, DAMIEN V
DOB 12/11/74
DR W GALLAGHER
ADM 04/11/82
MED REC 00-11-60

assessment. Damien does have a history of physical aggression towards others when he becomes angry. He states that he has never lashed out or struck at others; however, he did volunteer information that suggests, while he was waiting in the police car to be taken to juvenile detention or jail following having been arrested, that he witnessed his girlfriend's father coming toward her as she waited with police officers in an aggressive manner. Damien states that he was able to work his fingers loose, moved over and was able to slip the safety off of the police officer's gun which had been left in the police vehicle. Damien freely admitted that he had plans to shoot the girlfriend's father if he acted in an aggressive manner toward the girl.

PART VIII: CLINICAL ASSESSMENT:

This patient does appear to be of above average intelligence, and this will be a strength that will work toward his benefit as he progresses through the evaluation phase at Charter Hospital of Little Rock. Weaknesses do tend to include a chaotic family life-style with no clear leadership in the family. Damien appears to be a detached individual without bonds to family or many friends. Also, a significant weakness may be this patient's preoccupation with the notion of witchcraft. He frequently stated through the course of the psychosocial assessment that he was not afraid to die because of his belief in reincarnation.

PART IX: TREATMENT RECOMMENDATIONS:

Damien Echols has been admitted to Charter Hospital of Little Rock for the purposes of completing a psychiatric evaluation. Upon completion of the evaluation, recommendations will be drafted and presented to court officials who have ordered him to treatment and to the biological mother so that an aftercare plan may be developed to best meet the needs of Damien Echols' long-term treatment care.

PART X: INITIAL DISCHARGE PLAN:

At this point in time, discharge destination is unknown. Residential possibilities are being explored. Outpatient treatment will certainly be recommended strongly should this individual return to the home of his biological mother.

DD: 6-3-92
DT: 6-4-92
TD/ja

00238

CONFIDENTIAL
REDISCLOSE
Tina Deaton, L.M.S.W.
D.G. P.S.M.



CHARTER HOSPITAL
OF LITTLE ROCK

ADOLESCENT FAMILY/
SIGNIFICANT OTHER
QUESTIONNAIRE

NAME

UNIT NO.

CASE NO.

1001235-1

SCHOOL
DOB 1/1/77
F M
20

IF NOT IMPRINTED, PLEASE PRINT UNIT NO., NAME, AND LOCATION

1. WHAT DO YOU SEE AS THE MAJOR PROBLEM IN YOUR FAMILY AND WHY?

2. WHAT HAVE YOU DONE TO ALLEVIATE THIS PROBLEM?

3. WHAT FACTORS HAVE CONTRIBUTED TO THE PROBLEM?

4. HOW DO YOU FEEL ABOUT THE PATIENT?

*Damien is a very confused child.
He feels as if there is more to the case than that.*

5. WHAT IS THE FAMILY HISTORY OF CHEMICAL DEPENDENCY (ALCOHOL OR DRUGS) AND/OR COMPULSIVE BEHAVIOR (GAMBLING, OVEREATING)?

DO YOU DRINK (SELDOM, SOCIALLY, COMPULSIVELY) OR USE PRESCRIBED MEDICATIONS OR OTHER DRUGS?

7. HAVE YOU EVER BOUGHT COUNSELING OR TREATMENT FOR YOURSELF OR ANOTHER FAMILY MEMBER?

☒ YES

☐ NO

8. HAVE YOU EVER ATTENDED AL-ANON OR FAMILIES ANONYMOUS? ☐ YES ☒ NO

IF SO, HOW DO YOU FEEL ABOUT YOUR EXPERIENCE?

CONFIDENTIAL
DO NOT REDISCLOSE

000239

9. WHO ASSUMES MAJOR RESPONSIBILITY FOR THE CARE OF THE CHILDREN IN YOUR FAMILY?

Pamela Echols

10. WHAT IS YOUR PRESENT MARITAL SITUATION?

Divorced

11. WHAT ARE SOME OF THE THINGS THAT ARE GOING WELL FOR YOU AND YOUR FAMILY?

The children father has returned. we have
begun counseling for ourselves.

12. WHAT PERSONAL EXPECTATIONS DO YOU HAVE OF THE ADOLESCENT CAREUNIT?

To help Damien get a better perspective on life.
To feel as if he has a reason to live.

NAME

Pamela Echols

RELATION

Mother

C00240

CONFIDENTIAL
DO NOT REDISCLOSE

192



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001235-1

ECHOLS, CAMIEN W
DOB 12/11/74
MR W GALLIEN
ADM 06/01/92
MED REC #00-11-60

ADDRESSOGRAPH PLATE

Echols, Camien #1160

INITIAL NUTRITIONAL ASSESSMENT

SUBJECTIVE:

Difficulty Swallowing
Difficulty chewing
Food Allergies
Nausea / Vomiting
Recent wt. loss / gain
Food Dislikes
Pica, Ice eating, etc.
Other

Yes

No

Comments:

☒

☒

Sp. Major Depression

OBJECTIVE:

Age: 17 Race: W Sex: M Diet Order: Regular
Ht.: 72 Wt.: 156 Frame: Small BW: 156-172 % BW: 158 B
% Body Fat: X % Muscle Mass: X

DRUGS:

☒ MAO Inhibitors
☒ Tricyclics
☒ Diuretics
☒ Antipsychotics
☒ Anticoagulants
Other: _____

PERTINENT LAB:

CBC: ☒ Cholesterol: ☒ Ca: ☒
WBC: ☒ Trig: ☒ P04: ☒
Hgb: ☒ HLD: ☒
Hct: ☒ LDL: ☒
A1b: ☒ Gluc: ☒
T.P.: ☒ Na: ☒
Lym: ☒ K: ☒

ASSESSMENT:

*17 yo W/M - no apparent nutritional concerns.
Pt. verbalized understanding*

PLAN:

Obtain as order

CONFIDENTIAL
DO NOT REDISCLOSE

6/24/92
Date

000241

[Signature]

R.D

1001235-1

DAMIEN W

11/74

11/74

1/92

11-60

EDUCATIONAL ASSESSMENT

NAME OF STUDENT: DAMIEN ECHOLS

DATE OF BIRTH: 12-11-74

DATE OF REPORT: 6-2-92

ADMISSION DATE: 6-1-92

HOME SCHOOL: MARION HIGH SCHOOL

GRADE PLACEMENT: 9TH (COMPLETED)

GRADES REPEATED: YES, SEVENTH

SPECIAL EDUCATION: NO

ADMISSION DIAGNOSIS: MAJOR DEPRESSION: SINGLE EPISODE

EDUCATIONAL HISTORY: Due to summer vacation, Kathleen Nigro, Educational Therapist, was unable to contact the principal at Marion High School for additional information on Damien. Damien stated that he learns best when he is alone. He enjoys talking to his friends at school. Damien's favorite subject in school is science. He enjoys listening to music with his friends. Damien stated that he is frequently absent from school. When asked about specific educational difficulties, Damien stated that he has problems with authority, his behavior changes from day to day, and he daydreams in class. Damien also stated that he has poor motivation in school. He has been suspended from school for fighting and for setting fires. Damien stated that he has no plans after high school. On a scale from zero to ten, Damien rates his effort in school a zero.

PRESENT STATUS/ FUNCTIONING LEVEL: Upon admission to the classroom, Damien was administered the WRAT-R with the following results:

| | RAW SCORE | STANDARD SCORE | PR | GRADE EQUIV. |
|-------------|-----------|----------------|----|--------------|
| READING: | 66 | 106 | 66 | 12+ |
| SPELLING: | 34 | 103 | 58 | 12B |
| ARITHMETIC: | 38 | 106 | 66 | 12B |

RATING OF STANDARD SCORES

| CLASSIFICATION | SCORE RANGE | // | CLASSIFICATION | SCORE RANGE |
|----------------|-------------|----|----------------|--------------|
| Very Superior | 130 and up | // | Low Average | 80 to 89 |
| Superior | 120 to 129 | // | Borderline | 70 to 79 |
| High Average | 110 to 119 | // | Deficient | 60 and below |
| Average | 90 to 109 | // | | |

EDUCATIONAL STRENGTHS AND WEAKNESSES: Strengths appear to be academic ability that is above grade level, a willingness to work hard, and good receptive and expressive language. Apparent weaknesses are a depressed mood, poor judgment, and not working to potential.

CONFIDENTIAL
DO NOT RE-OPEN

100242

RECOMMENDATIONS/PLANNED INTERVENTIONS:

1. Given successful experiences and positive reinforcement, Damien will exhibit an improved mood by showing a brighter affect and increased social interaction with peers and staff.
2. Given individual and group instruction, Damien will demonstrate improved judgement and peer relations by making better decisions regarding peer groups and activities (ie. witchcraft, drugs, fire setting, truancy).
3. Given successful experiences and positive reinforcement, Damien will exhibit increased motivation toward school by showing an improved attitude and beginning work without prompting on 4/5 days weekly.

Kathleen Nigro
KATHLEEN NIGRO
EDUCATIONAL THERAPIST

CONFIDENTIAL
DO NOT REDISCLOSE

C00243

EDUCATIONAL THERAPY DISCHARGE SUMMARY
STUDENT: DAMIEN ECHOLS

DATE OF REPORT: 6-30-92

DISCHARGE DIAGNOSIS: MAJOR DEPRESSION:
SINGLE EPISODE

HOME SCHOOL: MARION HIGH SCHOOL

GRADE: 9TH (COMPLETE)

ADMISSION DATE: 6-1-92

DISCHARGE DATE: 6-25-92

TOTAL DAYS: 25

TOTAL SCHOOL DAYS: 19

DAYS PRESENT: 19

DAYS ABSENT: 0

WEEKLY PROGRAM: Damien attended classes four hours per day five days per week during his hospitalization. One hour per night, Monday through Friday, was devoted to homework. Non-school hours were spent in group, individual, and family therapy. Recreational therapy was provided one hour per day.

ACADEMIC AND THERAPEUTIC INTERVENTIONS: Upon admission to the classroom, Damien was administered the WRAT-R with the following results:

| | RAW SCORE | STANDARD SCORE | PR | GRADE EQUIV. |
|-------------|-----------|----------------|----|--------------|
| READING: | 66 | 106 | 66 | 12+ |
| SPELLING: | 34 | 103 | 58 | 12B |
| ARITHMETIC: | 38 | 106 | 66 | 12B |

Damien was given one to one instruction, successful school experiences, and positive reinforcement as a way to improve Damien's motivation in school. Attention to task for the first week and a half was excellent. Damien's work was completed quickly and accurately. After that time, Damien spent much class time daydreaming. I would observe him staring out the window or staring at a blank wall in the classroom. Although the accuracy of Damien's work did not decrease, Damien started turning his work in late. Damien would rarely participate in classroom discussions.

BEHAVIOR: Damien's behavior in the classroom was quite good. He was very compliant to classroom rules. At the beginning of his hospitalization, Damien was VERY withdrawn in the classroom. By the end of his stay, Damien's social interaction with peers and staff had increased tremendously. Damien was supportive and encouraging of other patients. I would often have to reprimand Damien for making bizarre "purring" noises in the classroom. When I would explain to him that the noises were not appropriate for the classroom, he would immediately stop. Unfortunately, Damien would wait a little while and begin the noises again. Damien was very compliant on the unit and was supportive of others.

C00244

CONFIDENTIAL
DO NOT REDISCLOSE

RECOMMENDATIONS: It was recommended by the treatment team that Damien be discharged into the custody of his parents on 6-25-92. Individual and family therapy should be continued on an out-patient basis.

Kathleen Ferreira

KATHLEEN FERREIRA
EDUCATIONAL THERAPIST

CONFIDENTIAL
DO NOT REDISCLOSE

C00245

1001235-1

FCHOLS, CAMDEN
DOB 12/11/74
DR W GALLIEN
ADM 04/01/72
MED REC # 11-60

ADDRESSOGRAPH PLATE

IMMUNIZATION HISTORY

*Mother will bring copy of Immunization
Record 6/1/92*

| Immunizations | 1st | 2nd | 3rd | 1st Booster | 2nd Booster |
|-----------------------------------------------------------------|----------|---------|-----|-------------|-------------|
| Diphtheria-Pertussis-Tetanus (DPT) (Pertussis—"Whooping cough") | | | | | |
| Diphtheria-Tetanus (DT) | | | | | |
| Poliomyelitis | | | | | |
| Salk (first No. of injections) | | | | | |
| Sabin (oral) | | | | | |
| Rubella (German of 3 day) | | | | | |
| Rubeola (10 day or Red measles) | | | | | |
| Measles-Mumps-Rubella | | | | | |
| Mumps | | | | | |
| Combined Red Measles—Rubella | | | | | |
| Tetanus Toxoid (date last given) | | | | | |
| TB Skin Test | Date: | Result: | | Type: | |
| Smallpox | Initial: | Last: | | | |

Completed by _____

Relationship to patient _____

Date _____

Received by _____

CONFIDENTIAL

DO NOT REDISCLOSE

C00246

1001235-1

ETHOLS, DANIELA
DOB 12/11/74
DR W GALILEO
ADM 04/01/92
MED REC 11-11-90

ADDRESSOGRAPH PLATE

D.

THERAPEUTIC RECREATION ASSESSMENT: CHILD, ADOLESCENT, ADULT

Age: 17 With whom were you living? Mother
School/Grade: 9 Hometown: West Memphis
Special Precautions/Limitations: heart problems
Diagnosis: Depression Why are you seeking treatment?
Court order
Admission Date: 6-1-92 Evaluation Date: 6-6-92

1. What activities do you like to do in your free time?

Alone: Read
With friends: skate board
With family: Drive

2. Do any of the following make it difficult for you to participate in leisure activities?

- | | | |
|-------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|
| A. Do you lack the confidence in yourself to become involved in leisure activities? | YES | <input checked="" type="radio"/> NO |
| B. Do you have enough energy to become involved in leisure activities? | <input checked="" type="radio"/> YES | NO |
| C. Do you have the motivation to become involved in leisure activities? | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO |
| D. Does stress ever keep you from being involved in leisure activities? | YES | <input checked="" type="radio"/> NO |
| E. Do you feel that you have enough activity skills to participate in leisure activities? | <input checked="" type="radio"/> YES | NO |
| F. Does the lack of money ever keep you from participating in leisure activities? | YES | <input checked="" type="radio"/> NO |
| G. Do you have a driver's license? A car? | YES | <input checked="" type="radio"/> NO |
| H. Does transportation ever keep you from participating in leisure activities? | YES | <input checked="" type="radio"/> NO |
| I. Do you ever have difficulty communicating socializing with others? | <input checked="" type="radio"/> YES | NO |
| J. Do you ever have difficulty in planning or organizing your leisure activities? | YES | <input checked="" type="radio"/> NO |

CONFIDENTIAL
DO NOT REDISCLOSE

00217



CHARTER HOSPITAL
OF LITTLE ROCK



1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001235-1

DOUGLAS, CAMIEN W

12/11/74

WALLIS

04/01/92

REC-00-11-60

ADONIS/PROGRAPH PLATE

THERAPEUTIC RECREATION ASSESSMENT: CHILD, ADOLESCENT, ADULT

3. What leisure resources do you use in the community?
monkeys friends house packs
4. What are your goals for the future (school, career, lifestyle, etc.)?
Graduate high school & get a job
5. List any special skills, talents, and strengths that you have:
1
6. How would you describe your current physical condition/level of fitness? Excellent Good ☒ Average Below average
7. In social situation are you most comfortable with:
✓ Males One-To-One Persons Younger Than You
✓ Females Small Group Persons Older Than You
(3 To 5)
Does Not Matter Large Group Persons The Same Age
(6 Or More)
8. What program area/areas do you feel will be beneficial to you?
✓ Fitness Relaxation/Stress Management
Leisure Education Social Skills
9. Do you have any special needs that you feel Therapeutic Recreation can meet? NO

CONFIDENTIAL
DO NOT REDISCLOSE

000248

1001235-1

FORNOL, DAMIEN
DOB 12/11/74
DR W GALLIEN
ADM 06/01/79

ADDRESSOGRAPH PLATE

THERAPEUTIC RECREATION ASSESSMENT: CHILD, ADOLESCENT, ADULT

RECOMMENDATIONS:

THERAPEUTIC RECREATION INTERVENTIONS:

(check as appropriate)

Fitness ☒
Leisure Education ☐
Social Skills ☒

None of the specific T.R. inter-
ventions listed above are indi-
cated at this time.

Rationale:

Patient's mood and affect during
interview: Flat affect

oriented to person place
& date

Patient oriented to available
opportunities for leisure activity
while hospitalized: yes

THERAPEUTIC RECREATION

AIM OF TREATMENT:

(check one or more as appropriate)

- ☒ Increase self-esteem
- ☐ Provide opportunities for success
- ☒ Improve physical skills
- ☐ Improve fitness level
- ☐ Increase self-concept/body images
- ☐ Improve ability to follow rules/
directions
- ☐ Increase attention span
- ☐ Increase self-control
- ☐ Positive outlet for hostility/
expression of anger
- ☒ Increase activity level/decrease
passivity
- ☐ Increase frustration tolerance
- ☐ Develop appropriate team skills
- ☐ Develop leisure attitude/aware-
ness
- ☐ Identify and develop leisure
skills interests
- ☐ Sustain existing leisure skills
interests
- ☐ Identify community leisure resou
- ☐ Identify/develop positive ways
to deal with stress

**CONFIDENTIAL
DO NOT REDISCLOSE**

C00249



SUMMARY OF FINDINGS:

Danion is a 17 y/o white male admitted to the Adolescent Treatment Program for Depression.

Strengths:

PT is physically able to participate in therapeutic activities during treatment.

Weaknesses/Problems:

1. Depressed mood: Patient's behavior will demonstrate increased involvement interactions and activities by discharge.
2. Low self-esteem: Patient will be able to express positive aspects about self and the future.

Recommended Interventions:

1. AT staff will provide opportunities for patient to succeed and give positive feedback for accomplishments.
3. AT staff will continue to encourage and support PT daily.

Mark Lutz CPO
Recreational Therapist

Glenn
Date
CONFIDENTIAL
DO NOT REDISCLOSE

50139000 AREA/ROUTE/STOP: 2601000
CHARTER HOSP OF LITTLE ROCK
1601 MURPHY DRIVE
MAUMELLE, AR 72118

SB SmithKline Beecham
Clinical Laboratories

IMICROFILMA 06029216031

| | | | | | |
|--------------------------------------|---------------------------------|------------------------------|------------------------------------------------|--------------------------------|--------------------------------|
| PATIENT NAME AMMEN, ECHOLS | PATIENT ID 10012351 | ROOM NO. 309AH-113 | AGE 17 | SEX M | PHYSICIAN J. J. J. |
| REGISTRATION NO. 5346487 | ACCESSION NO. 2326655 | LAB REF. # | COLLECTION DATE & TIME 06/02/92 0530 | LOGGED DATE 06/03/92 | REPORT DATE 06/03/92 |
| | | | A TIME 12:00PM | | |

REMARKS

FASTING

00-11

| REPORT STATUS | TEST | RESULT | UNITS | REFERENCE RANGE | SITE CODE |
|---------------|------|----------|--------------|-----------------|-----------|
| | | IN RANGE | OUT OF RANGE | | |

PANEL #510

SUBSTANCE ABUSE PANEL 10

| | |
|-----------------------|----------|
| AMPHETAMINES | NEGATIVE |
| BARBITURATES | NEGATIVE |
| BENZODIAZEPINES | NEGATIVE |
| COCAINE METABOLITES | NEGATIVE |
| MARIJUANA METABOLITES | NEGATIVE |
| METHADONE | NEGATIVE |
| METHAQUALONE | NEGATIVE |
| OPIATES | NEGATIVE |
| PHENCYCLIDINE | NEGATIVE |
| PROPOXYPHENE | NEGATIVE |

SL

"PLEASE BE ADVISED THAT SPECIMEN INTEGRITY CHECKS PERFORMED
ON THE SAMPLE SUBMITTED TO THE LABORATORY ARE CONSISTENT
WITH AN UNADULTERATED URINE SPECIMEN."

THE SUBMITTED URINE SPECIMEN WAS TESTED FOR THE PRESENCE OF THE
FOLLOWING COMPOUNDS AT THE LISTED DETECTION LIMITS. SPECIMENS
DETERMINED TO BE POSITIVE WERE CONFIRMED BY THE INDICATED METHODS:

| COMPOUND | INITIAL TEST LEVEL | CONFIRMATORY TEST LEVEL | CONFIRMATORY METHOD |
|-----------------------|--------------------|-------------------------|---------------------|
| AMPHETAMINES | 300 NG/ML | | |
| AMPHETAMINE | | 300 NG/ML | GC/MS |
| METHAMPHETAMINE | | 300 NG/ML | GC/MS |
| BARBITURATES | 300 - 3000 NG/ML | 200 NG/ML | GC/MS |
| BENZODIAZEPINES | 300 NG/ML | 200 NG/ML | GC/MS |
| COCAINE METABOLITES | 300 NG/ML | 150 NG/ML | GC/MS |
| MARIJUANA METABOLITES | 50 NG/ML | 15 NG/ML | GC/MS |
| METHADONE | 300 NG/ML | 200 NG/ML | GC/MS |
| METHAQUALONE | 300 NG/ML | 200 NG/ML | GC/MS |
| OPIATES | 300 NG/ML | | |
| MORPHINE | | 300 NG/ML | GC/MS |
| CODEINE | | 300 NG/ML | GC/MS |
| PHENCYCLIDINE | 75 NG/ML | 25 NG/ML | GC/MS |
| PROPOXYPHENE | 300 NG/ML | 200 NG/ML | GC/MS |

ALCOHOL, ETHYL, URINE/
GASTRIC QL

NONE DETECTED

NONE DETECTED

>> REPORT CONTINUED ON NEXT PAGE <<

SL

203

000251

INDICATES TESTING SITE SEE REVERSE SIDE

50139000 AREA/ROUTE/STOP: 2601000
CHARTER HOSP OF LITTLE ROCK
1601 MURPHY DRIVE
MAUMELLE, AR 72118

LABORATORY REPORT

cm **SB** SmithKline Beecham
Clinical Laboratories

MICROFILM# 06029216031

| | | | | | | |
|---------------------------------------|-----------------------------------|---------------------------------|---------------------------|------------------------------------------------|---------------------------------|-----------------------------------------------|
| PATIENT NAME DAMIEN, ECHOLS | | PATIENT ID 10012351 | ROOM NO. 809A W | AGE 17 | SEX M | PHYSICIAN |
| AGE 2 | REQUISITION NO. 5346487 | ACCESSION NO. 2326655 | LAB REF. # | COLLECTION DATE & TIME 06/02/92 0530 | LOOK-UP DATE 06/03/92 | REPORT DATE & TIME 06/03/92 12:00PM |

REMARKS

FASTING

32

| REPORT STATUS | TEST | RESULT | UNITS | REFERENCE RANGE | SIT COD |
|---------------|------|-----------------------|-------|-----------------|---------|
| FINAL | | IN RANGE OUT OF RANGE | | | |

| | | | | | | |
|-------------------------|------|--|-----------|------------|--|----|
| CBC, PLATELET CT & DIFF | | | | | | SL |
| WBC | 7.9 | | THOUS/MM3 | 3.5-11.0 | | |
| RBC COUNT | 5.17 | | MIL/MM3 | 4.10-5.30 | | |
| HEMOGLOBIN | 15.6 | | G/DL | 12.0-16.0 | | |
| HEMATOCRIT | 46.2 | | % | 36.0-49.0 | | |
| MCV | 89.2 | | U3 | 78.0-102.0 | | |
| MCH | 30.1 | | PG | 25.0-35.0 | | |
| MHC | 33.8 | | % | 31.0-37.0 | | |
| PLATELET COUNT | 221 | | THOUS/MM3 | 130-400 | | |
| SEGMENTED NEUTROPHIL | 49 | | % | 30-70 | | |
| LYMPHOCYTE | 37 | | % | 21-51 | | |
| MONOCYTE | 8 | | % | 2-8 | | |
| EOSINOPHIL | 5 | | % | 1-5 | | |
| ASOPHIL | 1 | | % | 1-2 | | |

| | | | | | | |
|---------------------|---------------------------|--|-------|---------|-------------|----|
| URINALYSIS, ROUTINE | | | | | | SL |
| COLOR | YELLOW | | | | | |
| APPEARANCE | CLEAR | | | | | |
| SP. GRAVITY | 1.025 | | | | 1.001-1.035 | |
| PH | 5.0 | | | | 4.6-8.0 | |
| GLUCOSE | NEGATIVE | | | | NEGATIVE | |
| BILIRUBIN (U) DL | NEGATIVE | | | | NEGATIVE | |
| KETONE | NEGATIVE | | | | NEGATIVE | |
| BLOOD | NEGATIVE | | | | NEGATIVE | |
| PROTEIN | NEGATIVE | | | | NEGATIVE | |
| UROBILINOGEN | 0.1 L | | EU/DL | 0.2-1.0 | | |
| NITRITE | NEGATIVE | | | | NEGATIVE | |
| LEUKOCYTE ESTERASE | NEGATIVE | | | | NEGATIVE | |
| COMMENT | MICROSCOPIC NOT INDICATED | | | | | |

CONFIDENTIAL
DO NOT REDISE

| | | | | | | |
|-----------------------|-------|--|-------|----------|--|----|
| CHEMZYME | | | | | | SL |
| GLUCOSE | 76 | | MG/DL | 70-115 | | |
| UREA NITROGEN (BUN) | 9 | | MG/DL | 7-25 | | |
| CREATININE | 1.0 | | MG/DL | 0.7-1.4 | | |
| SODIUM | 143 | | MEQ/L | 135-148 | | |
| POTASSIUM | 4.8 | | MEQ/L | 3.5-5.3 | | |
| CHLORIDE | 105 | | MEQ/L | 95-110 | | |
| CARBON DIOXIDE, TOTAL | 29 | | MEQ/L | 20-32 | | |
| URIC ACID | 5.3 | | MG/DL | 4.0-8.5 | | |
| CALCIUM | 9.7 | | MG/DL | 8.5-10.6 | | |
| PHOSPHORUS, INORGANIC | 4.8 H | | MG/DL | 2.5-4.5 | | |

) REPORT CONTINUED ON NEXT PAGE (

50139000 AREA/ROUTE/STOP: 2601000
 CHARTER HOSP OF LITTLE ROCK
 1601 MURPHY DRIVE
 MAUMELLE, AR 72118

WLB **SB** SmithKline Beecham
 Clinical Laboratories

MICROFILM# 06029216031

| | | | | | |
|--------------------------------------|------------------------------------|---------------------------------|-------------------------------|------------------------------------------------|-------------------------------|
| PATIENT NAME AMTEN, ECHOLS | PATIENT ID 10012351 | ROOM NO. 309A | AGE 17 | SEX M | PHYSICIAN |
| VE | REGISTRATION NO. 5346487 | ACCESSION NO. 2326658 | LAB REF. # | COLLECTION DATE & TIME 06/02/92 0530 | LOGON DATE 06/03/92 |
| REPORT DATE 06/03/92 | | | REPORT TIME 12:00PM | | |

REMARKS
FASTING

| REPORT STATUS | TEST | RESULT | | UNITS | REFERENCE RANGE | SITE CODE |
|-----------------------------|--------------|----------|--------------|--------------|-----------------|-----------|
| | | IN RANGE | OUT OF RANGE | | | |
| FINAL | | | | | | |
| HEMZYME (CONTINUED) | | | | | | |
| CHOLESTEROL, TOTAL | 144 | | | MG/DL | (170) | |
| CHOLESTEROL LEVEL | | | | | | |
| | | | | | | |
| LESS THAN 200 MG/DL | | | | | | |
| 200-240 MG/DL | | | | | | |
| GREATER THAN 240 MG/DL | | | | | | |
| | | | | | | |
| TRIGLYCERIDES | 118 | | | MG/DL | 36-143 | |
| BILIRUBIN, TOTAL | 0.7 | | | MG/DL | 0.2-1.2 | |
| BILIRUBIN, DIRECT | 0.2 | | | MG/DL | 0.0-0.3 | |
| BILIRUBIN, INDIRECT | 0.5 | | | MG/DL (CALC) | 0.0-0.9 | |
| ALKALINE PHOSPHATASE | 97 | | | U/L | 30-224 | |
| AST (SGOT) | 16 | | | U/L | 0-50 | |
| ALT (SGPT) | 11 | | | U/L | 0-55 | |
| GGT | 17 | | | U/L | 0-65 | |
| LACTATE DEHYDROGENASE | 120 | | | U/L | 0-250 | |
| PROTEIN, TOTAL | 6.5 | | | G/DL | 6.0-8.5 | |
| ALBUMIN | 4.4 | | | G/DL | 3.2-5.5 | |
| GLOBULIN | 2.1 | | | G/DL (CALC) | 1.5-3.8 | |
| ALBUMIN/GLOBULIN RATIO | 2.1 | | | RATIO (CALC) | 1.0-2.7 | |
| IRON | 136 | | | MCB/DL | 55-200 | |
| DR CARD | NON-REACTIVE | | | | NON-REACTIVE | SL |
| THYROID PANEL, HYPD | | | | | | |
| THYROID PANEL | | | | | | SL |
| T-3 UPTAKE | 31 | | | % | 22-35 | |
| T-4 (THYROXINE), TOTAL | 6.3 | | | MCB/DL | 4.5-12.5 | |
| FTI | 2.0 | | | | 1.4-3.8 | |
| THYROID STIMULATING HORMONE | 1.0 | | | MCU/ML | 0.3-5.0 | SL |

>> END OF REPORT <<

CONFIDENTIAL
 DO NOT REDISCLOSE

000253

205

ECHOLS, DANIEL H
ID:010012351 LOC:CHART
17YR 22IN 150LB CAU MALE

NONSPECIFIC T WAVE ABNORMALITY
ABNORMAL ECG
LIMB LEADS ARE REVERSED

MEASUREMENTS
09:00 BP: / RM:UNKN
ECG TAKEN: 09-JUN-92 14:55
VENT. RATE 124 BPM
PR INTERVAL # MS
QRS DURATION 76 MS
QT/QTc 280/401 MS
P-R-T AXES # 148 145

Lead

1001235-1

ECHOLS, DANIEL H
DOB 12/11/74
DR W GALLIEN
ADM 06/01/92
MED REC FOC-11-60

REVIEWED BY: STEVE HUGHES

CONFIDENTIAL
DO NOT RE-
DISCLOSE

C00254

206

1001235-1

E

ECHOLS, DAMIEN W
 DOB 12/11/74
 DP W GALLIEN
 ADM 06/01/92
 MFD REC #00-11-60
 Unconfirmed

Unconfirmed

CL

486

CONFIDENTIAL
DO NOT REDISCLOSE

000255

207

000256

CONFIDENTIAL
DO NOT REDISCLOSE

MONTH/YEAR: ^{JUNE} May - 1992

MASTER TREATMENT PLAN UPDATE

| DATE | REVISION COMMENTS | SIGNATURE |
|------|----------------------------------|--------------|
| 1 | Admitted | S. Rankin RN |
| 2 | ITP Reviewed | S. Rankin RN |
| 3 | Reviewed | S. Rankin RN |
| 4 | Clinical Staffing done. | S. Rankin RN |
| 5 | Reviewed | S. Rankin RN |
| 6 | Reviewed | Thrice, RN |
| 7 | Reviewed | Thrice, RN |
| 8 | Reviewed | S. Rankin RN |
| 9 | Reviewed | S. Rankin RN |
| 10 | Reviewed | S. Rankin RN |
| 11 | Clinical Staffing done. | S. Rankin RN |
| 12 | Reviewed | S. Rankin RN |
| 13 | Reviewed | Thrice, RN |
| 14 | Reviewed | Thrice, RN |
| 15 | Reviewed | S. Rankin RN |
| 16 | Reviewed | S. Rankin RN |
| 17 | Reviewed | S. Rankin RN |
| 18 | Clinical Staffing & update done. | S. Rankin RN |
| 19 | Reviewed | S. Rankin RN |
| 20 | Reviewed | Thrice, RN |
| 21 | Reviewed | Thrice, RN |
| 22 | Reviewed | S. Rankin RN |
| 23 | Reviewed | S. Rankin RN |
| 24 | Reviewed | S. Rankin RN |
| 25 | | |
| 26 | | |
| 27 | | |
| 28 | | |
| 29 | | |
| 30 | | |
| 31 | | |

CONFIDENTIAL
DO NOT REDISCLOSE

C00257

209

INITIAL CARE PLAN

11-60

Admit Date 6/1/92Date 6/1/92Time 2330

Responsible RN

Karen Jenkins, RNClinical Services
and72
HR
Pr

| Problems | Objectives | Intervention | Length/Freq of Session | Try DT |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------|-----------|
| 1. Potential for self-harm R/T isolation, loneliness | Pt. will be free of self-inflicted harm | Provide safe environment Build therapeutic supportive relationships | Throughout hospital stay | 4/15 |
| 2. Ineffective individual coping; anger R/T inability to express anger in a constructive or nondestructive manner | 1) Pt will be able to acknowledge anger 2) Pt will identify at least 3 ways of expressing anger appropriately | Introduce pt to relaxation techniques Individual tx w/ Dr. Salgin | x 5 weekly | |
| 3. Use of chemical substances | Pt will be able to recognize symptoms of substance dependence. | Drug awareness Group & Narcotics counseling | x weekly | |

Psychotropic Medications: (Rx prior to admit)

| Type | Dosage | Frequency | Start Date |
|------------------------|--------|-----------|------------|
| <u>Sleeping tablet</u> | | | |
| | | | |
| | | | |
| | | | |

CONFIDENTIAL
DO NOT REDISCLOSE

DISCHARGE CRITERIA/AFTERCARE PLANS

Demonstrated no evidence of self-destructive behavior
These techniques for anxiety reduction

0001

: * TO CONTINUE ON M.T.P.

* PROBLEM RESOLVED WITHIN 72 HOURS

* DELETED

Transferred to NPT:

Sandra Darnell 6/1/92

Physician's Signature

W.B. Gault

Nurse's Signature

Karen Jenkins

210

C00258

INTERDISCIPLINARY TREATMENT PLAN Including Nursing Care Plan

1001235-1

Nursing Care Plan Formulated By: T. Price

CASE MANAGER: T. Price

to Nursing Care Plan Formulated: 6/1/92

Date of Admission: 6/1/92

Physician's Initial ELOS (days): 20

Anticipated Discharge Date: 7/1/92

11-60

Program / Unit: _____

(address e-graph)

ADMITTING DIAGNOSES (DSM-III-R)

Axis I

~~Depressed~~ Major Depression

Anxiety

Axis II

No Psychotic Dis

Axis III

None

Axis IV

None

PROBLEM STATUS CODES

- 3 - open, severe impact
- 2 - open, moderate impact
- 1 - open, mild impact

R - Problem RESOLVED

D - Problem DEFERRED
(see explanation)

X - Problem RE-DEFERRED
(see explanation)

Axis IV score: 3

de V (GAF) score: past year: 60 current: 30

| MASTER PROBLEM LIST (corresponding to Axis) | | | Date Opened | PROBLEM STATUS (at each review date) | | | | |
|------------------------------------------------|---|--------------------------------------------|-------------|-----------------------------------------|---------|---------|---------|--------|
| | | | | 6/1/92 | 6/15/92 | 6/22/92 | 6/29/92 | 7/6/92 |
| Axis I | 1 | DEPRESSED MOOD & SUICIDAL THOUGHTS | 6/1 | 3 | 3 | 2 | 1 | |
| | 2 | Extreme Physical Agitation towards others. | 6-1 | 1 | 1 | 1 | R | |
| | 3 | Paranoia & Unusual Thinking Pattern. | 6-1 | 3 | 3 | 2 | 2 | |
| Axis II | | | | | | | | |
| Axis III | | | | | | | | |

CONFIDENTIAL
DO NOT RE-DISCLOSE

C00259

TREATMENT PLAN

INITIAL DISCHARGE PLANS (see progress notes for current status of discharge planning)

Discharge Destination (home, residential facility, nursing home, etc):

LONG TERM RESIDENCY BEING EXPLORED

After Care follow-up with:

TO BE ORGANIZED

Vocational/Occupational/Educational Plans:

School

Other Plans Following Discharge:

None

INVENTORY OF ASSETS, STRENGTHS, LIABILITIES & SPECIAL NEEDS

Patient Strengths and Assets

- ☐ support of family and friends
- ☐ capable of insight into problems
- ☐ capable of independent living
- ☐ leisure interests
- ☐ sense of humor
- ☒ good physical health
- ☐ motivated for treatment
- ☐ good social support network
- ☐ possesses technical/vocational skills
- ☐ recreational interests
- ☐ religious affiliation/support network
- ☐ education

CONFIDENTIAL
DO NOT REDISCLOSE

Liabilities and Special Needs:

Physical Weaknesses or Limitations:

NONE

Clinical Problems:

NONE

Sight/Hearing or Speech Impairments:

NONE

Other: None

able to read and write? ☐ yes ☐ no

| Explanation of DEFERRED or RE-DEFERRED Problems | | |
|-------------------------------------------------|------------|-------------|
| Date | Problem #: | Explanation |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

PROBLEM #:

Client Title:

Axis:

Nursing Diagnosis:

DEPRESSED WOOD WITH SUICIDE IDEATION
Diagnosis (DSM-IV-TR): DEPRESSIVE, DIO
Interaction in thought process

11-1235-1

SECTION V
11/24
11/24
11/24
11-11-60
(address e-graph)

AS MANIFESTED BY (give examples):

prolonged sadness, thoughts of suicide with plan

LONG TERM GOAL (Discharge Criteria):

TO VERBALIZE ABSENCE OF SUICIDE IDEATION
Develop plan of action to use when feeling overwhelmed by emotion

SHORT-TERM GOALS

1. Identify when feelings of sadness began to be overwhelming. 6/30
2. Identify which intrusive thoughts tend to increase, & the feelings that are problematic. 6/15
3. Identify positive activities pt is able to do to alter mood. 6/10

INTERVENTIONS

Frequency

CONFIDENTIAL
NOT REDISCLOSE

1. Date Added: 6/3 Date Deleted: X Sunday 6/15
Individual therapy & attending physician focusing on the feelings of sadness
2. Date Added: 6/3 Date Deleted: X Sunday 6/15
Patient group meets for support on ways to effectively cope with depressed mood
3. Date Added: 6/3 Date Deleted: X Sunday 6/15
Community support group to assist pt in identifying his role in the community and establishing goals

000261
TREATMENT PLAN
2/3

INTERVENTIONS (continued)

Frequency

Responsible Staff

Outlets

- 4 Date Added: 6/4/92 Date Deleted: 5 weeks Nick ~~ED~~
Educational staff will provide successful school experiences
and positive reinforcement a day to improve mood
and increase feelings of self worth
- 5 Date Added: 6-4-92 Date Deleted: 5 weeks Mark J. Jones WPA
AT staff will continue to support and encourage
participation in therapeutic recreational
activities
- 6 Date Added: 6-4-92 Date Deleted: ongoing T. Price RN.
Staff will ensure Patrick in the therapeutic
milieu and not allow him to isolate from
peers & staff -

7 Date Added: Date Deleted:

8 Date Added: Date Deleted:

CONFIDENTIAL
DO NOT REDISCLOSE

Current Dr: Extreme physical aggression toward others
Presenting Problem: MAJOR DEPRESSION
Admission: 1 Chapman KOSKAL
Nursing Diagnosis: INEFFECTIVE COPING SKILL 1001235-1

AS MANIFESTED BY (give examples):

WHEN ANGRY and or frustrated the
it had a HR of 100, angry angry + MED REC 11-60
impulse physical acts of violence.

ECHOLS, DANIEL W
DOB 12/11/74
DR W GALLIST
154 06/10/74

LONG TERM GOAL (State specific criteria):

DEVELOP ABILITY TO VERBALIZE FEELINGS APPROPRIATELY

SHORT-TERM GOALS

- | | Target Date |
|-----------------------------------------------------------------------|-------------|
| 1. IDENTIFY SITUATIONS IN WHICH PT. HAS BECOME PHYSICAL TOWARD OTHERS | 6/15 |
| 2. IDENTIFY + DISCUSS EMOTIONAL RESPONSES TO THE SITUATIONS | 6/15 |
| 3. DISCUSS HOW THE CLIENT REACTS TO THESE SITUATIONS | 6/20 |

INTERVENTIONS

Frequency

Responsible Staff

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------|
| 1. Date Admin: 6/4/82 Date Collected: 5/10/82 | 5/10/82 | Nigro |
| Educational staff will provide firm limits and consequences for non-compliance of classroom rules for which the no physical or verbal aggression toward others in the classroom. | | |
| 2. Date Admin: 6/11/82 Date Collected: 5/10/82 | 5/10/82 | GALLIST |
| INDIVIDUAL THERAPY FOCUSING ON AGGRESSION AND WAYS TO EXPRESS SELF | | |
| CONFIDENTIAL | | |
| 3. Date Admin: 6/11/82 Date Collected: 5/10/82 | 5/10/82 | REDISCLOSE |
| GROUP THERAPY FOCUSING ON IDENTIFICATION AND WAYS TO SOLVE PROBLEMS CONSTRUCTIVELY | | |

TREATMENT PLAN

600263 2/15

2. LASTING ONLY NEGATIVE, UNDERSTANDING 6/20
TRUST LINE, OCCURRED AS A RESULT
OF THE CLIENTS REACTIONS
3. IDENTIFY ALTERNATIVE BEHAVIORS THAT CAN 6/20
BE EMPLOYED TO RESOLVE CONFLICT

INTERVENTIONS (continued)

Frequency

Responsible Staff

Class

4. Date Added: 6/4 Date Deleted: on going T Price RN
 Stop will provide a sequence of consequences
 for the negative behavior and reward positive
 re-inforcement for positive behavior.

5. Date Added: Date Deleted:

6. Date Added: Date Deleted:

7. Date Added: Date Deleted:

8. Date Added: Date Deleted:

TREATMENT PLAN

CONFIDENTIAL
 DO NOT REDISCLOSE

Page # 3

Client Name: Bizarre and unusual Thinking Pattern
 Age: 1 Diagnosis (DSM-IV): Major Depression
 Presenting Complaint: Alteration in Thought Process

DOB: 12/11/74
 Dr. W. Gallen
 Adm 6/1/92
 ME# 00-11-60

As manifested by (give examples):

(address-a-graph)

Trying to suck blood off people who have
hurt themselves.
Beliefs involving witchcraft, practices, powers and Spell
casting.

LONG TERM GOAL (Discharge Criteria):

to discuss beliefs in an appropriate - non shocking Man
ner.

SHORT-TERM GOALS

| | Target Date | Achieved Date |
|-------------------------------------------------------------------------------------------------------------|-------------|---------------|
| <u>1. Will identify 3 beliefs that motivate</u> <u>behaviors</u> | <u>6/10</u> | |
| <u>2. Will identify 3 Problems caused by these</u> <u>beliefs</u> | <u>6/15</u> | |
| <u>3. Will report to staff 3 consequences he</u> <u>has had to face due to bizarre beliefs/behaviors</u> | <u>6/15</u> | |

CONFIDENTIAL

INTERVENTIONS

Frequency

DO NOT REDISCLOSE

| No. | Date Action | Date Discontinued | Frequency | By | Discipline |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|---------------------|------------|
| <u>1</u> | <u>6/9</u> | | <u>3x weekly</u> | <u>Wanda Gallen</u> | <u>MD</u> |
| | <u>Physician will have individual therapy with</u> <u>emphasis on productive problem solving.</u> | | | | |
| <u>2</u> | <u>6/9</u> | | <u>4x weekly</u> | <u>Wanda Gallen</u> | <u>MD</u> |
| | <u>Therapist will teach pt to use group therapy</u> <u>as a tool to explore and express thoughts/feelings</u> <u>he is experiencing.</u> | | | | |
| <u>3</u> | <u>6/9</u> | | <u>a shift</u> | <u>Tess Price</u> | <u>RN</u> |
| | <u>nursing will do reality orientation c/pt and comfort</u> <u>him when he uses bizarre beliefs to shock people.</u> | | | | |

000265 217
 TREATMENT PLAN

#

Target
Date

Actual
Date

INTERVENTIONS (continued)

Frequency

Responsible Staff

Disposition

_____ Date Added: _____ Date Deleted: _____

_____ Date Added: _____ Date Deleted: _____

_____ Date Added: _____ Date Deleted: _____

_____ Date Added: _____ Date Deleted: _____

_____ Date Added: _____ Date Deleted: _____

CONFIDENTIAL
DO NOT REDISCLOSE

MASTER TREATMENT PLAN
SIGNATURES and APPROVAL

10/12/35-1

WILLIAM PATIENT W
12/11/74
WILLIAM
12/01/92
REC 100-11-69

W.B. Coallum
Physician Approval of Treatment Plan

6/4/92

Date

TEAM MEMBERS PARTICIPATING IN THE FORMULATION AND REVIEW OF THE TREATMENT PLAN

| Sign Below and Initial under date of meetings attended | DATE | 6/4/92 | 6/11/92 | 6/18/92 | 6/25/92 |
|-----------------------------------------------------------|------|--------|---------|---------|---------|
| Physician <u>W.B. Coallum</u> | | WBC | WBC | WBC | WBC |
| Nurse <u>Teresa Prado, RN / BSN</u> | | TP | | | |
| <u>William R. Wilson, RN</u> | | | WRW | WRW | |
| <u>Paula Estep, RN</u> | | | | PE | |
| <u>J. Lane Myrth</u> | | | | | MK |
| Social Worker / Counselor <u>David Bryant, LSW MED</u> | | DB | | | |
| <u>Wynona Dutton, LSW</u> | | WD | WD | WD | WD |
| <u>Christopher Richardson, SSW</u> | | CR | CR | CR | CR |
| <u>Charles R. R. Cate</u> | | CR | CR | CR | CR |
| Admission Therapy <u>Mark Dwyer, CTR</u> | | MD | MD | | |
| Other Services <u>Robert Dwyer, RSE</u> | | RD | RD | RD | RD |
| <u>John Dwyer, RSE</u> | | JD | JD | JD | JD |
| <u>Deborah Dwyer, RN, RN</u> | | DD | DD | DD | DD |
| Program Administrator | | | | | |
| Patient Level | | G | R | O | O |
| Estimated Length of Stay (days) | | 22 | 15 | 8 | 0 |

CONFIDENTIAL

DO NOT RE-EDISCLOSE

PATIENT / FAMILY INVOLVEMENT

This treatment plan has been presented to and reviewed with the patient and/or family. The patient and family have been given the opportunity questions and make suggestions.

Patient / Family signature: James L. Schick

Date: 6-12-92

Staff Signature: Charles R. R. Cate

Date: 6-12-92

* plan is confidential and subject to program rules

C00267
TREATMENT PLAN
219

INTERDISCIPLINARY REPORTS

Nursing Services:

Seems to stay to himself with little interaction with peers or staff. Affected flat and stunted. Expressing anxiety about family move.
Cassidy, Kille, Rogers

Social Services:

Continued to appear "odd". Has periods of unusual behaviors that will cause others to be suspect of this person's actions.

Speech Therapy:

AT staff wants to encourage him to engage with and prompt more.

Other Disciplines:

Education - Attention to task is good with some prompting required. Pt still daydreams in class. Pt not very participatory in classroom discussions.
Kathleen Ingram, BSE

Psychiatry: SEE PHYSICIAN'S PROGRESS NOTE 6-25-92

C. Crokey MD

CONFIDENTIAL

DO NOT REDISCLOSE

220 C00258

PROBLEM UPDATE:

Only Goals and Interventions for newly opened problems have been discussed at this meeting. Please refer to the Master Treatment Plan for new problems opened.

Problems Added, Resolved, Outlined (listing relevant or Re-Outlined at this date:

Problem # 2 Resolved due to NO S/S of aggression,
working on Problem Solving skills very well

SHORT-TERM GOAL UPDATE:

Short-Term Goals Added, Achieved, Outlined or Revised at this date:

no changes
@ this time

INTERVENTIONS UPDATE:

Interventions Added, Outlined, Modified or Revised at this date:

no changes @ this time

DISCHARGE PLANNING UPDATE:

D/C Terry 6-25-92 To Home
moving out of state

CONFIDENTIAL
DO NOT REDISCLOSE

INTERDISCIPLINARY TREATMENT TEAM-
UPDATE AND REVIEW MEETING

TAPPING WORK SHEET

DATE 6-18-92

Week #: 3

6-18-92

DAMIEN W. ECHOLS
1001235-1

SCHOOL
DOB 12/11
OR 4 11/11
1971

(address & graph)

INTERDISCIPLINARY REPORTS

Nursing Services:

Flat affect, isolated, depressed mood ~~not~~ opening up. Rash has cleared up
at Baker L.V.

Social Services:

Quiet. Sullen. minimal participation. Will become verbal when directly questioned. Withdrawn from peer group. Prefers isolation vs. mixing with peer people.

Speech Therapy:

Damen posthypnotic - w/ TR sing the week - PT. conts to regurgitate stuff properly
to fully ingest

Other Classroom:

Education - attention to task fair with some prompting required. Daydreams frequently in class. Very participatory in classroom groups. Excellent Rhythm

Psychiatry SEE PHYSICIAN PROGRESS NOTES 6-18-92

W.B. Callaway

CONFIDENTIAL

DO NOT REDISCLOSE

00270

222

PROBLEM UPDATE:

Note: Goals and interventions for newly assessed problems have been discussed at the meeting. Please refer to the Master Treatment Plan for new problems assessed.

Problems Added, Resolved, Deferred (stating reasons) or Re-Defined at this date:

None

SHORT-TERM GOAL UPDATE:

Short-Term Goals Added, Achieved, Outlined or Revised at this date:

None

INTERVENTIONS UPDATE:

Interventions Added, Deleted, Modified or Revisited at this date:

None

DISCHARGE PLANNING UPDATE:

d/c 6/26/92 to home

probation officer has been notified

CONFIDENTIAL
DO NOT REDISCLOSE

C00271

TREATMENT PLAN - UPDATE & REVIEW SUMMARY

223

TAPPING WORK SHEET

6-11-92

Week #: 2

(address graph)

INTERDISCIPLINARY REPORTS

Nursing Services

Risk on D. [unclear] [unclear] - probable
Chase [unclear] [unclear] [unclear] [unclear] [unclear]

Social Services

Mood is unpredictable. Tends to withdraw from peers & adults, mistrust of authority, will participate when prompted by others. Depressed mood, poor sleep, low on morphine & vice associated with.

Substance Therapy

Damien cont to request prompting to fully engage in TR group this week.

Other Clinicians

Education - Attention to task is fair with much prompting required because he starts off in a brace frequently. He is compliant to class. When she completes her work, it is done internally. Kathleen Hignow, BSE

Physician

SEE PHYSICIANS PROGRESS NOTE 6-11-92
GAF increased to 50.

CONFIDENTIAL
DO NOT REDISCLOSE

000272

PROBLEMS UPDATED:

List Goals and Interventions for newly assessed problems here. Each discussed at the meeting. Please refer to the Master Treatment Plan for new problems assessed.

Problems Added, Resolved, Deferred (Waiting) removed or Re-Defined at this date:

None

SHORT-TERM GOAL UPDATE:

Short-Term Goals Added, Addressed, Deleted or Revised at this date:

None.

INTERVENTIONS UPDATE:

Interventions Added, Deleted, Modified or Revised at this date:

None.

DISCHARGE PLANNING UPDATE:

Continue to evaluate - D/C to Home

CONFIDENTIAL
DO NOT REDISCLOSE

TREATMENT PLAN - UPDATE & REVIEW SUMMARY

225

000223

INTERDISCIPLINARY TREATMENT TEAM UPDATE AND REVIEW MEETING

TAPPING WORK SHEET

DATE: 6-4-92 Week #: 1

(address-o-raph) 1-6

INTERDISCIPLINARY REPORTS

Nursing Services:

Depressed & sad affect. Limited eye-contact & has little desire to interact w/ peers & open-up in group therapy. Needs motivation to interact w/ peers & staff.

Social Services:

APPEARS TO BE RESPONDING TO EXTERNAL STIMULATION. SMELLING
DIR, CLOSING EYES, INAPPROPRIATE BAWLING. GOOD ARTICULATION
VERBAL HONESTY IS QUESTIONABLE.

Acute Therapy

Danner participated in 2at groups this week.
It remains quiet, required prompting to
fully engage in TR groups.

Other Classifications:

Other Observations: Education - Attention to task excellent w/ no prompting required. All educational assessments completed at this time.
Kathleen Ngao, BSE

Psychiatrist:

SEE PROGRESS NOTE

CONFIDENTIAL
DO NOT REDISCLOSE

W. B. Callaway

Principal Diagnosis:

PROBLEM UPDATE:

Note: Goals and interventions for newly opened problems have been discussed at this staffing. Please refer to the Master Treatment Plan for new problems opened.

Problems Added, Resolved, Deferred (listing reason) or Re-Defined at this date:

NONE

SHORT-TERM GOAL UPDATE:

Short-Term Goals Added, Achieved, Deleted or Revised at this date:

NONE

INTERVENTIONS UPDATE:

Interventions Added, Deleted, Modified or Revised at this date:

NONE

DISCHARGE PLANNING UPDATE:

DISCHARGE PLANNING IS PROCEEDING. RESIDENTIAL
OPTIONS ARE BEING EXPLORED

CONFIDENTIAL
DO NOT REDISCLOSE



CHARTER HOSPITAL OF LITTLE ROCK

1401 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8200
A member of the United Medical Corporation family of quality health care facilities

1001235-1

ETMOLS, CAMDEN, N
DIP 12/11/75
DR. W. G. LITTLE
ADN 12/11/75
1001235-1-60

ADDRESSOGRAPH PLATE

NURSING DISCHARGE AND TEACHING SUMMARY

Discharge Date: 6-25-92 Time: 1000 Accompanied By: Parents
Mode of D/C from Unit: WC: _____ Ambulatory: ✓ Ambulance: _____
Destination Upon D/C: Home ✓ Hosp _____ Nsg. Home _____ Other _____

Discharge Data:

1. Diet: Reg.
2. Activity (Include Limitations): no limitations

3. DISCHARGE MEDICATIONS

| MEDICATION | DOSAGE | REASON | SAFETY FACTORS | SIDE EFFECTS |
|-------------------|--------------|-------------------------|-------------------------|-------------------------|
| <u>Imipramine</u> | <u>100mg</u> | <u>Seizure activity</u> | <u>Seizure activity</u> | <u>Seizure activity</u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DO NOT DISCONTINUE YOUR OWN MEDICATION EVER IF YOU FEEL GOOD. THE MEDICATION CONTRIBUTES TO YOUR FEELING OF WELL BEING.

SAFETY FACTORS

1. No alcohol! Alcohol may increase the action of your medication.
2. Your sensitivity to sun may be increased, wear sun screen.
3. Do not take any drug not prescribed by your doctor.
4. Notify your nurse or doctor if you notice any changes in your general health since taking your medication.
5. Avoid driving or operating machinery after taking your medication.
6. Increase fluids.
7. Stand up slowly.

Other Information _____

POSSIBLE SIDE EFFECTS

1. Blurred Vision
2. Dry Mouth
3. Drowsiness
4. Constipation
5. Stiffness of body (Rigidity)
6. Shaking of arms and hands.
7. Other: _____
8. Other: _____

CONFIDENTIAL
DO NOT REPRODUCE

4. I understand instructions given to me and have received all of my personal belongings:
Patient/Family Member Signature: Wanda J. Roberts 6-25-92
5. Continuing Care Form including goals and appointments reviewed and signed by patient ✓ Yes _____ No _____

Marianne Kuylenstierna
RN Signature

6-25-92
Date

10:00 AM
Time

White Copy - CHART

000276

Yellow Copy - PATIENT

228

Page Two

6. Mental Status-Upon discharge, patient exhibited improvement in these areas:

| | NO | YES | N/A |
|----------------------------------------------------|----|-----|-----|
| A. Active participation in RT and Group Activities | — | ✓ | — |
| B. Increased eye contact | — | ✓ | — |
| C. Increased expressions of positive feelings | — | ✓ | — |
| D. Increased interest in personal grooming | — | — | ✓ |
| E. Increased awareness of self | — | ✓ | — |
| F. Increased awareness of reality | — | — | ✓ |
| G. Increased decision making ability | — | — | ✓ |
| H. Diminished somatic complaints | — | — | ✓ |
| I. Maintenance of interpersonal relationships | ✓ | — | — |
| J. Positive progression of affect | — | ✓ | — |
| K. Communications thoughts/feelings with staff | — | ✓ | — |
| L. Controls behavior in acceptable manner | — | ✓ | — |
| M. Better prepared to establish personal goals | — | — | — |
| N. Increased awareness of Disease process | — | — | ✓ |
| O. Awareness of the Relapse process | — | — | ✓ |
| P. Implemented a relapse prevention plan | — | — | ✓ |
| Q. Developed a continuing care plan | — | — | ✓ |
| R. Utilizing support groups | — | — | ✓ |
| S. Improved communications with family | — | — | — |
| 7. Food and Drug Interaction Teaching Sheet given | — | ✓ | — |
| Patient or Guardian verbalized understanding | — | ✓ | — |
| Patient or Guardian's Signature <i>[Signature]</i> | — | — | — |
| RN Signature <i>[Signature]</i> | — | — | — |
| Date <i>10-25-92</i> | — | — | — |

CONFIDENTIAL
DO NOT REDISCLOSE



CHARTER HOSPITAL
OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
a member of the Christus Medical Corporation family of multi-health care facilities

a member of the Charles Medical Corporation family of medical health care facilities

1001235-1

AM IEN W

111/24

L L L F M

101/02

77-11-60

ADDRESSOGRAPH PLATE

Samuel Scholz

PHYSICIAN'S

PROGRESS NOTES

NOTES

D - DATA

ASSESSMENT

NOTES

P = PLAN

| DATE | DIS- CIPLE | TIME | PROB. NO. | NOTES | P = PLAN |
|------|---------------|------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 9/2 | 72 | | | <p>TD: Damien is a 17yo w/m who lives with his mother and grandmother. He was referred for admission by the Hutchinson. He was @ the (this-though) Detention Ctr for 2-3 wks. He is a court ordered admission. re: "I ran away from home"</p> <p>HE: Damien is admitted for admission accompanied by his probation officer. He was described as having suicidal ideation for 2 wks prior to admission. He indicated that he ran away with his girlfriend to avoid her parents forbade her to see him anymore. He says they were upset because he was engaging in sexual intercourse. There was a conversation not consensual stop @ Detention Center. Apparently, Damien & girlfriend were going to have a baby and then sacrifice the child. There are questions about his involvement with Satanism. Supposedly, he had a young child with an ex girlfriend to sell a house and free. He was accused of beating up a peer.</p> <p>(CONT) 6/8</p> | |

700278

231

CUSTOM PRINTING CO. - NLR - 375-7511 - CHLR-1101



1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001235-1

FENHOLS, CAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 06/01/92
MED REC #00-11-60

ADDRESSOGRAPH PLATE

Lamin. E. b. b.

**PHYSICIAN'S
PROGRESS NOTES**

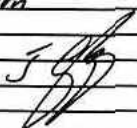
CONFIDENTIAL

D - DATA

A - ASSESSMENT

NOTES

P = PLAN

| DATE | DISCIPLINE | TIME | PROBL NO. | NOTES |
|--------|------------|------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/2/42 | | | | CONFIDENTIAL P-PLAN H+P DO NOT REDISCLOSE HK As Above. Pt's Physical C/O Today Bunk As Below Diet PE - Quiet work now BUT milk Heart work self inflated tubes lung clear @ chest → F Abdominal OK at XRT work H) Major Deposition Discharge by HK were on exam today Inspiratory A/C line rec.) Agree to admit Went to his intake per rev As needed  |



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

E. HOLS, DAMIAN W
DOB 12/11/74
MR W GALLIEN
DOB 06/01/92

ADDRESSOGRAPH PLATE 57-11-60
Damian Echols

PHYSICIAN'S PROGRESS NOTES

D - DATA

A - ASSESSMENT

P - PLAN

| DATE | DOC PLNE | TIME | PROBL NO. | NOTES | P - PLAN |
|------|-------------|------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 12/3 | Dr. | | | Damian's disgust his feelings of pursuing to be hospitalized. He says he thought it was going to be like a jail. He said he had no problems sleeping. We tried to involve family in his treatment. He still appears quite depressed. W.B. Callahan | |
| 12/4 | Dr. | | | Tx Plan Note: Damian is adjusting to the unit in a bizarre & unusual manner. He does admit to suicidal ideation but not intent. His affect is inappropriate. He has trouble making eye contact. He is quite paranoid. He has been drawing symbols. Still feels somewhat un- comfortable. Damian definitely bears witnessing. Will pursue psychological testing. W.B. Callahan | |

CONFIDENTIAL
DO NOT REDISCLOSE

COC281



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

ETHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 06/01/92
MED REC 401-11-60

ADDRESSOGRAPH PLATE

PHYSICIAN'S PROGRESS NOTES

D = DATA

A = ASSESSMENT

P = PLAN

| DATE | DDI- PLINE | TIME | PROBL NO. | NOTES |
|--------|---------------|------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/5/92 | | | | <p>Damien continued to appear quite depressed. He denies feeling bored and says his energy is okay. He denies feeling hopeless or helpless. He answers questions in a yes/no type fashion. He says he is sleeping okay. <div style="text-align: center;">CONFIDENTIAL</div> Start: Transmanas Spring DO NOT RECALL </p> |
| 6/8/92 | | | | <p>Damien said he had a good we. He did appreciate the fact that his parents want to move to Chicago. He said it doesn't make him any freer. He wants much to appreciate his depressed mood. He denies sleep disturbance. He says he has been talking to his sleep a week or so up. He said it started happening after the AD. He said the transmanas the last night was causing the trouble now. He still has slight blurred vision. <div style="text-align: right;">w/o Cully</div> </p> |

C00282



1001235-1

PHOLLS, T. J. ED
DOB 12/11/74
DR W. GALELLI
ADM 04/01/80
TED HED 04/11/80

ADDRESSOGRAPH PLATE

PHYSICIAN'S
PROGRESS NOTES

D - DATA

A - ASSESSMENT

P - PLAN

| DATE | DISC- PLINE | TIME | PROBL NO. | NOTES |
|---------|----------------|------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/9/80 | Dr | | | Damen appeared slightly less depressed. He did discuss the difference between white witches & black witches & the fact that he was not involved in Salem - this participating slightly more in the unit activities. <u>Sub. Convey</u> |
| 6/10/80 | | | | Damen says he feels okay. He is participating in school in an appropriate fashion. No sleep disturbance. He denies dizziness or blurred vision from the meds. He is addressing the groups & individuals he has a reason for being admitted. <u>Sub. Convey</u> |

CONFIDENTIAL
DO NOT REDISCLOSE

COC283



1001235-1

ETHICS
D.R. 1.1
C.S.

EN W

ADDRESSOGRAPH PLATE

11-60

PHYSICIAN'S
PROGRESS NOTES

D - DATA

A - ASSESSMENT

P - PLAN

| DATE | DISC. PLINE | TIME | PROBL. NO. | NOTES |
|---------|----------------|------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/11/82 | Dr. | | | <p><u>Tx Plan Note:</u></p> <p>Damien is making progress in verbalizing his feelings. He is less depressed. He has told about a rash on his forearms. He continues to indicate to others that he has power.</p> <p>Plan: cont. Imipramine.</p> <p>W.B. Cullen</p> |
| 6/12/82 | Dr. | | | <p><u>Family Tx call</u></p> <p>met w. Damien's parents and related to them our opinions about his belief system. They were very concerned about his witchcraft beliefs. Spoke with them about our limitations. Parents refuse that they plan to move to Oregon.</p> <p>W.B. Cullen</p> |
| 6/12/82 | Dr. | | | <p>Damien was <u>glad</u> depressed. He said he had a good visit & his parents did not admit to getting angry about the possibility of going to jail. He said the meds were no longer working. He doesn't feel anything.</p> <p>Plan: T. Imipramine.</p> <p>W.B. Cullen</p> |

000284

CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001235-1

EPHOLS, DAMIEN W
DOB 12/11/74
OP W GALLIEN
ADM 06/01/92
MED REC 801-11-60

ADDRESSOGRAPH PLATE

PHYSICIAN'S PROGRESS NOTES

D = DATA

A = ASSESSMENT

P = PLAN

| DATE | DISC- PLATE | TIME | PROBL NO. | NOTES |
|--------|----------------|------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/5/92 | | | | Damien was quite excited about the prospect of moving away from all the problems at home. He was upset about the police invading his privacy. He did appear quite depressed. He has been quite compliant. W.B. Butler |
| 6/6/92 | | | | Damien is continuing to be quiet & withdrawn. He is accepting the fact that he has to move. He appears stable. Will encourage verbalize his feelings. W.B. Butler |
| 6/7/92 | | | | Damien discussed his next discharge plan. He was happy that he was going home. He did request a place to go home to pack his things. W.B. Butler |

000285

238

DO NOT REDISCLOSE



CHARTER HOSPITAL
OF LITTLE ROCK

1401 Murphy Drive • Murrelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

SCHOLZ, GARTHEN W
DOB 12/11/74
DR W GALLIEN
ADM 06/01/72

ADDRESSOGRAPH PLATES REC 807-11-60

PHYSICIAN'S
PROGRESS NOTES

CONFIDENTIAL
NOTES
DO NOT REDISCLOSE
D - DATA
A - ASSESSMENT
P - PLAN

| DATE | DISC. PLAN | TIME | PROB. NO. | |
|----------|---------------|------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/18 Dr. | | | | <p>To Plan Notes</p> <p>Damen has made some major progress. He does not have to speak about his care & unusual matters. He is less depressed and feeling very positive about his move to Chicago. W.B. Galloway</p> |
| 6/19 Dr. | | | | <p>R: Damen is very quiet and withdrawn. He seems to want to stay alone & he is quite alone. He is quite excited about his move and also going back to his community for the first time since he was diagnosed IDC.</p> <p>S: Individuals, Therapeutic Group & medication for the depression.</p> <p>R: Moderate. He was less depressed a few days ago but perhaps the anxiety of going home has stressed him.</p> <p>P: Cont. meds allow pass to go home. park cont. above interventions W.B. Galloway</p> |

C00286

239



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

ETHOLS
DTR
DATE
ADD
MED NO. 11-60

ADDRESSOGRAPH PLATE

PHYSICIAN'S PROGRESS NOTES

CONFIDENTIAL
DO NOT REDISCLOSE
DATA
ASSESSMENT
NOTES
P - PLAN

| DATE | DISC. PLATE | TIME | PROBL. NO. | |
|---------|----------------|------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7/17/71 | | | | Damen appeared quite depressed but said he had a good wife. He was again dressed in black. He said he is still hooked and ready to go. Mon. Cont. MD. J.B. Callahan |
| 7/23/71 | | | | Damen continued to be quiet & reserved. He is quite ready for discharge. He has been compliant with the program this period. J.B. Callahan |
| 7/24/71 | | | | Damen is scheduled for discharge in the AM. He remains cooperative in his behavior. No drug or physical side effects from his antipsychotic-immunosuppressants. His aftercare will be arranged since he never to begin. C. Luttrell, MD |

000287



1801 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 06/01/92
HQB REC #00-11-60

ADDRESSOGRAPH PLATE

**PHYSICIAN'S
PROGRESS NOTES**

D - DATA

A - ASSESSMENT

P - PLAN

[illegible]

CONFIDENTIAL
DO NOT REDISCLOSE

~~SECRET~~

CUSTOM PRINTING CO. - NJR - 375.7311 - CHLH-1101

CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 651-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001235-1

LC, DANIEL W
12/11/76
TALLIEN
74/01/92
BIO 807-11-60

ADDRESSOGRAPH PLATE

Daniel Echols

PROGRESS NOTES

D - DATA

A - ASSESSMENT

P - PLAN

DATE DISC. TIME PROBL. NO.

4/2 RN 2330

Admission Note: 17yr WMA admitted per court order because of hx of suicidal thoughts & plan: denied attempt to harm himself except 2 friends -- burning self & lighter, stuffing gas & paint. Two weeks ago ran away & got friends & their parents verbalized restriction yet during time -- arrested on the following charges: burglary, breaking & entering, disorderly conduct, sexual misconduct (he & GF were engaged in sexual act when confronted by the police), and terroristic threatening (threatened a girl -- to kill him if given behavior & pth GF). Admits to experiencing suicidal thoughts when upset, alone, or frustrated. Spent 2 weeks in juvenile & began to feel very isolated -- did not sleep @ mom -- contemplated suicide -- to hang himself @ shut; however, he states he did not act on these thoughts. Stopped using addictive substances -- speed, marijuana, glue, paint etc. w/ external pressure. History of fighting in classroom, fighting @ school, etc. Admits to practice of sketchcraft. Recently his 14yr sister accused. His father & mother divorced himself 2 yrs ago & his biological father returned 1/2 yr ago absence of approximately 7 yrs. Able to do difficultly imitating sleep. R. Depressive individual coping w/ dysfunctional family, & mood, inadequate coping mechanisms & ineffective w/ ppl & system of chemical abuse. Even for health



CHARTER HOSPITAL OF LITTLE ROCK

1801 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

ECHELE, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 06/01/92
MED SPS 800-11-60

ADDRESSOGRAPHICATE

Damien Echale

PROGRESS NOTES

CONFIDENTIAL

D - DATA

A - ASSESSMENT

P - PLAN

DO NOT REDISCLOSE
NOTES

| DATE | DOC- PLSE | TIME | PROBL NO. | |
|---------|--------------|------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1/6/92 | RN | 0630 | Misc | Resting quietly to eyes closed 3 methylid % on all 3.30 mins check. — d. Rubin RN |
| | | | | addendum Blood drawn for fasting lab work of urine specimen obtained for UA + 205 d. Rubin RN |
| 1/6/92 | NR | 0755 | | Certified XUDs; thorough 4/10/92 — d. Rubin RN |
| 01/12 | UNAD | 0844 | 12 | BAROBI NOTE: D - CORTED THE LEGAL CHARGES HE CURRENTLY HAS BEEN ARRESTED ON. A) FEELINGS INTO PROGRAM. DEPRESSION AFFECT, MANIFESTED BY FLAT FACIAL EXPRESSION, SLOW BODY MOVEMENTS, SLOWED SPEECH, FLAT VOCAL TONE. D) COMPLETE DIS. W/ CONTACT PRESENT FOR FAMILY SESSION. JUNE WARDEN LEM |
| 1/12 | RN | 1400 | 10 | is lubricated in all unit activities. Not smiling. Not interacting much & peers, isolates self. Stated why he is here in community clinic am. little eye contact, looks d. after. A: flat, sad affect. P: receptive more. — d. Rubin RN |
| 01/12 | UNAD | 1400 | 1 | HEAVY. DEPENDENTLY GPD - BRIGHT, INTEREST AFFECT. LISTENED TO CONVERSATION. — d. Rubin RN |
| 1/12/92 | RN | 0830 | 10P | Quiet, reserved & isolative @ the be- ginning of the shift. Affect flat & sad & limited eye contact. Answers very little & limited when spoken to, but @ the latter part of the shift, pt. observed to interact interacting fairly well & peers. — d. Rubin RN |
| 1/12/92 | RN | 0830 | Misc | Resting quietly to eyes closed on all 3.30 mins check 3 methylid % Remains on close observation + 3.30 mins check while awake. d. Rubin RN |

100290 2X3

CUSTOM PRINTING CO. - 1/8" - 375-7311 - CDS 1008

CHARTER HOSPITAL OF LITTLE ROCK

1801 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

4001033-1
ETHOLS, DAMIEN W
DOB 12/11/74
DE W GALLIEN
ADM 06/01/92
MR REC #02-11-60

ADDRESSOGRAPH PLATE

Damien Ethols

PROGRESS NOTES **CONFIDENTIAL**

DO NOT REDISCLOSE

0 - DATA
A - ASSESSMENT
P - PLAN

| DATE | DISC. PLATE | TIME | PROBL. NO. | NOTES |
|------|-------------|-------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/3 | 11:00 | 15:55 | 12 | INDIVIDUAL SESSION - D spoke of CHILD. STATED NEVER ABUSE. GROW UP WITH MINIMAL AFFECTION IN HIS PERCEPTION. STATED "I NEVER KNEW MY NATURAL FATHER. DIDNT LIKE MY MOTHER. HAVE NO FEELINGS FOR MY MOTHER." PT. DESCRIBES NOT WANTING THE COMPANY OF OTHERS. STATED HE ONLY KNEW OF TWO PEOPLE. "I WOULD DIE FOR." THE IDENTIFIED INDIVIDUALS WERE. "BLOOD BROTHER & GIRL FRIEND" PT. OPENLY DISCUSSED THE FAMILY SITUATION SPECIFICALLY PARENT EXPECTATIONS OF HIM, HIS POOR ATTITUDE TOWARD SCHOOL, THE LEGAL CHARGES WERE THE RESULT OF A SINGULAR ABUSE AND IN HIS MIND. "TUMPER-UP" BY GIRLFRIEND FATHER PT. STATED HE HAD NONE, CHANGED @ SPO FATHER REQUEST WHILE PARTICIPATING IN RITE CATHOLIC CHURCH. AT AGE 13 PT. STATED HE BECAME INTERESTED IN WITCHCRAFT. STATED HE WAS A "WITCHCRAFT". STATED HE HAD NO FEELINGS ABOUT SUICIDE DUE TO BELIEF IN REINCARNATION. BELIEVES HE WAS A "GIRL" IN FORMER LIFE. (A) INAPPROPRIATE. SMILES BEGON TO SMILE @ ME WITHOUT NOTICEABLE CAUSE, SEEMED TO BE RESPONDING TO OUTSIDE STIMULATION. P) CONTINUE TO ENHANCE. (M) CONTINUE TO ENHANCE. |

100291 244

CUSTOM PRINTING CO. - RLR - 375-7311 - CHL-1009

PROGRESS NOTES

CONFIDENTIAL
DO NOT REDISCLOSE
D - DATA
A - ASSESSMENT
P - PLAN

| DATE | DISC- PURE | TIME | PROBL. NO. | NOTES | P - PLAN |
|---------|---------------|------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 11/2/74 | RN | 1500 | 109 | Limited person's interaction in power eye-contact. Quiet, reserved & withdrawn in past & depressed affect. Requires motivation from person's staff to initiate con- versations. - (M. J. RN) | |
| 11/2/74 | RN | 2030 | 109 | In the evening @ this time. Received phone call from his mother this pm. Exhibits a blunted affect. Attended g.p. denied that he had a conscious & experienced feelings of regret. Limited interaction in power. Assumes a frigid seat while in interview. Denies suicidal ideation. A. Ineffective individual coping: helplessness, CP inability to accept own feelings & responsibility for own actions. - (M. J. RN) | |
| 11/2/74 | RN | 1630 | 109 | Listening quietly to eyes closed & eyelids to on del. 30 mins check - (M. J. RN) | |
| 11/4/74 | UNID | 12 | | GOOD NOTE - MINIMAL VERBAL PARTICIPATION. A) EYES DOWN LAST 10 MINUTES IN A HORIZONTAL POSITION IN A RHYTHMIC FASHION. INAPPROPRIATE SMILING. APPARES TO BE RESPONDING TO EXTERNAL STIMULATION. D) OBSERVE. CONFRONT GRATING. THE, UNUSUAL UNUSUAL BEHAVIORS. (M. J. RN) | |
| 11/4/74 | RN | 1600 | 109 | Unhappily withdrawn of level increase in R. Continues to have a limited eye-contact & not participating well in g.p. therapy. Affect described to past facial depression. Quiet, reserved & withdrawn most of the day. - (M. J. RN) | |

CHARTER HOSPITAL OF LITTLE ROCK

1801 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8100
A member of the Charter Medical Corporation family of quality health care facilities.

1001235-1

ECHOLS, DAMIEN W
DOB 12/11/74
DR W TALLIEN
ADM 04/01/92
MED REC #00-11-60

ADDRESSOGRAPH PLATE

CONFIDENTIAL

PROGRESS NOTES

DO NOT REDISCLOSE
D - DATA
A - ASSESSMENT
P - PLAN
NOTES

| DATE | DISC. PLANE | TIME | FRESH NO. | NOTES |
|--------|-------------|------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/4/92 | RN | 1100 | 1 | MAPE testing was done today. (Michele, RN) |
| 4/4/92 | RN | 1800 | 2 | D. Remains aloof on the unit. Does not initiate conversation & peers on staff. Spends long intervals in his room reading. Offers no somatic complaints. A. No overt aggression displayed. (K Jenkins RN) |
| 4/4/92 | RN | 2000 | AD | Diana joined him for snacks tonight. Smiled. He felt outside & peers Damien took a position to the far extreme of his friends & turned his back on the group who were actively engaged in physical activity. During relaxation session Damien was not playing & the curtains - did not interfere & play, but did not allow himself to participate in the exercise. (K Jenkins RN) |
| 4/4/92 | RN | 2630 | 103 | Bating quietly & eyes closed for all 30 mins. Check to neutralized. He remains on close observation & 30 mins check while awake & suicidal ideation or gestures observed. This shift of Baker RD |
| 4/4/92 | RN | 1000 | 1,2 | D - 930 min checks D.C.D - quiet affect. Increased peer interaction and group participation. A - Responding to treatment, but minimally. P - Continue to encourage to share & explore feelings. (Garet RN) |
| 4/4/92 | ED | 1250 | 1,2 | Verbally educational summary: He attended school 4 days this week. Attention to task was excellent with no prompting required. Behavior in class was good. |

100203246

CUSTOM PRINTING CO. - NLR - 375-7211 - CHLR 1009



3801 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Dornier Medical Corporation family of quality health care facilities

1001235-1

ILS. TAMMEN W

12/11/24

18. **ALL IFA**

17. 05. 19

ADDRESSOGRAPH PLATE

CCNY 7/31/92
E-32-11-60

~~DO NOT~~ REDISCLOSE

7 - DATA

A - ASSESSMENT

P - PLAN

PROGRESS NOTES

| DATE | DISC. PLANE | TIME | PROBL. NO. | NOTES | P - PLAN |
|------|-------------|---------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 6/5 | ED | Cont'd. | | (cont'd.) excellent. Pt. identifies witchcraft and writes witchcraft, portrait and draws pictures that ^{are} and symbols of witchcraft. Pt. seems quite depressed and evidenced by sad flat affect and little eye contact. No physical aggression exhibited in classroom by patient. Will continue to monitor and work on goals next plan. Kathleen A. Mignot, R.N. | |
| 6/5 | RN | 0030 | 2,3 | P. spends long intervals alone and/or on the fringe of the group when program requires participation. Does not initiate conversation. Talks to Program Specialists about his relationship to girlfriend, witchcraft, & interpersonal relationship to peers. Exhibits depressed affect. Earning confiscated - states he found this in his pocket & washing clothing - surrendered it to conversation & complaint. Reminded of rule & earning wearing which was explained on admission. R. Presume aggressive behavior exhibited. Karen Jenkins R.N./MSR | |
| 6/6 | RN | 0800 | 4 | Rating quietly to eyes closed & mutely. G in all 7 as mine checks. No aggression observed. J. Rucka R.N. | |
| 6/12 | RN | 5X | 143 | D. Reid asleep in car. ADL's complete & 1440 attention to same by 0830. Depressed mood, sad/flat affect, min. interaction & peers. Although peers have attempted numerous x's to initiate conversation, isolation self most of time by periods of staying in car. Personal needs | |

00294

543

CUSTOM PRINTING CO. - NLR - 375-7311 - CHL-1009

CHARTER HOSPITAL OF LITTLE ROCK

3801 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

ETHOLS, CAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 04/01/92
MED REC #00-11-60

ADDRESSOGRAPH PLATE

CONFIDENTIAL

PROGRESS NOTES

DO NOT REDISCLOSE

Q - DATA

A - ASSESSMENT

P - PLAN

| DATE | CHG PLAN | TIME | PROBL NO. | NOTES |
|--------|-------------|-------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/4/92 | | 10:00 | 1 | For help in community, but required my presence. Eventually expressed very little regret for behavior & connects demonstration insight into problem solving as conflict resolution is "if he would have hit her I would have blown him away," referring to Dr. of friend. Also stated "next time I will eliminate that person." When questioned about being caught by authorities in home trespassing, referring to 3rd party who may have helped authorities find pt. Pt. was attentive to staff making suggestions for improved problem solving ideas. Evening (Mrs. Lee, grandmother, etc.) visited & pt. showed affection toward my mother initially but an early visit did have family members. Attending not a min. participation. Pt. Depressed, min. insight on ability to effectively problem solve on resolve conflicts, isolate & withdraw. Pt. Can't to provide safe supportive airless while can't protect plan at conc. — CX — (for 1/2 hr) mother Pt. Having quietly & eyes closed & my 1/2 & was shocked to 70 mins. Through 4/7/92 10:00 1 (1) Parents here to visit mother. Didn't speak to staff unless spoken to. @ 2 lat affect that was pleasant when responded to instructions @ 10:00 & 11:00 — 13, 14, 15, 16 4/8/92 10:00 1 (1) Having quietly & eyes closed & my 1/2 & was shocked to 70 mins. Through 1/2 hr |

000295 248

CUSTOM PRINTING CO. - HLR - 378-7311 - CHL 1008



CHARTER HOSPITAL OF LITTLE ROCK

3801 Murphy Drive • Moundville, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001235-1

FORM NO. TEN W

ADDRESSOGRAPH PLATE

DO NOT REDISCLOSE ¹¹⁻⁶⁰

PROGRESS NOTES

DATA

A - ASSESMENT

P - PLAN

| DATE | ORCL PLANE | TIME | PROBL NO. | NOTES |
|---------|---------------|------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/22/92 | UR 0835 | | | PHYSICIAN THROUGH 6/20/92 — (KLEIN) M.D. R.A. |
| 4/23 | UR 1240 | 1 | | GROUP NOTE: D. NOT MUCH VERBAL PARTICIPATION. A) SHIFTING EYES. HANDS IN A "STEEPLE" CONFIGURATIONS. WAS WITNESS AFTER GROUP TO BE. SITTING IN AN INDIAN STYLE HANDS IN A STEEPLE FASHION ROCKING METHODICALLY BACK AND FORTH. ASKED BY STAFF WHAT HE WAS DOING. "JUST RELAXING" P) OBSERVE. CONTRAST WHEN NECESSARY Jma Doctor LMSU |
| 4/25 | AN 1400 | 3 | | D - observed sitting in floor of his room E. legs crossed, hands over mouth. E fingers up in steeple form, rocking back & forth making moaning sounds. When asked by staff what he was doing he stated "I'm relaxing." A - Bizarre Behavior Continued. R - Continue to develop Tx plan - Jma Doctor LMSU |
| 4/29 | AN 1400 | 12 | | DOCTOR MS DOM. ECHOLS CALLED THIS WORKER TO STATE SHE HAD MADE 2 (TWO) CALLS TO DR. W B GARNER DEPT. REQUESTING PHYSICIAN TO CALL HER. MS. ECHOLS STATED SHE WAS CONCERNED. THIS WORKER REPORTED THE PT. PROGRESS. MD STATED THAT THE DOCTOR REQUESTED ON THIS DATE. DURING Rounds THAT SHE WANTED MS ECHOLS TO SCHEDULE AN APPT. AT HER (PHYSICIAN) OFFICE. IF TRANSPORTATION WAS PROBLEMATIC MS ECHOLS WAS TO MAKE PHYSICIAN STOP for Referral. Jma Doctor LMSU |

00296

249

CUSTOM PRINTING CO. - NLR - 375-7311 - CHLR-1009

CHARTER HOSPITAL OF LITTLE ROCK

1891 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

ETHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 06/01/92
MED REC #00-11-60

ADDRESSOGRAPH PLATE

CC - 0011-60

PROGRESS NOTES DO NOT REDISSEASE

D - DATA
A - ASSESSMENT

NOTES

P - PLAN

| DATE | DOC- FILE | TIME | PROB. NO. | |
|---------|--------------|------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/18/92 | RN | 2100 | 123 | D - In his rm reading @ this time. Continues to isolate himself from peers & NOT AVAIL HIMSELF TO THEIR company. Appears more comfortable exhibiting relaxed affect. Admitted awareness of peers elopement plan. A. Ambivalence. |
| | | | AD | Verbalized concern that there is surveillance cameras behind his mirror & under his desk in his em- cautioned peer that staff are constantly watching them — K. Jenkins RN |
| 4/19/92 | RN | 0630 | 113 | Rating's quickly T. even closed on all 9 30 min checks & hospitalized 1/2. No signs of suicidal ideation, aggression, or flight behavior. — J. Rankin RN |
| 4/19/92 | INTERV | 0910 | 13 | CONVULSION NOTE TO GOOD LEADER. MINIMAL VERBALIZATION ABOUT SELF, TX OBJECTIVES, OR SITUATIONS CONTRIBUTING TO ADMISSION. DISCUSSED NEEDING TO "CALM DOWN". STATED HE WAS FEELING "JITTERY" INTERNALLY. A FLAT, MONOTONE, GLASSY LOOK. CONTINUES TO LOOK AWAY MAY BE RESPONDING TO VOICES HEARD WITHIN. PT. DENIES HEARING VOICES OR SEEING IMAGES WHEN ASKED. PT. IS MANIFESTING PARANOID IDEATIONS AS MANIFESTED BY THE NOTION THAT THERE ARE CAMERAS OBSERVING PT'S. CONTINUOUS ATTACKS. D) TOWARD THE DISCLOSURE. CONTINUES TO OBSERVE JIM DOCTOR - UNKN |
| | | | AD | EXPLAINED TO PT. THE PURPOSE OF HIS MEDICATION. PROVIDED HIM AN CONTINUED, JIM DOCTOR - UNKN |

100297 250

CUSTOM PRINTING CO. - HLK - 378-7311 - CHL 1008



CHARTER HOSPITAL OF LITTLE ROCK

1001 Marguerite Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

HOLDS, DAMIEN W
7/27/11/74
W TALLIEN
04/01/92
REG 500-11-AD

ADDRESSOGRAPH PLATE

CONFIDENTIAL

PROGRESS NOTES

DO NOT RE-OPEN
D - DATA
A - ASSESSMENT

NOTES

P - PLAN

| DATE | DISC PLINE | TIME | PROBL NO. | NOTES |
|---------|---------------|-------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | CONTINUED IMPROVING HONOLULU FACT SHEET. PT. WAS RECEPTIVE TO INTERVIEW. CALLED PRERAT ON 09/02 TO BE SURE PRERAT WAS INFORMED OF PT. BEING PLACED ON MEDICATION. US. KINDS W/IN. W/IT & THIS WEEK THURS ON 12/01. (Mrs. Vernon LARSEN) |
| | | | | AD. MAILED 09/02, AM IMPROVING. FACT SHEET TO DRI KCHES. J. DORRAN LARSEN |
| 7/27/11 | 1435 | | | Participated in all group activities today. Still remains a depressed affect. Lacking daily goals which he has no problem meeting. Seems to have no focus on TX. (Mrs. Vernon LARSEN) |
| 7/28/11 | 1515 | 11/08 | | 12 Lead EKG was explained & performed on pt. 5 incident. (Mrs. Vernon LARSEN) |
| 7/28/11 | 2115 | 23 | | D. Up & about on unit. IMITATING INTERACTION 2 PEERS. SMILING AS HE WATCHES TV AND TALKS 2 PEERS DURING FREE TIME. Go rash on (A) forearm and (B) leg behind his knee. ASSISTING PEERS 2 CORRECT WORKING OF SERENITY PRAYER p WRAP-UP. A. More animated & social. (Mrs. Vernon LARSEN) |
| 7/29/11 | 0630 | 2.5 | | Asking quietly to sign classmate's notebook. Go on all 30 mins check. Observed no signs of defiant behavior. (Mrs. Vernon LARSEN) |
| 7/30/11 | 1000 | 11/08 | | REFERRAL COMMUNICATION - SPOKE WITH JERRY DRIVER CONCERNING DAMIEN W. DRIVER WAS VERY FOCUSED ON THE THE PT. ALLEGED SATANIC INVOLVEMENT. (Mrs. Vernon LARSEN) |

000298

1001235-1

ECHOLS, OTTEN W
DOB 12/1/60
DR W ECHOLS
ADM 02/1/61
FWD REC 11-60

ADDRESSOGRAPH PLATE

CONFIDENTIAL

PROGRESS NOTES

DO NOT REDISCLOSE
Q = Q&A
A = ASSESSMENT

| DATE | DRG-PLATE | TIME | PROBL NO. | NOTES | P. - PLAN |
|------|-----------|------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 6/10 | 100 | 1330 | 1/2 | GROUP THERAPY - 1) DISCUSSED BEHAVIOR VIOLENT TOWARD OTHERS AND "INDIVIDUALS" OBJECT WHEN ANGRY. SEE WRITING WORK BY 41 PLAN ON ANGER. A) GUIDE, WITHDRAWN SMOKE, WHEN SPOKE TO ONLY. SEEMED HONEST ABOUT RESPONSES. DETACHED FROM GROUP. 1) CONTINUE THERAPY. Bona. Watson (unhu) | |
| 6/10 | RN | 1500 | 1/2 | Sad & depressed affect. Does not smile on interaction & peers & staff. Quiet, edgy & tentative @ times. Rose to her room anytime staff permission. Oppositional @ times. (three dr) | |
| 6/10 | RN | 1800 | 1/3 | D-RETURNED FROM CIRCUS. Smiling & interacting w/ peers. Free time has been spent essentially w/ peers in the Day Rm. - K Jenkins RPT 2030 AD clo irritation & itching on both forearms & both legs. DR. G NOTIFIED & orders received. K Jenkins | |
| 6/10 | RN | 1630 | 1/3 | Acting quietly & eyes closed on all 30 mins speech is inhibited. In some of bizarre or defiant behavior - St. Raker RN | |
| 6/11 | RN | 1400 | 1 | PT. HAS NOT BEEN INTERACTING WELL w/ peers. AS COOPERATIVE WITH STAFF & WILL DO WHAT IS ASKED BUT POOR ATTITUDE & PROGRAM - B. Newman | |
| 6/11 | RN | 1500 | 1 | Danilo participation in all scheduled. TR group this week. PT remain quiet - usually will not initiate conversation w/ peers unless spoken to. AT Staff and | |

1001235-1

STATION W

ADDRESSOGRAPH PLATE

11-60

PROGRESS NOTES

~~CONFIDENTIAL~~
~~DO NOT RECLOSE~~

D - DATA

A - ASSESSMENT

P - PLAN

| DATE | TIME | PROB. NO. | NOTES |
|---------|---------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | Continues to support and encourage dads ———— Marty Douglas ———— |
| 4/12/72 | RN 1830 | 1 | D- ATTENDED SOCIALSKILLS Grp- frequently assumed a downcast position & hands on his face and elbows on his knees. Participated in discussion when solicited. Adamantly proclaimed that he was NOT effected by others thoughts or feelings about him. Exhibited blunted affect. A. Mood & ———— J. Jenkins RN |
| | | AD | Stated his visit & parents did not go well - but did NOT ELABORATE ———— J. Jenkins RN |
| 4/12/72 | RN 2630 | 2 & 3 | Rating quietly & eyes closed & showing any signs of hysteria, behavior or defeat & misbehavior. In on all to 30 mins. check of Adam & |
| 4/12/72 | ED 1315 | 1, 2, 3 | Weekly educational summary: Pt attended class 5k days this week. Attention to task was fair, with some prompt response. Pt began daydreaming in class this week. He engaged in this activity approximately 75% of the time. Mood was elevated as evidenced by a brighter affect, although on 4/11, it seemed very sad. No physical aggression evident at this time. Pt still drawing "witchcraft symbols" and is writing program poetry. Pt frequently makes an unusual sound with his mouth that sounds like a cat purr. Will continue to monitor and work on goals per Y. plan. William Nig, B |

000300 253

CHARTER HOSPITAL OF LITTLE ROCK

1801 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

ETHOLS, DANIEL M.
DOB 12/11/74
DR W GALLIEN
ADM 06/01/75
MED REC 06/01/75

ADDRESSOGRAPH PLATE

PROGRESS NOTES

CONFIDENTIAL
DO NOT REDISCLOSE
D = DATA
A = ASSESSMENT
P = PLAN
NOTES

| DATE | DISC. PLATE | TIME | PROBL. NO. | |
|---------|-------------|------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1/17/75 | CSK | 1330 | 1, 3 | WEEKLY THERAPY SUMMARY: PT ATTENDED GROUPS & LECTURES 5/5 DAYS THIS WEEK. EXTREMELY MINIMAL PARTICIPATION. SHOWS NO INITIATIVE IN GROUP OR TX PROCESS. STAGES INTO "SPAKE" OFTEN & SHOWS NO EMOTIONAL RESPONSE TO ANY KIND OF STIMULI. EXTREMELY FLAT AFFECT. DISPLAYS MANIPULATIVE & SNEAKY BEHAVIOR. |
| 1/18/75 | WED | 12 | | CONTACT WITH MD. ON THIS DATE. UNREFERENCE TO MD CONCERN ABOUT HC. MD WAS MOST CONCERNED ABOUT SON "NOT LEARNING TO DEAL & anger and rages" MD mentioned her belief that son may be responding to outside stimulation. Voiced fear "son may be crazy." A) Very concerned numerous questions P) continue documentation thru Doctor's office. |
| 1/19/75 | W | 1418 | | Beginning to open up more. End participation in group. Starting to talk about problems with mother. |
| 1/20/75 | RN | 2230 | | D-Sitting in his bed, reading - states "I'm 15 & (read Tylenol for some). Accepted leadership role w/ grp. for approx. 15'. Rec'd positive strokes from peers. Talked & family per phone -- conversation mood ↓, sitting & elbows on his knees. Verbalized (minimal) contact & peer & whom others were confrontive & "no problems. A. Passive. K. Jenkins RN |
| 1/21/75 | RN | 1700 | 3 | Rating quality & type closed on all 30 min check & analyzed. Observed no unusual behavior. |

000301 254

CUSTOM PRINTING CO. - NLR - 375-7511 - CDR-1008



3001 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Chasco Medical Corporation family of quality health care facilities

1001235-1

E-HOL 107 W
D-9 107
D-9 107
AOM
P-2 B-6 107-11-60

ADDRESSOGRAPH PLATE

PROGRESS NOTES

~~CONFIDENTIAL~~

NOTES DO NOT REDISCLOSE

D - DATA
A - ASSESSMENT
P - PLAN

| DATE | DESC PLACE | TIME | PROBL NO. | NOTES | P - PLAN |
|---------|---------------|------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 9/13/81 | W | 1500 | 7 | <p>DAF stated she still about remaining poor, "God, I hate him", but began it was a good test of self-control. (A) Pleasant, quiet, excellent control of possible physical aggression & violence toward stressor. (P) Advice for control & management of difficult & trigger situation. Extracurricular</p> | |
| 9/14/81 | W | 0900 | 1130 | <p>At meeting quietly & eyes closed to any % & was checked @ 30: - (Thurs, Jan)</p> | |
| 9/16/81 | RN | 1100 | 1 | <p>Community mtg: Goal for today: Control my anger and open up more. Exhibiting a depressed affect. Selective interaction & peers--NOTED TO INITIATE CONVERSATION ESP R/T NEG BEHAVIOR OF PEER. No specific complaints. K. J. K. K. S. R. V.</p> | |
| 9/14/81 | W | 1245 | 12 | <p>Family therapy - D. P. silent. spoke only when directly asked a "yes" or "no" question. Family seemed tense. Cautious. Nat. ft. attended session. Would not at hold eye contact. Wb. seemed to have specific questions about AG plans. P) Continue group therapy, continue family therapy, continue contact & Jerry Driver. Mrs. Denton (M)</p> | |
| 9/16/81 | RN | 1415 | AD | <p>Daughter visited & grandmother visited & had lunch & pt. discussed & geographic move of the family. (Thurs, Jan)</p> | |
| 9/16/81 | W | 0900 | 1130 | <p>At meeting quietly & eyes closed to any % & was checked @ 30 mins. Confidus & depressed affect & poor limited eye-contact. (Thurs, Jan)</p> | |

00302 255

CUSTOM PRINTING CO. - MUR - 373-7311 - CHS 5/1004



CHARTER HOSPITAL OF LITTLE ROCK

3001 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

ETHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 06/01/92
MED REC #00-11-60

ADDRESSOGRAPH PLATE

CONFIDENTIAL

PROGRESS NOTES

DO NOT REDISCLOSE

O - DATA
A - ASSESSMENT

| DATE | DISC. PLACE | TIME | PROBL. NO. | NOTES | P - PLAN |
|---------|-------------|------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 4/15/92 | MSR | 1100 | 1-3 | DISCHARGE PLANNING - WKW UPDATE. WITH JERRY DRIVER. DRIVER UNAVAILABLE. @ 0915 ON THIS DATE. LEFT MESSAGE. WITH DOROTHY BARNES. THIS WEEK WILL CALL AGAIN AND WILL TRY TO CONTACT. FAMILY IS PARTICIPATING IN EFFORTS TO RELOCATE CLIENT. <i>Ann Norton</i> | |
| 4/15/92 | MSR | 1100 | 1-3 | GROUP THERAPY - D NO PARTICIPATION IN VERBAL FORAM A) VERY EXPRESSIVE. WITH REFERENCE TO EMOTIONS ON FACE. DISGUSTED LOOKS AS ID DT. JUSTIFIED UNACCEPTABLE BEHAVIOR D) CONTINUE GROUP PROCESS. <i>Ann Norton</i> | |
| 4/15/92 | MSR | 1325 | 1 | DISCHARGE PLANNING - CALLED JERRY DRIVER. WAS UNAVAILABLE. WILL CALL 6/16/92. <i>Ann Norton</i> | |
| 4/15/92 | RN | 1450 | 1 | PT has been exhibiting flat affect all day, not verbalizing, afraid for it. PT states he will not apply for level increase until end of week. D) Depressed & recovering more irritability & male peer. B) Allow pt to ventilate feelings when he is ready to open up. Keep male peer who is irritating, as distant as possible. <i>BK Leroy</i> | |
| 4/15/92 | RN | 1500 | 1 | PT was asked to trim nails, which are now cut in a very pointed-triangular fashion. P) PT complied somewhat - a fraction was trimmed of but & no real change in appearance - <i>BK Leroy</i> | |
| 4/15/92 | MSR | 1530 | 1 | DISCHARGE PLAN - JERRY DRIVER. STATED FAMILY WOULD HAVE MOVE OUT OF STATE. CONTINUED <i>Ann Norton</i> | |

25-000302

FROM PRINTING CO. - M.R. - 375-7311 - CHL R 1008

CHARTER HOSPITAL OF LITTLE ROCK

1801 Marshy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

11/11/60 11:00

DAMIEN W
11/17/60
11/22
11-60

ADDRESSOGRAPH PLATE

PROGRESS NOTES

DO NOT REDISCLOSE
R- DATA
W- ASSESSE
P- PLAN

| DATE | DISC. PLAN | TIME | PROBL. NO. | NOTES |
|--------|---------------|------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | Continued Mr DRIVER STATED THE FAMILY WOULD NEED TO CONTACT HIS OFFICE TO MAKE ARRANGEMENTS TO TRANSFER DAMIEN DETENTION TO OREGON. Jma Doctor Lmsw |
| 9/5/60 | MSW | 1530 | A1 | Contact Pam Echols to relay this info. to Mr and request she contact the probation officer to make arrangements Jma Doctor Lmsw |
| 9/5/60 | CN | 2205 | | Summited interview with psychotherapist evening. D. open up somewhat in group. 3rd affect continued. Jma Doctor Lmsw |
| 9/6/60 | RN | 0630 | 3 | Rating quietly to eyes closed. 5 minutes 40 on all 4 30 min checks to no signs of unusual behavior. Jma Doctor Lmsw |
| 9/6/60 | RN | 1400 | 1 | Went on outing to go. (A) appeared to have a good time but did not look about upon return. Still a bit depressed mood - quiet, possibly content empty affect - (B) and (C) - Jma Doctor Lmsw |
| 9/6/60 | RN | 2130 | 1 | D- During Wrap Up Corp Damien clearly proclaimed his reason for admission & introduction to new peer. Responded positively to staff support & recognition for being more open & peers. A. More comfortable on unit. Initiated direct conversation & new & peer & Wrap Up. K. Jenkins RN |
| 9/6/60 | RN | 0630 | 3 | Rating quietly to eyes closed. on all 4 30 min checks to no signs of unusual behavior during 8 h. Jma Doctor Lmsw |
| 9/6/60 | UR | 0800 | | Defused through 6/21/60 - Jma Doctor Lmsw |

C00304 257

1001235-1

ETHOLS, TERRY
DOB 12/11/77
DR W. G. L. L. L.
ADM. 04/17/87
MID. RES. 04/17/87

ADDRESSOGRAPH PLATE

PROGRESS NOTES

CONFIDENTIAL
DO NOT REDISCLOSE
DATA
ASSESSMENT
PLAN

| DATE | DISC- PLAN | TIME | PROBL. NO. | |
|------|---------------|------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9/17 | RN | 1400 | 1 | PT still exhibiting depressed mood & very quiet. @ Cht Tx Pla. @ Neph |
| 9/17 | RN | 2200 | 1,2 | Intermittent interaction & pers. States he is looking forward to 480 hrs w/e in preparation for dischg. RN noted a pt. in pass - spontaneously smiled - resumed strain presentation. A guarded person. Jackson RN |
| 9/18 | RN | 0630 | 3 | Rising quietly & in a class. 5 out of 10% or unusual behavior on all 5 30 mins. @ Baker RN |
| 9/18 | RN | 1530 | 1 | PT very quiet today. Flat affect. No aggressive behavior noted. Overall interaction with others is positive today. Will continue to untch pt. @ Palmer |
| 9/18 | ED | 1645 | 1,2,3 | Review of educational summary: PT attended class 4/4 days this week. Attention to task was good with much prompting required. PT seems to disengage frequently in class. This week, PT has been louder in class - socializing with others, making noises, snapping, hissing. PT continues to make "brag" "cat" noises (purring - type sound). Therapist had to tell him several times to stop. Mood seems elevated & evidenced by brighter affect and increased social interaction with peers. No physical aggression evidenced in the classroom. During class discussion PT answered as little as possible and answered with aggression. @ Palmer in appropriate manner. Kathleen, Plager, BSE |

C00305 258



CHARTER HOSPITAL OF LITTLE ROCK

1401 Morphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001235-1

F. HOLLS, DAMIEN W
DOB 12/13/74
68 W GALLIEN
1001 04/01/92

ADDRESSOGRAPH PLATE

1001 04/01/92

PROGRESS NOTES

CONFIDENTIAL

-- D = DATA

DO NOT REDISCLOSE

ASSESSMENT

PLAN

DATE ORCL TIME PROBL NO.

| | | | | |
|--------|-----|------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/4/92 | RAI | 200 | 1 | MAN Spontaneous & involved in open discussion during snack this evening. States he will pack then we for family move to Oregon, related that he feels that will be a positive move for him. Karen Jenkins on eating quietly & after closed in all of 30 mins check 0.5 naltrexone 1/4 on exhibiting any unusual behavior. - J. Baker RAI |
| 4/4/92 | RAI | 0000 | 3 | Left on pass with family and given pass meds. - Carolyn Little RAI/RAI |
| 4/4/92 | RAI | 1200 | | |
| 4/4/92 | RAI | 1545 | 1,3 | WEEKLY THERAPY GROUP NOTE: PT ATTENDED THERAPY GROUPS 5/5 DAYS THIS WEEK. EXTREMELY FLAT AFFECT & VOID OF ANY EMOTION. DAMIEN WOULD LOOK INTO "SPACE" ON & OFF CONTINUOUSLY & WHEN I WOULD CALL ON HIM HE WOULD ACT AS IF HE WAS STARTLED. NO INITIATIVE TAKEN ON HIS PART TO PARTICIPATE IN GROUP. - J. Baker RAI |
| 4/5/92 | RAI | 1545 | 1,2 | Returned from session RAI |
| 4/6/92 | RAI | 0700 | Pass | Remains on therapeutic pass & family of Baker RAI |
| 4/6/92 | RAI | 1450 | Pass | Remains on therapeutic pass & family. J. Baker RAI |
| 4/6/92 | RAI | 2145 | 1,2,3 | ft. remains on a therapeutic pass & family @ this time. - J. Baker RAI |
| 4/7/92 | RAI | 1200 | 1,3 | D- Returned from Therapeutic L.A.E. 1145- quiet affect, body search negative. "I had a good pass" Brought 2 "Witchcraft Ritual" type books that were sent back & had returned 100mg of Tolperidol (Truquid Base) sitting quietly @ edge of group. A- Good from Therapeutic Pass. - J. Baker RAI |
| 4/7/92 | RAI | | | P- Continue to Plan - J. Baker RAI |

C00306 R59



CHARTER HOSPITAL OF LITTLE ROCK

411 Montgomery Drive • Fayetteville, Arkansas 72703 • (501) 851-4700
A member of the Charter Medical Corporation family of quality health care facilities.

1001235-1

DOB 12/11/74
DR W GALLIFAN
ADM 06/01/92

ADDRESSOGRAPH PLATE

-11-60

PROGRESS NOTES

CONFIDENTIAL

DO NOT REDISCLOSE

D - DATA

A - ASSESSMENT

NOTES

P - PLAN

| DATE | DISC PLINE | TIME | PROBL NO. | |
|---------|---------------|------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/22/92 | AD | 0900 | 1/3 | pt. resting quietly & eyes closed & any c/o & was checked & 201- Throat |
| 6/22/92 | AD | 1445 | 1/3 | D- attended all groups today increased interaction and involvement today. Feeding into some neg. behavior & inappropriate comments, compliant & redirection by staff - P. continue medication toward mid week - 201- Throat |
| 6/22/92 | AD | 1605 | 1/3 | GOOD NOTE - D VERY CALM. INAPPROPRIATE, SMILING REFUSED TO VERBALIZE, WHICH (CONTENT. D) TENDING INTO NEGATIVE, BEHAVIORS. D) (MISCON. TIME 1600-1630) |
| 6/22/92 | AD | | | LEFT MESSAGE, FOR JERRY DRIVER TO RETURN OF 012642 PM, FROM GHR, WILL CALL 612792 (MMA 1600-1630) |
| 6/22/92 | AD | 1615 | 1-3 | pt. cont to exhibit depressed-like attitude, down cast eyes, incontinent - 201- Throat |
| 6/24/92 | RT | 1600 | 1 | Damen cont to require staff prompting to engage in TR activities. He is reluctant to engage in activities - P. sat alone, minimal interaction with peers and staff. AT staff well and to support and encourage daily motivation |
| 6/24/92 | RT | 1900 | 1 | D- CONFRONTED 1:1 inappropriate behavior during QUIET TIME (HE & roommate). P. limited verbalization to blaming peers. A- Not accepting responsibility for his own behavior - K. Jenkins R. |
| 6/24/92 | RT | 0630 | 3 | Resting quietly & eyes closed on all & 30 mins checks & stabilized c/o or unusual behaviors - J. Rubin R. |

000307 260



1701275-1

YOUNG, TONY M.
 444 E. 22ND ST.
 ST. LOUIS, MO 63104
 314-763-1130

© 2000 Blackwell Science Ltd *Journal of Internal Medicine* 247: 105–112

CONFIDENTIAL
DO NOT REDISCLOSE

[illegible]

CHARTER HOSPITAL OF LITTLE ROCK

1401 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

PHYSICIAN'S ADMISSION ORDERS

ADDRESSOGRAPH PLATE

1001235-1

FORMS, PATIENT
FOR 12/11/74
DR. W. GALLIEN
ADM. 04/01/75
MED. REC. 04/01/75

Date: 6/1/92 Time: 0950

- Admit/Transfer to Charter Hospital Admission Services of Dr. Gallien
- Provisional Diagnosis: (Axis I) Major depression; single episode
- Medical Diagnosis: (Axis III) _____
- Allergies: _____
- Condition: _____
- Admission Status: () Voluntary () Involuntary () 72 hour hold () court order
- Diet: (☒) Regular () Other: _____
- Privileges: (☒) Hospital () Grounds () Unit Restrictions
- Observations/Precautions: () Usual () Elopement () One:One
() May progress through level system per program guidelines
() Suicide (☒) Close Observation () Seizure
Level: _____ Other: q 30" while awake
- Vital Signs: () Daily () Other: X 3 then routine
- Weight: (☒) Routine () Other: _____
- Lab: (☒) U/A (☒) RPR (☒) CBC () Serum HCG (☒) Chem 24
(☒) Chem 18 (☒) T3 T4 T7 (☒) TSH () ESR
(☒) Urine Drug Screen () Other: _____
- Diagnostic Procedures: () EEG () EKG () CXR () CT Scan of Head
Other: _____
- Consultation: (☒) H & P () Psychological Testing/Evaluation
(☒) Neuro Psychological Testing
- Therapeutic Activities/Privileges: () Limitations in Activity Therapy
() Limitations in Milieu
- Treatment Modalities: (☒) Individual (with Dr. Gallien) 5 x per week
(☒) Family Thy. (with Dr. Gallien) 5 x per week
() Education Seminars (with Dr. Gallien) 5 x per week
() AA, NA, OA, EA _____ x per week
() Multifamily Group (with _____) _____ x per week
() Expressive Therapy (RT: _____) x per week
() (OT: _____) x per week
() (Ropes course: _____) x per week
(☒) Marital/Couples Thy. (with _____) x per week
() Group Therapy: Type: _____ x per week
_____ x per week
_____ x per week
_____ x per week
_____ x per week
_____ x per week
- Medications: Lipitor 40mg q 4-6 pm for pain

000310

Kevin Jenkins 6/1/92 0950
Nurse Date/Time

W.B. Cochran 6/2
Physician's Signature Date/Time

checked by Original Chart Dr. Jenkins

Copy Pharmacist

000001

CHARTER HOSPITAL OF LITTLE ROCK
MAUMELLE, AR 72113

PHYSICIAN'S ORDERS

1001235-1

ECHOLS, DAMIAN W
DOB 12/11/74
PO W GALLIEN
ADM 06/01/92
REC 06/01/92

Chols

DATE

ALLERGIES

NKDA - Environmental allergens

6/4/92

↑ to level 2.

@ 0930 AM

V.O. DH. Gallin / (Philo, RN)

Noted by Philo, RN

@ 0930 AM

checked 6/5/92 @ 0050 S. Rankin RN W.B. Cullen

6/5/92

Impramide 50mg q hs

ECC

MC 930mg checks W.B. Cullen

R. Rankin
6/5/92
10:00 AM

Sandi Harvett RN @ 1015 on 6/5/92

checked 6/6/92 @ 0045 S. Rankin RN

6/8

MARS & Rosach (Barry Pipkin)
W.B. Cullen

R. Rankin
6/8/92
10:00 AM

B. Heron RN 6-8-92 1000

checked 6/9/92 @ 0015 S. Rankin RN

CONFIDENTIAL
DO NOT REDISCLOSE

6/9

↑ level 0

R. Rankin
6/9/92
10:00 AM

Noted by Philo, RN 6-9-92 1340

checked 6/10/92 @ 0045 S. Rankin RN

6/10

Benadryl 25mg 1 po q 4-6 hrs prn itching
W.B. Cullen

R. Rankin
6/10/92
10:00 AM

000311

FORM # D-102

checked 6/11/92 @ 0045 S. Rankin RN

264

1001235-1

ECHOLS, DAMIEN W

DOB 12/11/74

DR W GALLIEN

1001235-1

REC #00-11-60

DATE

ALLERGIES

NKDA

ENVIRONMENTAL ALLERGENS

6/12 / T. Tympanum 200mg & pnc 1s

Noted Jmela Oshun RN 6-12-92 1255

Checked 6/13/92 @ 0040 of Rankin RN

52 hours

6/19 1) 48 hour therapeutic pass to parents
2) Send pass meds

W.B. Cullen

Noted
@ 9:30am
Damien W
6/19/92

checked 6/20/92 @ 0035 of Rankin RN

6/23 Discharge to mother 6-25

Discharge meds:

Tympanum 100mg & 1s

Astercane:

To be determined moving to
a new state.

W.B. Cullen

L. Vernon RN

checked 6/24/92 @ 0045 of Rankin RN

CONFIDENTIAL
DO NOT REDISCLOSE

000312

CHARTER HOSPITAL OF LITTLE ROCK

Maumelle, AR

ROUTINE MEDICATION ADMINISTRATION RECORD

PHARMACY PATIENT PROFILE

DIAGNOSIS

Major depression; single episode

ALLERGIES: NKIA

Environmental allergens cat, grass, etc

SPECIAL DIRECTIONS:

Prescribed by: *Dr. [Signature]*

Checked by:

Weight: 156#

Height: 72"

| DATE | MON | TUE | WED | THURS | FRI | SAT | SUN |
|---------------------------|------|-----|-----|-------|-----|------|-----|
| 9/8 | 9/9 | 10 | 11 | 12 | 13 | 6/14 | |
| TIME | MON | TUE | WED | THURS | FRI | SAT | SUN |
| Imipramine 50mg q HS 2000 | X | X | X | X | X | X | X |
| Imipramine 100mg | - | - | - | - | - | - | - |
| T po q bid | 3000 | | | | | | |

CONFIDENTIAL
DO NOT REDISCLOSE

PHARMACY REVIEW

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

000314

CHARTER HOSPITAL OF LITTLE ROCK
Maumelle, AR

1001235-1

EMERGENCY ROOM
FEB 17 1994
FEB 17 1994
FEB 17 1994

ROUTINE MEDICATION
ADMINISTRATION RECORD

PHARMACY PATIENT PROFILE

DIAGNOSIS

Major Depression / Suicide episode

ALLERGIES

None known allergies (nut, grass, etc.)

SPECIAL DIRECTIONS:

Prescribed by: Thrice, RN Checked by:

Weight: 156 #

Height: 72"

| DATE | TIME | MON | TUE | WED | THURS | FRI | SAT | SUN |
|-------|------|-----|-----|-----|-------|-----|-----|-----|
| 6/22 | 20 | 19 | 19 | 19 | | | | |
| 6/23 | | | | | | | | |
| 6/24 | | | | | | | | |
| 6/25 | | | | | | | | |
| 6/26 | | | | | | | | |
| 6/27 | | | | | | | | |
| 6/28 | | | | | | | | |
| 6/29 | | | | | | | | |
| 6/30 | | | | | | | | |
| 7/1 | | | | | | | | |
| 7/2 | | | | | | | | |
| 7/3 | | | | | | | | |
| 7/4 | | | | | | | | |
| 7/5 | | | | | | | | |
| 7/6 | | | | | | | | |
| 7/7 | | | | | | | | |
| 7/8 | | | | | | | | |
| 7/9 | | | | | | | | |
| 7/10 | | | | | | | | |
| 7/11 | | | | | | | | |
| 7/12 | | | | | | | | |
| 7/13 | | | | | | | | |
| 7/14 | | | | | | | | |
| 7/15 | | | | | | | | |
| 7/16 | | | | | | | | |
| 7/17 | | | | | | | | |
| 7/18 | | | | | | | | |
| 7/19 | | | | | | | | |
| 7/20 | | | | | | | | |
| 7/21 | | | | | | | | |
| 7/22 | | | | | | | | |
| 7/23 | | | | | | | | |
| 7/24 | | | | | | | | |
| 7/25 | | | | | | | | |
| 7/26 | | | | | | | | |
| 7/27 | | | | | | | | |
| 7/28 | | | | | | | | |
| 7/29 | | | | | | | | |
| 7/30 | | | | | | | | |
| 7/31 | | | | | | | | |
| 8/1 | | | | | | | | |
| 8/2 | | | | | | | | |
| 8/3 | | | | | | | | |
| 8/4 | | | | | | | | |
| 8/5 | | | | | | | | |
| 8/6 | | | | | | | | |
| 8/7 | | | | | | | | |
| 8/8 | | | | | | | | |
| 8/9 | | | | | | | | |
| 8/10 | | | | | | | | |
| 8/11 | | | | | | | | |
| 8/12 | | | | | | | | |
| 8/13 | | | | | | | | |
| 8/14 | | | | | | | | |
| 8/15 | | | | | | | | |
| 8/16 | | | | | | | | |
| 8/17 | | | | | | | | |
| 8/18 | | | | | | | | |
| 8/19 | | | | | | | | |
| 8/20 | | | | | | | | |
| 8/21 | | | | | | | | |
| 8/22 | | | | | | | | |
| 8/23 | | | | | | | | |
| 8/24 | | | | | | | | |
| 8/25 | | | | | | | | |
| 8/26 | | | | | | | | |
| 8/27 | | | | | | | | |
| 8/28 | | | | | | | | |
| 8/29 | | | | | | | | |
| 8/30 | | | | | | | | |
| 8/31 | | | | | | | | |
| 9/1 | | | | | | | | |
| 9/2 | | | | | | | | |
| 9/3 | | | | | | | | |
| 9/4 | | | | | | | | |
| 9/5 | | | | | | | | |
| 9/6 | | | | | | | | |
| 9/7 | | | | | | | | |
| 9/8 | | | | | | | | |
| 9/9 | | | | | | | | |
| 9/10 | | | | | | | | |
| 9/11 | | | | | | | | |
| 9/12 | | | | | | | | |
| 9/13 | | | | | | | | |
| 9/14 | | | | | | | | |
| 9/15 | | | | | | | | |
| 9/16 | | | | | | | | |
| 9/17 | | | | | | | | |
| 9/18 | | | | | | | | |
| 9/19 | | | | | | | | |
| 9/20 | | | | | | | | |
| 9/21 | | | | | | | | |
| 9/22 | | | | | | | | |
| 9/23 | | | | | | | | |
| 9/24 | | | | | | | | |
| 9/25 | | | | | | | | |
| 9/26 | | | | | | | | |
| 9/27 | | | | | | | | |
| 9/28 | | | | | | | | |
| 9/29 | | | | | | | | |
| 9/30 | | | | | | | | |
| 10/1 | | | | | | | | |
| 10/2 | | | | | | | | |
| 10/3 | | | | | | | | |
| 10/4 | | | | | | | | |
| 10/5 | | | | | | | | |
| 10/6 | | | | | | | | |
| 10/7 | | | | | | | | |
| 10/8 | | | | | | | | |
| 10/9 | | | | | | | | |
| 10/10 | | | | | | | | |
| 10/11 | | | | | | | | |
| 10/12 | | | | | | | | |
| 10/13 | | | | | | | | |
| 10/14 | | | | | | | | |
| 10/15 | | | | | | | | |
| 10/16 | | | | | | | | |
| 10/17 | | | | | | | | |
| 10/18 | | | | | | | | |
| 10/19 | | | | | | | | |
| 10/20 | | | | | | | | |
| 10/21 | | | | | | | | |
| 10/22 | | | | | | | | |
| 10/23 | | | | | | | | |
| 10/24 | | | | | | | | |
| 10/25 | | | | | | | | |
| 10/26 | | | | | | | | |
| 10/27 | | | | | | | | |
| 10/28 | | | | | | | | |
| 10/29 | | | | | | | | |
| 10/30 | | | | | | | | |
| 10/31 | | | | | | | | |
| 11/1 | | | | | | | | |
| 11/2 | | | | | | | | |
| 11/3 | | | | | | | | |
| 11/4 | | | | | | | | |
| 11/5 | | | | | | | | |
| 11/6 | | | | | | | | |
| 11/7 | | | | | | | | |
| 11/8 | | | | | | | | |
| 11/9 | | | | | | | | |
| 11/10 | | | | | | | | |
| 11/11 | | | | | | | | |
| 11/12 | | | | | | | | |
| 11/13 | | | | | | | | |
| 11/14 | | | | | | | | |
| 11/15 | | | | | | | | |
| 11/16 | | | | | | | | |
| 11/17 | | | | | | | | |
| 11/18 | | | | | | | | |
| 11/19 | | | | | | | | |
| 11/20 | | | | | | | | |
| 11/21 | | | | | | | | |
| 11/22 | | | | | | | | |
| 11/23 | | | | | | | | |
| 11/24 | | | | | | | | |
| 11/25 | | | | | | | | |
| 11/26 | | | | | | | | |
| 11/27 | | | | | | | | |
| 11/28 | | | | | | | | |
| 11/29 | | | | | | | | |
| 11/30 | | | | | | | | |
| 12/1 | | | | | | | | |
| 12/2 | | | | | | | | |
| 12/3 | | | | | | | | |
| 12/4 | | | | | | | | |
| 12/5 | | | | | | | | |
| 12/6 | | | | | | | | |
| 12/7 | | | | | | | | |
| 12/8 | | | | | | | | |
| 12/9 | | | | | | | | |
| 12/10 | | | | | | | | |
| 12/11 | | | | | | | | |
| 12/12 | | | | | | | | |
| 12/13 | | | | | | | | |
| 12/14 | | | | | | | | |
| 12/15 | | | | | | | | |
| 12/16 | | | | | | | | |
| 12/17 | | | | | | | | |
| 12/18 | | | | | | | | |
| 12/19 | | | | | | | | |
| 12/20 | | | | | | | | |
| 12/21 | | | | | | | | |
| 12/22 | | | | | | | | |
| 12/23 | | | | | | | | |
| 12/24 | | | | | | | | |
| 12/25 | | | | | | | | |
| 12/26 | | | | | | | | |
| 12/27 | | | | | | | | |
| 12/28 | | | | | | | | |
| 12/29 | | | | | | | | |
| 12/30 | | | | | | | | |
| 12/31 | | | | | | | | |

CONFIDENTIAL
DO NOT REDISCLOSE

PHARMACY REVIEW

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

000316

CHARTER HOSPITAL OF LITTLE ROCK

Maumelle, AR

PRN MEDICATION ADMINISTRATION RECORD

Damien 1235013

DAMIEN W
11/74
1154
11/72

-11-60

PHARMACY PATIENT PROFILE

Major depression: single episode

ALLERGIES: NKDA
Environmental allergens
SPECIAL DIRECTIONS:

| Medication | | DATE | | Weight: 156 | | Height: 72" | | | |
|------------------------------------------------------|--|------|-----|-------------|---------|-------------|------------------|-----|-----|
| STRENGTH - ROUTE - FREQUENCY | | TIME | MON | TUE | WED | THURS | FRI | SAT | SUN |
| 4/3/92 Tylenol i or ii prn, po for pain | | | | 6/10/92 | 6/10/92 | | 6-12-92 | | |
| 4/30/92 Penadryl 25mg i po q 4-60 prn for itching | | | | | 2200/92 | | 1245p 2000/92 | | |

CONFIDENTIAL
DO NOT RE-EXPOSE

PHARMACY REVIEW

INITIAL/SIGNATURE

[Signature]
INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

[Signature]
INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

C00317

INITIAL/SIGNATURE

CHARTER HOSPITAL OF LITTLE ROCK
Maulmelle, AR

PRN MEDICATION
ADMINISTRATION RECORD

PHARMACY PATIENT PROFILE

1001235-1
FOLDS, DAMIEN W
DOB 12/11/74
PO BOX 11114
LITTLE ROCK, AR 72201-1114
REC-11-60

major dx. / single episode

ALLERGIES
LHA / Penicillin / cat, grass
SPECIAL INSTRUCTIONS

Prescribed by: *Dr. [Signature]*

Checked by:

Weight: 156 #

Height: 72"

STRENGTH - ROUTE - FREQUENCY

DATE
TIME

6/22
MON
12:00 PM

TUE

WED

THURS

FRI

SAT

SUN

*7/27 Tolonol T - 40 PO
for pain q 4h
9/10 Clarithromycin 500 PO
q 12h for 14 days*

CONFIDENTIAL
DO NOT REDISCLOSE

PHARMACY REVIEW

[Signature]
INITIAL/SIGNATURE

[Signature]
INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

C00318

INITIAL/SIGNATURE

ADDRESSOGRAPH PLATE

**YOUTH SERVICES
THERAPEUTIC LEAVE OF ABSENCE
REQUEST & POST LEAVE QUESTIONNAIRE**

What I did toward my treatment this week:

1. I followed the program
2. I followed instructions of staff
3. I made goals and accomplished them

The reasons I feel that I have earned a Therapeutic Leave of Absence:

1. I have been working hard
2. I have got along with all my peers
3. I followed staff's instructions

Goals I will accomplish, during my Therapeutic LOA:

1. getting along with parents
2. having a good time
3. getting ready to move

I have these feelings, about going on this Therapeutic LOA:

1. I am happy to be leaving
2. I am excited to meet family
3. I am excited to be out

I would like my Therapeutic LOA to be on 6/19/92 for 48 hours.
(Date) (Length)

Date of request 6-19-92 Patient's Signature Damian Echols

Goals I accomplished, during my Therapeutic LOA:

1. getting moved
2. talking to my parents
3. found out about my job

The feelings I have, about how my Therapeutic LOA went:

1. it was fun
2. it was good when I had to come back
3. I enjoyed being with my parents

What I wished had been different is:

1. the kids to be longer
2. _____
3. _____

Date returned 6-21-92 Patient's Signature Damian Echols

C00319



1501 Marshy Drive - Marmelle, Arkansas 72118 - (501) 851-8700
A member of the Charter Hospital Corporation family of quality health care facilities.

1001235-1

1001235-1

1001235-1

1001235-1

11-60

ADDRESSOGRAPH PLATE

THEAPEUTIC LEAVE OF ABSENCE STATEMENT OF RESPONSIBILITY

From: 6/19 to 6/20 2:00 6/21 2:00 2 med/s
Pass to be with Mother

I, the undersigned, hereby accept complete responsibility for the above named patient while away from Hospital of Little Rock and absolve the management of said facility, its personnel and the attending physician responsibility for any deterioration in condition, or accident that may happen while the patient is away.

AUTHORIZATION MUST BE SIGNED BY THE RESPONSIBLE PERSON WHO IS ACCEPTING RESPONSIBILITY THE PATIENT WHILE ON PASS AS STATED ABOVE.

LEAVING ON PASS: Date: 6-19-92 Time: 12:00

Signature of responsible person: [Signature] Relationship: [Blank]

Signature of Witness: Carol Little RN/MS

Pass med/s sent Stanett RN

RETURNING FROM PASS: Date: 6/21/92 Time: 11:45

Signature of responsible person: [Signature]

Signature of Witness: Sandi Stanett RN

To be completed by Nursing Staff:

1. Patient's physical condition on return from pass: no physical complaints and nothing noted on body search by

2. Patient's emotional condition on return from pass: quiet - stated he had a good pass.

Sandi Stanett RN 6/21/92
Signature of staff member Date / Time

C00320

273

BEHAVIOR OBSERVATION RECORD (PART II)

(Every 15 minutes unless otherwise specified)

() TIME OUT

(RECLUSION*

1. SUICIDE PRECAUTIONS*

Number of Staff needed for groundswork

Time for

GUIDED TIME OUT

(LEATHER RESTRAINTS.

(Checked and removed contraband)

Topic One

1. PHYSICAL HOLDING

1. DEVELOPMENT PRECAUTIONS:

Then Call Put In To Physicians:

Time Order Received

| Time | Codes | Initials | Time | Codes | Initials | Time | Codes | Initials | Time | Codes | Initials |
|------|-------|----------|------|-------|----------|------|-------|----------|------|-------|----------|
| 2400 | | | 0600 | | | 1200 | | | 1800 | | |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | 17 | AE | 1230 | | | 1830 | | |
| 0045 | | | 0645 | | | 1245 | | | 1845 | | |
| 0100 | | | 0700 | 17 | AE | 1300 | | | 1900 | | |
| 0115 | | | 0715 | | | 1315 | | | 1915 | | |
| 0130 | | | 0730 | 12 | CE | 1330 | | | 1930 | | |
| 0145 | | | 0745 | | | 1345 | | | 1945 | | |
| 0200 | | | 0800 | 17 | AE | 1400 | | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | 17 | AE | 1430 | | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 18 | AE | 1500 | | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 18 | AE | 1530 | | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 23 | CE | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 23 | CE | 1615 | | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

Signature of Hurst releasing pathway from seclusion/restraint



Physical Assessment of Patient Immediately after being placed in

| Seclusion/Restraints/Other: | (Note any injury and intervention) | YES / NO |
|-----------------------------|------------------------------------|----------|
| | | |

CONFIDENTIAL
DO NOT REDISCLOSE

CONFIDENTIAL



CARE AND OBSERVATION

PROCEDURAL

- 1) Staff in Attendance
- 2) In Seclusion
- 3) Out of Seclusion
- 4) 1:1 with Staff
- 5) Medication given
- 6) In Restraints - Seclusion Room
- 7) In Restraints - Patient Room
- 8) Restraints Loosened
- 9) Rates of Motor Exercises
- 10) Skin & Circulation Checks
- 11) Out of Restraints
- 12) Med Served

- 13) Fluids Served
14) Bathed
15) To Bathroom/Bed Pan/Urinal
16) Opportunity To Wash Hands
17) In Day Room
18) In Otis
19) In Patient Room
20) Family Therapy
21) Individual Therapy
22) School
23) edicta
24)

BEHAVIORAL

- 25) Cursing
- 26) Hitting Walls/Doors
- 27) Yelling/Screaming
- 28) Crying
- 29) Laughing
- 30) Singing
- 31) Mumbling Incoherently
- 32) Standing Still
- 33) Walking or Pacing
- 34) Lying or Sitting
- 35) Quiet
- 36) Sleeping

- 37) Threonine
38) Disobine
39) Combustive
40) Talker
41) Harm To Self
42) Harm To Others
43) _____
44) _____

Physical Assessment of Patient Upon Removal from Sedation/
Restraints/Obice: (Note any injury and interventions)

CHARTER HOSPITAL OF LITTLE ROCK BEHAVIOR REPORT FORM (PART I)

STAFFS, - CIVIL W
013 12/11/74
DP W GALLIEN
40M 06/10/92
XED REC #00-11-60

Date: _____ Time: _____ Staff Initiating Behavior Management: _____

ADDRESSOGRAPH

| PHYSICAL HOLDING / GUIDED TIME OUT (Circle One) | SECLUSION / RESTRAINTS (Circle One) | ELOPEMENT / SUICIDAL (Circle One) |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Behavior Demonstrated: (Be Specific) | Less restrictive interventions attempted: <input type="checkbox"/> Verbal Deescalation <input type="checkbox"/> Time Out <input type="checkbox"/> PRN Medication: <input type="checkbox"/> Other: | Behavior Demonstrated: (Be Specific) |
| | Criteria for seclusion/restraints: <input type="checkbox"/> Patient presents serious disruption to therapeutic setting <input type="checkbox"/> Patient presents harm to self <input type="checkbox"/> Patient presents harm to others | |
| | Criteria for Release: <input type="checkbox"/> Calm for _____ minutes <input type="checkbox"/> Accepts redirection <input type="checkbox"/> Makes verbal contract to maintain behavior <input type="checkbox"/> Other: | Criteria for Release: (Be Specific) |
| Criteria for Release: (Be Specific) | Discussed with patient? YES / NO | |
| | Method used to place patient in seclusion/restraints: <input type="checkbox"/> Patient goes voluntarily <input type="checkbox"/> Patient does not go voluntarily: Use of STAFF and/or TRANSPORT JACKETS PATROUSE BOARD (Circle answer) | Level of Precaution: Level A: 1:1 (Within Arms Reach) Level B: Within Eye Sight of Staff Level C: Every 30 Minute Checks |

*Begin Observation Record on reverse side immediately when instituting above behavior measures.

*Review Protocol when applicable (i.e., seclusion/restraints/suicide/elopement)

PRN ORDERS ARE NOT ACCEPTABLE. ORDER MUST BE TIME SPECIFIC. ORDER MUST BE OBTAINED WITHIN ONE HOUR.

(CIRCLE) IF OBTAINED FROM PHYSICIAN FOR SPECIAL TREATMENT PROXIMITY

000322

BEHAVIOR OBSERVATION RECORD PART II

(Every 15 minutes unless otherwise specified)

Caroline
10-15
10-15
10-15
10-15

TIME OUT
GUIDED TIME OUT
PHYSICAL HOLDING

SECLUSION*
LEATHER RESTRAINTS*
ELOPEMENT PRECAUTIONS* Q30' ✓ WA

SUICIDE PRECAUTIONS*
Number of Staff needed for procedure: _____ Time In: _____
Checked and removed contraband: _____ Time Out: _____
Time Call Put in To Physician: _____ Time Order Received: _____

| Time | Codes | Initials | Time | Codes | Initials | Time | Codes | Initials | Time | Codes | Initials |
|------|-------|----------|------|-------|----------|------|-------|----------|------|-------|----------|
| 2400 | | | 0600 | | | 1200 | 12 | 2 | 1800 | 17/34 | 11 |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | 10-15 | CC | 1230 | 19/36 | 2 | 1830 | 23 | |
| 0045 | | | 0645 | | | 1245 | | | 1845 | | |
| 0100 | | | 0700 | 12-24 | CC | 1300 | 18 | 2 | 1900 | 23 | |
| 0115 | | | 0715 | | | 1315 | | | 1915 | | |
| 0130 | | | 0730 | 10-15 | CC | 1330 | 18 | 2 | 1930 | 17/34 | 11 |
| 0145 | | | 0745 | | | 1345 | | | 1945 | | |
| 0200 | | | 0800 | 17/34 | Q2 | 1400 | 22 | 2 | 2000 | 17/34 | 11 |
| 0215 | | | 0815 | | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | 18 | 2 | 1430 | 22 | 2 | 2030 | 17/34 | 11 |
| 0245 | | | 0845 | | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 18 | 2 | 1500 | 22 | 2 | 2100 | 18 | 11 |
| 0315 | | | 0915 | | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 17/35 | Q2 | 1530 | 21 | 2 | 2130 | 17/34 | 11 |
| 0345 | | | 0945 | | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 17/35 | Q2 | 1600 | 21 | 2 | 2200 | 18 | 11 |
| 0415 | | | 1015 | | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 22 | 2 | 1630 | 17/34 | 11 | 2230 | 18 | 11 |
| 0445 | | | 1045 | | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | 22 | 2 | 1700 | 12 | 11 | 2300 | 19/36 | 11 |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | 22 | 2 | 1730 | 19/34 | 11 | 2330 | 19/36 | 11 |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

Signature of Nurse releasing patient from seclusion/restraints:



Physical Assessment of Patient Immediately after being placed in Seclusion/Restraints/Other: (Note any injury and intervention) YES / NO



Physical Assessment of Patient Upon Removal from Seclusion/Restraints/Other: (Note any injury and intervention) YES / NO

CARE AND OBSERVATION

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>PROCEDURAL</p> <ul style="list-style-type: none"> 1) Staff in Attendance 2) In Seclusion 3) Out of Seclusion 4) 1:1 with Staff 5) Medication given 6) In Restraints - Seclusion Room 7) In Restraints - Physical Room 8) Restraints Loosened 9) Room of Patient Rechecked 10) Skin & Circulation Checks 11) Out of Restraints 12) Medication | <ul style="list-style-type: none"> 13) Fluids Served 14) Bathed 15) To Bathroom/Bed Pan/Urinal 16) Opportunity To Wash Hands 17) In Day Room 18) In Group 19) In Priv or Room 20) Family Therapy 21) Individual Therapy 22) Squad 23) Outside Court 24) | <p>BEHAVIORAL</p> <ul style="list-style-type: none"> 25) Cursing 26) Hitting Walls/Doors 27) Yelling/Screaming 28) Crying 29) Lurching 30) Swooning 31) Mumbling Incoherently 32) Standing Still 33) Walking or Pacing 34) Lying or Sitting 35) Overt 36) Sleeping | <ul style="list-style-type: none"> 37) Threatening 38) Disobeying 39) Combing 40) Talking 41) Harm To Self 42) Harm To Others 43) 44) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

CONFIDENTIAL

CONFIDENTIAL

CHARTER HOSPITAL OF LITTLE ROCK

BEHAVIOR REPORT FORM (PART 1)

1001235-1

ECHEOLS, DANIEL W
DOB 12/11/74
DR W GALLIS
ADM 06/01/92

Date: 1-4-92 Time: 0600 Staff Initiating Behavior Management: _____

ADDRESSOGRAPH 800-877-1140

| PHYSICAL HOLDING / GUIDED TIME OUT (Circle One) | SECLUSION / RESTRAINTS (Circle One) | ELOPEMENT / SUICIDAL (Circle One) |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Behavior Demonstrated: (Be Specific) | Less restrictive interventions attempted: <input type="checkbox"/> Verbal Deescalation <input type="checkbox"/> Time Out <input type="checkbox"/> PRN Medication: _____ <input type="checkbox"/> Other: _____ | Behavior Demonstrated: (Be Specific) |
| | Criteria for seclusion/restraints: <input type="checkbox"/> Patient presents serious disruption to therapeutic setting <input type="checkbox"/> Patient presents harm to self <input type="checkbox"/> Patient presents harm to others | |
| | Criteria for Release: <input type="checkbox"/> Calm for _____ minutes <input type="checkbox"/> Accepts redirection <input type="checkbox"/> Makes verbal contract to maintain behavior <input type="checkbox"/> Other: _____ | Criteria for Release: (Be Specific) |
| Criteria for Release: (Be Specific) | Discussed with patient? YES / NO | |
| | Method used to place patient in seclusion/restraints: <input type="checkbox"/> Patient goes voluntarily <input type="checkbox"/> Patient does not go voluntarily Use of STAFF and/or TRANSPORT JACKETS PAIN/USE BOARD (Circle answer) | Level of Precaution: Level A: 1:1 (Within Arms Reach) Level B: Within Eye Sight of Staff Level C: Every 30 Minute Checks |

*Begin Observation Record on reverse side immediately when instituting above behavior measures.

*Review Protocol when applicable (i.e., seclusion/restraints/suicide/elopement)

ORDERS ARE NOT ACCEPTABLE. ORDER MUST BE TIME SPECIFIC. ORDER MUST BE OBTAINED WITHIN ONE HOUR.
BE OBTAINED FROM PHYSICIAN OR SPECIAL TREATMENT PROCEDURES.

000324

BEHAVIORAL OBSERVATION RECORD PART II)

(Every 15 minutes unless otherwise specified)

Clear Observation 5:30 min check *W.S.*

() TIME OUT () SECLUSION* () SUICIDE PRECAUTIONS*
 () GUIDED TIME OUT () LEATHER RESTRAINTS*
 () PHYSICAL HOLDING () JEOPARDY PRECAUTIONS*

Number of Staff needed for procedure: _____ Time In: _____
 Checked and removed contraband: _____ Time Out: _____
 Time Call Put in To Physician: _____ Time Order Received: _____

| Time | Codes | Initials | Time | Codes | Initials | Time | Codes | Initials | Time | Codes | Initials |
|------|-------|----------|------|-------|----------|------|-------|----------|------|-------|----------|
| 2400 | | | 0600 | | | 1200 | 12 | Q | 1800 | 24 | Q |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | 17 | Q | 1230 | 17/36 | Q | 1830 | 17/36 | Q |
| 0045 | | | 0645 | | | 1245 | | | 1845 | | |
| 0100 | | | 0700 | 17 | Q | 1300 | 18 | Q | 1900 | 18 | Q |
| 0115 | | | 0715 | | | 1315 | | | 1915 | | |
| 0130 | | | 0730 | 17 | Q | 1330 | 18 | Q | 1930 | 22 | Q |
| 0145 | | | 0745 | | | 1345 | | | 1945 | | |
| 0200 | | | 0800 | 17 | Q | 1400 | 22 | Q | 2000 | 17 | Q |
| 0215 | | | 0815 | | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | 18 | Q | 1430 | 22 | Q | 2030 | 17 | Q |
| 0245 | | | 0845 | | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 18 | Q | 1500 | 22 | Q | 2100 | 17 | Q |
| 0315 | | | 0915 | | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 17/35 | Q | 1530 | 22 | Q | 2130 | 17 | Q |
| 0345 | | | 0945 | | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 22/35 | Q | 1600 | 23 | Q | 2200 | 17/36 | Q |
| 0415 | | | 1015 | | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 22/35 | Q | 1630 | 23 | Q | 2230 | 17/36 | Q |
| 0445 | | | 1045 | | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | 22/35 | Q | 1700 | 12 | Q | 2300 | 17/36 | Q |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | 17/35 | Q | 1730 | 18 | Q | 2330 | 17/36 | Q |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

CARE AND OBSERVATION

- PHYSICAL**
 1) Staff in Attendance
 2) In Seclusion
 3) Out of Seclusion
 4) 1 to 5 Staff
 5) Medication given
 6) In Restraints - Seclusion Room
 7) In Restraints - Physical Room
 8) Restraints Unneeded
 9) Phases of Motion Exercise
 10) Skin & Circulation Check
 11) Out of Restraints
 12) Meal Served

- 13) Food Served
 14) Bathed
 15) To Bathroom/Bed Pan/Urinal
 16) Opportunity To Wash Hands
 17) In Day Room
 18) In Group
 19) In Patient Room
 20) Family Therapy
 21) Individual Therapy
 22) School
 23) *See room*
 24) *See room*

- BEHAVIORAL**
 25) Cursing
 26) Hitting Walls/Doors
 27) Yelling/Scolding
 28) Crying
 29) Laughing
 30) Grouping
 31) Humiliating/Insulting
 32) Stumbling/Spill
 33) Walking or Pacing
 34) Lying in Silliness
 35) Quiet
 36) Sleeping

- 37) Throwing
 38) Cussing
 39) Cussing
 40) Cussing
 41) Hitting Self
 42) Hitting Others
 43)
 44)

Physical Assessment of Patient Immediately after being placed in

Seclusion/Restraints/Other: (Note any injury and intervention) YES / NO

Physical Assessment of Patient Upon Removal from Seclusion/Restraints/Other: (Note any injury and intervention)

YES / NO



CONFIDENTIAL
 DO NOT REUSE

520000

1001235-1

CHARTER HOSPITAL OF LITTLE ROCK
BEHAVIOR REPORT FORM (PART 1)

Date: 8-3-82 Time: 12:30 Staff Initiating Behavior Management: _____

ADDRESSOGRAPH

| PHYSICAL HOLDING / GUIDED TIME OUT (Circle One) | SECLUSION / RESTRAINTS (Circle One) | ELOPEMENT / SUICIDAL (Circle One) |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Behavior Demonstrated: (Be Specific) | Least restrictive interventions attempted: Verbal Deescalation Time Out PRN Medication: Other: | Behavior Demonstrated: (Be Specific) |
| | Criteria for seclusion/restraints: Patient presents serious disruption to therapeutic setting Patient presents harm to self Patient presents harm to others | |
| | Criteria for Release: Calm for _____ minutes Accepts redirection Makes verbal contract to maintain behavior Other: | Criteria for Release: (Be Specific) |
| Criteria for Release: (Be Specific) | Discussed with patient? YES / NO | |
| | Method used to place patient in seclusion/restraints: Patient goes voluntarily Patient does not go voluntarily Use of STAFF and/or TRANSPORT JACKET/ PAPER ROPE BOARD (Circle answer) | Level of Precaution: Level A: 1:1 (Within Arms Reach) Level B: Within Eye Sight of Staff Level C: Every 30 Minute Checks |

*Begin Observation Record on reverse side immediately when instituting above behavior measures.

*Review Protocol when applicable (i.e., seclusion/restraints/suicide/elopement)

PRN ORDERS ARE NOT ACCEPTABLE. ORDER MUST BE TIME SPECIFIC. ORDER MUST BE OBTAINED WITHIN ONE HOUR.

ORDER MUST BE OBTAINED FROM PHYSICIAN OR SPECIAL TREATMENT PROCEDURES.

000326

BEHAVIORAL OBSERVATION RECORD PART II)

(Every 15 minutes unless otherwise specified)

CLOSE OBSERVATION Q30 min WA

| | | | | |
|----------------------|----------------------------|--------------------------|---------------------------------------------|----------------------------|
| () TIME OUT | () SECLUSION* | () SUICIDE PRECAUTIONS* | Number of Staff needed for procedure: _____ | Time In: _____ |
| () GUIDED TIME OUT | () LEATHER RESTRAINTS* | | Checked and removed contraband: _____ | Time Out: _____ |
| () PHYSICAL HOLDING | () ELOPEMENT PRECAUTIONS* | | Time Call Put in To Physician: _____ | Time Order Received: _____ |

| Time | Codes | Initials | Time | Codes | Initials | Time | Codes | Initials |
|------|-------|----------|------|-------|----------|------|-------|----------|
| 2400 | | | 0600 | | | 1200 | | |
| 0015 | | | 0615 | | | 1215 | | |
| 0030 | | | 0630 | 19-34 | DR | 1230 | 19/36 | Q |
| 0045 | | | 0645 | | | 1245 | | |
| 0100 | | | 0700 | 17-34 | DR | 1300 | 19/36 | Q |
| 0115 | | | 0715 | | | 1315 | | |
| 0130 | | | 0730 | 12-23 | DR | 1330 | 18 | Q |
| 0145 | | | 0745 | | | 1345 | | |
| 0200 | | | 0800 | 17/34 | Q | 1400 | 22-34 | KN |
| 0215 | | | 0815 | | | 1415 | | |
| 0230 | | | 0830 | 17/34 | Q | 1430 | 22-34 | KN |
| 0245 | | | 0845 | | | 1445 | | |
| 0300 | | | 0900 | 18 | Q | 1500 | 22-34 | KN |
| 0315 | | | 0915 | | | 1515 | | |
| 0330 | | | 0930 | 18 | Q | 1530 | 22-34 | KN |
| 0345 | | | 0945 | | | 1545 | | |
| 0400 | | | 1000 | 22-34 | KN | 1600 | 24 | Q |
| 0415 | | | 1015 | | | 1615 | | |
| 0430 | | | 1030 | 22-34 | KN | 1630 | 24 | Q |
| 0445 | | | 1045 | | | 1645 | | |
| 0500 | | | 1100 | 22-34 | KN | 1700 | 12 | Q |
| 0515 | | | 1115 | | | 1715 | | |
| 0530 | | | 1130 | 22-34 | KN | 1730 | 12 | Q |
| 0545 | | | 1145 | | | 1745 | | |

CARE AND OBSERVATION

PROCEDURAL

- 1) Staff in Attendance
- 2) In Seclusion
- 3) Out of Seclusion
- 4) 1 with Staff
- 5) Medication given
- 6) In Restraints - Seclusion Room
- 7) In Restraints - Patient Room
- 8) Restraints - Unrestrained
- 9) History of Motion Exercise
- 10) Skin & Circulation Checks
- 11) Out of Restraints
- 12) Meal Served

- 13) Fluids Observed
- 14) Bathed
- 15) To Bathroom/Bed Pan/Urinal
- 16) Opportunity To Wash Hands
- 17) In Day Room
- 18) In Group
- 19) In Patient Room
- 20) Family Therapy
- 21) Individual Therapy
- 22) S. bed
- 23) *Alone in Room*
- 24) *DR*

BEHAVIORAL

- 25) Cursing
- 26) Hitting Walls/Doors
- 27) Yell/Screeching
- 28) Crying
- 29) Lash/Slap
- 30) Singing
- 31) Mumbling Incoherently
- 32) Standing Still
- 33) Walking or Pacing
- 34) Lying or Sitting
- 35) Onset
- 36) Sleeping
- 37) Threatening
- 38) Disobedient
- 39) Combative
- 40) Talking
- 41) Harm To Self
- 42) Harm To Others
- 43) *DR*
- 44) *DR*

Physical Assessment of Patient immediately after being placed in Seclusion/Restraints/Other: (Note any injury and intervention) YES / NO

DO NOT REDISCLOSE
CONFIDENTIAL

Physical Assessment of Patient Upon Removal from Seclusion/Restraints/Other: (Note any injury and intervention) YES / NO

Signature of Nurse releasing patient from seclusion/restraints:



000327

CHARTER HOSPITAL OF LITTLE ROCK
BEHAVIOR REPORT FORM (PART 1)

Damen - Citrus

CM:EN W
1174
1154
192
-11-60

Date: 6/2/92 Time: 0630 Staff Initiating Behavior Management: _____

ADDRESSOGRAPH

| PHYSICAL HOLDING / GUIDED TIME OUT (Circle One) | SECLUSION / RESTRAINTS (Circle One) | ELOPEMENT / SUICIDAL (Circle One) |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Behavior Demonstrated: (Be Specific) | Least restrictive interventions attempted: Verbal Deescalation Time Out PRN Medication: _____ Other: _____ | Behavior Demonstrated: (Be Specific) <i>Threatened suicide prior to admission</i> |
| | Criteria for seclusion/restraints: Patient presents serious disruption to therapeutic setting Patient presents harm to self Patient presents harm to others | |
| | Criteria for Release: Calm for _____ minutes Accepts redirection Makes verbal contract to maintain behavior Other: _____ | Criteria for Release: (Be Specific) |
| Criteria for Release: (Be Specific) | Discussed with patient? YES / NO | |
| | Method used to place patient in seclusion/restraints: Patient goes voluntarily Patient does not go voluntarily Use of STAFF and/or TRANSPORT JACKET PAPoose BOARD (Circle answer) | Level of Protection: <u>C</u> Level A: 1:1 (Within Arms Reach) Level B: Within Eye Sight of Staff Level C: Every 30 Minute Checks |

DO NOT REDISCLOSE
CONFIDENTIAL

*Begin Observation Record on reverse side immediately when instituting above behavior measures.
*Review Protocol when applicable (i.e., seclusion/restraints/suicide/elopement)

PRN ORDERS ARE NOT ACCEPTABLE. ORDER MUST BE TIME SPECIFIC. ORDER MUST BE OBTAINED WITHIN ONE HOUR.
ORDER MUST BE OBTAINED FROM PHYSICIAN OR SPECIAL TREATMENT PROCEDURE'S.

000328



CHARTER HOSPITAL OF LITTLE ROCK

1401 Marsh Drive - Memphis, Arkansas 38118 - (501) 851-8700
a member of the Charter Health Corporation family of quality health care facilities.

ADDRESSOGRAPH PLATE

WEEKLY FLOW CHART

ALLERGIES: *Penicillin, Sulfa, Iodine*

| DATE | 6-21-92 | 6-22-92 | 6-23-92 | 6-24-92 | 6-25-92 | 6-26-92 | 6-27-92 |
|--------------------------|--------------------------------------------------|--------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| | SUN | MON | TUES | WED | THURS | FRI | SAT |
| LEVEL OF ACTIVITY | | | | | | | |
| DIET TYPE | BRK % LUN % SUP % | 75 50 100% | 100% 100% | 100% 100% | 100% D/C | | |
| VITAL SIGNS | T P R B/P | T P R B/P | T P R B/P | T P R B/P | T P R B/P | T P R B/P | T P R B/P |
| WEIGHT | HT. | | | | | | |
| CONSULTS | | | | | | | |
| EKG | | | | | | | |
| EDUCATION OUTINGS | | | | | | | |
| PSYCH TESTS | | | | | | | |
| OT/RT | ✓ | | | | | | |
| SCHOOL | | | | | | | |
| PT. ED. GROUPS | | | | | | | |
| GROUP THERAPY | ✓ | | | | | | |
| COMMUNITY MEETING | ✓ | | | | | | |
| OTHER | WRAP-UP RELAXATION CD GROUP | | | | | | |
| PASS | ✓ | | | | | | |
| VISITORS | | | | | | | |
| SOCIAL ISOLATION | | | | | | | |
| SLEEP PATTERN | 0000 0100 0200 0300 0400 0500 0600 0700 | S S S S S S S S | 0000 0100 0200 0300 0400 0500 0600 0700 | 0000 0100 0200 0300 0400 0500 0600 0700 | 0000 0100 0200 0300 0400 0500 0600 0700 | 0000 0100 0200 0300 0400 0500 0600 0700 | 0000 0100 0200 0300 0400 0500 0600 0700 |
| CODE: | | | | | | | |
| SP - SUICIDE PRECAUTIONS | | | | | | | |
| EP - ELOPMENT PRECAUTION | | | | | | | |
| A - AWAKE | | | | | | | |
| S - SLEEPING | | | | | | | |
| O/R - DAYROOM | | | | | | | |

ALL INFORMATION ENTERED
IN FLOW CHARTS AND SIGNATURE ON REVERSE

000329

Mr. J. Edgar Hoover
Re. Caroline Kennedy
J. J. McGeehan P.S.

JS JOHN SINGERS P.S.

CONFIDENTIAL
DO NOT REDISCLOSE

000330

CHARTER HOSPITAL OF LITTLE ROCK

1401 Murphy Drive • Memphis, Arkansas 38118 • (501) 851-8700
a subsidiary of the Charter Medical Corporation family of quality health care facilities.

1001200

ADDRESSOGRAPH PLATE

WEEKLY FLOW CHART

ALLERGIES: *Latex, Penicillin, Allergies*

| DATE | 6-14-92 | 6-15-92 | 6-16-92 | 6-17-92 | 6-18-92 | 6-19-92 | 6-20-92 |
|---------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| | SUN | MON | TUES | WED | THURS | FRI | SAT |
| LEVEL OF ACTIVITY | | | | | | | |
| DIET TYPE | BRK % 100 LUN % 100 SUP % 100 | 100% 100% 100% | 100% 100% 100% | 100% 100% 100% | 100% 100% 100% | 100% 100% 100% | 100% 100% 100% |
| VITAL SIGNS | T P R B/P | T P R B/P | T P R B/P | T P R B/P | T P R B/P | T P R B/P | T P R B/P |
| WEIGHT HT. | | | | | | | |
| CONSULTS | | | | | | | |
| EKG | | | | | | | |
| EDUCATION OUTINGS | | | | | | | |
| PSYCH TESTS | | | | | | | |
| OT/RT | | | | | | | |
| SCHOOL | | | | | | | |
| PT ED. GROUPS | | | | | | | |
| GROUP THERAPY | | | | | | | |
| COMMUNITY MEETING | | | | | | | |
| OTHER | WRAP-UP RELAXATION CD GROUP | | | | | | |
| PASS | | | | | | | |
| VISITORS | | | | | | | |
| SOCIAL ISOLATION | | | | | | | |
| SLEEP PATTERN | 0000 0100 0200 0300 0400 0500 0600 0700 | 0000 0100 0200 0300 0400 0500 0600 0700 | 0000 0100 0200 0300 0400 0500 0600 0700 | 0000 0100 0200 0300 0400 0500 0600 0700 | 0000 0100 0200 0300 0400 0500 0600 0700 | 0000 0100 0200 0300 0400 0500 0600 0700 | 0000 0100 0200 0300 0400 0500 0600 0700 |
| CODE: | | | | | | | |
| SP - SUICIDE PRECAUTIONS | | | | | | | |
| EP - ELOPEMENT PRECAUTION | | | | | | | |
| A - AWAKE | | | | | | | |
| S - SLEEPING | | | | | | | |
| O/R - OATROOM | | | | | | | |

ALL INFORMATION ENTERED
AND SIGNATURE ON REVERSE

000331

284

R. Mary Conner B.

cc Caroline Conner B.

PJ. Alton Johnson P.S.

Gr. J. Medford P.S.

~~JS-John~~ SAGERS, P.S.

of Carolyn Kille M

CONFIDENTIAL
DO NOT REDISCLOSE



CHARTER HOSPITAL OF LITTLE ROCK

1401 Murphy Drive • Mableton, Arkansas 72118 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

PHOENIX, ARIZONA
DOB 12/11/74
DR W GALLIEN
ADM 04/01/92
MED REC 400-11-60

ADDRESS/ROOM/PLATE

WEEKLY FLOW CHART

ALLERGIES: *None*

| DATE | SUN | | MON | | TUES | | WED | | THURS | | FRI | | SAT | |
|---------------------------|-------|------|------|------|------|------|------|------|-------|------|------|------|------|------|
| LEVEL OF ACTIVITY | | | | | | | | | | | | | | |
| DIET TYPE | BRK % | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | LUN % | 95% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | SUP % | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| VITAL SIGNS | T | P | R | B/P | T | P | R | B/P | T | P | R | B/P | T | P |
| WEIGHT HT. | | | | | | | | | | | | | | |
| CONSULTS | | | | | | | | | | | | | | |
| LAB / X-RAY / PROCEDURES | | | | | | | | | | | | | | |
| PSYCH TESTS | | | | | | | | | | | | | | |
| OT / RT | | | | | | | | | | | | | | |
| SCHOOL | | | | | | | | | | | | | | |
| PT. ED. GROUPS | | | | | | | | | | | | | | |
| GROUP THERAPY | | | | | | | | | | | | | | |
| COMMUNITY MEETING | | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | | | |
| PASS | | | | | | | | | | | | | | |
| VISITORS | | | | | | | | | | | | | | |
| SLEEP PATTERN | | | | | | | | | | | | | | |
| CODE: | | | | | | | | | | | | | | |
| SP - SUICIDE PRECAUTIONS | | | | | | | | | | | | | | |
| EP - ELOPEMENT PRECAUTION | | | | | | | | | | | | | | |
| A - AWAKE | | | | | | | | | | | | | | |
| S - SLEEPING | | | | | | | | | | | | | | |
| D / R - DAYROOM | | | | | | | | | | | | | | |

CONFIDENTIAL
DO NOT REDISCLOSE

OUTING

ALL INFORMATION ENTERED
INITIALS AND SIGNATURE ON REVERSE

000333

MS - M. Law, PS

J - J. Macfarlane P.S.

PC - P. C. Macfarlane P.S.

W - W. J. Macfarlane P.S.

J - J. Macfarlane P.S.

K - K. Macfarlane P.S.

CONFIDENTIAL
DO NOT REDISCLOSE

000334



CHARTER HOSPITAL OF LITTLE ROCK

1401 Murphy Drive - Maumelle, Arkansas 72118 - (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001235-1

DATE: 1/7/74
TIME: 11:30
NIGHT: 11:30

ADDRESSOGRAPH PLATE

Damen - Edith

WEEKLY FLOW CHART

ALLERGIES: NKDA - Environmental Allergens

| DATE | 5-31-92 | 6-1 | 6-2 | 6-3 | 6-4 | 6-5 | 6-6 |
|----------------------------------------------------------------|-------------------------|--------------------------------------|--------------------------------------|--------------------------------------|----------------------|----------------------|---------------------|
| | SUN | MON | TUES | WED | THURS | FRI | SAT |
| LEVEL OF ACTIVITY | | | | | | | |
| DIET TYPE | BRK % LUN % SUP % | | 90cc 100g 100g | 100g 100g 100g | 100g 100g 100g | 100g 100g 100g | 99g 100g 100g |
| VITAL SIGNS | T P R B/P | T 98.9 P 68 R 16 B/P 110/72 | T 97.4 P 80 R 16 B/P 118/69 | T 98.3 P 76 R 16 B/P 124/68 | T P R B/P | T P R B/P | T P R B/P |
| WEIGHT HT. | | 72" 154 lb | | | | | |
| CONSULTS | | | | | | | |
| AB / X-RAY / PROCEDURES | | | | | | | |
| PSYCH TESTS | | | | | | | |
| OT / RT | | | | | | | |
| SCHOOL | | | | | | | |
| PT. ED. GROUPS | | | | | | | |
| GROUP THERAPY | | | | | | | |
| COMMUNITY MEETING | | | | | | | |
| OTHER | Way Up | | | | | | |
| PASS | | | | | | | |
| VISITORS | | | | | | | |
| SLEEP PATTERN | | | | | | | |
| CODE: SP - SUICIDE PRECAUTIONS EP - ELOPEMENT PRECAUTION | | | | | | | |
| A - AWAKE S - SLEEPING D / R - DAYROOM | | | | | | | |

ALL INFORMATION ENTERED
ON REVERSE

000335

288

CUSTOM PRINTING CO. - NLR - 375-7311 - CHL

cc Caroline Canady PS
Dr J. Mayfield P.S.
W. Allen Johnson P.S.
cc - Alice Edwards PS
at Cordy Miller M

CONFIDENTIAL
DO NOT REDISCLOSE

000326



1001 Maple Drive • Little Rock, Arkansas 72111 • (501) 661-8000
A member of the Little Rock Health Corporation and a subsidiary of the Little Rock Health System

1001245-1

CONFIDENTIAL

CONFIDENTIAL

ADDRESSOGRAPH PLATE

PATIENT'S CLOTHING LIST

1001-60

Articles Retained By Patient

CLOTHING

| | | |
|-------------|----------------|---------------|
| ✓ Belt | House Slippers | Skirt |
| Blouse | Jacket | ✓ Slacks |
| Bra | Nightgown | Slip |
| Coat | Pajamas | Socks |
| Dress | Robe | Sweater |
| Gloves | Shirt | 11 T Shirt |
| Hat/Cap | 2 AIR Shoes | TH Underpants |
| ✓ 5 PAJAMAS | 111 JEANS | Undershirt |

PERSONAL

| | | | |
|-----------|--------------|-------------------|----------|
| Bracelet | Curlers | Dentures | Luggage |
| Rings | Bobby Pins | Upper | Tote bag |
| Necklace | Make up kit | Lower | Money |
| Earrings | Toothbrush | Partial | |
| Watch | ✓ Toothpaste | Classes/Case | |
| Hairbrush | Cigarettes | Hearing Aide | |
| Comb | Lighter | Contact Lens/Case | |
| Razor | Matches | Purse | |
| | | Comb | |
| | | Wallet | |

The above list of articles is a correct list of my belongings which I take full responsibility for retaining in my possession while in the hospital. All other articles have been sent home.

Signed Lamier Echola Date JUNE 6th Time 1330

Patient or responsible party

Checked by [Signature]

Hospital Employee

Receipt for Personal Articles and Clothing

The articles in the above list were returned to me in good condition on

Date 6-25-92 Time 9:55am Signed Lamier Echola

Patient or responsible party

Checked by P. Edwards

Hospital Employee

000337

Not Responsible For
Any Items Left After 30 Days

White - Chart

Yellow - Patient

290 CUSTOM PRINTING CO. - M.R. - 375-7311 - CH-R-200



1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 861-8700
A member of the Charter Medical Corporation family of quality health care facilities

Damien Echols

JUL 1, 1992

ADDRESSOGRAPH PLATE

PATIENT'S CLOTHING LIST

Articles Retained By Patient

CLOTHING

| | | |
|---------|----------------|--------------|
| Belt | House Slippers | Skirt |
| Blouse | Jacket | Slacks 3 |
| Bra | Nightgown | Slip |
| Coat | Pajamas | Socks 3 |
| Dress | Robe | Sweater |
| Gloves | Shirt | Short 4 |
| Hat/Cap | Shoes 1 | Underpants 3 |
| | Shirts 1 | Undershirt |

PERSONAL

| | | | |
|-----------|--------------|-------------------|----------|
| Bracelet | Curlers | Dentures | Luggage |
| Rings | Bobby Pins | Upper | Tote bag |
| Necklace | Make up kit | Lower | Money |
| Earrings | Toothbrush ✓ | Partial | |
| Watch | Toothpaste ✓ | Classes/Case | |
| Hairbrush | Cigarettes | Hearing Aide | |
| Comb | Lighter | Contact Lens/Case | |
| Razor | Matches | Purse | |
| | | Comb | |
| | | Wallet | |

The above list of articles is a correct list of my belongings which I take full responsibility for retaining in my possession while in the hospital. All other articles have been sent home.

Signed Damien Echols Date 6-1-92 Time 23:35
Patient or responsible party

Checked by Alice Edwards
Hospital Employee

Receipt for Personal Articles and Clothing

The articles in the above list were returned to me in good condition on

Date 6-25-92 Time 9:55am Signed Damien Echols
Patient or responsible party

Checked by Alice Edwards 000338
Hospital Employee

Not Responsible For
Any Items Left After 30 Days

White - Chart

Yellow - Patient

29/ CUSTOM PRINTING CO. - HLK - 375-7311 - CHLR-2008



CHARTER HOSPITAL
OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001235-1

PHOLDS, CAMIEN W
DOB 12/11/74
PO BOX 11199
JCM 04/01/92
ADDRESSOGRAPH PLATE

ADDRESSOGRAPH PLATE

ADOLESCENT SERVICES PROGRAM CONTINUING CARE PLAN

THE FOLLOWING TO BE COMPLETED BY PRIMARY THERAPIST:

CONTINUING CARE GOALS OR RECOMMENDATIONS INCLUDE:

1. DISCHARGE TO PARENTS THIS DATE.
2. CONTINUE TO BE MONITORED BY JERRY DEWEE
3. CONTINUE MEDS AS PRESCRIBED BY PHYSICIAN

Christina DeHouwer 6-25-92
Therapist Date

Pamela Echols 6-25-92
Patient/Guardian Date

THE FOLLOWING TO BE COMPLETED BY THE PRIMARY RN:

CONTINUING CARE GOALS OR RECOMMENDATIONS INCLUDE:

1. Take medications as prescribed
 2. Do not stop taking medications without Dr. Approval
 3. CONFIDENTIAL
- DO NOT REDISCLOSE

G. Wilson RN 6-25-92
RN Date

Pamela Echols 6-25-92
Patient/Guardian Date

ORIGINAL - CHART

YELLOW - PATIENT

PINK - FAMILY

000339

CUSTOM PRINTING CO. - NLR - 375-7311 - CLR-2052



ATTORNEY WORK PRODUCT - PRIVILEGED AND CONFIDENTIAL INFORMATION

MICHAEL "DAMIEN" ECHOLS
CASE NO. 1700-00-30182

ADMISSION TO CHARTER HOSPITAL OF LITTLE ROCK

09/14/92

CHARTER HOSP. /L.R.
09/14/92 ADMISSION

C00340

NAME: Damien EcholsREFERENCE #: 5385

I. GENERAL INFORMATION

DATE: 9-10-92 DAY: THURS TIME: 14:15 CALL/WALK-IN: CPROGRAM: CLASS (CIRCLE ONE) 1= ADULT 2= ADOLESCENT 3= CHILD 4= GERIATRICTYPE (CIRCLE ONE) 1= PSYCHIATRIC 2= ADDICTIVE DISEASE

SPECIALTY DETAIL PROGRAM (IF APPLICABLE)

PRESENTING PROBLEMS: (CIRCLE ALL THAT APPLY)

A=SEXUAL ABUSE B=EMOTIONAL C=PHOBIC D=DEPRESSION E=ALCOHOL F=ANXIETY G=COCAINE H=HEROIN I=PARANOID J=SUBSTANCE K=STRESS/LIFE L=TOXIC M=OTHER N=OTHER O=OTHER P=OTHER Q=OTHER R=OTHER S=OTHER T=OTHER U=OTHER V=OTHER W=OTHER X=OTHER Y=OTHER Z=OTHER

IS THIS THE FIRST TIME YOU HAVE CALLED? Y/NIS THE CLINICAL FORM COMPLETED? Y/N

THE CALLER IS THE PATIENT'S

NOTES

Grabbed him down to the ground and
he slipped from the ground, rushed at
over his face and body, and say
he is a blood sucking vampire
1st time he is trying to eat father that he needs
to be locked up or he will hurt someone - also
another person is tried to suck from blood

II. CALLER INFORMATION

RELATIONSHIP: A) PERSONAL B) REFERRAL

NAME: A) Benny Driver

FIRST

MI

LAST

TITLE: AttorneyCO/AGENCY: BADDRESS: A) BCITY: A) BSTATE: ACOUNTRY: BZIP CODE: A) BAGE: ASEX: M OR FRACE: AMARITAL STATUS: APHONE-HOME: A) BPHONE-WORK: A) B

III. PATIENT INFORMATION

NAME: Damien Echols

FIRST

MI

LAST

ADDRESS: Rt. 2 Box 288CITY: MarionSTATE: ALCOUNTRY: USAZIP CODE: 32364DOB: 12-1-74AGE: 17SEX: M OR FRACE: BMARITAL STATUS: SPHONE-HOME: 732-2328PHONE-WORK: BWHO IS LEGAL GUARDIAN: BEMPLOYER/SCHOOL: BOCCUPATION (PARENT'S OCCUPATION IF CHILD OR ADOLESCENT): BRETURN CALL INSTRUCTIONS: BHAS THERE PREVIOUSLY BEEN TREATMENT? Y/NWHEN: 6-1-92WHERE: CHLPREVIOUS TREATMENT LOS: BIS THIS A READMIT TO OUR SYSTEM? Y/NPRESENT ADMIT: 1-2-92

IF A READMIT, PREVIOUS DISCHARGE STATUS:

1) AMA

2) ADMINISTRATIVE

3) TO HOME

4) CHRONIC 3+

IV. REFERRAL INFORMATION



NEW REFERRAL SOURCE



EXISTING REFERRAL SOURCE

FIRST REFERRAL SOURCE: FormerSECOND REFERRAL SOURCE, IF ANY: Tommy Driver

PRIMARY SOURCE OF PAYMENT:

1 = BEACH STREET

2 = CHO BASED BLUE CROSS

3 = COST BASED BLUE CROSS

4 = CHAMPUS

5 = COMMERCIAL

6 = HMO/PPO

7 = MEDICAID/MEDICAL

8 = MEDICARE

9 = SELFAY

10 = WORK

11 = OTHER

99 = OTHER

COMP-

ROOMAM

NAME: Damien Echols INSURED IS PATIENT'S: Self SS#: _____
 INSURANCE CO.: Medicaid POLICY #: 1238412-201 GROUP: _____
 EMPLOYER: _____ TITLE/DEPT.: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 VERIFICATION PHONE #: _____ OK TO CONTACT EMPLOYER IF NECESSARY TO VERIFY: _____
 PER-CERT? Y/N IF PRE-CERT, #: _____ DIAGNOSIS: _____
 NOTES: _____

SECONDARY SOURCE OF PAYMENT:

NAME: _____ INSURED IS PATIENT'S: _____ SS#: _____
 INSURANCE CO.: _____ POLICY #: _____ GROUP #: _____
 EMPLOYER: _____ TITLE/DEPT.: _____ PHONE#: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 VERIFICATION PHONE #: _____ OK TO CONTACT EMPLOYER IF NECESSARY TO VERIFY: _____
 NOTES: _____
 ADDITIONAL FINANCIAL RESOURCES: _____

GUARANTOR: _____ PHONE#: _____

VL CMC VIABILITY

ARE FINANCIAL RESOURCES AVAILABLE FOR HOSPITAL SERVICES? _____

IS CLINICAL ADMISSION CRITERIA MET FOR HOSPITAL SERVICES? _____

Y/N OR UNDETERMINED

Y/N OR UNDETERMINED

VII. ADMISSION

OUTPATIENT OR PARTIAL ADMIT MUST BE TRANSFERRED TO COUNSELING CENTER OR O P DEPT.

INPATIENT/OUTPT-PARTIAL/RESIDENTIAL: _____ COMMITTED/VOLUNTARY/INVOL: _____ DATE: _____ MED. REC. #: _____

PAT. ACCT. #: _____ ATTENDING PROFESSIONAL: _____ LOOP SOURCE, IF ANY: _____

NOTES: _____

VIII. DISPOSITION

CURRENT STATUS: 1 REASON PENDING: 4 FOLLOW UP DATE: 9/14/92 REFERRED OUTSIDE: _____

REASON DROPPED: _____ DROPPED-REFERRED TO: _____

CMC TRANSFERAL TO: _____

CALL TAKEN BY: Vina Doster TITLE: DS ENTERED BY: VED DATE: 9/10/92

| | | | | | | | | | |
|------------------------|--|------------------------|--|---------------------|--|-------------------------------|--|----------------|--|
| VIA # 10014605 | | SOC. SEC. NO. | | EA. OR. NO. E 024 W | | DOCTOR NAME C88321 GALLIEN MD | | ROOM 312 | |
| A. RT. EMR. NO. | | PATIENT LAST FIRST, MI | | BIRTH DATE | | AGE | | SEX | |
| 4420 SW 180TH ST 188 | | ECHOLO DAMIEN | | 12/11/74 | | 017 | | M Y W | |
| CITY | | STATE | | ZIP CODE | | ADMIT DATE | | TIME | |
| ALOMA | | OR | | 000097007 | | 09/14/92 | | 1630 | |
| GUARANTOR NAME | | GUARANTOR NAME | | SPECIES | | REF. SOURCE | | DISCHARGE DATE | |
| JOE HUTCHINSON | | PAMELA ECHOLS | | NONE | | 1900003 | | 9-28-92 1145 | |
| PATIENT NAME | | DATE | | FACILITY | | OCCUPATION | | COUNTY | |
| DAMIEN ECHOLS | | 06/01/92 | | CHARTER LR | | STUDENT | | | |
| PSYCHOTIC DISORDER NOS | | DATE | | TIME | | PLACE | | | |
| PATIENT EMPLOYER | | STREET | | CITY | | ST. ZIP CODE | | PHONE | |
| PRT LIGGETT | | 214 ELIZABETH LANE | | WEST MEMPHIS | | AR 000072301 | | 501/735-420 | |
| PATIENT NAME | | SOC. SEC. NO. | | RELATION | | PATIENT | | PHONE | |
| DAMIEN W ECHOLS | | | | | | | | 503/591-088 | |
| GUARANTOR NAME | | CITY | | ST. ZIP CODE | | OR | | ZIP CODE | |
| 5420 SW 180TH ST 188 | | ALOMA | | | | | | 000097007 | |
| GUARANTOR EMPLOYER | | STREET | | CITY | | ST. ZIP CODE | | PHONE | |
| WIMHOLD 0000 | | | | | | | | | |

PERSON RESPONSIBLE FOR BILL AND PATIENT MUST SIGN BELOW ON ADMISSION OF PATIENT

The undersigned hereby authorizes the above named hospital to furnish the necessary treatments, surgical operation, anesthesia (either local or general), X-ray examination or treatment, drugs and supplies as may be ordered or requested by the doctor in charge, including whole blood and whole blood derivatives to the above named patient.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| PATIENT SIGNATURE | PERSON RESPONSIBLE FOR BILL |
| PATIENT LEGAL STATUS: VOLUNTARY <input checked="" type="checkbox"/> COMMITTED <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> L.O.S. 14 days | |

| | |
|-------------------------------------------------------------------|----------------|
| FINAL DIAGNOSIS | CODE # |
| Axis I: 1. Dysthymia. 2. Other specified family circumstances. | 300.4 V61.8 |

| | |
|-------------------------------------|--|
| Axis II: None. | |
| SECONDARY DIAGNOSIS Axis III: None. | |

COMPLICATIONS

INFECTIONS: 1 ☐ NONE 2 ☐ ON ADMISSION 3 ☐ AFTER ADMISSION (IF 2 OR 3 EXPLAIN)

| | | |
|--------------------|------------------------------------------------|----------------------------------------|
| DISPOSITION: | PROCEDURES (CHECK AS APPLICABLE): | TYPES OF CONSULTATIONS: |
| HOME | <input type="checkbox"/> OTHER (SPECIFY) | <input type="checkbox"/> MEDICINE |
| TRANS. TO HOSPITAL | <input type="checkbox"/> FLOPEMENT PRECAUTIONS | <input type="checkbox"/> ENT |
| HALFWAY HOUSE | <input type="checkbox"/> RESTRAINTS | <input type="checkbox"/> OPHTHALMOLOGY |
| PARTIAL HOSPITAL | <input type="checkbox"/> SUICIDAL PRECAUTIONS | <input type="checkbox"/> ORTHOPEDIC |
| OTHER | <input type="checkbox"/> HOMICIDAL PRECAUTIONS | <input type="checkbox"/> NEUROLOGICAL |
| | <input type="checkbox"/> SECLUSION | <input type="checkbox"/> UROLOGICAL |
| | <input type="checkbox"/> OTHER | <input type="checkbox"/> GYN |
| | | <input type="checkbox"/> PEDIATRICS |
| | | <input type="checkbox"/> DERMATOLOGY |
| | | <input type="checkbox"/> SURGICAL |
| | | <input type="checkbox"/> VCC. REHAB. |
| | | <input type="checkbox"/> ORTHODONTIST |
| | | <input type="checkbox"/> PSYCHOLOGICAL |
| | | <input type="checkbox"/> TESTING |
| | | <input type="checkbox"/> DENTAL |

** I CERTIFY that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

CHART SUMMARY

ATTENDING PHYSICIAN

000343

DATE SIGNED

2

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF ECONOMIC AND MEDICAL SERVICES
CERTIFICATION OF NEED
MEDICAID INPATIENT PSYCHIATRIC SERVICES FOR UNDER AGE 21

Recipient's Name

Darrien Echols

Medicaid ID #

pending

Facility

Charter Hospital of LR

DSM IIIR Diagnostic
Codes

Axis I:

1. Psychotic Disorder, NOS
2. Dysthymia & Other Specified

Axis II: NONE

Family Co

Axis III: NONE

Axis IV: CODES

Axis V: GR 50/60

1. Ambulatory care resources available in the community do not meet the treatment needs of the recipient. Explain: Darrien was court ordered for a admission after demonstrating bizarre & unusual behavior in the detention center. He was recently hospitalized in Oregon @ St. Vincent's Hospital. Ambulatory resources were not adequate to meet his needs.

2. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician. Explain: Darrien was demonstrating bizarre & unusual behavior. He reportedly sucked blood from a peers arm and smeared it on his face. He continued to provide information about threatening to cut his father up. He was abusive to his father.

3. The services can reasonably be expected to improve the recipient's condition or prevent further regression so that services will no longer be needed: Explain:

Darrien can benefit from stabilization & evaluation and can be transferred to a lesser restrictive setting.

4. Reason for Emergency Admission:

- Bizarre & unusual behavior (blood sucking).
- Threatening remarks toward others.
- Needs one to one close observation.

Signature of Certification Team Physician

W.B. Cullen

CONFIDENTIAL

Date

9/14/92

Signature of Certification Team Social Worker

Virginia Jones, MEd

DO NOT RE-USE

9/14/92

Date

C00344

ADJUDICATION ORDER
DELINQUENCY
IN THE CHANCERY COURT OF CRITTENDEN COUNTY, ARKANSAS
JUVENILE DIVISION

FILED
clock

SEP 14 1992

Mary S. Besett, Clerk

STATE OF ARKANSAS

PLAINTIFF

VS.

NO. EJ 92-293

DAMION ECHOLS

Juvenile

PATRICIA ANN LIGGETT
Parent, Guardian, or Custodian

DEFENDANTS

SID

DOB 12-11-74

SEX MALE

RACE White

Pursuant to Ark. Code Ann. 9-27-306(a)(1), the Court has jurisdiction of the subject matter and the parties.

After a hearing pursuant to Ark. Code Ann. 9-27-327, the Court finds beyond a reasonable doubt that the juvenile did commit the following act(s) alleged in the petition:

VIOLATION OF PROBATION. By threatening the
lives of his mother and father, and refusing to obey
their lawful demands

The Court finds that the act(s), if committed by an adult, would constitute a felony, misdemeanor, or other violation under the criminal laws of this state, as follows:

Offense

VIOLATION OF PROBATION

Ark. Code Ann.

N/A

The juvenile is ten (10) years old, or older.

Additional findings: Placed at Chester Hospital of Little Rock
1461 Murphy Drive, Murrells, Arkansas, not to exceed
3 MONTHS.

Upon such findings, the Court enters judgment that the juvenile is delinquent as defined by Ark. Code Ann. 9-27-303(11).

[Pursuant to Ark. Code Ann. 9-27-327(c), the Court orders preparation of a predisposition report. This report shall be provided to all parties at least 2 days prior to the disposition hearing scheduled for January 4, 1993 at 9:30 A.M./P.M. (optional).] *Review*

It is ordered this 14th day of September, 1992.

CONFIDENTIAL
DO NOT DISCLOSE
[Signature]
Judge

SEP 14 1992

Case No. EJ-92-293

Mary S. Besett, Clerk

STATE OF ARKANSAS

IN THE JUVENILE DIVISION
OF CHANCERY COURT
CRITTENDEN COUNTY
ARKANSAS

VS.

DAMION ECHOALS DEFENDANT

Now, on this 14TH day of SEPTEMBER, 19 92, this case was heard before the Court upon the petition of JOHN N. FOGLEMAN, requesting that , age years, be awarded temporary change of custody to .

After a fair and proper hearing of this case, and from all the evidence, statements made in open Court, and other matters and things appearing before this Court, this Court finds that in the best interest of DAMION ECHOALS, a juvenile, that (he) (~~she~~) be awarded temporary custody to PATRICIA ANN LIGGETT (PATERNAL AUNT).

Fully recognizing that it is the policy of this State that family rehabilitation occur within the context of the juvenile's own home, this Court nevertheless finds that there is no reasonable likelihood that such rehabilitation will occur and that a change in custody is in the best interests of all concerned.

IT IS THEREFORE ORDERED BY THIS COURT THAT DAMION ECHOALS, a juvenile be removed from the custody of PAMELA JOYCE ECHOLS (his) (~~her~~) (parents) (guardian) (custodian) forthwith, and placed in the custody of PATRICIA ANN LIGGETT, who shall until (his) (~~her~~) 18th birthday or until otherwise ordered by this Court, or some other Court having jurisdiction over the matter, be responsible for the care, education, maintenance, and support of DAMION ECHOALS.

SIGNED AND ENTERED THIS 14TH day of SEPT., 19 92.

1s [Signature]
CHANCERY JUDGECONFIDENTIAL
DO NOT REDISCLOSE
Sept 14, 1992

C00346

GUARDIANSHIP

Guardianship of DAMIEN W. ECHOLS, Minor Child,
PAMELA JOYCE ECHOLS, The Natural Mother of DAMIEN W. ECHOLS, born
on December 11, 1974, hereby appoints
PATRICIA ANN LIGGETT, as Guardian of named Minor Child.

Said Guardian, PATRICIA ANN LIGGETT is, in all respects,
competent, qualified, and willing to act and serve as Guardian of
said Minor-Child, DAMIEN W. ECHOLS.

Said Guardian will make necessary decisions concerning the
care facility or any treatment facility that the Courts may order
for the named Minor Child. Further, said Guardian will make
necessary decisions concerning medical care, maintenance of
schooling of DAMIEN W. ECHOLS.

PAMELA JOYCE ECHOLS shall continue to claim DAMIEN W. ECHOLS,
as a deduction per taxes.

DATED, this 11 day of September, 1992.

Pamela Joyce Echols
PAMELA JOYCE ECHOLS

MOTHER

Relationship to Minor

Subscribed and Sworn to before me this 11 day of September
1992.

Patty Davis
NOTARY PUBLIC FOR OREGON
My Commission Expires: 9-11-93

DO NOT REDISCLOSE

000317

GUARDIANSHIP

Guardianship of DAMIEN W. ECHOLS, Minor Child,
PAMELA JOYCE ECHOLS, The Natural Mother of DAMIEN W. ECHOLS, born
on December 11, 1974, hereby appoints
PATRICIA ANN LIGGETT, as Guardian of named Minor Child.

Said Guardian, PATRICIA ANN LIGGETT is, in all respects,
competent, qualified, and willing to act and serve as Guardian of
said Minor-Child, DAMIEN W. ECHOLS.

Said Guardian will make necessary decisions concerning the
care facility or any treatment facility that the Courts may order
for the named Minor Child. Further, said Guardian will make
necessary decisions concerning medical care, maintenance of
schooling of DAMIEN W. ECHOLS.

PAMELA JOYCE ECHOLS shall continue to claim DAMIEN W. ECHOLS,
as a deduction per taxes.

DATED, this 11 day of September, 1992.

Pamela Joyce Echols
PAMELA JOYCE ECHOLS

MOTHER

Relationship to Minor

CONFIDENTIAL
DO NOT REDISCLOSE

Subscribed and Sworn to before me this 11 day of September
1992.

Patty Davis
NOTARY PUBLIC FOR OREGON
My Commission expires: 9-11-93



P. O. Box 13270 • 1801 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001460-5
ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC #00-11-60

APPLICATION FOR VOLUNTARY INPATIENT ADMISSION AND TREATMENT UNDER ACT 861 OF 1990

TO THE HOSPITAL ADMINISTRATOR OF CHARTER HOSPITAL OF LITTLE ROCK

I HEREBY APPLY FOR ADMISSION OF Damien Echols
AS A VOLUNTARY PATIENT FOR CARE AND TREATMENT. I AGREE, IF MY REQUEST BE
GRANTED, TO CONFORM TO RULES AND REGULATIONS. I AGREE TO GIVE NOTICE TO A
MEMBER OF THE HOSPITAL STAFF AND COMPLETE NORMAL HOSPITALIZATION DEPARTURE
PROCEDURES TO LEAVE THE HOSPITAL OR TO TERMINATE TREATMENT.

Damien Echols
Signature of the applicant (patient) _____ Date _____
Damien Echols
Signature of Relative, Guardian or Conservator _____ Relationship Parent Date 9-14-92

Witness By:

1) Penny Mitchell
Name _____ Relationship or Title Son
2) Brenda H. Robinson
Name _____ Relationship or Title NARC

Physician Signature: W-B. Cealley

Note: Arkansas Statutes provide that a person may not be held on a Voluntary Statement against his / her
will unless considered a clear and present danger to self or others as defined by law.

CUSTOM PRINTING CO. - NLR - 375-7311 - CHLR - 1033

000349



CHARTER HOSPITAL OF LITTLE ROCK

1801 Murphy Drive, Maumelle, Arkansas 72116 (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001460-5

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC #00-11-60

ADDRESSOGRAPH PLATE

ADMISSION AGREEMENT

HOSPITAL EXPENSES: The hospital bill will include only routine hospital charges (i.e. room & board, therapy, lab, pharmacy, etc.) and any services that are ordered by your physician(s).

PROFESSIONAL SERVICES BILLING: Professional fees for the interpretation of diagnostic services will be billed separately. Physician charges are also separate. In the event emergency medical treatment is required, the facility rendering this treatment will bill separately. I give consent for the hospital to provide insurance information to outside service providers, so that they can bill separately.

FINANCIAL RESPONSIBILITY: I agree to pay Charter Hospital of Little Rock for all damages to the property of the hospital and others caused by the above-named patient.

I have been informed, by the hospital, of the estimated amounts (if any) payable by my insurance company. I understand that this is based on information deemed reliable by the hospital, but the hospital in no way guarantees that these benefits will be paid by my insurance. I agree to be responsible for all hospital charges whether covered by insurance or not for unseen 270015

PERSONAL VALUABLES: It is understood and agreed that the hospital maintains a safe for the misdeeds of money and valuables, and the hospital shall not be liable for the loss or damage to any money, jewelry, documents, or other articles of unusual value and small size, unless placed therein, and shall not be liable for loss or damage to any other personal property unless deposited with the hospital for safe keeping. The liability of the hospital for loss of any personal property which is deposited with the hospital for safe keeping is limited by statute to five hundred dollars (\$500.00) unless a written receipt for a greater amount has been obtained from the hospital by the patient.

CONSENT TO TREATMENT: The patient and/or representative whose signature appears below does hereby voluntarily consent to any and all treatment, including emergency treatment and transportation to another facility if necessary for said patient, which may be considered advisable by his or her physician on the Medical Staff of Charter Hospital of Little Rock. The patient and/or representative acknowledges that no guarantees have been made to him/her as to the result of treatment or examination in the hospital.

RIGHT TO SEARCH: The undersigned patient recognizes the right of Charter Hospital of Little Rock to search the belongings of the patient and to remove and safeguard any items deemed to be potentially dangerous to the health or safety of the patient or others.

RELEASE FROM LIABILITY: The undersigned understands that Charter Hospital of Little Rock is not responsible for the acts of its contracting hospital services, and their agents. Therefore, the patient or his/her agent releases Charter Hospital of Little Rock from any and all liability for the acts of its contracting hospital services.

RELEASE FROM RESPONSIBILITY OF ELOPEMENT: If the patient leaves the hospital premises without a discharge order by the attending physician or without knowledge or supervision of hospital staff, the hospital shall be relieved of any and all liability whatsoever of any kind of nature resulting directly or indirectly or in any manner connected with such absence of the patient.

CONSENT TO PHOTOGRAPHY: The undersigned hereby consents to Charter Hospital of Little Rock obtaining three (3) photographs which will be used exclusively for the purpose of identification.

THERAPEUTIC ACTIVITIES/OUTINGS: In consideration of the value to the patient of a treatment program including Expressive Therapy, field trips, recreational outings, and outside support/therapy groups, the undersigned hereby:

- consent to the patient's participation in the aforementioned activities.
- Adventure Ropes Training Course (to include high and low elements - see Ropes Course Fact Sheet)
- release Charter Hospital at Little Rock, its medical staff, employees and agents from any and all liability for injury to the patient resulting from participation in activities;
- agree to indemnify and hold harmless, Charter Hospital of Little Rock, its medical staff, employees and agents from all claims, costs, liabilities, expenses and losses incurred as a result of any act or omission of the patient while participating in activities; and
- consent to the administration of first aid or other medical treatment in the event of any injury to the patient during participation in activities and agree to be financially responsible for such treatment.

I consent to the Hospital sending me and/or a family/significant other a Satisfaction Survey to complete and forward to the Charter Medical Corporation. This will be sent a few days after discharge.

I consent to the Hospital contacting me by telephone in approximately six months to see how I am doing. The Hospital makes periodic contact with those who have used its services, using the information to improve its services to patients and to make sure the Hospital is addressing patient's needs. Specific responses are not disclosed; only summary information is assembled.

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient to the patient's general agent to execute the above and accept its terms.

I hereby acknowledge that I have received a copy of patient rights and the name of the patient advocate.

9-14-92
DATE

9-14-92
DATE

9-14-92
DATE

PATIENT

PARENT/GUARDIAN

(RELATIONSHIP)

WITNESS SIGNATURE

1001460-5

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC #00-11-60

ADDRESSOGRAPH PLATE

PATIENT NOTICE

Alcohol and Drug Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by Charter Hospital of Little Rock is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser UNLESS:

- 1) The patient consents in writing;
- 2) The disclosure is allowed by a court order; or
- 3) The disclosure is made to medical personnel in the content of a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

I have read and understand the above notice regarding confidentiality of my alcohol or drug records while a patient at Charter Hospital of Little Rock at Maumelle.

Damien Echols
Signature of Patient

CONFIDENTIAL
9-14-92
~~DO NOT REDISCLOSE~~

[Signature]
Signature of Parent/Guardian

9-14-92
Date

Penny Mitchell
Signature of Witness

9-14-92
Date

APPROVED CONTACT LIST

I understand that it is the right of a patient at Charter Hospital of Little Rock to send and receive mail, to make and receive phone calls, and to have visitors. However, since my child is a minor in a therapeutic treatment program, and in consideration of my child's psychological and emotional welfare, I have consulted with the Charter staff to determine which contacts might be contra-indicated due to possible impediment of my child's therapeutic progress.

Please find below an approved list of contacts that my child may have while a patient at Charter Hospital of Little Rock. I understand that by consulting with the Charter staff, I may change this list as needed. I also understand that limitations of telephone calls, mail, and visitors is specifically for therapeutic purposes and may not be used as punishment or restriction..

VISITORS: (PLEASE PRINT)

| NAME | RELATIONSHIP |
|----------------------------|---------------------|
| <u>Ramela Echols</u> | <u>Mother</u> |
| <u>Joe Hutchinson</u> | <u>Father</u> |
| <u>Doris Hutchinson</u> | <u>Grandmother</u> |
| <u>Frances Gosa</u> | <u>Grandmother</u> |
| <u>Pat Liggett</u> | <u>Aunt / Grand</u> |
| <u>Michelle Hutchinson</u> | <u>Sister</u> |

TELEPHONE CALLS: (PLEASE PRINT)

| NAME | RELATIONSHIP |
|----------------------------------|----------------------------------|
| <u>Pat Liggett</u> | <u>Aunt / Grandmother</u> |
| <u>WORK PHONE (901) 272-9648</u> | <u>HOME PHONE (501) 735-4201</u> |
| <u>Ram Echols</u> | <u>Mother</u> |
| <u>WORK PHONE</u> | <u>HOME PHONE (503) 591-0881</u> |
| <u>Doris Hutchinson</u> | <u>Grandmother</u> |
| <u>WORK PHONE</u> | <u>HOME PHONE (501) 732-9559</u> |
| <u>Joe Hutchinson</u> | <u>Father</u> |
| <u>WORK PHONE</u> | <u>HOME PHONE (503) 591-0881</u> |
| <u>Pat Liggett</u> | <u>Parent/Guardian</u> |
| <u>Frances Gosa</u> | <u>Grandmother</u> |

Patient

Staff

000352

(503) 591-0881



1601 Murphy Drive • Maumelle, Arkansas 72118 • (501) 851-8700
A member of the Quillen Medical Corporation family of quality health care facilities.

1001460-5

SCHOLAR, DAMIEN W
DOB 12/11/74
MR W ALLISON
DOB 02/14/92

Damien Echols - 11-60

ADDRESSOGRAPH PLATE

CONSENT TO PARTICIPATE IN HUMAN SEXUALITY GROUP

I, _____, hereby give my permission for my son/daughter, _____, to participate in a weekly group offered by Charter Hospital of Little Rock, which will discuss a number of topics dealing with human sexuality.

X Signature: Rebecca Dacker

Date: 9/14/92

Witness: Rebecca Dacker

CONFIDENTIAL
DO NOT REDISCLOSE

000353



CHARTER HOSPITAL
OF LITTLE ROCK



1601 Murphy Drive - Maumelle, Arkansas 72118 - (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001450-5

STHOLS, CAMIEN W

DOB 12/11/74

Daniel, Camiols

ADDRESSOGRAPHIC DATE REC = 00-11-60

GROUP VIDEOTAPE CONSENT

I UNDERSTAND THAT I WILL BE VIDEOTAPED ON THE FOLLOWING DATE(S), _____, AT CHARTER HOSPITAL OF LITTLE ROCK, AND THAT THESE VIDEOTAPES MAY BE USED FOR TREATMENT AND EDUCATIONAL PURPOSES WITHIN THE CONFINES OF CHARTER HOSPITAL OF LITTLE ROCK ONLY.

I ALSO UNDERSTAND THAT THESE VIDEOTAPES WILL BE KEPT CONFIDENTIAL, AND WILL BE ERASED IN THEIR ENTIRETY AFTER THEY HAVE SERVED THEIR TREATMENT AND EDUCATIONAL PURPOSES, BUT NO LATER THAN 90 DAYS PAST DISCHARGE.

BY SIGNING BELOW, I GRANT PERMISSION FOR THIS VIDEOTAPING AND VIDEOTAPE USE. (Parents of legal guardians must sign for minor children.)

PATIENT SIGNATURE

DATE

LEGAL GUARDIAN

DATE

WITNESS

DATE

DATE AND HOUR

TITLE

000354

CONFIDENTIAL
DO NOT REDISCLOSE



1601 Murphy Drive, Maumelle, Arkansas 72118 (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001450-5

DAMIAN W
ADM 7/14/92
11-60

Damien Echols

ADDRESSOGRAPHIC DATE

ADVENTURE ROPES COURSE CONSENT

DATE 9/14/92

I, _____ give my consent for
(Patient/Legal Guardian)

_____ to participate in the Charter
(Please print full name)

Hospital of Little Rock Adventure Ropes Course activities.

X [Signature]
(Patient/Parent/Legal Guardian)

Rebecca Dae
(Witness)

TO BE COMPLETED BY EXPRESSIVE THERAPY STAFF

(Initial/date) Order written for Ropes by the psychiatrist.

(Initial/date) Order written designating medical clearance by
the (H&P) medical doctor.

CONFIDENTIAL
DO NOT REDISCLOSE

000355



CHARTER HOSPITAL
OF LITTLE ROCK



1601 Murphy Drive, Maumelle, Arkansas 72118 (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001460-5

SCHOLS, TAYLOR W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92

Damien MED BENC 92-11-60

ADDRESSOGRAPH PLATE

FAMILY CONFIDENTIALITY STATEMENT

During my child or family member's hospital stay, I may be participating in a parent support group, multiple family groups, or on-unit activities, in addition to our family therapy sessions. These experiences will bring family members and myself into contact with other hospitalized patients and their families.

I understand that all issues discussed in groups I participate in are highly confidential. Often times, sensitive subjects and problems will arise. Such material shall not be discussed outside the group sessions with anyone other than my therapists. I will make every effort to respect the privacy of other patients and their family members, and realize my privacy and the privacy of my family will be similarly respected. If this statement is not signed upon admission, group members will be asked for their signatures prior to their participation.

PARENT: _____

DATE: _____

X PARENT: Robert D. Dyer

DATE: 9/14/92

SIBLING: _____

DATE: _____

SIGNIFICANT OTHER: _____

DATE: _____

WITNESS: Doreen Dyer

DATE: 9/14/92

CONFIDENTIAL
DO NOT REDISCLOSE

C00356

Assessment Date 1/10/20 Time 10:00

194/33

Damien Edwards
Addressograph Plate

Addressograph Plate: 92 100-11-60

Client Adrian White Age 17 Sex M Race W MR # 11-60

Legal Guardian/Parent

Presenting Problems

History of the Problem

Legal Status (circle)

Voluntary

Emergency with Petition

Emergency without Petition

Court Order

Pressing Legal Issues:

Court Date: 4-14-92

EDUCATION/JOB TRAINING

Highest Grade Completed

EMPLOYMENT HISTORY Current Employment

Difficulties on Job

Past Employment

Reasons for job changes

Promotions

Ambitions

MILITARY SERVICES HISTORY

Dates of Service

Branch of Service

N/A

Combat Experience

Citations and Medals

Rank at Discharge

Type of Discharge

Other

Significant Ethnic, Cultural, and Religious Factors

~~CONFIDENTIAL~~

ALCOHOL/DRUG USE

Alcohol/Drug
History?

Type/Frequency

| Amt | Length of Usage/Last Us |
|-----|-------------------------|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |
| 10 | 10 |
| 11 | 11 |
| 12 | 12 |
| 13 | 13 |
| 14 | 14 |
| 15 | 15 |
| 16 | 16 |
| 17 | 17 |
| 18 | 18 |
| 19 | 19 |
| 20 | 20 |
| 21 | 21 |
| 22 | 22 |
| 23 | 23 |
| 24 | 24 |
| 25 | 25 |
| 26 | 26 |
| 27 | 27 |
| 28 | 28 |
| 29 | 29 |
| 30 | 30 |
| 31 | 31 |
| 32 | 32 |
| 33 | 33 |
| 34 | 34 |
| 35 | 35 |
| 36 | 36 |
| 37 | 37 |
| 38 | 38 |
| 39 | 39 |
| 40 | 40 |
| 41 | 41 |
| 42 | 42 |
| 43 | 43 |
| 44 | 44 |
| 45 | 45 |
| 46 | 46 |
| 47 | 47 |
| 48 | 48 |
| 49 | 49 |
| 50 | 50 |
| 51 | 51 |
| 52 | 52 |
| 53 | 53 |
| 54 | 54 |
| 55 | 55 |
| 56 | 56 |
| 57 | 57 |
| 58 | 58 |
| 59 | 59 |
| 60 | 60 |
| 61 | 61 |
| 62 | 62 |
| 63 | 63 |
| 64 | 64 |
| 65 | 65 |
| 66 | 66 |
| 67 | 67 |
| 68 | 68 |
| 69 | 69 |
| 70 | 70 |
| 71 | 71 |
| 72 | 72 |
| 73 | 73 |
| 74 | 74 |
| 75 | 75 |
| 76 | 76 |
| 77 | 77 |
| 78 | 78 |
| 79 | 79 |
| 80 | 80 |
| 81 | 81 |
| 82 | 82 |
| 83 | 83 |
| 84 | 84 |
| 85 | 85 |
| 86 | 86 |
| 87 | 87 |
| 88 | 88 |
| 89 | 89 |
| 90 | 90 |
| 91 | 91 |
| 92 | 92 |
| 93 | 93 |
| 94 | 94 |
| 95 | 95 |
| 96 | 96 |
| 97 | 97 |
| 98 | 98 |
| 99 | 99 |
| 100 | 100 |

ATGS/DWN

| DO NOT RE- DISCLOSE | Amt | Length of Usage/Last Use | Arrests/DWs |
|------------------------|-----|--------------------------|-------------|
| | | | |

000357

CHARTER HOSPITAL OF LITTLE ROCK
COMPREHENSIVE HEALTH AND
PSYCHOSOCIAL ASSESSMENT
Page 2

1001450-5

ETHOLS, DAYTON W
DOB 12/11/74
OS W, GALLIEN
1/16/92

Addressograph Plate

*ED 881 800-11-60

| | |
|------------------------------------|---------|
| Impaired Functioning Of Family? | Type |
| Impaired Functioning At Work? | Type |
| Blackouts | Explain |
| DTs | Explain |

EFFORTS AT PAST RECOVERY (if any)

Periods of Abstinence, Length, and Quality

Support Group Involvement (AA, NA, CA, etc.)

Comments (Please include time frames, dates, and examples)

| | |
|-----------------------------------|------------------------------------------------------------------------------|
| Convulsions | |
| Frequent Crying | |
| Spells | |
| Inability To Concentrate | |
| Withdrawal From Family/Friends | |
| Mood Swing | |
| Hypersensitivity | |
| Anxiety | |
| Obsessive Thinking | |
| Hopeless Feelings | |
| Sadness | |
| Change in Appearance | |
| Hallucinations | ___ Visual ___ Auditory |
| Delusions | <i>say he's going to be married in 3 days but don't know who he will</i> |
| Destruction of Property | |
| Running Away Risk | |
| Cruelty To Animals | |
| Poor Impulse Control | |
| Bedwetting | |

CONFIDENTIAL

DO NOT REDISCLOSE

C00358

CHARTER HOSPITAL OF LITTLE ROCK
COMPREHENSIVE HEALTH AND
PSYCHOSOCIAL ASSESSMENT

Page 3

1001460-5

SCOTT, CAMIEN W
DOB 12/11/74
R W GALLIEN

Addressograph Plate AD# 09/14/92

Comments (Please include time frames, dates, and examples) AD# 09/14/92

REC 101-11-60

| | |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stealing/Arrest | |
| Rebellious/Defies Family/Authority | |
| ✓ Violence in Family | was trying at Mom + Dad in Dragon: Dad threatened to hit him + he threatened kill S. L. |
| Violence Toward Others | |
| Loss of Friends | |
| Loss of Interest In Activities | |
| Chemically Abusing Peers | |
| Financial Problems | |
| Satanic Involvement | |
| Fire Setting | |
| ✓ Disturbed Family Relationship | angry at Bether - doesn't want anything to do w/ him or associate w/ him |
| Absence From Work | |
| Tardiness At Work | |
| Problems With Authority Figures | |
| Problems With Peers | |
| Decreased Work Performance | |
| Refusing to Attend School | |
| Change in Type Of Friends | |
| Problems at School | |
| Dropping Grades | |
| Sexual Offense | |
| History of Sexual Abuse | When _____ By Whom _____ Reported _____ |
| History of Physical Abuse | When _____ By Whom _____ Reported _____ |
| Change in Sleeping Patterns | Present Sleep Patterns (Circle): _____ Hours Per Night 4-5 hrs _____ Sleeps through night / Awake most of night / Hard to get to sleep Awakens early / Sleep Aids _____ Length of Difficulty _____ |
| Recent Weight Loss or Gain | Nutrition (Circle): _____ Amount: _____ Weight changes / Good appetite / Poor appetite Binging or purging / Nausea _____ |

CONFIDENTIAL
DO NOT REDISCLOSE

000333

CHARTER HOSPITAL OF LITTLE ROCK
COMPREHENSIVE HEALTH AND
PSYCHOSOCIAL ASSESSMENT

Page 4

1001450-5

Addressograph Plate
STOLDS, DAMIEN W
12/11/74

SUICIDAL RISK FACTORS OR POTENTIAL

DR W GALLIEN
ADM 09/14/92
MED REC #00-11-60

| | |
|---------------------------------------------------------|---------------|
| Suicide thoughts/threats | - |
| Attempt/Gestures | How: Date: |
| History of Suicide in Nuclear and/or extended family | |
| Self Mutilation | |
| Increasing Use of Alcohol and/or Other Substances | |
| Lethal Plan | Describe: |

Recent Losses:

| | |
|-------------------------|--|
| Family | |
| Job | |
| Health | |
| Significant Other | |
| Disruption in Lifestyle | |
| Other: | |

Assess level of risk:

*long threatened
went to fire w/ father & Phil (father) threatened to
kill Dad
10 not sucked Boys Blood while in Potenti
a Boy wanting to press charges against*

PRESENT HOMICIDAL POTENTIAL

| | |
|-------------------------------|---------------------------------------------------------------------|
| Physical Aggression to Others | <i>Threaten to Kill Dad - When went into hospital in Oregon</i> |
| Homicidal Intent | |
| Homicidal Ideation | <i>Threatening to Kill Dad</i> |
| Verbal Threats to Others | |
| Lethal Plan | Describe (Whom): |

Assess level of risk:

*Small Risk but very angry - Violated
probation by threatening to Kill Dad.*

000360

Page 5

1001450-5

12/11/74
CALLIF
2/11/72

Addressograph Plate

Insight

COMMENTS

MED REF DOQ-11-60

Awareness of Self and Acceptance of Problem

Problem Acknowledged

Some Understanding

Denies Problems

Denies Responsibilities

Prior Treatment

Where

When/Reason

Treatment/Response(+/-)

Inpatient

Yes No

Outpatient:

Yes No

Residential Treatment Center:

Yes ☐ No ☒

Medical Problems:

Current Medication:

Previous Medication:

Medication Taken Today:

Summary

RECOMMENDATION

Independent

| Elective | Emergency |
|---------------------------------------|---------------------------------------|
| 1. <i>Chlamydia trachomatis</i> | 1. <i>Chlamydia trachomatis</i> |
| 2. <i>Neisseria gonorrhoeae</i> | 2. <i>Neisseria gonorrhoeae</i> |
| 3. <i>Trichomonas vaginalis</i> | 3. <i>Trichomonas vaginalis</i> |
| 4. <i>Herpes simplex virus</i> | 4. <i>Herpes simplex virus</i> |
| 5. <i>Candida albicans</i> | 5. <i>Candida albicans</i> |
| 6. <i>Streptococcus pneumoniae</i> | 6. <i>Streptococcus pneumoniae</i> |
| 7. <i>Staphylococcus aureus</i> | 7. <i>Staphylococcus aureus</i> |
| 8. <i>Escherichia coli</i> | 8. <i>Escherichia coli</i> |
| 9. <i>Salmonella enteritidis</i> | 9. <i>Salmonella enteritidis</i> |
| 10. <i>Shigella flexneri</i> | 10. <i>Shigella flexneri</i> |
| 11. <i>Yersinia enterocolitica</i> | 11. <i>Yersinia enterocolitica</i> |
| 12. <i>Legionella pneumophila</i> | 12. <i>Legionella pneumophila</i> |
| 13. <i>Mycobacterium tuberculosis</i> | 13. <i>Mycobacterium tuberculosis</i> |
| 14. <i>Coccidioides immitis</i> | 14. <i>Coccidioides immitis</i> |
| 15. <i>Histoplasma capsulatum</i> | 15. <i>Histoplasma capsulatum</i> |
| 16. <i>Blastomyces dermatitidis</i> | 16. <i>Blastomyces dermatitidis</i> |
| 17. <i>Cryptosporidium parvum</i> | 17. <i>Cryptosporidium parvum</i> |
| 18. <i>Toxoplasma gondii</i> | 18. <i>Toxoplasma gondii</i> |
| 19. <i>Isospora belli</i> | 19. <i>Isospora belli</i> |
| 20. <i>Cyclospora cayentensis</i> | 20. <i>Cyclospora cayentensis</i> |
| 21. <i>Microsporidium</i> | 21. <i>Microsporidium</i> |
| 22. <i>Parasit</i> | 22. <i>Parasit</i> |
| 23. <i>Helicobacter pylori</i> | 23. <i>Helicobacter pylori</i> |
| 24. <i>Streptococcus pyogenes</i> | 24. <i>Streptococcus pyogenes</i> |
| 25. <i>Streptococcus pneumoniae</i> | 25. <i>Streptococcus pneumoniae</i> |
| 26. <i>Streptococcus agalactiae</i> | 26. <i>Streptococcus agalactiae</i> |
| 27. <i>Streptococcus dysgalactiae</i> | 27. <i>Streptococcus dysgalactiae</i> |
| 28. <i>Streptococcus mitis</i> | 28. <i>Streptococcus mitis</i> |
| 29. <i>Streptococcus salivarius</i> | 29. <i>Streptococcus salivarius</i> |
| 30. <i>Streptococcus viridans</i> | 30. <i>Streptococcus viridans</i> |
| 31. <i>Streptococcus thermophilus</i> | 31. <i>Streptococcus thermophilus</i> |
| 32. <i>Streptococcus lactis</i> | 32. <i>Streptococcus lactis</i> |
| 33. <i>Streptococcus faecalis</i> | 33. <i>Streptococcus faecalis</i> |
| 34. <i>Streptococcus bovis</i> | 34. <i>Streptococcus bovis</i> |
| 35. <i>Streptococcus faecalis</i> | 35. <i>Streptococcus faecalis</i> |
| 36. <i>Streptococcus faecalis</i> | 36. <i>Streptococcus faecalis</i> |
| 37. <i>Streptococcus faecalis</i> | 37. <i>Streptococcus faecalis</i> |
| 38. <i>Streptococcus faecalis</i> | 38. <i>Streptococcus faecalis</i> |
| 39. <i>Streptococcus faecalis</i> | 39. <i>Streptococcus faecalis</i> |
| 40. <i>Streptococcus faecalis</i> | 40. <i>Streptococcus faecalis</i> |
| 41. <i>Streptococcus faecalis</i> | 41. <i>Streptococcus faecalis</i> |
| 42. <i>Streptococcus faecalis</i> | 42. <i>Streptococcus faecalis</i> |
| 43. <i>Streptococcus faecalis</i> | 43. <i>Streptococcus faecalis</i> |
| 44. <i>Streptococcus faecalis</i> | 44. <i>Streptococcus faecalis</i> |
| 45. <i>Streptococcus faecalis</i> | 45. <i>Streptococcus faecalis</i> |
| 46. <i>Streptococcus faecalis</i> | 46. <i>Streptococcus faecalis</i> |
| 47. <i>Streptococcus faecalis</i> | 47. <i>Streptococcus faecalis</i> |
| 48. <i>Streptococcus faecalis</i> | 48. <i>Streptococcus faecalis</i> |
| 49. <i>Streptococcus faecalis</i> | 49. <i>Streptococcus faecalis</i> |
| 50. <i>Streptococcus faecalis</i> | 50. <i>Streptococcus faecalis</i> |
| 51. <i>Streptococcus faecalis</i> | 51. <i>Streptococcus faecalis</i> |
| 52. <i>Streptococcus faecalis</i> | 52. <i>Streptococcus faecalis</i> |
| 53. <i>Streptococcus faecalis</i> | 53. <i>Streptococcus faecalis</i> |
| 54. <i>Streptococcus faecalis</i> | 54. <i>Streptococcus faecalis</i> |
| 55. <i>Streptococcus faecalis</i> | 55. <i>Streptococcus faecalis</i> |
| 56. <i>Streptococcus faecalis</i> | 56. <i>Streptococcus faecalis</i> |
| 57. <i>Streptococcus faecalis</i> | 57. <i>Streptococcus faecalis</i> |
| 58. <i>Streptococcus faecalis</i> | 58. <i>Streptococcus faecalis</i> |
| 59. <i>Streptococcus faecalis</i> | 59. <i>Streptococcus faecalis</i> |
| 60. <i>Streptococcus faecalis</i> | 60. <i>Streptococcus faecalis</i> |
| 61. <i>Streptococcus faecalis</i> | 61. <i>Streptococcus faecalis</i> |
| 62. <i>Streptococcus faecalis</i> | 62. <i>Streptococcus faecalis</i> |
| 63. <i>Streptococcus faecalis</i> | 63. <i>Streptococcus faecalis</i> |
| 64. <i>Streptococcus faecalis</i> | 64. <i>Streptococcus faecalis</i> |
| 65. <i>Streptococcus faecalis</i> | 65. <i>Streptococcus faecalis</i> |
| 66. <i>Streptococcus faecalis</i> | 66. <i>Streptococcus faecalis</i> |
| 67. <i>Streptococcus faecalis</i> | 67. <i>Streptococcus faecalis</i> |
| 68. <i>Streptococcus faecalis</i> | 68. <i>Streptococcus faecalis</i> |
| 69. <i>Streptococcus faecalis</i> | 69. <i>Streptococcus faecalis</i> |
| 70. <i>Streptococcus faecalis</i> | 70. <i>Streptococcus faecalis</i> |
| 71. <i>Streptococcus faecalis</i> | 71. <i>Streptococcus faecalis</i> |
| 72. <i>Streptococcus faecalis</i> | 72. <i>Streptococcus faecalis</i> |
| 73. <i>Streptococcus faecalis</i> | 73. <i>Streptococcus faecalis</i> |
| 74. <i>Streptococcus faecalis</i> | 74. <i>Streptococcus faecalis</i> |
| 75. <i>Streptococcus faecalis</i> | 75. <i>Streptococcus faecalis</i> |
| 76. <i>Streptococcus faecalis</i> | 76. <i>Streptococcus faecalis</i> |
| 77. <i>Streptococcus faecalis</i> | 77. <i>Streptococcus faecalis</i> |
| 78. <i>Streptococcus faecalis</i> | 78. <i>Streptococcus faecalis</i> |
| 79. <i>Streptococcus faecalis</i> | 79. <i>Streptococcus faecalis</i> |
| 80. <i>Streptococcus faecalis</i> | 80. <i>Streptococcus faecalis</i> |
| 81. <i>Streptococcus faecalis</i> | 81. <i>Streptococcus faecalis</i> |
| 82. <i>Streptococcus faecalis</i> | 82. <i>Streptococcus faecalis</i> |
| 83. <i>Streptococcus faecalis</i> | 83. <i>Streptococcus faecalis</i> |
| 84. <i>Streptococcus faecalis</i> | 84. <i>Streptococcus faecalis</i> |
| 85. <i>Streptococcus faecalis</i> | |

Outpatient

Partial Hospital

Referred to Outside

Where:

DIAGNOSIS

Axis 1:

Act 1

Agla III

Axis IV:

AAV

Abstract

Pass Year:

Attorney Signature

Date _____

Social Services Reviewer

Date _____

Physician Signature _____

PDF Reviewer

Date _____

SECTION II - To be completed by Nursing Services

| | | | | | |
|-----------------|-----------------|----------------------------------------------------------|------------------|----------------|------------------------|
| Date 9/14/92 | Time 1830 | Mode of Admission Ambulatory | Admitting Doctor | Family Doctor | Accompanied by none |
| Age 17 | DOB 12/11/74 | Temp 98.9 | BP 120/80 | Pulse 96 | Resp 22 |
| | | | | Height 6'8" | Weight 168 |
| | | Allergies Drugs, Cats, Trees, Grass, Pollen, Bees, Wasps | | | |

Reasons For Admission
In jail for violating probation
Blood sucking

Medication and Dosage - Review by R.N.
Imipramine 150mg qhs

Taking as Prescribed?
yes

(Circle One) Not Brought To Hospital Returned To Family Sent To Pharmacy

| | | | | |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ELIMINATION (Circle) Regular Diarrhea Constipation Hemorrhoids Last B.M. _____ Comments: WNL | URINARY (Circle) Incontinence Pain Blood/Discharge Comments: WNL | MOUTH (Circle) Dentures Partial With Patient Poor Oral Hygiene Comments: WNL | VISION (Circle) Normal Impaired Glasses Contacts Other/Comments: | HEARING (Circle) Normal Impaired Uses Hearing Aid Aid With Patient Comments: |
| SPEECH (Circle) Loud Soft Pressured Slurred Rapid Hesitant Impaired Normal Comments: | SKIN (Circle) Normal Dry Warm Cold Pale Flushed Clammy Abrasions Turgor _____ Comments: | DISCOMFORT/PAIN None Location _____ Duration _____ Character _____ Relieved/Managed By _____ Comments: | | |

| | |
|---------------------------------|-------------------------|
| MEDICAL HISTORY (Circle) | |
| Seizure Disorder | Arthritis |
| Epilepsy | Cancer |
| Kidney Disease | Chest pain |
| Liver Disease | Heart Disease |
| Thyroid Disease | Heart Attack |
| Diabetes | Stroke |
| | High Blood Pressure |
| | Sinus Problems |
| | Emphysema |
| | Asthma |
| | Bronchitis |
| | Cough |
| | Tuberculosis |
| | Other Lung Disease |
| | Sickle Cell Anemia |
| | Hepatitis |
| | Blood Disease |
| | Urinary Tract Infection |

Other Infection Diseases _____
History of Head Injury _____
Loss of Consciousness _____
Comments: Heart Palpitations

CONFIDENTIAL
DO NOT REDISCLOSE

CHARTER HOSPITAL OF LITTLE ROCK
COMPREHENSIVE HEALTH AND
PSYCHOSOCIAL ASSESSMENT

Page 7

1001450-5

770015, 2MIEN W
DOB 12/11/74
TR W GALLIEN
ADM 09/14/92

Addressograph Plate

SEXUAL HISTORY (Circle)

Heterosexual

Homosexual

Sexually Active

Number of partners in past six months: 4

Have You Ever Had A Sexually Transmitted Disease? Yes ☒ No ☐

Explain: condom

Currently At Risk For Sexually Transmitted Disease? Yes ☒ No ☐

Explain: sex 1 w/ 490

HIV Test - Date ges 7/12

Age at first sexual encounter: 13

Other Problems/Comments:

Female Only

Use of Birth Control NA Yes ☐ No ☐

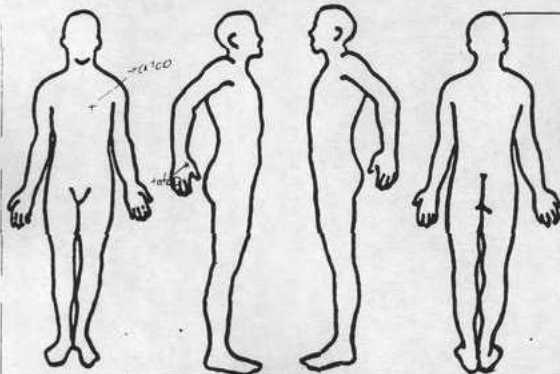
Type: _____

LMP: _____ Pregnant Yes ☐ No ☐

Problems - Explain _____

On the diagram provided, indicate all body marks by placement of numbers from legend below on proper body locations.

- 1-Self Mutilation/Scars 2-Lacerations 3-Trauma Scars 4-Operation Scars 5-Tattoos
6-Bruises and/or discolorations 7-Edema 8-Needle Tracks/Scars 9-Unusual Body Marks (Explain): _____



MENTAL STATUS CHECKLIST

GENERAL APPEARANCE (Circle)

Neat/Clean
Disheveled/Unkept
Meticulous

EYE CONTACT (Circle)

Appropriate
Downcast
Staring
Poor
Absent

Comments:

AFFECT (Circle)

Angry/Hostile
Depressed
Sad
Manic
Cooperative
Tearful
Calm
Laughing
Euphoric
Hopeless

PERCEPTIONS (Circle)

Auditory Hallucinations
Visual Hallucinations
Olfactory Hallucinations
Tactile Hallucinations
Paranoid Ideation
Delusions
Delusions of Grandeur

ANXIETY (Circle)

Severe
Moderate
Mild

INSIGHT (Circle)

Adequate/Good
Lacking

JUDGEMENT (Circle)

Impaired
Intact

Other Pertinent Observations: _____

000363

CHARTER HOSPITAL OF LITTLE ROCK
COMPREHENSIVE HEALTH AND
PSYCHOSOCIAL ASSESSMENT

Page 8

1001450-5

PHOLE, SYLWEN W
DOB 12/11/74
DR W. ALLIEN

Addressograph Plate

MINI-MENTAL STATE EXAM

Ask all questions in the order listed and score immediately. Record total number of points.

| Maximum Score | Score | |
|---------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 | 5 | 1. Ask the patient to name the year, season, date, day and month. (1 pt each) |
| 5 | 5 | 2. Ask the patient to give his/her whereabouts: state, county, town, street, floor. (1 pt each) |
| 3 | 3 | 3. Ask the patient to repeat three unrelated objects that you name. Repeat them and continue to repeat them until all three are learned. (1 pt each) |
| 5 | 5 | 4. Ask the patient to subtract 7 from 100, stopping after five subtractions, or to spell the word "world" backwards. (1 point for each correct calculation or letter.) |
| 3 | 3 | 5. Ask the patient to repeat the three objects previously named. (1 pt each) |
| 2 | 2 | 6. Display a wrist watch and ask the patient to name it. Repeat this for a pencil. (1 pt each) |
| 1 | 1 | 7. Ask the patient to repeat this phrase: "no ifs, ands, or buts!" (1 pt) |
| 3 | 3 | 8. Have the patient follow a three-point command such as, "Take a paper in your right hand, fold it in half, and put it on the floor!" (1 pt each) |
| 1 | 1 | 9. On a blank piece of paper write, "Close your eyes!" Ask the patient to read it and do what it says. (1 pt) |
| 1 | 0 | 10. Ask the patient to write a sentence on a blank piece of paper. It must be written spontaneously. Score correctly if it contains a subject and a verb and is sensible. (Correct grammar/punctuation not necessary) (1 pt) |
| 1 | 0 | 11. Ask the patient to copy a design you have drawn on a piece of paper (two intersecting pentagons with sides about one inch). (1 pt) |
| TOTAL SCORE | 28 | (Maximum score = 30) |

SCORING: Scores of 23 or less: a high likelihood of dementia.
Scores of 25-30: normal aging or borderline.

THOUGHT CONTENT (Circle)

Reality Oriented
Goal-Directed
Fragmented
Loose Association
Tangential
Ambivalent
Short Attention Span
Other _____

Answers Concretely
Answers Abstractly
Difficulty Concentrating
Circumstantial
Preoccupied
Flight of Ideas
Incongruent to Conversation

ACTIVITY (Circle)

Psychomotor Retardation
Posturing
Purposeful
Purposeless
Hyperactivity

HIGH RISK CRITERIA (Circle)

Readmission within 30 days of previous hospitalization
Incapable of ADL's
Has fallen in Last 30 days
Comments: _____

Chronic illness, medical or emotional

Greater than 70 years old

COPING - STRESS TOLERANCE PATTERN

How do you handle stress on this job/school? take it easy

How do you handle stress at home? take it easy

What do you do to relax? listen to radio, sleep

Describe yourself when you become angry: it depends

CONFIDENTIAL
DO NOT REPRODUCE

C00364

29

CHARTER HOSPITAL OF LITTLE ROCK
COMPREHENSIVE HEALTH AND
PSYCHOSOCIAL ASSESSMENT
Page 9

1001460-5

RECEIVED
JAN 12 1974
MED
11-60

Addressograph Plate

COPING - STRESS TOLERANCE PATTERN, Cont'd.

Do you feel you might lose control or hurt someone?

NO

What are your strengths?

Strong will determination

What are your weaknesses?

Strong will determination

PLEASE COMPLETE ADDICTIVE DISEASE ASSESSMENT FORM, IF INDICATED.

PATIENT/FAMILY EDUCATIONAL NEEDS ASSESSMENT

Please Use The Following Codes When Indicating Needs:

P-Patient

F-Family

P/F-Both

Lack of knowledge regarding:

Diet Medication

P

Disease or Illness Process

P/F

Special Equipment

Procedures

Other

Comments:

DISCHARGE NEEDS ASSESSMENT

(Circle If Applicable)

Patient will return to home

Outpatient follow-up (Circle) Individual Family

Medication Only (Specify)

Partial Day Treatment (Specify)

Alternative Treatment Setting (Specify)

Community Support Groups (Specify)

Social Services Contact:

Special Education Services (Specify)

Vocational/Rehabilitation (Specify)

School (Specify)

Other (Specify)

ENVIRONMENTAL NEEDS (Example: Wheelchair ramp, relocation of home, etc.)

EQUIPMENT NEEDS (Example: crutches, oxygen, etc.)

NIA

ORIENTATION TO HOSPITAL

(Initial)

Room & Unit

RD

Smoking Policy

RD

Visitation Hours

RD

Group Schedules

RD

Phone

Laundry & Linens

RD

Introduce to Roommate (If applicable)

NIA

VALUABLES/CONTRABAND (Circle)

Valuables placed in envelope and sent to Business Office

Valuables sent home with family/friend

Contraband

Contraband marked and placed in locked area

Contraband sent home with family/friend

Belongings searched

\$ 46.58

Comments:

CONFIDENTIAL
DO NOT REPRODUCE

R. D. ACERN

T.N. Signature

Time

8:05

Date

9/14/92

000365

1001450-5

ETHOLS, CAMIE W

DOB 12/11/74

Addressograph Plate CALLIEN

ADM 02/14/92

REC 02/11/92

SECTION III - To be completed by Social Services Department

Informants 1540 Camie Ethols

Jerry Newer probation officer

Quality/Reliability of Data Received reliable

MARITAL STATUS (Include dates of all marriages, separations, legal separations, and divorces)

Single - States was engaged prior to 1st admis-
sion. Of and pt. ran away. Contact & low. threats
to kill officer. kill of dad.

Recent: threats to kill DAD. Threats to live both
parent (Slash threats eat alive) violate probation - contact
harassment of of. hit male who cut wrists sucked

NUCLEAR FAMILY CONSTELLATION (Identify nuclear family members living with identified patient, as well as those living elsewhere. Include names, ages, locations, employment, and relationship patterns. Include significant losses and reactions)

blood of male. Smears blood on self. Made
statements indicating belief he is a vampire who
worships the devil.

Physical Disorders/Developmental History: early walker fuller above
average. F.O.

Arguments yes & authority Physical Fights 1

Family Dysfunction (Describe in Detail)

no. married #2 love to pt. father. divorce,
remarried divorce married Camie father
death of pt. sexual abused by husband #2

Family History of Alcohol or Psychiatric Problems

denied

CONFIDENTIAL
NOT RELEASABLE

Withdrawal 0

CLINICAL IMPRESSIONS/ASSESSMENT

(Include summary of current dynamics, issues, and stresses within the nuclear family and family(ies) of origin and impact of these on presenting problems. Include staff and patient perception of his/her strengths and weaknesses)

recent fam move to Oregon to town of
Jonestown out to get famine because of
and practice in witchcraft/occult.

bandway from parents after threats to kill them
by cutting throats and eating them.

odd behavior / unusual belief system
family no support / no involvement at
this time.

RECOMMENDATIONS

CURRENT TREATMENT RECOMMENDATIONS (Include recommendations concerning Family Therapy, Group Therapy, and other recommended social services)

continued tx - poss deprogramming

could be a danger to others

SPECIFY COMMUNITY RESOURCES AVAILABLE

Centers for Youth and Family
Jennette Pointe Hospital

AFTERCARE RECOMMENDATIONS AND/OR PLANS

RTC placement for continued tx of
unusual belief system and unacceptable
behaviors that threaten others

Jane Deaton LMSW

Signature - Social Services

9/16/92

Date

1345

Time

000367

DAMEN W
R 12/11/24
M W ALLIEN
ADM 12/14/92
MED REC 500-11-60

CHARTER HOSPITAL
OF LITTLE ROCK

PATIENT: Echols, Damien W.
MR#: 00-11-60
ADMISSION: 9-14-92
UNIT: Adolescent Psychiatry

ADMISSION PSYCHIATRIC EVALUATION

DATE OF EXAM: 9-15-92

IDENTIFYING DATA: Damien is a 17-year-old, white male who is in the custody of DHS. He is a court ordered admission.

CHIEF COMPLAINT: "They say I suck blood."

HISTORY OF PRESENT ILLNESS: Damien presented for admission accompanied by police officers. Damien was housed at the Craighead County Juvenile Detention Center. Damien was living in Oregon and recently returned to Arkansas. As a result of his returning to Arkansas, he broke his probation. Damien was subsequently arrested. Damien was on probation due to threatening his girlfriend's parents. He was also arrested and charged with second degree sexual misconduct (was having sex with his girlfriend in a vacant house). Reportedly, Damien and his girlfriend were going to have a boy and sacrifice the baby. Damien relates that he is a witch.

Damien was placed in the Detention Center. While at the Detention Center, he reportedly grabbed a peer and began "sucking blood from the peer's neck". According to Damien, he relates that the peer was aware that he was going to do this. Staff reports that Damien was not remorseful for his behavior. Damien indicated that he sucked blood in order to get into a gang. He denies that it was any type of ritual.

Damien reportedly threatened to kill his father while in Oregon and also threatened to eat him. Damien was subsequently placed in St. Vincent's Hospital until arrangements could be made for him to come to Arkansas. Damien, however, denies this. Damien laughed when he was called "a blood sucking vampire". He relates he does not know why people think this. He was placed in isolation in the Detention Center until he could be admitted to Charter Hospital. The other peers were afraid of him. Damien denies that he rubbed the blood all over his face.

PAST PSYCHIATRIC HISTORY:

1. Charter Hospital.
2. St. Vincent's Hospital in Oregon.

PAST MEDICAL HISTORY: None.

000368

CONFIDENTIAL
DO NOT REDISCLOSE

ECHOLES, DAMIEN W.
MR#: 00-11-60
Page Two

PAST PERSONAL HISTORY:

1. BIRTH AND DEVELOPMENTAL HISTORY: No reported difficulties at the time of his birth. Developmental milestones accomplished in the usual fashion.
2. ALCOHOL AND DRUG HISTORY: He denies usage.
3. EDUCATIONAL HISTORY: Damien has had major difficulties in school mainly because of behavior and placement.
4. BRIEF SOCIAL HISTORY: Damien is presently in the custody of DHS. He left his parents in Oregon approximately two weeks ago.
5. FAMILY PSYCHIATRIC HISTORY: None reported.
6. FAMILY MEDICAL HISTORY: None reported.

MENTAL STATUS EXAM:

APPEARANCE, ATTITUDE, BEHAVIOR, SENSORIUM, AND ORIENTATION: Damien is a well-developed, well-nourished, white male who was neat in appearance. He was noted to have a T-shirt on that had a demon like figure. He did not appear to be physically ill or in distress. He was oriented to person, place, and time. He was very cooperative during the exam and did not appear to have difficulty answering questions. There was absolutely no observable evidence of emotion. There were no repetitious activities. He maintained good eye contact during the exam. He was able to follow three step commands.

SPEECH AND LANGUAGE: His speech was of normal rate and tone with good articulation. He had no difficulty with auditory processing.

MOOD AND AFFECT: His mood was mildly depressed. His affect was extremely flat.

THOUGHT PROCESS AND CONTENT: His form of thought was logical, coherent, and goal directed. There were no unusual patterns of association. He denied intent to harm himself or others at the time of the exam. He did admit to sucking blood out of the peer's neck. He related that the peer had hurt his neck, and he subsequently sucked the blood.

SENSORY/PERCEPTION: He denied false perceptions including illusions, depersonalization, distortion of body images, and ideas of reference. There was no evidence of auditory or visual hallucinations. There was no evidence of

EXAMPLE, DAMIEN W
DOB 12/11/74
SSN W 111111
DOB 12/11/74
DOB 12/11/74

ECHOLS, DAMIEN W.
MR#: 00-11-60
Page Three

delusions.

COGNITION, MEMORY, INTELLECT, ABSTRACT THINKING, AND CALCULATIONS: Recent, immediate, and remote memory were intact as evidenced by age appropriate questioning. He was able to perform forward and reverse digit span. Intellectual functioning was felt to be average based upon general fund of information, vocabulary, and complexity of concepts.

JUDGMENT AND INSIGHT: He exhibits extremely poor judgment and has absolutely no insight into his illness.

JUSTIFICATION FOR ADMISSION:

1. Bizarre and unusual behavior (blood sucking).
2. Depressed mood.
3. Threatening others.

PROVISIONAL DIAGNOSES:

- Axis I: 1. Psychotic disorder, not otherwise specified.
 2. Dysthymia.
 3. Other specified family circumstances.
- Axis II: None.
- Axis III: None.
- Axis IV: Stressors: Level 5.
- Axis V: Global Assessment of Functioning Scale: Level 30/60.

INITIAL TREATMENT PLAN:

- A. PROBLEM LIST:
1. Bizarre and unusual behavior.
 2. Extreme resistant to authority figures.
 3. Disturbed family relationships.
- B. STRENGTHS:
1. Damien appears to be willing and motivated for treatment.
 2. Good physical health.
 3. Appropriate social skills.
- C. IMMEDIATE TREATMENT OBJECTIVES:
1. Physical exam and laboratory with urine drug screen.
 2. Damien will be monitored very closely to observe for any type of unusual behavior.
 3. Focus of treatment will be to eradicate his bizarre

1001450-5

ECHOLS, DAMIEN W.
MR#: 00-11-60
Page Four

ECHOLS, DAMIEN W
DOB 12/11/74
FBI # 1001450-5
ADM 12/14/92
MED REC 100-11-60

and unusual behavior.

4. The goal will be to work with Damien in regard to his bizarre and unusual behavior ~~and~~ assist him with alternative behaviors for acting out his feelings.

D. GOALS FOR DISCHARGE:

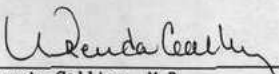
1. At the time of discharge, Damien will no longer exhibit a desire to participate in bizarre and unusual behavior.
2. He will be able to communicate appropriately with peers in his environment.
3. He will be able to explore unresolved feelings of anger toward his father.
4. He will be able to verbalize reasons for his bizarre and unusual behavior.

E. AFTERCARE PLANS: Damien will be referred to an independent living situation if he stabilizes while in acute treatment.

F. ESTIMATED LENGTH OF STAY: Seven (7) to ten (10) days.

PROGNOSIS: Poor.

SIGNED:


Wrenda Gallien, M.D.
Attending Psychiatrist

DD: 9-16-92
DT: 9-16-92

WG:mj

CONFIDENTIAL
DO NOT REDISCLOSE

000371

CHARTER HOSPITAL
OF LITTLE ROCK

PATIENT: ECHOLS, Damien
MR#: 00-11-60
ADMISSION: 9-14-92

HISTORY AND PHYSICAL

ADMISSION HISTORY: This 15-year-old white male is admitted with depressive symptoms and behavior disorder. Today, the patient has no physical complaints. His admitting psychiatric history is well documented elsewhere in the chart.

PAST MEDICAL HISTORY: The patient has a remote history of multiple atopic illness with what sounds like hay fever and allergies. He also has a history of asthma. He has required no medicines for his asthma for the last two years. He says he has had borderline hypertension but takes no medicines for this. He has migraines by history but currently takes no medicine. He has a history of "palpitations," and these are asymptomatic and require no medications as well.

FAMILY HISTORY: He has very little knowledge of his biological family's history. His mother is described as probably healthy. She and his biological father live in Portland. He has no knowledge of his biological father's health.

HABITS: The patient will smoke one to two packs per day. He has used alcohol but does not use it currently. He denies other drug use.

REVIEW OF SYSTEMS: Positive for occasional symptoms of allergic rhinitis. He has rare asymptomatic palpitations and his above-mentioned migraines. Otherwise, his review of systems is negative.

PHYSICAL EXAMINATION:

GENERAL: A quiet, cooperative, white male.

VITAL SIGNS: Pending.

HEENT: Normocephalic. Tympanic membranes are translucent with good landmarks bilaterally. His pupils are equal and reactive to light. Disks are sharp. His tongue is midline and is moist. His dentition is good.

NECK: Supple. There is no jugular venous distention. No thyromegaly.

HEART: Regular rhythm and rate. No murmur.

LUNGS: Clear to auscultation. No wheezing, retractions or prolonged expiration.

1001450-5

ECHOLS, Damien
MR# 00-11-60
Page 2

ECHEOLS, DAMIEN W
DOB 12/11/74
DR W ELLIEN
ADM 09/14/92
MED REC #00-11-60

10
F-4
R-2
ADM
MED

ABDOMEN: Soft, nontender. There is no organomegaly.

GENITOURINARY: Normal scrotal contents. Circumcised. No discharge.

RECTAL: External rectal exam is unremarkable.

NEUROLOGIC: Cranial Nerves: II - The cup-to-disk ratio is within normal limits. There are no obvious visual field defects on direct confrontational examination. Cranial nerves III, IV and VI are intact as noted by conjugate gaze and full range of motion of extraocular eye movements. There is no strabismus. Cranial nerve V - There is symmetrical and good function of the muscles of mastication. Cranial nerve VII - There is no facial sensory deficit noted on examination. There is no gross evidence of facial palsy or muscle weakness. Cranial nerve VIII - Normal hearing is noted. There is no vertigo or nystagmus. Cranial nerves IX and X - There is symmetrical uvular elevation and tonsillar pillar movement. Pharyngeal sensation is intact. Cranial nerve XI - Sternocleidomastoid and strap muscle function is intact and equal bilaterally. Cranial nerve XII - The tongue protrudes normally in the midline with no gross evidence of dysarthria. Cranial nerves II-XII are intact. His deep tendon reflexes are 2+ and symmetric bilaterally. His somatosensory exam is intact and symmetric. Speech, language and vocabulary are appropriate for his age and education. Romberg is negative. The finger-nose-finger is excellent.

SKIN: He has moderate comedonal acne on his face and his torso and back. He has a rudimentary or homemade tattoo on his chest as well as left thumb and index finger web.

IMPRESSION:

1. Psychiatric diagnosis deferred.
2. Asthma by history; none by exam.
3. Migraines by history; none by exam.
4. Acne.

RECOMMENDATIONS:

1. Agree with admission and work-up.
2. Recommend symptomatic management of his asthma, acne, and migraines as needed.

MEDICAL PROGNOSIS:

Good

CONFIDENTIAL
DO NOT REDISCLOSE

Jeff Carfagno
Jeff Carfagno, M.D.

DD: 9-15-92
DT: 9-15-92
JC/je

000373

R. B. 12/11/74
 R. B. 12/11/74
 R. B. 12/11/74
 R. B. 12/11/74
 R. B. 12/11/74

MR #: Q0-11-60
ADMISSION: 9-14-92

DATE OF INTERVIEW: 9-15-92

Information was obtained from 15-year-old Damien Echols and his probation officer from Jonesboro, Jerry Driver. The information that was received through the course of the psychosocial assessment is believed to of reliable nature.

Damien was readmitted to Charter Hospital of Little Rock on 9-14-92 after being transferred from a psychiatric hospital to juvenile detention and from juvenile detention to Charter Hospital of Little Rock. At the point of discharge, Damien and his family chose to move from Jonesboro to Oregon. The reason for the move surrounded Damien's behaviors while he was in the Jonesboro area prior to his first admission. Damien believes that he is a "white witch" who practices witchcraft and does worship the devil. Damien's behaviors have become frightening to some of the community members in the Jonesboro area. He and a girlfriend had run away from home at last admission. In the process of running away from home, they were picked up on an order. When the police picked up both Damien and the girlfriend, Damien had made threats to kill the police officers, the girlfriend of the father, and had confessed to devil-worshipping behaviors and activities. Damien had been suspected of involvement in these behaviors before their runaway arrest. The family chose to move to Oregon to avoid the "harrassment" that would have followed them back into the community. While in Oregon, Damien had conflicts with both mother and father and at several times had threatened to kill his father. On one occasion, Damien made a plan to "slash my parents' throats and eat them alive." Damien was then taken to a psychiatric facility. The facility stated that they believed that Damien's problems were not acute, and they refused to hold him. Damien returned to the home and made advances on the father. The father felt threatened and was concerned for his welfare as well as his wife's and other child in the home. Damien was moved to the detention center in the Oregon area. While in the detention center, Damien witnessed a co-patient slashing his wrist. Damien is reported to have knocked the co-patient to the ground and began to suck the young man's blood.

C00374

1001460-5

ECHOLS, DAMIEN W
DOB 12/11/74
CA W ALLIEN
ADM 06/14/92
MED REC 00-11-60ECHOLS, Damien
MR# 00-11-60
Page 2

The precipitating event contributing to hospitalization is that Damien is reported to have witnessed an individual slash his wrist. Damien was reportedly observed knocking the young man to the ground, was observed sucking the wrists of the young man and smearing his blood over Damien's body. Damien, at that time, stated he was a white witch who worshipped the devil.

Major symptoms at the time of this admission do include a pattern of bizarre behavior and unusual thought processes, including Damien's belief that he is a vampire and that he does worship the devil. Damien has made several statements indicating that he has a desire to harm others. Primary targets of his aggression do include authority figures.

Damien has had previous mental health involvement. He had been at Charter Hospital of Little Rock, where a psychiatric evaluation was completed. At that point in time, the family chose to move to the state of Oregon. Outpatient therapy was strongly recommended. The family did not follow up on the outpatient therapy recommendation, and Damien's behaviors did regress.

PART III: PHYSICAL DISORDERS & DEVELOPMENTAL HISTORY:

Please refer to the original psychosocial assessment.

PART IV: MENTAL STATUS EXAM:

At the time this psychosocial assessment was being completed, Damien Echols was able to answer all the questions that were posed to him in an intelligent and factual manner. He seemed to withhold no information and readily answered questions concerning his religious beliefs and the fact that he believes that he is a vampire and does worship the devil. It was the social worker's opinion that Damien was not disclosing information for the purposes of shock, that he was simply disclosing what he currently is believing. Damien did appear to be oriented to person, place and time. He was not evidencing any psychotic symptomatology at the time the interview was being completed. However, his behaviors could best be described as odd and bizarre. Damien smiled at inappropriate times. He cut his eyes back and forth as if he was responding to external stimulation. He seemed to be giggling at something that he was saying or a private joke that was unknown to this social worker. Damien was compliant and cooperative; however, he chooses to dress in entirely black clothing, frequently writes poems and draws pictures of symbols which might be closely associated with devil worship or occult beliefs. Damien does have a significant history of

000375

Hot Springs reinstated to itinerary for Clinton

President Clinton's Arkansas travel plans changed for a third time when a White House spokesman announced Sunday that Clinton would visit Hot Springs today after all.

Although Clinton was initially scheduled to spend Monday with his mother, Virginia Kelley, White House officials said Thursday that Clinton would remain in Washington until Tuesday, by-passing Hot Springs during his Arkansas visit. But White House spokesman Jeff Eller told The Associated Press on Sunday that after a morning of duck hunting in Maryland with members of Congress, Clinton will leave for Hot Springs in the afternoon and arrive about 5:30 p.m.

First lady Hillary Rodham Clinton, and daughter, Chelsea, will join Clinton on the flight from Washington, Eller said.

Eller said Kelley may accompany the Clintons.

He said the Clintons had no public schedule in Arkansas.

On Tuesday, Clinton plans to travel by motorcade to Little Rock, then fly in Fayetteville to attend the Texas Southern Arkansas basketball game at Bud Walton Arena.

He was to remain in Northwest Arkansas until Wednesday, when he would leave for Hilton Head Island, S.C., to attend the Renaissance Festival, which Clinton has attended for the past nine years.

While in the Fayetteville area, he probably will stay with longtime friends James and Diane Blair, their home on Beaver Lake. James Blair is general counsel for Tyson Foods Corp. and Diane Blair is a political science professor at the University of Arkansas at Fayetteville.

skating away



BLADERUNNER — Todd Saylor, 10, practices with his roller blades Sunday afternoon on a tip down C

EXHIBIT

in the busy one day and people out. The skateboard fell to its riding wheels were following knees while tumbling to the, leav-

7.00

Filmmakers asked to give prosecutors copy of interview

Triple murder is focus of documentary

BY KAREN MCKILLISTER
Times Staff Writer

A New York production company is filming a documentary in West Memphis about the case of three teenagers charged in the killings May 3 of three 8-year-old boys.

Last week, Jonesboro prosecutors subpoenaed the film company, Creative Thinking, to obtain a copy of their interview with defendant Charles Jason Baldwin, 16, of

Marion (Crittenden County). Baldwin was interviewed by the filmmakers Dec. 4 in jail, said Paul N. Ford, an attorney for Baldwin who was present during the interview.

The filmmakers, Bruce Sinofsky and Joe Berlinger, focused on questions about how Baldwin was handling the charges, Ford said by telephone Sunday.

The documentary is trying to not deal specifically with the crime itself but more with what kind of person Baldwin is and how he is adjusting to the situation he finds himself in. They were trying to get to know him, said Ford, who also was interviewed by the film crew.

Neither Sinofsky nor Berlinger could be reached for comment Sunday.

Ford said he was asked what it's like being involved in such a case and what types of strategies he will use in his client's

defense.

Prosecutor Brent Davis told The Associated Press he didn't expect to find any vital information discussed in Baldwin's interview, but said he felt he had a right to hear or view it.

Ford, who said he had known about the company's plans to make a film on the case since midsummer, said he believed others had already been interviewed as well, including police officers, the victims' families, other attorneys and the prosecuting attorney.

The filmmakers have only filmed inside the courtroom once, Ford said.

The documentary is to be released in 1995 on Home Box Of fire, Ford said.

The two co-defendants are Jessie Lloyd Misskelley Jr., 17, of Marion (Crittenden County), and Michael Wayne Echols, 18, of West Memphis. The state is seeking the death penalty in each case. All have pleaded innocent to the charges.

The three are accused of beating to death Steven Branch, Chris Byers and Michael Moore, third-graders at Weaver Elementary School. The boys' bodies were found in a drainage channel in a forest known as Robin Hood Hill the day after being reported missing. The boys had been tied up and beat-

en.

Misskelley is to stand trial Jan. 13 in Corning (Clay County). Baldwin and Echols are to be tried together Feb. 22 in Jonesboro.

The Associated Press contributed to this report.



Jason Baldwin

CHARTER HOSPITAL
OF LITTLE ROCKPATIENT: ECHOLS, Damien
MR#: 00-11-60
ADMISSION: 6-1-92PSYCHOSOCIAL ASSESSMENT

DATE OF INTERVIEW: 6-2-92

PART I: INTERVIEW INFORMATION:

Information was obtained from Pam Echols, who is the biological mother of the identified patient. Information was also received from 17-year-old Damien Michael Echols. The information that was received during the course of the psychosocial assessment interview is believed to be of reliable nature. The interviews for the psychosocial assessment were completed at Charter Hospital of Little Rock on the adolescent unit and by telephone to Mrs. Pam Echols, who is a resident of West Memphis.

PART II: PRESENTING PROBLEM:

Seventeen-year-old Damien Echols was admitted to Charter Hospital of Little Rock due to suicide ideation with plan. The patient currently admits to no longer having suicide ideation but stated during the course of the interview, "I have no feelings about suicide. I know that I can be reincarnated. I'm not afraid." The patient has admitted to self-harm behaviors. He states, "I burn myself with lighters. I have huffed gas and paint." Approximately two weeks ago, this 17-year-old and his 15-year-old girlfriend ran away from home. Damien stated that the reason the couple ran away from home was because the adolescent female's parents had forbade the child from having any visitation or contact with Damien. According to Damien and his mother, Pam Echols, they had tried on several occasions to meet as families to discuss the differences that the girlfriend's family had about her seeing Damien Echols. Informants state that they were not able to reach any type of agreement and that, on several occasions, the girlfriend's father became verbally abuse and, at times, threatening. On approximately 5-30-92, Damien Echols and his 15-year-old girlfriend were arrested. Damien was charged with burglary, breaking and entering, disorderly conduct, sexual misconduct, and terroristic threatening. Damien states that all of these charges were the result of the single incident in which he was arrested. Damien and his mother state that the two adolescents had stated they were going to school. The 15-year-old girl had been forbade from having any contact with Damien. She violated her parents, had contact with Damien, and the two ran to a vacant house. Damien states that this house was told to him by another adolescent male that Damien believed

1001460-5

ECHOLS, Damien
MR# 00-11-60
Page 2

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC #00-11-60

to have been his friend. Damien states that he and his girlfriend were in the middle of sexual activity when the police "barged" into the home where they were. Damien states that all of the charges that are currently pending against him were the result of this single incident. Damien states that while he was in the Jonesboro jail, he began to experience suicide ideation. He states that he thought several times about wrapping the sheet from his bed around his neck and "trying to hang myself."

The precipitating event contributing to hospitalization on 6-1-92 was the suicide ideation as a result of having been arrested and the depression that has been reoccurring in Damien's life for approximately 3-6 months.

Major symptoms at the time of this admission, according to Damien and his mother, do seem to include a pattern of depressive episodes in which the patient begins to withdraw from family and friends. Damien, however, stated that his early childhood was void of any nurturance. He states that he "didn't know his dad" and felt no emotional connection to his stepfather. Damien stated that he was aware that his stepfather was sexually abusing his sister. Damien stated that he "hates" his sister. Upon further exploration of this particular issue, Damien stated, "she wanted to be like me, and that really bothers me a lot." Damien states that he does not have an emotional relationship with his mother. He did state through the course of this psychosocial assessment that he believes that his mother is "in my favor." Damien states that as he grew older he began to exert his independence. He states that when he was approximately 10 years old, his stepfather requested that he legally have his name changed from Michael to Damien. Damien states that the name Damien was selected because the stepfather had an interest in a Catholic saint by the same name. The patient states that this Catholic saint, Damien, was responsible for the care of lepers and eventually contacted the disease himself and eventually died. Damien states that, often times, others accuse him of taking on this particular name because of its references to satanic beliefs and worship. The patient adamantly denies any contact with devil worshipping. However, he readily admits to practicing witchcraft and did state that he believes that he is a "practicing warlock."

Identifiable stressors at the time of the admission to Charter Hospital on 6-1-92 include the patient's increased depressive symptomatology. He has withdrawn from family and

000378

1001235-1

1001460-5

ECHOLS, Damien
MR# 00-11-60
Page 3

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC #00-11-60

ECHOLS, DAMIEN W
DOB 12/11/74
ALLIEN
-11-60

friends. He is no longer expressing an interest in eating. He says that he has difficulty initiating sleep. He often has thoughts of suicide and, at the time of his admission, did, in fact, have a suicide plan, which included wrapping a sheet around his neck and hanging from the prison cell that he was in until placement at a psychiatric facility could be arranged.

This patient has not sought previous mental health involvement as of his admission to Charter Hospital of Little Rock. The family of Damien Echols believes that the difficulty he is experiencing is his attempt at coping with the rejection that he is experiencing from his girlfriend's family. When Damien is asked why the girlfriend's family would not want him to have contact with her, Damien readily admits to engaging in sexual activity with the female at her consent.

PART III: PHYSICAL DISORDERS & DEVELOPMENTAL HISTORY:

Pam Echols was unable, at the time of the psychosocial assessment, to recall significant prenatal information. She states that her son did progress through postnatal history without significance. When Ms. Echols is questioned about developmental milestones, she states that she perceived her son as being withdrawn as a small child. She states that he did not walk until approximately 13 months of age. She also indicates that his speech development was slowed. Damien indicates that he recalled not "wanting" to speak to other individuals. Damien denies any serious illnesses or accidents. However, during the course of the psychosocial assessment, Damien openly showed to this social worker spots upon both forearms where he has used a cigarette lighter or other sharp object to burn marks into his forearms. Medications: this patient denies taking any medications at the time of his admission to Charter Hospital of Little Rock. When questioned about drug or alcohol use, the patient states that he had, upon occasion, engaged in gas-huffing and the huffing of spray paint. He states that he also had been experimenting with speed, marijuana, glue, and some alcohol. The patient states that he abstains from chemical use without external pressure. He says that he does not have a desire in continuing to use chemicals due to the fact that he believes they interfere with his ability to practice witchcraft successfully.

DO NOT REUSE

000379

45

1001460-5

1001235-1

ECHOLS, Damien
MR# 00-11-60
Page 4

ECHOLS, DAMIEN W

DOB 12/11/74

DO W DAMIEN

ADM 09/14/92

"E" 00-11-60

DAMIEN W

CONFIDENTIAL

1-60

DO NOT REE, SOLOSE

PART IV: FAMILY HISTORY:

Information from Pam Echols suggests that her first husband is the biological father of Damien Michael Echols as well as her 14-year-old female. This female is the said victim of sexual abuse at the hands of the stepfather. Ms. Echols states that she terminated the marriage with her first husband due to its rocky nature. She states that she and her husband had difficulty agreeing on values and, often times, disagreed on correct disciplinary measures for her children. She states that shortly after the divorce from her first husband, she married Mr. Echols. The first name of this individual is not voluntarily provided by Ms. Echols despite having been asked on several occasions. Ms. Echols states that her second husband was often moody, withdrawn, and was not invested in providing care for her two children. She did state that he was a devout Catholic and wanted very much for her two children to become members of the Catholic church. Ms. Echols states that her daughter stated to her that she was being sexually abused by Mr. Echols. Pam Echols states that she took the information from her daughter seriously and initiated divorce proceedings. Information from Ms. Echols suggests that her divorce was finalized on 5-30-92. According to Damien and Ms. Echols, the natural father of her children has recently become interested in the family. When Damien is questioned about his emotional response towards the father returning to the home, he stated, "I don't know him." As previously indicated within the course of this psychosocial assessment, Damien has a 14-year-old sister. He does not have a good relationship with his sister. He stated, on several occasions, that he "hated her." Damien suggests that his sister often times emulated his activities and behaviors and had threatened him on several occasions. The patient states that he often times "scared" his sister by making reference to spells and witchcraft practices. When Ms. Echols or Damien were questioned about chemical dependency issues within this family, it was adamantly denied. Ms. Echols also stated that, to her knowledge, no one in her family has been diagnosed with psychiatric disorder. Damien Echols denies having been victimized sexually, physically or verbally. He stated, several times through the course of the psychosocial assessment, that he was "left alone" as a small child, and his perception of his family was one in which it lacked nurturance and acceptance. Information from Ms. Echols does suggest that her 14-year-old daughter had been victimized sexually by the stepfather for an undetermined

1001460-5

SCHOLS, DAMIEN W

DOB 12/11/74

DR W ALLISON

ADM 09/14/92

MED SEC #00-11-60

ECHOLS, Damien

MR# 00-11-60

Page 5

amount of time. Ms. Echols also indicated through the interview that she believes that her second husband did engage in sexual intercourse with his stepdaughter.

PART V: SOCIAL HISTORY OF THE ADOLESCENT

The patient is currently enrolled in the 11th grade. He has been suspended X7 due to negative behaviors in the classroom. Information does suggest that Damien has set fire to his academic classroom on two occasions, that he has also been truant, engaged in physical confrontations while on school grounds and has, often times, threatened to put "hexes" on school instructors. The patient states, "I'm real bored with school. My mom wants me to quit and get a job, but I'm not sure that's for me." Damien states that he does not enjoy the company of other peers. He says he often times feels as though they do not understand him and taunt him. He said that he has two friends that he would "die for." Damien indicated that he has a blood brother. When questioned further about having a blood brother, Damien states that he and a male have exchanged blood and that his girlfriend is an individual with whom he feels a strong bond. Damien appears to have achieved a high level of functioning. He is well-read and has a good working knowledge of many different practices and beliefs. He is articulate and able to express himself well. Damien states that he does not believe he has the ability to sustain friendships because "I don't care." This patient is currently not employed. When Damien was questioned about social or recreational interests, he stated that he enjoys reading, enjoys practicing witchcraft, and likes to be with his girlfriend. Damien is sexually active and does not admit to using birth control at this time. Upon his admission to Charter Hospital of Little Rock, there was a rumor that suggested that Damien and his 15-year-old girlfriend were arrested while in the act of copulation. The purpose of this coitus was so that the couple could conceive and had plans to sacrifice the infant in a satanic ritual. When this point was questioned as to the validity of these rumors, he adamantly denied such and indicated again, as he had throughout the course of the psychosocial interview, that he did not believe in satanic worship, that he was practicing black magic, and he had no intention of sacrifice, nor would he ever. He also indicates that he and his girlfriend were not engaging in sexual activity for a said specific purpose.

ECHOLS, Damien
MR# 00-11-60
Page 6

1001450-5

ECHOLS, DAMIEN W
DOB 12/11/74
DR W CALLIEN
ADM 09/14/92
MED REC #00-11-60

ECHOLS, DAMIEN W

-11-60

PART VI: LEGAL STATUS:

This 17-year-old white male was currently in the custody of his biological mother, Pam Echols. There is a judicial system involved in this client's case. There does appear to be a court date pending on charges that include burglary, breaking and entering, disorderly conduct, and sexual misconduct. The patient indicated that these charges were the result of one single arrest. He also stated that he believes that many of the charges were "trumped up" by the girlfriend's father. The patient stated that they did not steal any objects that were in the home and further indicated that the home that he and his girlfriend were in at the time of their arrest was vacant. He states he did not break into the home, that it was unlocked. He also states that he was not belligerent at the time of his arrest. He states, "I was real sad, but not mean."

PART VII: MENTAL STATUS EXAM:

At the time this psychosocial assessment was being completed, this patient did appear to be of above average intelligence. He openly answered all questions that were posed to him in a factual manner. He was oriented to person, place and time. Through the course of the psychosocial assessment, several significant incidences occurred. The patient appeared to be sniffing the air around him as if he were responding to an external stimulus. When he was questioned as to what he was doing, the patient gave an inappropriate smile and was unwilling to discuss what he was doing. Upon several occasions, the patient also cut his eyes in one direction or the other as if he were hearing or thinking of something before he spoke. Again, it did appear to this social worker as though the client was responding to an outside stimulation during the course of the psychosocial assessment. Also of interest was the patient's unabashed discussion of sexual activity. The patient did not seem intimidated, embarrassed or shy to discuss that he had been sexually active and that many of the witchcraft practices included the patient being with other individuals in various stages of undress. The patient did not project a sense of machoism or bravado as he related these incidences. They were said very matter-of-factly. This patient did seem to be responding, as previously indicated on two occasions, to external factors. He may have been experiencing auditory hallucinations. He did not appear paranoid during the course of the psychosocial

DO NOT REDISCLOSE

ECHOLS, Damien
MR# 00-11-60
Page 7

1001460-5

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC 00-11-60

assessment. Damien does have a history of physical aggression towards others when he becomes angry. He states that he has never lashed out or struck at others. However, he did volunteer information that suggests, while he was waiting in the police car to be taken to juvenile detention or jail following having been arrested, that he witnessed his girlfriend's father coming toward her as she waited with police officers in an aggressive manner. Damien states that he was able to work his fingers loose, moved over and was able to slip the safety off of the police officer's gun which had been left in the police vehicle. Damien freely admitted that he had plans to shoot the girlfriend's father if he acted in an aggressive manner toward the girl.

PART VIII: CLINICAL ASSESSMENT:

This patient does appear to be of above average intelligence, and this will be a strength that will work toward his benefit as he progresses through the evaluation phase at Charter Hospital of Little Rock. Weaknesses do tend to include a chaotic family life-style with no clear leadership in the family. Damien appears to be a detached individual without bonds to family or many friends. Also, a significant weakness may be this patient's preoccupation with the notion of witchcraft. He frequently stated through the course of the psychosocial assessment that he was not afraid to die because of his belief in reincarnation.

PART IX: TREATMENT RECOMMENDATIONS:

Damien Echols has been admitted to Charter Hospital of Little Rock for the purposes of completing a psychiatric evaluation. Upon completion of the evaluation, recommendations will be drafted and presented to court officials who have ordered him to treatment and to the biological mother so that an aftercare plan may be developed to best meet the needs of Damien Echols' long-term treatment care.

PART X: INITIAL DISCHARGE PLAN:

At this point in time, discharge destination is unknown. Residential possibilities are being explored. Outpatient treatment will certainly be recommended strongly should this individual return to the home of his biological mother.

Tina Deaton
Tina Deaton, L.M.S.W.

DD: 6-3-92
DT: 6-4-92
TD/le

000383



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001460-5

EDMOND, DANIEL W
DOB 12/11/74
DR W. GALLIEN
AD 09/14/92
XEN REF 400-11-60

ADDRESSOGRAPH PLATE

CONSULTATION RECORD

Date: 9-22-92

Consulting Service or Physician:

Dr. Carfagno Office

Consultation Request Re:

Irritating Eyes & Ring Temp

Notified by:

Rexina North

Date:

9-22-92

Time:

3:55 PM

Signature of Attending Physician

W B Cullen

DR. GALLIEN

REPORT (Findings, Diagnosis and Recommendations):

Date:

It is onset Post nasal drip & sore throat this AM. Some "uhuge" & cough. Diffusely Aching. Eyes were burning but ok now

07 100

EM's nose clear long clear

Penicillin

OP: red & PND R > L

Pac: under @ R max sinus

long clear & uhuge

CONFIDENTIAL
DO NOT REDISCLOSE

A) Sinusitis

Brochitis / Asthma by Hx

Prescription 240 #2
x 100

Proventil inhaler pr

Prescribed long 90 #2

MY RECOMMENDATIONS ARE BASED ON A REVIEW OF THE MEDICAL RECORDS AND MY OWN EXAMINATION.

Signature of Consultant

J. C. Cullen

C00384

CUSTOM PRINTING CO. - NLR - 578-7311 - CYLR-20



CHARTER HOSPITAL OF LITTLE ROCK

1901 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001450-5

ETHOLS, CAMIEN W

DOB 12/11/74

ADDRESS: CAMIEN W

1001450-5

REC #00-11-60

INITIAL NUTRITIONAL ASSESSMENT

SUBJECTIVE:

Yes

No

Comments:

Difficulty Swallowing

Difficulty chewing

Food Allergies

Nausea / Vomiting

Recent wt. loss / gain

Food Dislikes

Pica, ice eating, etc.

Other

OBJECTIVE:

Age: 17 Race: W Sex: M Diet Order: Regular

Ht: 68 Wt: 168 Frame: M IBW: 154-169 % BW: 100%

% Body Fat: X % Muscle Mass: X

DRUGS:

PERTINENT LAB:

☒ Mao Inhibitors
☒ Tricyclics
☒ Diuretics
☒ Antipsychotics
☒ Anticoagulants
Other: _____

CBC: ☒ Cholesterol: ☒ Ca: ☒
WBC: ☒ Trig: ☒ P04: ☒
Hgb: ☒ HLD: ☒
Hct: ☒ LDL: ☒
A1b: ☒ Gluc: ☒
T.P: ☒ Na: ☒
Lym: ☒ K: ☒

ASSESSMENT:

Tip Wm - no apparent nutritional concerns.
Pl. verbalized understanding

PLAN:

1 Diet as ordered

CONFIDENTIAL
DO NOT RE-OPEN

9/18/92
Date

000385

L. L. L. L. R.D.

SCHOOL: DAMIEN W
 DOB: 12/11/74
 PR: W FALL 1991
 ADM: 09/14/92
 YES: 11-11-90

EDUCATIONAL ASSESSMENT

NAME OF STUDENT: DAMIEN ECHOLS DATE OF BIRTH: 12-11-74
 DATE OF REPORT: 9-17-92 ADMISSION DATE: 9-14-92
 HOME SCHOOL: PRESENTLY NONE GRADE PLACEMENT: DROPPED OUT; 9TH
 GRADES REPEATED: 7TH SPECIAL EDUCATION: NO
 ADMISSION DIAGNOSIS: PSYCHOTIC DISORDER, NOS

EDUCATIONAL HISTORY: Damien attended Marion High School before his first admission to Charter Hospital in June of 1992. Since his discharge, Damien moved to Oregon to live with his mother and father. Damien returned to Arkansas recently. His return violated his probation, and he was placed in a Juvenile Detention Center. During his stay, Damien became physically aggressive with a peer. As a result, Damien was re-admitted to Charter Hospital. Damien is currently studying for his GED.

PRESENT STATUS/ FUNCTIONING LEVEL: Because of his recent admission to Charter Hospital, Damien was not administered the WRAT-R again. The following scores are Damien's scores from his last hospitalization.

| | RAW SCORE | STANDARD SCORE | PR | GRADE EQUIV. |
|-------------|-----------|----------------|----|--------------|
| READING: | 66 | 106 | 66 | 12+ |
| SPELLING: | 34 | 103 | 58 | 12B |
| ARITHMETIC: | 38 | 106 | 66 | 12B |

| RATING OF STANDARD SCORES | | | | |
|---------------------------|-------------|----|----------------|--------------|
| * CLASSIFICATION | SCORE RANGE | // | CLASSIFICATION | SCORE RANGE |
| * Very Superior | 130 and up | // | * Low Average | 80 to 89 |
| * Superior | 120 to 129 | // | * Borderline | 70 to 79 |
| * High Average | 110 to 119 | // | * Deficient | 69 and below |
| * Average | 90 to 109 | // | | |

EDUCATIONAL STRENGTHS AND WEAKNESSES: Strengths appear to be academic ability that is above grade level, a willingness to work hard, a good sense of humor, and compliance with authority figures. Apparent weaknesses are physical aggression, threats to harm others, cult involvement, and poor judgement.

000386



1001450-5

SCHOLS, DAMIEN W
DOB 12/11/74
OR W CALLIEH
ADM 12/14/92
MED RES 800-11-60

RECOMMENDATIONS/PLANNED INTERVENTIONS:

1. Given individual and group instruction, Damien will demonstrate alternatives to physical aggression and threats with he is feeling angry or frustrated.
2. Given individual and group instruction, Damien will demonstrate improved judgement and peer relations by making better decisions regarding peer groups and activities (ie, Satan worshipping and other cult behaviors).

Kathleen Ferreira

KATHLEEN FERREIRA
EDUCATIONAL THERAPIST

CONFIDENTIAL
DO NOT REDISCLOSE

000387



EDUCATIONAL THERAPY DISCHARGE SUMMARY

STUDENT: DAMIEN ECHOLS

DATE OF REPORT: 9-29-92

DISCHARGE DIAGNOSIS: PSYCHOTIC DISORDER, NOS

HOME SCHOOL: PRESENTLY NONE

GRADE: DROPPED OUT; 9TH

ADMISSION DATE: 9-14-92

DISCHARGE DATE: 9-28-92

TOTAL DAYS: 15

TOTAL SCHOOL DAYS: 11

DAYS PRESENT: 11

DAYS ABSENT: 0

WEEKLY PROGRAM: Damien attended school four hours per day five days per week during his hospitalization. One hour per night, Monday through Friday, was devoted to homework. Non-school hours were spent in individual, group, and family therapy. Recreational therapy was provided one hour per day.

ACADEMIC AND THERAPEUTIC INTERVENTIONS: Due to Damien's recent admission to Charter Hospital, he was not administered the WRAT-R again. These scores are from his last hospitalization:

| | RAW SCORE | STANDARD SCORE | PR | GRADE EQUIV. |
|-------------|-----------|----------------|----|--------------|
| READING: | 66 | 106 | 66 | 12B |
| SPELLING: | 34 | 103 | 58 | 12B |
| ARITHMETIC: | 38 | 106 | 66 | 12B |

CONFIDENTIAL
DO NOT REPRODUCE

Damien was given one-to-one instruction, successful experiences and positive reinforcement as a way to improve his attitude and motivation in school. His attention to task was fair to poor with much prompting required. Damien would daydream and attempt to sleep in class. He completed his work accurately, but his work was frequently turned in late. Damien was administered the sample GED test while he was at this facility. The results should be sent to this facility within a few weeks and Damien will be notified of the results.

BEHAVIOR: Damien's behavior in the classroom was good. He was very compliant with the classroom rules, but would sometimes discuss inappropriate topics in the classroom (such as cults). He would frequently make growling noises to scare the other students and to get their attention. When he wanted to, Damien behaved maturely and was a positive role model for his peers.

000388





RECOMMENDATIONS: It was recommended by the treatment team that Damien be discharged into the custody of his step-father on 9-28-92. Individual and family therapy should continue on an out-patient basis.

Kathleen Ferreira

KATHLEEN FERREIRA
EDUCATIONAL THERAPIST

CONFIDENTIAL
DO NOT REDISCLOSE

000389





CHARTER HOSPITAL
OF LITTLE ROCK



1501 Murphy Drive, Maumelle, Arkansas 72118 (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001450-5

ECHOLS, MARTIN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED RES #00-11-60

ADDRESSOGRAPH PLATE

IMMUNIZATION HISTORY

| Immunizations | 1st | 2nd | 3rd | 1st Booster | 2nd Booster |
|-----------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------|-----|-------------|-------------|
| Diphtheria-Pertussis-Tetanus (DPT) (Pertussis—"Whooping cough") | | | | | |
| Diphtheria-Tetanus (DT) | | | | | |
| Polio | | | | | |
| Salik (list No. of injections) | | | | | |
| Sabin (oral) | | | | | |
| Rubella (German of 3 day) | | <p><i>See letter to School 9/15/92</i></p> <p>CONFIDENTIAL</p> <p>DO NOT REDISCLOSE</p> | | | |
| Rubeola (10 day or Red measles) | | | | | |
| Measles-Mumps-Rubella | | | | | |
| Mumps | | | | | |
| Combined Red Measles—Rubella | | | | | |
| Tetanus Toxoid (date last given) | | | | | |
| TB Skin Test | Date: | Result: | | | Type: |
| Smallpox | Initial: | Last: | | | |

Completed by _____

Relationship to patient _____

Date _____

Received by _____

000390



CHARTER HOSPITAL OF LITTLE ROCK



1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001460-5

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
ADDRESS 00-11-60

Damien Echols

THERAPEUTIC RECREATION ASSESSMENT: CHILD, ADOLESCENT, ADULT

Age: 17 With whom were you living? friend
School/Grade: None Hometown: Marion
Special Precautions/Limitations: ~~None~~ heart problems
Diagnosis: Conduct Problems / Runaway Why are you seeking treatment?
SUCKING BLOOD
Admission Date: 9-14-92 Evaluation Date: 9-16-92

1. What activities do you like to do in your free time?

Alone: listen to radio
With friends: hunt, play games
With family: Don't live with family

2. Do any of the following make it difficult for you to participate in leisure activities?

- | | | |
|-------------------------------------------------------------------------------------------|-----|----|
| A. Do you lack the confidence in yourself to become involved in leisure activities? | YES | NO |
| B. Do you have enough energy to become involved in leisure activities? | YES | NO |
| C. Do you have the motivation to become involved in leisure activities? | YES | NO |
| D. Does stress ever keep you from being involved in leisure activities? | YES | NO |
| E. Do you feel that you have enough activity skills to participate in leisure activities? | YES | NO |
| F. Does the lack of money ever keep you from participating in leisure activities? | YES | NO |
| G. Do you have a driver's license? A car? | YES | NO |
| H. Does transportation ever keep you from participating in leisure activities? | YES | NO |
| I. Do you ever have difficulty communicating socializing with others? | YES | NO |
| J. Do you ever have difficulty in planning or organizing your leisure activities? | YES | NO |

006391



CHARTER HOSPITAL
OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

ADDRESSOGRAPH PLATE

THERAPEUTIC RECREATION ASSESSMENT: CHILD, ADOLESCENT, ADULT

3. What leisure resources do you use in the community? Woods
Park
4. What are your goals for the future (school, career, lifestyle, unplanned)
5. List any special skills, talents, and strengths that you have: Don't Know
6. How would you describe your current physical condition/level of fitness? Excellent Good Average Below average
7. In social situation are you most comfortable with:
- | | | |
|---------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> Males | <input type="checkbox"/> One-To-One | <input type="checkbox"/> Persons Younger Than |
| <input checked="" type="checkbox"/> Females | <input checked="" type="checkbox"/> Small Group (3 To 5) | <input type="checkbox"/> Persons Older Than |
| <input type="checkbox"/> Does Not Matter | <input type="checkbox"/> Large Group (6 Or More) | <input checked="" type="checkbox"/> Persons The Same Age |
8. What program area/areas do you feel will be beneficial to you?
- | | |
|--------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Fitness | <input checked="" type="checkbox"/> Relaxation/Stress Management |
| <input type="checkbox"/> Leisure Education | <input checked="" type="checkbox"/> Social Skills |
9. Do you have any Special needs that you feel Therapeutic Recreation can meet? No

C00392



1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001450-5

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC #00-11-60

ADDRESSOGRAPH PLATE

THERAPEUTIC RECREATION ASSESSMENT: CHILD, ADOLESCENT, ADULT

CONFIDENTIAL

DO NOT REDISCLOSE

RECOMMENDATIONS:

THERAPEUTIC RECREATION INTERVENTIONS:

(check as appropriate)

Fitness ☒ _____
Leisure Education ☐ _____
Social Skills ☒ _____

None of the specific T.R. inter-
ventions listed above are indi-
cated at this time.

Rationale: _____

Patient's mood and affect during
interview: Normal for the

situation alert and
oriented x 3

Patient oriented to available
opportunities for leisure activity
while hospitalized: yes

THERAPEUTIC RECREATION AIM OF TREATMENT:

(check one or more as appropriate)

- ☒ Increase self-esteem
- ☐ Provide opportunities for success
- ☐ Improve physical skills
- ☒ Improve fitness level
- ☐ Increase self-concept/body image
- ☐ Improve ability to follow rules/directions
- ☐ Increase attention span
- ☐ Increase self-control
- ☐ Positive outlet for hostility/expression of anger
- ☒ Increase activity level/decrease passivity
- ☐ Increase frustration tolerance
- ☐ Develop appropriate team skills
- ☐ Develop leisure attitude/awareness
- ☐ Identify and develop leisure skills interests
- ☐ Sustain existing leisure skills interests
- ☐ Identify community leisure resources
- ☐ Identify/develop positive ways to deal with stress

000393



THERAPEUTIC ASSESSMENT

SUMMARY OF FINDINGS:

Daniel is a 17y10 white male admitted to the Adolescent treatment for conduct problems. He cont to require.

Strengths: Staff prompting to engage in therapeutic group.

Weaknesses/Problems:

1. Low self-esteem: patient will be able to express positive aspects about self
2. and the future.

3.

Recommended Interventions:

1. At. to provide success oriented group of games; ropes training and
2. leisure education so that
3. patient develops a sense of accomplishment

Mark Douglas CTRP
Recreational Therapist

CONFIDENTIAL
Date 9-16-92
DO NOT REDISCLOSE

50139000 AREA/ROUTE/STOP: 2601000
 CHARTER HOSP OF LITTLE ROCK
 1601 MURPHY DRIVE
 MAUMELLE, AR 72118

1001 **SB** SmithKline Beecham
 Clinical Laboratories
 MICROFILM# 09159216540

| | | | | | | | |
|---------------------------------------|-----------------------------------|---------------------------------|------------|------------------------------------------------|--------------------------------|--------------------------------|-----------------------------|
| PATIENT NAME DAMIEN, ECHOLS | | PATIENT ID | | ROOM NO. 312A | AGE 17 | SEX M | PHYSICIAN GALLIEN |
| PAGE 2 | REQUISITION NO. 7337341 | ACCESSION NO. 7872048 | LAB REF. # | COLLECTION DATE & TIME 09/15/92 0530 | LOG-IN DATE 09/16/92 | REPORT DATE 09/16/92 | & TIME 12:14P |

REMARKS

| REPORT STATUS | TEST | RESULT | | UNITS | REFERENCE RANGE |
|---------------|------|----------|--------------|-------|-----------------|
| | | IN RANGE | OUT OF RANGE | | |

CBC, PLATELET CT & DIFF

| | | | |
|----------------|------|-----------|------------|
| WBC | 7.2 | THOU/MM3 | 3.5-11.0 |
| RBC COUNT | 5.20 | MIL/MM3 | 4.10-5.30 |
| HEMOGLOBIN | 15.8 | G/DL | 12.0-16.0 |
| HEMATOCRIT | 46.7 | % | 36.0-49.0 |
| MCH | 89.7 | U3 | 78.0-102.0 |
| MCHC | 30.4 | PG | 25.0-35.0 |
| PLATELET COUNT | 33.8 | % | 31.0-37.0 |
| NEUTROPHIL | 259 | THOUS/MM3 | 130-400 |
| LYMPHOCYTE | 47 | % | 30-70 |
| MONOCYTE | 38 | % | 21-51 |
| EOSINOPHIL | 8 | % | 2-8 |
| BASOPHIL | 1 | % | 1-5 |
| | | | 1-2 |

URINALYSIS, ROUTINE

| | | |
|--------------------|----------|---------------|
| COLOR | YELLOW | |
| APPEARANCE | HAZY | |
| SP. GRAVITY | 1.030 | 1.001-1.035 |
| PH | 6.0 | 4.6-8.0 |
| GLUCOSE | NEGATIVE | NEGATIVE |
| BILIRUBIN (U) GL | NEGATIVE | NEGATIVE |
| KETONE | NEGATIVE | NEGATIVE |
| OCCULT BLOOD | NEGATIVE | NEGATIVE |
| PROTEIN | 1+ | NEGATIVE |
| UROBILINOGEN | 0.1 | EU/DL 0.2-1.0 |
| NITRITE | POSITIVE | NEGATIVE |
| LEUKOCYTE ESTERASE | NEGATIVE | NEGATIVE |
| WBC | 0-3 | 0-3 |
| UR MUCUS | MODERATE | |
| BACTERIA | FEW | /HPF |

CHEMZYME

| | | | |
|-------------------------|-----|--------------|---------|
| * GLUCOSE | 79 | MG/DL | 70-115 |
| * UREA NITROGEN (BUN) | 10 | MG/DL | 7-25 |
| * CREATININE | 1.1 | MG/DL | 0.7-1.4 |
| * BUN/CREATININE RATIO | 9.1 | RATIO (CALC) | 8-20 |
| * SODIUM | 147 | MEQ/L | 135-148 |
| * POTASSIUM | 4.2 | MEQ/L | 3.5-5.3 |
| * CHLORIDE | 104 | MEQ/L | 95-110 |
| * CARBON DIOXIDE, TOTAL | 25 | MEQ/L | 20-32 |
| * URIC ACID | 5.8 | MG/DL | 4.0-8.5 |

)) REPORT CONTINUED ON NEXT PAGE ((

CONFIDENTIAL
DO NOT REDISCLOSE

000395

INDICATES TESTING WITH SEE REVERSE SIDE

50139000 AREA/ROUTE/STOP: 2601000
 CHARTER HOSP OF LITTLE ROCK
 1601 MURPHY DRIVE
 MAUMELLE, AR 72118

MICROFILM# 09159216340



SmithKline Beecham
 Clinical Laboratories

| | | | | | | |
|--------------------------------|----------------------------|---------------------------|------------------|-----------------------------------------|-------------------------|----------------------------------------|
| PATIENT NAME DAMIEN, ECHOLS | | PATIENT ID | ROOM NO. 312A | AGE 17 | SEX M | PHYSICIAN GALLIEN |
| USE 3 | ACQUISITION NO. 7337341 | ADDITIONAL NO. 7872049 | LAB REF. # | COLLECTION DATE & TIME 09/15/92 0530 | LOG-IN DATE 09/16/92 | REPORT DATE & TIME 09/16/92 12:14PM |
| REMARKS | | | | | | |

| REPORT STATUS | FINAL | TEST | RESULT | | UNITS | REFERENCE RANGE | SITE CODE | |
|-----------------------------|-------|------------------------|----------------------------|--------------|--------------|-----------------|-----------|--|
| | | | IN RANGE | OUT OF RANGE | | | | |
| CHEMZYME (CONTINUED) | | | | | | | | |
| * | | CALCIUM | 9.9 | | MG/DL | 8.5-10.6 | | |
| * | | PHOSPHORUS, INORGANIC | 4.4 | | MG/DL | 2.5-4.5 | | |
| * | | CHOLESTEROL, TOTAL | 173 H | | MG/DL | (170) | | |
| | | CHOLESTEROL LEVEL | CLINICAL INTERPRETATION | | | | | |
| | | LESS THAN 200 MG/DL | DESIRABLE LEVEL | | | | | |
| | | 200-240 MG/DL | BORDERLINE HIGH RISK LEVEL | | | | | |
| | | GREATER THAN 240 MG/DL | HIGH RISK LEVEL | | | | | |
| * | | TRIGLYCERIDES | 155 H | | MG/DL | 36-143 | | |
| * | | BILIRUBIN, TOTAL | 0.7 | | MG/DL | 0.2-1.2 | | |
| * | | BILIRUBIN, DIRECT | 0.3 | | MG/DL | 0.0-0.3 | | |
| * | | BILIRUBIN, INDIRECT | 0.4 | | MG/DL (CALC) | 0.0-0.9 | | |
| * | | ALKALINE PHOSPHATASE | 85 | | U/L | 30-224 | | |
| * | | AST (SGOT) | 15 | | U/L | 0-50 | | |
| * | | ALT (SGPT) | 25 | | U/L | 0-55 | | |
| * | | GGTP | 32 | | U/L | 0-65 | | |
| * | | LACTATE DEHYDROGENASE | 111 | | U/L | 0-250 | | |
| * | | PROTEIN, TOTAL | 6.9 | | G/DL | 6.0-8.5 | | |
| * | | ALBUMIN | 4.7 | | G/DL | 3.2-5.5 | | |
| * | | GLOBULIN | 2.2 | | G/DL (CALC) | 1.5-3.8 | | |
| * | | BUN/GLOBULIN RATIO | 2.1 | | RATIO (CALC) | 1.0-2.7 | | |
| * | | BUN | 225 H | | MCG/DL | 55-200 | | |
| RPR CARD | | | NON-REACTIVE | | | NON-REACTIVE | SL | |
| THYROID PANEL, HYPO | | | | | | | | |
| THYROID PANEL | | | | | | | | |
| * | | T-3 UPTAKE | 29 | | % | 22-35 | SL | |
| * | | T-4 (THYROXINE), TOTAL | 6.2 | | MCG/DL | 4.5-12.5 | | |
| * | | FTI | 1.8 | | | 1.4-3.8 | | |
| THYROID STIMULATING HORMONE | | | | | | | | |
| * | | | 1.0 | | MCU/ML | 0.3-5.0 | SL | |

>> END OF REPORT <<

CONFIDENTIAL
 DO NOT REDISCLOSE

000396

150139000 AREA/ROUTE/STOP: 2601000
 CHARTER HOSP OF LITTLE ROCK
 1601 MURPHY DRIVE
 MAUMELLE, AR 72118

W **SB** **SmithKline Beecham**
 Clinical Laboratories

MICROFILM# 09159216540

| | | | | | | |
|--------------------------------------|------------------------------------|------------------------------|------------------------------------------------|------------------|--------------------------------|--------------------------------|
| PATIENT NAME DAMEN, ECHOLS | | PATIENT ID | ROOM NO. 312A | AGE 17 | SEX M | PHYSICIAN GALLIEN |
| AGE 1 | REGISTRATION NO. 7337341 | LAB REF. # 7872048 | COLLECTION DATE & TIME 09/15/92 0530 | | LOG IN DATE 09/16/92 | REPORT DATE 09/16/92 |
| REMARKS | | | S TIME 1214PM | | | |

JO-11-1000

| | | | | | |
|-------------------------------|------|---------------------------------|-------|-----------------|------------|
| REPORT STATUS FINAL | TEST | RESULT IN RANGE OUT OF RANGE | UNITS | REFERENCE RANGE | SIT ECC |
|-------------------------------|------|---------------------------------|-------|-----------------|------------|

PANEL #510

SUBSTANCE ABUSE PANEL 10

| | |
|-----------------------|----------|
| AMPHETAMINES | NEGATIVE |
| BARBITURATES | NEGATIVE |
| BENZODIAZEPINES | NEGATIVE |
| COCAINE METABOLITES | NEGATIVE |
| MARIJUANA METABOLITES | NEGATIVE |
| METHADONE | NEGATIVE |
| METHAQUALONE | NEGATIVE |
| OPIATES | NEGATIVE |
| PHENCYCLIDINE | NEGATIVE |
| PROPOXYPHENE | NEGATIVE |

CONFIDENTIAL

DO NOT REDISCLOSE

"PLEASE BE ADVISED THAT SPECIMEN INTEGRITY CHECKS PERFORMED ON THE SAMPLE SUBMITTED TO THE LABORATORY ARE CONSISTENT WITH AN UNADULTERATED URINE SPECIMEN."

THE SUBMITTED URINE SPECIMEN WAS TESTED FOR THE PRESENCE OF THE FOLLOWING COMPOUNDS AT THE LISTED DETECTION LIMITS. SPECIMENS DETERMINED TO BE POSITIVE WERE CONFIRMED BY THE INDICATED METHODS.

| COMPOUND | INITIAL TEST LEVEL | CONFIRMATORY TEST LEVEL | CONFIRMATORY METHOD |
|-----------------------|--------------------|-------------------------|---------------------|
| AMPHETAMINES | 300 NG/ML | | |
| AMPHETAMINE | | 300 NG/ML | GC/MS |
| METHAMPHETAMINE | | 300 NG/ML | GC/MS |
| BARBITURATES | 300 - 3000 NG/ML | 200 NG/ML | GC/MS |
| BENZODIAZEPINES | 300 NG/ML | 200 NG/ML | GC/MS |
| COCAINE METABOLITES | 300 NG/ML | 150 NG/ML | GC/MS |
| MARIJUANA METABOLITES | 50 NG/ML | 15 NG/ML | GC/MS |
| METHADONE | 300 NG/ML | 200 NG/ML | GC/MS |
| METHAQUALONE | 300 NG/ML | 200 NG/ML | GC/MS |
| OPIATES | 300 NG/ML | | |
| MORPHINE | | 300 NG/ML | GC/MS |
| CODEINE | | 300 NG/ML | GC/MS |
| PHENCYCLIDINE | 75 NG/ML | 25 NG/ML | GC/MS |
| PROPOXYPHENE | 300 NG/ML | 200 NG/ML | GC/MS |

ALCOHOL, ETHYL, URINE/
 GASTRIC CL

NONE DETECTED

NONE DETECTED

>> REPORT CONTINUED ON NEXT PAGE <<

62

000397

INDICATES TESTING WITH NEW REVERSE SIDE

| DATE | REVISION COMMENTS | SIGNATURE |
|------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | admitted NCP completed | S. Rankin RN |
| 15 | NCP Reviewed, no change post 24 ^h | S. Rankin RN |
| 16 | order for fentanyl 100mcg PRN q4h unit restriction DIC 2 nd 350mcg PRN q4h strict attention to signs | S. Rankin RN / S. Rankin RN |
| 17 | re planning done - Depressive mood continues | S. Rankin RN / S. Rankin RN |
| 18 | Exhibiting satanism behavior | S. Rankin RN |
| 19 | Remained - no change post 24 ^h | S. Rankin RN |
| 20 | Reviewed - no change post 24 ^h | S. Rankin RN |
| 21 | denies threatening aura | S. Rankin RN |
| 22 | Self threat - 1st. 100mcg PRN q4h started on Augmentin 350mg BID | S. Rankin RN |
| 23 | Bed rest due to sinusitis | S. Rankin RN / S. Rankin RN |
| 24 | DIC on Mon 10. Stop 350mcg PRN q4h Tx Planning done | S. Rankin RN / S. Rankin RN |
| 25 | Reviewed - no change post 24 ^h | S. Rankin RN |
| 26 | Reviewed - no change post 24 ^h | S. Rankin RN |
| 27 | Remained - no change post 24 ^h | S. Rankin RN |
| 28 | | |
| 29 | | |
| 30 | | |
| 31 | 000398 | |

CONFIDENTIAL
DO NOT REDISCLOSE

Patient's Name

Initiated

Completed

Date/Initial

Date/Initial

Damien Echols

1. Patient and family will receive program packet and schedule.
2. Patient will be oriented to unit.
3. Patient will be oriented to unit routines.
4. Patient and family will be oriented to visiting hours.
5. Patient and family will be able to identify the purpose of all medications being used.
6. Patient and family will be able to identify at least three issues of his/her disease.

9/14/92 RD

9/14/92 RD

9/14/92 RD

9/14/92 RD

9/14/92 RD

9/14/92 RD

Nurse's Signature & Initial:

R. Rance

CONFIDENTIAL

DO NOT REDISCLOSE

1001460-5

ECHOLS, DAMIEN W
DOB 12/11/74
CR W GALLIEN
ADM 09/14/92

000399

REC #00-11-60

1001460-5

ECHEOLS, DAMIEN W
 Damien Echeols
 DR W GALLIEN
 ADM 09/14/92
 MED REC #00-11-60

INITIAL CARE PLAN

Admit Date 9-14-92Date 9-15-92 Time 0130

Responsible RN

Sarah Renken, RNClinical Services
andTry
OT

| Problems | Objectives | Intervention | Length/Freq of Session | Try OT |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------|
| Alteration in thought processes evidenced by delusional thinking and inappropriate social behavior. | 1) Pt. will be able to distinguish reality as demonstrated by ability to appropriately respond to environmental stimuli. | 1) RN's will provide medication as ordered by MD 2) Individual tx & Dr. Gallien 3) Family tx & Dr. Gallien 4) Adolescent milieu & Pds and PS 5) Staff will provide frequent and consistent reality orientation 6) Group tx | as ordered x 5 weekly x 2 weekly Daily PRN Daily | 9/17/92 |

Psychotropic Medications: (Rx prior to admit)

| Type | Dosage | Frequency | Start Date |
|-------------------|-------------|--------------------------|-------------------|
| <u>Imipramine</u> | <u>50mg</u> | <u>CONFIDENTIAL</u> | <u>Start Date</u> |
| | | <u>DO NOT REDISCLOSE</u> | |
| | | | |
| | | | |

DISCHARGE CRITERIA/AFTERCARE PLANS

Pt's verbalizations will reflect thinking processes oriented in reality.
Pt. will receive follow up tx - discharged to residential care facility.

JGM:

- 1 = TO CONTINUE ON M.T.P.
 2 = PROBLEM RESOLVED WITHIN 72 HOURS
 3 = DELETED

TRANSFERRED TO NPT:

Physician's Signature

R.N.'s Signature

000400

Sarah Renken
Sendi Smith 65

including Nursing Care Plan

1001460-5

Nursing Care Plan Formulated By: S. BENKE RN 12/11/74
 Date Nursing Care Plan Formulated: 7-15-92 DOB 12/11/74
 Date of Admission: 9-14-92 DR M. ALLIEN
 Anticipated Discharge Date: 9-24-92 AD # 09114192
 Program / Unit: ADOL - PSYCHE #50 DE #00-11-60

ADMITTING DIAGNOSES (DSM-III-R)

Axis I

PSYCHOTIC DISORDER NOSDYSTHYMIAOTHER SPECIFIED FAMILY CIRCUMSTANCES

Axis II

NONE

Axis III

NONE

CONFIDENTIAL

DO NOT REDISCLOSE

Axis IV score:

5

Axis V (GAF) score:

62 current 3PROBLEM
COD

- 3 - open, severe
 2 - open, moderate
 1 - open, mild
 R - Problem RESOLVED
 D - Problem DEPT (see explanation)
 X - Problem PRE-DE (see explanation)

| MASTER PROBLEM LIST (corresponding to Axis I) | | | Date Opened | PROBLEM STATUS | | | |
|--------------------------------------------------|---|------------------------------------------------|----------------|----------------|----------------|----------------|--|
| | | | <u>9/14/92</u> | <u>DATE</u> | <u>9/17/92</u> | <u>9/24/92</u> | |
| Axis I | 1 | <u>BIZARRE & UNUSUAL BEHAVIOR</u> | 1 | 3 | 2 | | |
| | 2 | <u>EXTREME RESISTANCE TO AUTHORITY FIGURES</u> | | 3 | 1 | | |
| | 3 | <u>OTHER SPECIFIED FAMILY CIRCUMSTANCES</u> | ↓ | 3 | 3 | | |
| Axis II | | | | | | | |
| Axis III | | | | | | | |
| Axis IV | | <u>Other Medical Problems</u> | <u>9/24/92</u> | - | 2 | | |
| | 4 | <u>Sinistis</u> | <u>9/24/92</u> | - | 2 | | |

TREATMENT PLAN

000401

INITIAL DISCHARGE PLANS (see progress notes for current status of discharge planning)

Discharge destination: home, residential facility, nursing home, etc:

PENDING PLACEMENT & DHS

After Care follow-up with:

PENDING PLACEMENT

Vocational/Occupational/Educational Plans:

FINISH GED REQUIREMENTS

Other Plans Following Discharge:

NONE

INVENTORY OF ASSETS, STRENGTHS, LIABILITIES & SPECIAL NEEDS

Present Strengths and Assets

- | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> support of family and friends | <input type="checkbox"/> motivated for treatment |
| <input checked="" type="checkbox"/> capable of insight into problems | <input checked="" type="checkbox"/> good social support network |
| <input type="checkbox"/> capable of independent living | <input type="checkbox"/> possesses technical/vocational skills |
| <input type="checkbox"/> leisure interests | <input type="checkbox"/> recreational interests |
| <input type="checkbox"/> sense of humor | <input type="checkbox"/> religious affiliation/support network |
| <input checked="" type="checkbox"/> good physical health | <input type="checkbox"/> education |

Liabilities and Special Needs:

Physical Handicap or Limitations:

None

Dietary Restrictions:

None

Sight, Hearing or Speech Impairments:

None

able to read and write? ☒ yes ☐ no

Open
CONFIDENTIAL

DO NOT REDISCLOSE

| Explanation of DEFERRED or RE-DEFINED Problems | | |
|------------------------------------------------|------------|-------------|
| Date | Problem #: | Explanation |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

000402

PROBLEM #:

Problem Title:

Age:

Nursing Diagnosis:

Bizarre & Unusual behavior

Diagnosis (DSM-IV): PSYCHOTIC DISORDER

INTEACTIVE INDIVIDUAL CARE

ECHOES, DANIE W

D.O.B. 12/11/74

D.A. V. GALLIEN

ADM. 09/16/92

MED. RE. #00-11-60

AS MANIFESTED BY (give examples):

Danien grabbed a peer & began to ~~cut~~ the blood out of his neck. He & his girlfriend had planned on having a baby, but then sacrificed the baby.

LONG TERM GOAL (Discharge Criteria):

Danien will demonstrate ability to refrain from bizarre & unusual behaviors during hospitalizations.

SHORT-TERM GOALS

1. Danien will identify dysfunctional thoughts & behaviors on his own for 3 consecutive days. 9-29

2. Danien will be able to identify 4 behaviors which have resulted in distress or unsuccessful results and present it in group. 9-29

3. Danien will demonstrate ability to consistently implement 3 skills to promote more effective & appropriate behavior over 5 consecutive days. 9-29

INTERVENTIONS

Frequency

CONFIDENTIAL

1. Date Added: 9-15 Date Deleted: 5 YRS

Danien will have individual therapy with physician, exploring & discuss his violent behavior, but had on family and others.

2. Date Added: 9-15 Date Deleted: 7 WK Under care Doctor Lison in group therapy, staff will teach Danien to recognize situations which provoke his behavior & unusual behaviors; help him learn how to interrupt these patterns of behavior.

3. Date Added: 9-15 Date Deleted: 2 WK Doctor Lison staff will assist Danien & significant others to identify & utilize methods to reinforce appropriate behaviors in Danien.

TREATMENT PLAN

000403

INTERVENTIONS (continued)

Frequency

Responsible Staff

Classroom

- 4 Date Added: 9/15/92 Date Deleted: Skully, Terina, BSE ED
Educational staff will monitor ~~his~~ behavior in the classroom and will confront him on the behavior if it is observed. Educational staff will discuss alternative methods of expressing feelings.
- 5 Date Added: 9/15/92 Date Deleted: ~~Skully~~ ^{Lauren} PRN Beverly Herron RN
Incidents will be observed by the class staff for only business situations. If it occurs, it will be immediately addressed & consequences.

6 Date Added: Date Deleted:

7 Date Added: Date Deleted:

CONFIDENTIAL
DO NOT REDISCLOSE

8 Date Added: Date Deleted:

TREATMENT PLAN

000004

PROBLEM # 2

Problem Title:

Age: 1

Diagnosis (ICD-9-CM):

Nursing Diagnosis:

E. HOLTS, DAMIEN W

32111/74

W. GALLIEN

M 09/14/92

MCH REC #00-11-60

AS MANIFESTED BY (give examples):

(address as group)

Damien was on probation for threatening his girlfriend's father. He threatened to kill his father; also threatened to eat him.

LONG TERM GOAL (Discharge Criteria):

Damien will develop the ability to deal & angry, resistant feelings in a non acting out manner that is non-aggressive towards others during hospitalization.

SHORT-TERM GOALS

- | | Target Date | Date Reached |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|
| 1. <u>Damien will exhibit a sustained decrease in volatile behaviors over a consecutive 5 day period as observed by personnel therapist</u> | 9-24 | |
| 2. <u>Damien will be able to verbalize the effect of their pattern of social interactions on others around them for 5 consecutive days</u> | 9-24 | |

INTERVENTIONS

Frequency

Responsible Staff

Location

- * 1. Date Added: 9-15 Date Deleted: 5XWK CONFIDENTIAL
Damien will have individual therapy & physician & therapist Damien to identify & avoid those unnecessary situations which seem to promote volatile or erratic behavior.
- * 2. Date Added: 9-15 Date Deleted: 7XWK Doctor 6445
Group therapy to Damien, providing opportunity for social interaction role playing teaching and more healthy & appropriate social interaction skills.
- * 3. Date Added: 9-15 Date Deleted: 2XWK Doctor 6445
Family therapy to Damien, focusing on teaching significant others & Damien in skills to maintain self control, and to promote more healthy interactions.

INTERVENTIONS (continued)

Frequency

Responsible Staff

Comments

4 Date Added: 9/15/92 Date Deleted: Forever Intervenor: ED
 Guidance staff will provide lunch breaks. Immediate consequences will be consequences and positive reinforcement for compliance with classroom rules.

5 Date Added: 9/15/92 Date Deleted: 6 wks Intervenor: M. Gough CRP
 Staff to provide social support. Develop a series of assignments.

6 Date Added: 9/15/92 Date Deleted: 6 wks Intervenor: Beverly Horn CRP
 Guidance staff will sit with students & provide support for attention. Because if it occurs, staff will allow pt to manipulate via angry feelings during safe times.

7 Date Added: _____ Date Deleted: _____

CONFIDENTIAL
 DO NOT REDISCLOSE

8 Date Added: _____ Date Deleted: _____

TREATMENT PLAN

000406

PROBLEM # 3

1001460-5

Pattern Title: OTHER SPECIFIED FAMILY CIRCUMSTANCES S. DANIEL M
 Age: 1 Diagnosis (ICD-9-CM): OTHER SPECIFIED FAMILY CIRCUMSTANCES 301.74
 History/Description: IMPAIRED FAMILY CAPING DR W GALLIEN
 AD # 09/14/92
 MED REC #00-11-60

AS MANIFESTED BY (give examples):

Danien threatened to kill his father, and subsequently father had him placed in juvenile detention center in Oregon

LONG TERM GOAL (Discharge Criteria):

Danien & his family agree upon placement in alternative living setting post discharge

SHORT TERM GOALS

- | | Target Date | Dis Pos |
|------------------------------------------------------------------------------------------------------------------|-------------|---------|
| 1. Danien will be able to verbalize feelings surrounding returning home to his group in group therapy by 9/24/92 | 9-24 | |
| 2. Danien will no longer demonstrate threatening behavior in family sessions for 3 consecutive family sessions | 9-24 | |

CONFIDENTIAL

INTERVENTIONS

Frequency

Responsible Staff

- Date Added: 9-15 Date Deleted: _____ 500 Ballie

Danien will have individual therapy - his physician discuss issues of anger & pain in relationships within the family
- Date Added: 9-15 Date Deleted: _____ TRUK Rein core Danien

Start with prompt discussions in group therapy & Danien on the subject of leaving the family and going to placement
- Date Added: 9-15 Date Deleted: _____ 24K Poston

Family therapy - Danien & significant others allow him to sort out his responsibility for chaos in the family and discuss the need for him to have more structure than the family can provide right now

TREATMENT PLAN

000407

INTERVENTIONS (continued)

Frequency

Personnel Staff

Dates

4 Date Added: 9-15 Date Deleted:

Daily, Beverly Hills, CA

Personnel staff will allow patients to talk about
the feelings involved with family and about
placement outside the home.

5 Date Added: Date Deleted:

6 Date Added: Date Deleted:

7 Date Added: Date Deleted:

8 Date Added: Date Deleted:

CONFIDENTIAL
DO NOT REDISCLOSE

TREATMENT PLAN

PROBLEM #: 4

1001460-5

Problem Title: Str. sinusitis

ECHOLS, DAYLEN W

Age: 3 Diagnosis (DSM-III-R): Str. sinusitis

D.B. 12/11/74

Nursing Diagnosis: potential for ineffective airway clearance 11-60
CCR/ sinusitis

PR W GILLER

AS MANIFESTED BY (give examples):

Sinusitis tender, coughing, low grade fever

(address a-graph)

LONG TERM GOAL (Discharge Criterion):

Pt will be free from sx of sinusitis in 10 days

SHORT-TERM GOALS

1. Pt will comply w medication
2. Pt will be relieved of any discomfort
3. Pt will not have impaired breathing

| Target Date | On file |
|-------------|---------|
| 9/30 | |
| 9/30 | |
| 9/30 | |

INTERVENTIONS

Frequency

CONFIDENTIAL

Responsible Staff

1. Date Added: 9/23 Date Deleted: TID DO NOT REDISCLOSE
Augmentin 250mg T PO BID x 10 days

2. Date Added: 9/23 Date Deleted: prn PRACER
Symptol II 4000 PO for fever/discomfort

3. Date Added: 9/24 Date Deleted: prn PRACER Nurs
Incentive Inhaler II Puffs q 40 prn coughing/wheezing

08-11-

INTERVENTIONS (continued)

Frequency

Responsible SLP

Date Added: Date Deleted:

Date Added: Date Deleted:

Date Added: Date Deleted:

Date Added: Date Deleted:

Date Added: Date Deleted:

CONFIDENTIAL
DO NOT REDISCLOSE

TREATMENT PLAN

000410

FCHOLS, DANIEL W
DOB 12/11/74
OR W GALLIEN
FPM 09/14/92
MED REC #00-11-6

9/14/92
Date: MED REC #00-11-60

TEAM MEMBERS PARTICIPATING IN THE FORMULATION AND REVIEW OF THE TREATMENT PLAN

~~CONFIDENTIAL~~
~~DO NOT BE REPRODUCED~~

* Areas of concentrated and education in progress none

000411

TAPPING WORK SHEET

DATE 9-17-92

Week #: 1

ENCLOSURE CAPTION M
C-9 12/11/76
DR W GALLIEN
ADN 09/14/92
MED REC #00-11-60

(addressograph)

INTERDISCIPLINARY REPORTS

Nursing Services:

on Imipramine 150mg + PO 8 HS - off unit restriction
started on Nicorette Gum 30min AL + HS.
making growling, sneaky sounds at peers
5 staff catching him. Depression exhibited.
StimulKa

Social Services:

Unusual behaviors centered around his occult
involvement. Using his experiences to arouse
interest in peers. Could be danger to others.
Dorothy L. M.W.

Recreation Therapy:

Therapeutic recreation assessment complete
See assessment for Symms goal and
interview. M. J. C. R. K.

Other Discipline:

Education - Attention to task good with little prompting
required. Compliant with staff. At appears depressed as
evidenced by sad flat affect + limited social interaction.
Glorifies celt behaviors with peers - possibly for attention
and shock factor. Kathleen BSE.

Psychiatrist:

See physicians progress note 8-17-92
DO NOT RE-ISCLOSE

CONFIDENTIAL

PROBLEM UPDATE:

Goal: Goals and interventions for family reported problems have been discussed at this meeting. Please refer to the Master Treatment Plan for more problems reported.

Problems Added, Resolved, Deleted (listing reasons) or Re-Defined at this date:

no change

SHORT-TERM GOAL UPDATE:

Short-Term Goals Added, Achieved, Deleted or Revised at this date:

no change

INTERVENTIONS UPDATE:

Interventions Added, Deleted, Modified or Revised at this date:

CONFIDENTIAL
DO NOT REDISCLOSE

no change

DISCHARGE PLANNING UPDATE:

*9/25/92 possible d/c date
to probation officer.
possible training school at d/c.*

INTERDISCIPLINARY TREATMENT TEAM
UPDATE AND REVIEW MEETING

TAPING WORK SHEET

9/24/92

Week of: 2

1001460-5
SCHOLZ, DANIEL W
DDR 12/11/76
DR W GALLIEN
ADM 09/14/92
MED REC #00-11-60

INTERDISCIPLINARY REPORTS

Nursing Services:

Sinusitis - Augmentin 250mg i po TID PO X 10 Days
Proventil Inhaler 2 Puffs PRN Coughing/Wheezing
Continues on Imipramine 150 qHS for Depression
which improved this week. Less attention-seeking
past 3 days. *Stanette R. Dace*

Social Services:

ABLE TO DISCUSS THE NEGATIVE CONSEQUENCES OF
HIS DEVIANT BEHAVIORS. PLANS TO INVOLVE MEMBERS UNTIL
AGE OF MAJORITY. WILL LIVE 2 STEP DAD IN WEST
MEMPHIS, AR.

Behavior Therapy:

Daniel participates in all scheduled TK
GRP - compliant in program
CONFIDENTIAL

Classroom:

Education - Attention to task DO NOT REDISCLOSE
prompting required. It frequently sleeps and/or daydreams in
class. It has been making growling sounds in class. It is
compliant with educational staff. Kathleen Ferrera, BSE.

SEE PHYSICIAN'S PROGRESS NOTE 9/24/92

C. [Signature]

000414

Change in Diagnosis? yes no

Principal Diagnosis:

PROBLEM UPDATE:

Notes Goals and Interventions for newly opened problems have been discussed at this staffing. Please refer to the Master Treatment Plan for new problems entered.

Problems Added, Removed, Deferred (Being reviewed) or Re-Defined at this date:

NIO CHANGE

SHORT-TERM GOAL UPDATE:

Short-Term Goals Added, Added, Deleted or Revised at this date:

NIO CHANGE

INTERVENTIONS UPDATE:

Interventions Added, Deleted, Modified or Revised at this date:

NIO CHANGE

DISCHARGE PLANNING UPDATE:

CONFIDENTIAL
DO NOT REDISCLOSE

9/28/92 D/C DATE. WILL LIVE W/ STEP FATHER
WEST MEMPHIS AREA.

000415

TREATMENT PLAN - UPDATE & REVIEW SUMMARY

1001450-5

STAFF, CIVILIAN W
 10/12/11/74
 10/12/11/74
 10/12/11/74
 10/12/11/74
 10/12/11/74

Page Two

VED 11-60

9. Mental Status-Upon discharge, patient exhibited improvement in these areas:

| | NO | YES | N/A |
|-------------------------------------------------------|---------|-----|-----|
| A. Active participation in RT and Group Activities | — | ✓ | — |
| B. Increased eye contact | — | ✓ | — |
| C. Increased expressions of positive feelings | — | ✓ | — |
| D. Increased interest in personal grooming | — | ✓ | — |
| E. Increased awareness of self | — | ✓ | — |
| F. Increased awareness of reality | — | ✓ | — |
| G. Increased decision making ability | — | ✓ | — |
| H. Diminished somatic complaints | — | ✓ | — |
| I. Maintenance of interpersonal relationships | — | ✓ | — |
| J. Positive progression of affect | — | ✓ | — |
| K. Communications thoughts/feelings with staff | — | ✓ | — |
| L. Controls behavior in acceptable manner | — | ✓ | — |
| M. Better prepared to establish personal goals | — | ✓ | — |
| N. Increased awareness of Disease process | — | ✓ | — |
| O. Awareness of the Relapse process | — | ✓ | — |
| P. Implemented a relapse prevention plan | — | ✓ | — |
| Q. Developed a continuing care plan | — | ✓ | — |
| R. Utilizing support groups | — | ✓ | — |
| S. Improved communications with family | — | ✓ | — |
| T. Food and Drug Interaction Teaching Sheet given | — | ✓ | — |
| U. Patient or Guardian verbalized understanding | — | ✓ | — |
| V. Patient or Guardian's Signature <i>Jack Echols</i> | — | ✓ | — |
| RN Signature <i>Sandi Garrett La</i> | — | ✓ | — |
| Date | 9-28-92 | | |

CONFIDENTIAL
 DO NOT REDISCLOSE

000416



1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

Tanner Echols
1001450-5

ECHOLS, DANIEL W

009 12/11/74

DR W GALLIEN

ADM 09/14/82
MED REC #00-11-60

PHYSICIAN'S
PROGRESS NOTE

D-0546

AF-ASSESSMENT

R-PLAN

| DATE | SUB- FILE | TME. | PROBL. NO. | PAGE | PLAN |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|---------------|------|------|
| 7/5/68 | | | | | |
| <u>Adoptive Klotz (cont.)</u> | | | | | |
| Damian is reportedly "hard-headed" to kill his father & also threaten to eat him. Damian denies this. Damian's account is somewhat called as "black sun" Vampire". The word vampire is used for a vampire. It is said that he is charged by other persons who are afraid of him. | | | | | |
| (1) Post Psychiatric Hx: | | | | | |
| Unstable | | | | | |
| St Vincent's Hosp. | | | | | |
| North York N.Y. | | | | | |
| None | | | | | |
| Post Personal Hx | | | | | |
| See Section of Report | | | | | |
| None | | | | | |
| See Drafted Report | | | | | |
| T/FH | | | | | |
| 1. Bizarre & unusual behavior (blood sucking) | | | | | |
| 2. depressed mood | | | | | |
| 3. Threatening others | | | | | |
| W.D. Dx: | | | | | |
| Axis I: Psychotic Disorder, NOS | | | | | |
| Dysthymia | | | | | |
| Other Specified Form | | | | | |
| Repts None Hx None | | | | | |
| Hx None Cnd S. Axis One Controlling | | | | | |
| (CND) was | | | | | |

000472



1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Christus Medical Corporation family of quality health care facilities.

ADONIS-0001-9004(2001)0000-0000

Dannor Echols

ECHOLS, DANIEL W
DOB 12/11/76
GR W TALLIE
ADM 09/14/92
MED REC #0011-60

**PHYSICIAN'S
PROGRESS NOTES**

NOTES

[illegible]

Robert M. O'Connell

L. Allen

See dictated letter

2705

F-100 down

Arachnoid

[Signature]

Le. pulch.

~~CONFIDENTIAL~~
~~DO NOT REDISCLOSE~~

000419



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Marmelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001460-5

ECHOLS, DANIEL W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
ADMISSION DATE 00-11-60

PHYSICIAN'S PROGRESS NOTES

D. FORM

ASSESSMENT

NOTES

PLAN

| DATE | DISC. PLANE | TIME | PROBL. NO. | NOTES | PLAN |
|---------|-------------|------|------------|----------------------------------------------------------------------------------|------|
| 9/16/92 | | | | 13 y/o with Admitted to Dependent + Behavior Disorder. No Physical No now. | |
| | | | | Small Res. Nodules. Parity the Problem | |
| | | | | 16. Admit - 100% with ENT mucus | |
| | | | | Hemorrhagic (red) | |
| | | | | Low Uterus | |
| | | | | Red NT | |
| | | | | 60 M | |
| | | | | 16. 100% chest | |
| | | | | Acne | |
| | | | | 37. 100% Admitted Active by the | |
| | | | | Active | |
| | | | | Signature by the | |
| | | | | 38. Agree to Admit / with Symptomatic Ngt Active. More Signatures | |

CONFIDENTIAL

DO NOT RE-RELEASE

000420



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001460-5

ECHOLS, DAMIAN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC #00-13-80

ADDRESS ONLY PLEASE

Damian Echols

PHYSICIAN'S PROGRESS NOTES

B - DATA

A - ASSESSMENT

C - PLAN

DATE TIME PROBL NO.

NOTES

9/16/92
Damon has been quite helpful and has not been disruptive or disrespectful of the hospital rules. He has a "I'm just a person with a problem" attitude. He has been cooperative and has not run away again. He has agreed to come to the hospital for a follow-up appointment. He has agreed to come to the hospital for a follow-up appointment. He has agreed to come to the hospital for a follow-up appointment.

Attendance:

He has been attending the program.

9/17
Damon showing signs of improvement. He wants to know what he has to do to stay longer. He wants to be where people like him are. He feels intimidated by Damian's staff.

W.B. Gallien

CONFIDENTIAL

DO NOT RE-USE

000421



1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Ochsner Medical Corporation, a network of quality health care facilities.

1001460-5

ECHOLS, DARIEN W

008 12/11/74

DR W GALLIEN

ADM 09/14/92

MED RES. 403-4546

NEOTECTONIC MAPS PLATE

156-403-4346

PHYSICIAN'S
PROGRESS NOTES

~~CONFIDENTIAL~~

D - DATA

DO NOT REDISCLOSE

| DATE | DISC- PLINE | TIME | PROB- NO. | NOTES | P-PLAN |
|---------|----------------|------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 9/18/70 | | | | <p>DO NOT REDISCUSS</p> <p>Damien wages actually quite pleasant. He smiled for the 1st time. Damien says he is sleeping well during the night. He is not discussing treatment issues.</p> <p>UBCville</p> | |
| 9/18/70 | | | | <p>Damien is reportedly "too shy" to "peer and" "give" "wouldn't" "take" "up". Damien has been "happy" "engaging" "minimally" in the group. He does not interact 2 peers.</p> <p>Damien denies that he would "hurt" anyone.</p> <p>UBCville</p> | |
| 9/18/70 | | | | <p>Damien has been appropriate over the unit. He has no elevated temp. He also has burning eyes. He is allergic to his medication. Plan: Med conquest for unit.</p> <p>UBCville</p> | |



1504 Murphy Drive • Murfreesboro, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001460-5

ECHOLS, DANIEL W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC #00-11-60

ADDRESSOGRAPH PLATE

PHYSICIAN'S
PROGRESS NOTES

DATA

ASSESSMENT

NOTES

THE PLAN

[illegible]

D: Damien said he was hurt well. He described a fight that he was per hat. He did admit that he hit the person.
A: Damien appears fine. He says d. She said she was shot 90 ft. back. According to what they fight was finished by another person.
D: I'd today are planned follow up & info
Up call.

~~CONFIDENTIAL~~
~~DO NOT REDISCLOSE~~

000424



1501 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

Damien Echols

ADDRESSOGRAPH PLATE

1001460-5

THURSDAY 12/11/74
ALL 11:54
70/114/70
-17-

PROGRESS NOTES

D - DATA

A - ASSESSMENT

P - PLAN

| DATE | DISC- PLINE | TIME | PROBL NO. | NOTES |
|---------|----------------|------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1/12/75 | RD | 1930 | admit | Pt admitted by court order to Ad- lescent Unit. Pt is allergic to dogs, cats, trees, grass, pollen, bees, wasps. Pt was in detention in Jonesboro for violating his probation by threatening to kill his father. Damien began to suck another resident's blood from a cut on his wrist while in the Detention Center. Pt has been hospitalized @ Charter Ingune '92. Damien also threatened to kill his dad & eat him. Pt is cooperative. No somatic complaints. R Baker RN |
| 1/15/75 | RD | 0800 | N/A | 1) Slept all night. 5% on 7 30-min checks. Remains on unit restriction. CONFIDENTIAL 2) uninterrupted sleep (Baker) 3) Continue to observe, assess, & formulate plan of care. CONFIDENTIAL R Baker RN |
| 1/15/75 | RD | 0800 | N/A | Complaints of blood drawn for fasting Adm Lab & urine specimen obtained for UA & UGS. R Baker RN |
| 1/15/75 | RD | 1100 | 13 | GROUP NOTE - Quiet individual, input Spoke when spoken to only. Spoke when a call in session occurred. "Oh yes, know why I'm here... I heard about the Miami River... it's matter of fact, that he controlled affect moments when it was clear continued (Baker) RN |

000425



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-4300
A member of the Charter Medical Corporation family of quality health care facilities.

1001450-5

ED 1124 TAYLOR W
DA 12/11/75
DA W TALLEY
ADY 12/11/92
PED 45 102-11-60

ADDRESSOGRAPH PLATE

CONFIDENTIAL

PROGRESS NOTES

DO NOT RED. EXPOSE

D - DATA
A - ASSESSMENT
P - PLAN

| DATE | DOC. | TIME | PROBL. | NO. | NOTES |
|---------|------|------|--------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | continued Darren was laughing & giggling in response to structure report. P. content negative behavior praise given appropriate intervals to observe and document behavior. |
| 1/9/92 | RV | 1600 | | | Disruption some neg. behavior in group. This con. what did result in him apologizing to stop member leading group. Disruptive behavior, first effect Disrupt on behavior - 1st. |
| 1/10/92 | RV | 1600 | | | Disrupt exhibiting some socially behavior making fun of peers. Growing more. 2nd effect A) sneaky behavior B) Cont HTP R Darren |
| 1/10/92 | RV | 1600 | | | Disrupt all night 3% on 20 mins checks A) appears to have slept well B) continues to formulate TR plan. S. Baken en Remains on unit restriction. - S. Baken RV |
| 1/10/92 | RV | 1600 | | | Disrupt through 9:00 PM - S. Baken RV |
| 1/10/92 | RV | 1600 | | | Disrupt is a 17 year old white male, admitted to Unit 3 for Depress and unusual behavior. At staff completed therapeutic session assessment. See assessment for summary goal and intervention. At staff will cont to support and monitor behavior. At songs, blues, and activities daily. Mark Carlson. |

000426

1001460-5

CHIEF, NICHOLSON W
R 12/11/74
W ALLISON
R 12/14/74
R 12/11-60

ADDRESSOGRAPH PLATE

PROGRESS NOTES

DO NOT RELENGE
DATA
ASSESSMENT
PLAN

| DATE | TIME | PROB. NO. | NOTES |
|----------|------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11/15/74 | 1400 | 9/15 | His Hx has been dictated as of this date 9/16/74. D-Belief in devil worship, and such blood, has agreed to threatening to "kill" others (particularly male authority figures) A-universal belief system. Bizarre behaviors. Matter of fact. No apparent fear of Death yet. Stated he had attempted suicide before, and "was not worried about trying again because I know I can come back." P-Dictate. Locate alternative placement of residential nature. (Norton LMSU) |
| 9/17/74 | 1415 | 1,2 | D-Poor eye contact, low voice tones - peers complaining of demonic making growling sounds at them, but staff could not hear him - This was also reported by evening shift yesterday. A-Bizarre behavior/Depressed mood P-Continue to develop MTP - Hammett |
| 11/14/74 | 1400 | 1 | Parents did not attend parent support group (Norton LMSU) |
| 11/14/74 | 2000 | 2 | D) Compliant & staff. Good peer interaction. Little eye contact. A) No bizarre behavior noted this pm P) Can + MTP — R Dracern |

000427

1001450-5

SCHLES, TAYLOR M
DOB 12/11/74
DR M TALLER
ADM 09/14/92
MED SET #10-11-60

ADDRESSOGRAPH PLATE

PROGRESS NOTES

D = DATA

A = ASSESSMENT

P = PLAN

| DATE | DOC PLANE | TIME | PROB. NO. | NOTES |
|---------|--------------|------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9/17/92 | RV | 0600 | 1,2 | 1) Slept all night 5% on 30 mins checks 2) uninterrupted sleep pattern 3) Continue plan of care — J. Baker RV |
| 9/17/92 | RV | 1130 | 1,2 | 1) ER #12 SOURCE CONTACT — spoke with JERRY SLOAN, M.D. + discharge orders and will attempt to locate residential tx for Dennis. otherwise pt. may return to juvenile institution & possible returning school placement, due to violation of probation. (Dennis inside) |
| 9/17/92 | RV | 1300 | 1,2 | 1) Continue to make house rounds around peds, but where staff can't hear him — Continuing R/R of Satanism to peds. (Dennis inside) Contact Low profile, low profile H - Depressed mood & bizarre behavior P - Continue MTP — J. Baker |
| 9/17/92 | RV | 2130 | 1 | 1) Encouraging inappropriate behavior, such as making strange noises, very quiet, cooperative & staff. (Dennis inside) mood P) Cont MTP — J. Baker |
| 9/18/92 | RV | 0600 | 1,2 | 1) Slept all night 5% on 30 mins checks 2) appears to have slept well 3) Continue plan of care — J. Baker RV |
| 9/18/92 | RV | 0900 | | Conduct through 9/27/92 — J. Baker RV |
| 9/18/92 | ED | 1450 | 1,2 | 1) ER #12 SOURCE CONTACT — spoke with JERRY SLOAN, M.D. + discharge orders and will attempt to locate residential tx for Dennis. otherwise pt. may return to juvenile institution & possible returning school placement, due to violation of probation. (Dennis inside) |

000428



CHARTER HOSPITAL OF LITTLE ROCK

1501 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001460-5

DATE: 12/11/79
W
TALL: 5'9"
DOB: 09/16/59

ADDRESSOGRAPH PLATE

11-60

PROGRESS NOTES

CONFIDENTIAL

DATA

ASSESSMENT

P-PLAN

DO NOT REEVALUATE

| DATE | PROG- FILE | TIME | PROB. NO. | NOTES |
|------|---------------|------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11/6 | ED | 1450 | 1,2 | could, "Stimulating" dancing and music. Impulse activity. W. H. V. completed in the classroom. Will continue to monitor red "T" on one side to "Stimulating" behavior. |
| 11/6 | RN | 1530 | 1,2 | D. continues laughing strangely and getting peers to look into his "stomach". One eye contact - tries to keep staff from seeing him do anything other than what's appropriate according to unit guidelines. A - Sneaky Behavior / Depressed mood Bizarre behavior P - Continue to observe closely - Continue MTP - <u>Sandi Barnett RN</u> |
| 11/6 | RN | 0700 | 1,2 | D) slept all night 5% in 90 mins. checks A) uninterrupted sleep pattern P) continue plan of care - <u>S. Barker RN</u> |
| 11/6 | RN | 2100 | 1 | D) PE cooperative & staff. Good peer interaction A) Compliant Behavior P) Cont MTP - <u>K. DACE RN</u> |
| 11/6 | CON | 1530 | 1,3 | WEEKLY EBM + DRUG EDUCATION + AWARENESS GROUP NOTE: Damon attended 4/5 groups this week. He was observed on numerous occasions staring at the ceiling, "faint space" when he was exhibiting this behavior & when he was prompted by staff to stay focused, he would then act like he was very startled, as if "jolted" back into the group proce. Damon observed on different occasions not being conscious or aware of things that were going on around him. Estimated that other 1/2 was little emotional response. |

000429

1001460-5

STUDY: CIVIL W
CIR 12/11/74
ADDRESS: PLATEAU LIEV
APR 01/14/75
MAY 01/14/75

PROGRESS NOTES

D = DATA

A = ASSESSMENT

P = PLAN

| DATE | DISC- PLINE | TIME | PROB- NO. | NOTES |
|--------|----------------|------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1/9/75 | CSH | 1630 | 1, 2 | (Cont) He would only participate minimally when prompted or questioned by me. There is no initiative on his part to work on the issues or understanding pathology. My observation is he is "biding" his time due to avoid being incarcerated in jail. He in fact did mention that he was happy to be here because otherwise he would be in jail & this has to be better" D. Reed - CSH |
| 1/9/75 | RN | 1400 | 1 | Hammer did not participate in any activities in the gym. He sat alone & often mumbled to himself & staff & peers, some bizarre behavior - B.H. 2! |
| 1/9/75 | RN | 0600 | 1, 2 | Awake behavior prior to bedtime - interesting w/ill-c make pass - sleep at 7:30 minute check - Salt ranch, RN |
| 1/9/75 | RN | 1600 | 1 | Sneaky looking behavior today - whispering to peers - "bitch" for MTP different reason - MTP |
| 1/9/75 | RN | 0600 | 2 | Awake behavior prior to bedtime - interesting w/ill-c make pass - sleep at 7:30 minute check - Salt ranch, RN |
| 1/9/75 | RN | 1300 | 1 | D) Cued for loud attention-seeking behavior whispering to peers, then grinning and rolling eyes when confronted by staff - Making growling sounds. A) Bizarre sneaky behavior continued. P) Continue MTP & Salt Ranch RN |

000400



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphree Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Hospital Corporation family of quality health care facilities

1001450-0

STATION, CAMDEN W
12/11/74
72 W ALLISON
ADM 09/14/72
XED 00-000-11-60

ADDRESSOGRAPH PLATE

PROGRESS NOTES

D = DATA

A = ASSESSMENT

P = PLAN

| DATE | DISC. PLANE | TIME | PROB. NO. | NOTES |
|----------|-------------|------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12/11/74 | 1000 | 1000 | | DISCHARGE PLANNING TO SPEAK WITH NATURAL MOTHER MRS. HUTCHINSON IN OREGON THIS MORNING 9/21/74. DISCUSSED PLANS TO HAVE DALLIAN LIVE & STOP FATHER JACK ECHOLS @ DISCHARGE. CONTACTED RE FOR JACK ECHOLS LEFT MESSAGE REQUESTING HIS RETURN CALL. DISCUSSED & DALLIAN THESE PLANS. ARRANGEMENTS WERE MAKING TO PATIENT. PATIENT ALSO STATED HE WOULD NOT CONTINUE HIS ADOPT BECAUSE @ DISCHARGE. "I JUST WANT TO LIVE". A- PLAN BEET & PERIODS OF HONOR AND SMILES WHICH WERE APPROPRIATE TO ADVERSEMENT. P- CONTACT JACK ECHOLS TO ARRANGE T.C. (UNSUB) |
| 12/11/74 | RN | 0130 | 1100 | D) I lat affect. SECRET IDENTICAL GROUP PERIODS. COOPERATIVE TO SECRET INTERACTS WILL DO SECRET ON TV ISSUES PRESENT MTP - 2/2/74 |
| 12/11/74 | RN | 0600 | 1,2 | 1) slept all night 3% on 3:30 min check 2) appears to have slept well 3) continue plan of care - 2/2/74 |
| 12/11/74 | 1000 | 1000 | | DISCHARGE PLANNING - spoke with Jerry Deaver this date concerning all on 9/22/74 to stop father Jack ECHOLS stated this was O.K. (UNSUB UNSUB) 000431 |



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation (a division of quality health care systems)

1001450-5

740.5. 121211 W
4 12/11/74
2 W 12/11/74
12/11/74
12/11/74

ADDRESSOGRAPH PLATE

PROGRESS NOTES

D = DATA

A = ASSESSMENT

P = PLAN

1442

| DATE | DISC. PLANE | TIME | PROB. NO. | NOTES |
|---------|-------------|------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9/22/80 | 1000 | 12 | | Group 1442 D - no participation this date. A - auditory negatives. Seemed disturbed as he sighed heavily, rolled eyes and did not pick up. P - praise and encourage. (Donon MSN) |
| | | | | addendum This worker will continue to place calls to Jack Enoch to discuss discharge arrangements (Donon MSN) |
| 9/22/80 | 1300 | 1 | | D) Quiet affect, poor voice tones, poor eye contact - sighs often, sometimes raising eyes at peers. A) Depressed mood P) Continue MTP - Sandi Gantner |

~~CONFIDENTIAL
DO NOT REDISCLOSE~~

000432



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Mammelle, Arkansas 72113 • (501) 551-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1501947-5
ST-100, PAVEN W
CER 12/11/74
CR # 041154
ADM 09/16/92
REN RE 700-11-60

ADDRESS ONLY

PROGRESS NOTES

CONFIDENTIAL

DW DATA

ASSESSMENT

P-PLAN

DO NOT REDISCLOSE

| DATE | TIME | TYPE | PROG. NO. | NOTES |
|---------|-------|------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9/23/92 | 12:00 | 1 | | 1) That all night 3% on 9:30 mins checks 2) uninterrupted sleep return 3) continue to plan — of Baker Rd |
| 9/23/92 | 12:00 | 12 | | DISCHARGE PLANNING. SPOKE WITH JACK ECHOLS TO CONFIRM 9/28/92 DISCHARGE. THIS WORKER REQUESTED MR ECHOLS CONTACT TERRY DRIVER PROBATION OFFICER TO DISCUSS PLANS. THIS WORKER CONTACTED TERRY DRIVER TO DISCUSS PLANS. (Baton Rouge) |
| 9/23/92 | 12:00 | 14 | | 1) C/o feeling bad (was started on Augmentin for sinusitis) Temp 99.2 - Placed on Bedrest for today - Soup and sandwich for lunch (at approx 1/2) Good eye contact, low voice tone. A) Depressed mood / Sinusitis P) Continue MTP - Sandi Smoller T) continue to plan on a schedule TK 9:00 - 10:00 sent to machine Mammelle from 10:00 to full day in steps car built - still unit sent to TK plan and unfamiliar - still will in coming plan |

000433



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Mableton, Arkansas 72113 • (501) 661-6280
A member of the Charter Medical Corporation family of quality health care facilities.

1001440-5

DATE: 12/11/74
BY: M. ALLEN
AD: 02/11/72
ED: 02/11/74

ADDRESSOGRAPH PLATE

PROGRESS NOTES

CONFIDENTIAL

DO NOT REDISCUSS
D - DATE
A - ASSESSMENT
P - PLAN

| DATE | DISC. FILE | TIM | PROB. NO. | NOTES |
|----------|------------|------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12/11/74 | RN | 2:00 | 2 | 1) Pt quiet this evening. Little interaction & pers. (10) feeling like he hates me is feeling better. A) Depressed mood. Intensity 2) ECCT INT P |
| 12/11/74 | RN | 2:00 | 1,2 | 1) slept all night 3 1/2 hrs on 30 mins check A) appears to have slept well P) continue IR plan — Y Rubin RE |
| 12/11/74 | RN | 2:00 | 1 | D) No bizarre behavior. Focused about new pers on unit who had come from previous admission. Good interaction A) Less depressed P) Cont INT P KIDACRN |
| 12/11/74 | RN | 0600 | 1,2 | 1) slept all night 3 1/2 hrs on 30 mins check A) uninterrupted sleep pattern P) continue plan of care — Y Rubin RE |
| 12/11/74 | RN | 0800 | | 2) 1/2 difficulty breathing. Patient chest pain, says he feels like he can't get enough air. Skin color good, warm, dry to touch. Respirations 16, shallow, uneven. T-99.4 P-108, regular B/P 140/78. Received Parental inhaler in puffer per A - beginning of another attack - favorable. D - monitor (respirator). Pt reports feeling better at returned to group — Y Rubin RE |

000434

CHARTER HOSPITAL OF LITTLE ROCK

1601 Murray Drive • Maumelle, Arkansas 72113 • (501) 891-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001450-5

DATE: 12/11/92
BY: M. GALLIEN
N/A 12/11/92

ADDRESSOGRAPH/PLATE 261 500-11-60

PROGRESS NOTES

CONFIDENTIAL
D - DATA
A - ASSESSMENT
P - PLAN
DO NOT REDISCLOSE

| DATE | DISC. PLANE | TIME | PROBL. NO. | NOTES |
|----------|-------------|------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12/11/92 | ED | 1345 | 17 | Weekly educational summary: Pt attended school this day this week. Attention to task was poor to poor with much prompting required. Pt demonstrates frequently and talks to peers instead of working. Pt is still growing in class to get peer attention. Still making unusual drawings and poetry. Pt is compliant with educational staff. Will continue to monitor and work on goals per Triplan, Kathleen Jarvin, BS. |
| 12/11/92 | RW | N/A | 15 | D - Late Entry for 9/24/92 Temp 99.0, pale "I feel a little better but not well enough to go to group" Allowed to remain in bed - had light lunch then joined in activities sluggishly - Poor eye contact remains A - Simultaneous Improving (Regression) (Continues) P - Continue to monitor - Wanston |
| 12/11/92 | BS | 2100 | 1 | D) GAIT affect Head pier situation Compliant & strict No punitive complaints A) Depression P) Care MTP R. Bruce RN |
| 12/11/92 | RM | 1345 | 17 | 1) Spent all night in bed 9:30 am. 2) Restful sleep for night 3) cooperative with plan of care Chambers |
| 12/11/92 | RW | 1345 | 2 | A) Non socialization still in place. Rules to peers about "entry back" (implied) + "I don't want to be like you." N. Smith RN, P. Smith RN, M. Smith RN |

000435



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-6700
A member of the Charter Medical Corporation family of quality health care facilities

2001957-5
FACILITY: CHARTER H
CITY: LITTLE ROCK
STATE: AR
ADM: 12/14/92
MED REC: 11-60

ADDRESSOGRAPH RATE

PROGRESS NOTES

O - DATA

A - ASSESSMENT

P - PLAN

| DATE | DOB- PLAN | TIME | PROBL NO. | NOTES |
|-----------------------------------|--------------|------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12/14/92 | RN | 0630 | 1,2 | Pleasant and cooperative on evening - did notion to peer there were certain things he was not permitted to discuss. Rested - eyes closed at 3:30 thirty minute checks. — Daily fresh RN |
| 12/14/92 | RN | 1118 | | He participated - all eye patient. integrated - some night's inappropriate topic of discussion focused on O/C. — J. L. Oshe RN |
| 12/14/92 | RN | 1610 | 1,2 | 1 talked to mother on the phone this evening - eager for his discharge - resting - eyes closed at 3:30 thirty minute checks. — Daily fresh RN |
| 12/14/92 | RN | 1445 | 1,2 | D - O/C'd home to step Dad Jack Echols & R4 of Imprisoned / Bong pg 4 HS - all valuables / Belongings returned, including money locked in safe \$48.62. See Nursing Discharge Summary Teaching sheet for further Data. — affect bright A - B/c'd to uncle P - Live & step Dad in West Memphis, AR Sandra [unclear] |
| CONFIDENTIAL DO NOT RE-ENCLOSE | | | | |

000436



1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

PHYSICIAN'S ADMISSION ORDERS

1001450-5

RECEIVED
D 3 12/11/92
DR W. B. GALLIEN
ADM 12/11/92
VEN 12/11/92

ADDRESSOGRAPH PLATE

Danica Echols

Date: 9-7-92 Time: 1530

- Admit/Transfer to Charter Hospital Admission Psychiatry Services of Dr. Gallien
- Provisional Diagnosis: (Axis I) Psychotic Disorder Not Otherwise Specified
- Medical Diagnosis: (Axis II) _____
- Allergies: Dogs, cats, trees, grass, pollen, bees wasps
- Condition: _____
- Admission Status: () Voluntary () Involuntary () 72 hour hold () court order
Diet: () Regular () Other: _____
- Privileges: () Hospital () Grounds () Unit Restrictions
- Observations/Precautions: () Usual () Elopement () One:One
() May progress through level system per program guidelines
() Suicide () Close Observation () Seizure
Level: () Other: _____
- Vital Signs: () Daily () Other: on admission, then weekly
- Weight: () Routine () Other: _____
- Lab: () U/A () RPR () CBC () Serum HCG () Chem 24
() Chem 18 () T3 T4 T7 () TSH () ESR
() Urine Drug Screen () Other: _____
- Diagnostic Procedures: () EEG () EKG () CXR () CT Scan of Head
Other: _____
- Consultation: () H & P () Psychological Testing/Evaluation
Neuro Psychological Testing
- Therapeutic Activities/Privileges: () Limitations in Activity Therapy
() Limitations in Milieu
- Treatment Modalities:

| | | |
|-----------------------------------------------|--------------------|------------|
| Individual (with <u>Dr. Gallien</u>) | 5 | x per week |
| Family Thy (with <u>Dr. Gallien</u>) | 2 | x per week |
| Education Seminars (with <u>Dr. Gallien</u>) | 5 | x per week |
| AA, NA, OA, EA | | x per week |
| Multifamily Group (with <u>Dr. Gallien</u>) | | x per week |
| Expressive Therapy (RT: _____) | | x per week |
| (OT: _____) | | x per week |
| (Ropes course: _____) | | x per week |
| Marital/Couples Thy (with _____) | | x per week |
| Group Therapy: Type: <u>Dr. Gallien</u> | | x per week |
| | <u>Dr. Gallien</u> | x per week |
| | <u>Dr. Gallien</u> | x per week |
| | | x per week |
| | | x per week |
| | | x per week |
- Medications: _____

CONFIDENTIAL
DO NOT REDISCLOSE

Nurse _____ Date/Time _____

11/11/92 9/15/92 @ 0205

T.O. Dr. Gallien / Dr. Wilson / Dr. Metten
W. B. Gallien
Physician's Signature _____ Date/Time _____
000437

1001460-5

ECHOLS, DANIEL W

DOB 12/11/74

DR W GALLIEN

ADM 09/24/92

MED REC #00-11-60

DATE

ALLERGIES

Dogs, cats, trees, pollen, bees, wasps, grass

9/16 Trimipramine 150mg 2 po q 12 h 2 d/c rest instructions
W.B. Cullen9/16 Michael St gum 30 mins after meals
& he. W.B. Cullen9/16 D/c Unit Restriction
V.O. Dr. Hadden / min. 5 min W.B. Cullen
noted @ 1300 on 9/16/92 Starnett Rm W.B. Cullenchecked 9/17/92 @ 0125 St. Anken RV
240 clat clock 9-20-92 0210 bail 7 arch, RN
240 clat clock 9-20-92 2345 bail 7 arch, RN9/22 Med Conquest res: Trinitary Base
& P'laq Kemp. CONFIDENTIAL
W.B. CullenStarnett Rm @ 1600 on 9/22/92 RECEIVED9/22/92 Argument 260mg 2 po tid pc begin now x10d
52p Plavix 100mg
iprbs q 40 pm cautious
or 100mg W.B. Cullen

R Dace RN 9/22/92 1800

checked 9/23/92 @ 0210 St. Anken RV

1001460-5
 CHARTER HOSPITAL OF LITTLE ROCK, AR 72116
 MAUMELLE, AR 72116
 PHYSICIAN'S ORDERS

DOB 12/11/74
 DR W. GALLER
 ADM 09/14/92
 MED REC #00-11-68

| DATE | ALLERGIES |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9/12/92 | -Dogs, cats, tree pollen, grass, bees, wasps Tylenol PRN 94-60 PRN. V.O. Dr. Gallen / R. Decker RN (C. [initials]) R. Decker 9/22/92 Checked 9/23/92 @ 0210 St. Rinken RN Med. checked 9/26/92 @ 0800 [initials] 240 chest check 9-27-92 0405 Soil & trench, RN 240 chest check 9-28-92 0245 Soil & trench, RN 9/28/92 Discharge to Step-Father Medication: Imipramine 150mg T po qhs Axis I Psychotic, Delusional NOS Dysthymia Axis II none Axis III none Axis IV Code 5 Axis V CAF 60 Aftercare to be arranged by T. Decker V.O. Dr. Gallen / mid. Decker RN. noted @ 1000 on 9/28/92 WBC [initials] CONFIDENTIAL NOT REDISCLOSE |

CHARTER HOSPITAL OF LITTLE ROCK
 Maumelle, AR

**ROUTINE MEDICATION
 ADMINISTRATION RECORD**

1001450-5

TABLET, 100mg
 12/11/74
 DR. W. COLLIER
 02/14/92
 V. REF. 1-60

Damien Echols
PHARMACY PATIENT PROFILE

DIAGNOSIS:

Psychotic Disorder

ALLERGIES:

dogs, cats, trees, grass, pollen, bees, wasps

SPECIAL DIRECTIONS:

Received by:

Checked by:

Weight: *168*

Height: *6'8"*

| PT | MED | REVIEW | START | STOP | MEDICATION STRENGTH · ROUTE · FREQUENCY | DATE TIME | 4/14 MON | 4/15 TUE | 4/16 WED | 4/17 THURS | 4/18 FRI | 4/19 SAT | 4/20 SUN |
|----|-----|--------|-------|------|--------------------------------------------|--------------|-------------|-------------|-------------|---------------|-------------|-------------|-------------|
| | | | | | <i>Imipramine 150mg</i> | | | | | | | | |
| | | | | | <i>PO qhs</i> | <i>2100</i> | | | <i>RD</i> | <i>RD</i> | <i>RD</i> | <i>RD</i> | <i>GF</i> |
| | | | | | <i>Nicerette gum 30min</i> | <i>2800</i> | | | | <i>DR</i> | <i>DR</i> | <i>BR</i> | <i>BR</i> |
| | | | | | <i>p meals qhs</i> | <i>1230</i> | | | | <i>DR</i> | <i>DR</i> | <i>BR</i> | <i>BR</i> |
| | | | | | | <i>1730</i> | | | <i>RD</i> | <i>RD</i> | <i>RD</i> | <i>BR</i> | <i>BR</i> |
| | | | | | | <i>2100</i> | | | <i>RD</i> | <i>RD</i> | <i>RD</i> | <i>BR</i> | <i>BR</i> |

CONFIDENTIAL
 DO NOT REPRODUCE

PHARMACY REVIEW

SA/ Sandra Y. Yarnall RN
 INITIAL SIGNATURE

RD R. Dore RN
 INITIAL SIGNATURE

DR Sarah R. R. RN
 INITIAL SIGNATURE

INITIAL SIGNATURE

DR Karen Jenkins RN
 INITIAL SIGNATURE

BR C. R. RN
 INITIAL SIGNATURE

INITIAL SIGNATURE

INITIAL SIGNATURE

GF A. R. RN
 INITIAL SIGNATURE

000440

CHARTER HOSPITAL OF LITTLE ROCK

Maumelle, AR

ROUTINE MEDICATION ADMINISTRATION RECORD

PHARMACY PATIENT PROFILE

DIAGNOSIS:

Psychotic Disorder

ALLERGIES:

Penicillin - yes, eggs - yes, latex - yes

SPECIAL DIRECTIONS:

Received by *Dr. J. Smith* checked by *Dr. J. Smith*

Weight: *168#*

Height: *6'8"*

| PT MED | REVIEW | START | STOP | MEDICATION 1992 STRENGTH - ROUTE - FREQUENCY | DATE TIME | 9-28 | 9-29 | 9-30 | 10-1 | 10-2 | 10-3 | 10-4 |
|-----------------|--------|-------|------|-------------------------------------------------|--------------|-----------|----------|----------|----------|------|------|------|
| | | | | | | MON | TUE | WED | THURS | FRI | SAT | SUN |
| <i>10/9/16</i> | | | | <i>Imigamir 150mg</i> | <i>2100</i> | | | | | | | |
| | | | | <i>PO q HS</i> | | | | | | | | |
| <i>10/16/16</i> | | | | <i>Tricetta 1gm</i> | <i>0800</i> | <i>GF</i> | | | | | | |
| | | | | <i>30 minutes p meals</i> | <i>1230</i> | | | | | | | |
| | | | | <i>4th HS</i> | <i>1730</i> | | | | | | | |
| | | | | | <i>2100</i> | | | | | | | |
| <i>10/22/22</i> | | | | <i>Augmentin 250mg</i> | <i>0800</i> | <i>GF</i> | | | | | | |
| | | | | <i>1 PO tid p.c.</i> | <i>1300</i> | | | | | | | |
| | | | | <i>X 10 days 1st dose 10/2 at 1300</i> | <i>1730</i> | <i>①</i> | <i>②</i> | <i>③</i> | <i>④</i> | | | |

CONFIDENTIAL
DO NOT REDISCLOSE

PHARMACY REVIEW

GF Dr. J. Smith
INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

CHARTER HOSPITAL OF LITTLE ROCK

Maumelle, AR

FRIDLE, DANIEL W

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040

ALLIED

474 22/14/22

62-111601-11-60

PRN MEDICATION
ADMINISTRATION RECORD

PHARMACY PATIENT PROFILE

DIAGNOSIS

Psychotic Disorder

ALLERGIES

~~Trees~~ trees grass, pines, trees, grass
SPECIAL DIRECTIONS:

SPECIAL DIRECTIONS

Reviewed by hkf Checked by hkf

Weight: 168^{lb}

Page 68

| PATIENT INFORMATION | | | | MEDICATION | | DATE | | | | | | | |
|---------------------|-----|-----|-----|------------|-------------------|------|-----|-----|-----|-------|-----|-----|-----|
| PT | MR | DOB | SSN | STRENGTH | ROUTE - FREQUENCY | TIME | MON | TUE | WED | THURS | FRI | SAT | SUN |
| 1/2 | 3/2 | | | | Proventil Inhaler | | | | | | | | |
| | | | | | ii puffs q 4° PRN | | | | | | | | |
| | | | | | causing hives | | | | | | | | |
| 1/2 | 3/2 | | | | tiptone ii PO | | | | | | | | |
| | | | | | ii 4°-6° PRN | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

CONFIDENTIAL
DO NOT RE-DISCLOSE

PHARMACY REVIEW

***ORIGINAL SIGNATURE**

INITIAL/SIGNATURE

INITIAL / SIGNATURE

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL SIGNATURE _____

INITIAL/SIGNATURE

INITIAL/SIGNATURE

INITIAL SIGNATURE

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC #GO-11-6

DOM 09/14/92
MED REC #GO-11-60

[illegible]

CONFIDENTIAL
DO NOT RECLASSIFY

112

CHARTER HOSPITAL OF LITTLE ROCK

1501 Marshy Drive - Memphis, Arkansas 38118 - (501) 851-6700
A member of the Charter Hospital Corporation family of quality health care facilities.

1001460-5

SCHOLLS, DANIEL W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC #00-11-60

ADDRESS ONLY

WEEKLY FLOW CHART

ALLERGIES: Dogs cats trees grass pollen bees wasps

| DATE | 9-20-92 | 9-21-92 | 9-22-92 | 9-23-92 | 9-24-92 | 9-25-92 | 9-26-92 |
|--------------------------|-------------------------|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|----------------------------|
| LEVEL OF ACTIVITY | SUN | MON | TUES | WED | THURS | FRI | SAT |
| DIET TYPE | BRK % LUN % SLP % | 100 JS 100 JS 100 JS | 100 JS 100 JS 100 JS | 100 JS 100 JS 100 JS | 100 JS 100 JS 100 JS | 100 JS 100 JS 100 JS | 100 JS 100 JS 100 JS |
| VITAL SIGNS | T P R BP | T P R BP | T 99.3 P R BP | T 98.9 P R 32.2 BP 112/66 | T P R BP | T P R BP | T P R BP |
| WEIGHT | HT. | | | | | | |
| CONSULTS | | | | | | | |
| ERG | | | | | | | |
| EDUCATION OUTINGS | | | | | | | |
| PSYCH TESTS | | | | | | | |
| OT/RT | JS | JS | JS | sick JS | JS | JS | JS |
| SCHOOL | | | | sick JS | | | |
| PT. ED. GROUPS | | | | | | | |
| GROUP THERAPY | JS | JS | JS | sick JS | JS | JS | JS |
| COMMUNITY MEETING | JS | JS | JS | sick JS | JS | JS | JS |
| WRAP-UP | JS | JS | JS | JS | JS | JS | JS |
| OTHER RELAXATION | JS | JS | JS | JS | JS | JS | JS |
| CD GROUP | | | | | | | |
| PASS | | | | | | | |
| VISITORS | | | | | | | |
| SOCIAL ISOLATION | | | | | | | |
| SLEEP PATTERN | | | | | | | |
| CODE: | | | | | | | |
| SP - SUICIDE PRECAUTIONS | | | | | | | |
| EP - ELOPMENT PRECAUTION | | | | | | | |
| A - AWAKE | | | | | | | |
| S - SLEEPING | | | | | | | |
| O/R - DAYROOM | | | | | | | |

ALL INFORMATION ENTERED
ALLS AND SIGNATURE ON REVERSE

00046

113

K. Larry Green, PS
J. - J. Maffei, PS
PJ. - Ron Maffei, PS.
Cc Caroline Canady, PS
Atty Shelly Galt, PS.

JS - John Saxers, PS.

AE - Albie Edwards, PS

CONFIDENTIAL
DO NOT REDISCLOSE

CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Little Rock, Arkansas 72118 • (501) 551-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001450-5

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC: #00-11-60

ADDRESSOGRAPH PLATE

Damien Echols

WEEKLY FLOW CHART

ALLERGIES: Drugs, cats, trees, grass, pollen, bees, wasps

| DATE | SUN | MON | TUES | WED | THURS | FRI | SAT |
|---------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| LEVEL OF ACTIVITY | | | | | | | |
| DIET TYPE | BRK % LUN % SUP % | BRK % LUN % SUP % | BRK % LUN % SUP % | BRK % LUN % SUP % | BRK % LUN % SUP % | BRK % LUN % SUP % | BRK % LUN % SUP % |
| VITAL SIGNS | T P R BP | T P R BP | T P R BP | T P R BP | T P R BP | T P R BP | T P R BP |
| WEIGHT | 168 lbs | 168 lbs | 168 lbs | 168 lbs | 168 lbs | 168 lbs | 168 lbs |
| HT. | 6'8" | 6'8" | 6'8" | 6'8" | 6'8" | 6'8" | 6'8" |
| CONSULTS | | | | | | | |
| EKG | | | | | | | |
| EDUCATION OUTINGS | | | | | | | |
| PSYCH TESTS | | | | | | | |
| OT/RT | | | | | | | |
| SCHOOL | | | | | | | |
| PT. ED. GROUPS | | | | | | | |
| GROUP THERAPY | | | | | | | |
| COMMUNITY MEETING | | | | | | | |
| OTHER | | | | | | | |
| WRAP-UP | | | | | | | |
| RELAXATION | | | | | | | |
| CD GROUP | | | | | | | |
| PASS | | | | | | | |
| VISITORS | | | | | | | |
| SOCIAL ISOLATION | | | | | | | |
| SLEEP PATTERN | | | | | | | |
| CODE: | | | | | | | |
| SP - SLIDE PRECAUTIONS | | | | | | | |
| BP - BLOSBMENT PRECAUTION | | | | | | | |
| A - AWAKE | | | | | | | |
| S - SLEEPING | | | | | | | |
| D/R - DAYROOM | | | | | | | |

CONFIDENTIAL
DO NOT RE-OPEN

ALL INFORMATION ENTERED
THIS AND SIGNATURE ON REVERSE

000448

cc Caroline Kennedy; PS
J. H. Johnson P.S.
J. J. Maguire P.S.

AE- Alice Edwards P.S.
JAS - J. A. S. P.S.
okg sherry giv

JS - John Jagers, P.S.

CONFIDENTIAL
DO NOT REDISCLOSE

000419



CHARTER HOSPITAL OF LITTLE ROCK

1601 Hardy Drive • Mammals, Arkansas 72118 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

1001460-5

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/16/92
MED REC #00-11-60

ADDRESSOGRAPH PLATE

WEEKLY FLOW CHART

ALLERGIES: Dogs, cats, trees, grass pollen, bees, wasps

| DATE | 9-27-92 | 9-28-92 | 9-29-92 | 9-30-92 | 10-1-92 | 10-2-92 | 10-3-92 |
|---------------------------|-------------|-----------|-----------|-----------|-----------|-----------|-----------|
| | SUN | MON | TUES | WED | THURS | FRI | SAT |
| LEVEL OF ACTIVITY | | | | | | | |
| DIET | BPK % 100SS | 100IC | | | | | |
| TYPE | LUN % 100SS | | | | | | |
| | SUP % 100SS | | | | | | |
| VITAL SIGNS | T | T | T | T | T | T | T |
| | P | P | P | P | P | P | P |
| | R | R | R | R | R | R | R |
| | BP | BP | BP | BP | BP | BP | BP |
| WEIGHT | HT. | | | | | | |
| CONSULTS | | | | | | | |
| | EKG | | | | | | |
| EDUCATION OUTINGS | | | | | | | |
| PSYCH TESTS | | | | | | | |
| OT/RT | VSS | | | | | | |
| SCHOOL | | | | | | | |
| PT. ED. GROUPS | | | | | | | |
| GROUP THERAPY | VSS | | | | | | |
| COMMUNITY MEETING | VSS | | | | | | |
| OTHER | WRAP-UP | VSS | | | | | |
| | RELAXATION | VSS | | | | | |
| | CD GROUP | VSS | | | | | |
| PASS | | | | | | | |
| VISITORS | | | | | | | |
| SOCIAL ISOLATION | | | | | | | |
| SLEEP PATTERN | 0400 0500 | 0600 0700 | 0800 0900 | 1000 1100 | 1200 1300 | 1400 1500 | 1600 1700 |
| CODE: | 0400 0500 | 0600 0700 | 0800 0900 | 1000 1100 | 1200 1300 | 1400 1500 | 1600 1700 |
| SP - SUICIDE PRECAUTIONS | 0400 0500 | 0600 0700 | 0800 0900 | 1000 1100 | 1200 1300 | 1400 1500 | 1600 1700 |
| BP - BLOSBMENT PRECAUTION | 0400 0500 | 0600 0700 | 0800 0900 | 1000 1100 | 1200 1300 | 1400 1500 | 1600 1700 |
| A - AWAKE | 0400 0500 | 0600 0700 | 0800 0900 | 1000 1100 | 1200 1300 | 1400 1500 | 1600 1700 |
| S - SLEEPING | 0400 0500 | 0600 0700 | 0800 0900 | 1000 1100 | 1200 1300 | 1400 1500 | 1600 1700 |
| D/R - DAYROOM | 0400 0500 | 0600 0700 | 0800 0900 | 1000 1100 | 1200 1300 | 1400 1500 | 1600 1700 |

CONFIDENTIAL

DO NOT REDISCLOSE

*ALL INFORMATION ENTERED
*ALL AND SIGNATURE ON REVERSE

000450

JS-John Sagers, P.S.
R- Gary Cohen, PS

CONFIDENTIAL
DO NOT REDISCLOSE

101 W 42ND ST. 6TH FL. NEW YORK, NY 10018 (212) 647-4444

DATE: 9/22/92

NAME: Damien Echols

I AM TRYING FOR LEVEL R I AM CURRENTLY ON LEVEL G AND HAVE BEEN FOR 348 DAYS.

GOALS

PERSONAL:

WHAT I'M GOING TO DO Work on my treatment Plan

HOW I'LL DO IT by controlling my strange behavior

EDUCATIONAL:

WHAT I'M GOING TO DO try to get my GED

HOW I'LL DO IT by studying for my test

CONFIDENTIAL

FAMILY:

WHAT I'M GOING TO DO Family going to get my life back in order **DO NOT REDISCLOSE**

HOW I'LL DO IT by moving in with my Dad

CHOLS, DAMIEN M
DOB 3/21/74
CR M GALLIEN
ADM 09/14/92
SEC REC 900-11-40

Dear Staff Member;

I would like for you to please sign your name, date, approval/disapproval and the reason for your decision, and please return to me as soon as possible I will turn this in to the doctor the following day. Thank you.

Damien Ekeles

PATIENT SIGNATURE

9/22/92

DATE

DATE

APPROVED / DISAPPROV

NURSE

Sandi Harrett RN



NURSE



NURSE



P.S.

James Ford

9/22/92



Keep up good work!

P.S.



P.S.



EDUCATION

Kathleen Ferris



REC. THER.

Sally Walkers

CONFIDENTIAL



SOCIAL WORK

DO NOT REDISCLOSE



OTHER



DOCTOR

W.A. Crabbles



PATIENT VALUABLES ENVELOPE

THIS FACILITY CANNOT ASSUME RESPONSIBILITY FOR ITEMS RETAINED IN YOUR POSSESSION. PATIENT UNDERSTANDS THAT BY SIGNING BELOW HE/SHE IS AWARE OF THIS POLICY AND VERIFIES THAT THE ITEMS LISTED BELOW AS INVENTORY ARE CORRECT AND THAT THE ENVELOPE HAS BEEN SEALED IN HIS/HER PRESENCE

1001450-5

PATIENT V

11-60

SIGNATURE OF PATIENT

DATE

ACCEPTED BY

DATE

CASH

CURRENCY

NO. VALUABLES (DESCRIPTION)

CHECK LIST

1. $100 - 16.58$

2. $2 \times 10 = 20$

3. $3 \times 5 = 15$

4. $5 \times 1 = 5$

5. 46.58

6. *Witnessed by: x Medi Director*

CONFIDENTIAL

DO NOT REDISCLOSE

REPOSSESSION OF VALUABLES = PATIENT ACKNOWLEDGEMENT OF RECEIPT IN ENTIRETY

PATIENT/RELATIVE/OTHER

DATE

HOSPITAL REPRESENTATIVE

DATE

W 198 BROGS, Oak Mount, Iowa 50006

PRINTED

000454



1601 Murphy Drive • Marmelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

Wanda E. Scholz

1001460-5

ETCHOLS, DAMIEN W
DOB 12/11/74
DE W CALLIE
ADM 09/14/92
MED RE 800-11-60

ADDRESSOGRAPH PLATE

PATIENT'S CLOTHING LIST

Articles Retained By Patient

CLOTHING

| | | |
|---------|----------------|-------------------|
| Belt | House Slippers | Skirt |
| Blouse | Jacket | Slacks <i>HL</i> |
| Bra | Nightgown | Slip |
| Coat | Pajamas | Socks <i>HL</i> |
| Dress | Robe | Sweater |
| Gloves | Shirt // | T Shirt <i>HL</i> |
| Hat/Cap | Shoes // | Underpants |
| | | Undershirt |

PERSONAL

| | | | |
|-------------|--------------|-------------------|----------|
| Bracelet | Curlers | Dentures | Luggage |
| Rings | Bobby Pins | Upper | Tote bag |
| Necklace | Make up kit | Lower | Money |
| Earrings | Toothbrush / | Partial | |
| Watch | Toothpaste / | Complete Case | |
| Hairbrush / | Cigarettes | Hearing Aids | |
| Comb / | Lighter | Contact Lens Case | |
| Razor | Matches | Purse | |
| | | Comb | |
| | | Wallet | |

CONFIDENTIAL
DO NOT REDISCLOSE

The above list of articles is a correct list of my belongings which I take full responsibility for retaining in my possession while in the hospital. All other articles have been sent home.

Signed *Damien Scholz* Date 9-14-92 Time 19:30
Patient or responsible party

Checked by *[Signature]*
Hospital Employee

Receipt for Personal Articles and Clothing

The articles in the above list were returned to me in good condition on

Date 9-28-92 Time 1145 Signed *Jack E. [Signature]*
Patient or responsible party

Checked by *Sandi [Signature]*
Hospital Employee

000455

White - Chart

Yellow - Patient

Not Responsible For
Any Items Left After 30 Days

CUSTOM PRINTING CO. - HLK - 375-7311 - CHL-100

**CHARTER HOSPITAL
OF LITTLE ROCK**

PATIENT: Echols, Damien W.
MR#: 00-11-80
ADMISSION: 8-14-92
DISCHARGE: 8-28-92
UNIT: Adolescent Psychiatry

DISCHARGE SUMMARY

IDENTIFYING DATA: Damien is a 17-year-old, white male who is, in the custody of DHS. He is a court ordered admission.

CHIEF COMPLAINT: "They say I suck blood."

HISTORY OF PRESENT ILLNESS: Damien presented for admission accompanied by police officers. Damien was housed at the Craighead County Juvenile Detention Center. Damien was living in Oregon and recently returned to Arkansas. As a result of his returning to Arkansas, he broke his probation. Damien was subsequently arrested. Damien was on probation due to threatening his girlfriend's parents. He was also arrested and charged with second degree sexual misconduct (was having sex with his girlfriend in a vacant house). Reportedly, Damien and his girlfriend were going to have a boy and sacrifice the baby. Damien relates that he is a witch.

Damien was placed in the Detention Center. While at the Detention Center, he reportedly grabbed a peer and began "sucking blood from the peer's neck". According to Damien, he relates that the peer was aware that he was going to do this. Staff reports that Damien was not remorseful for his behavior. Damien indicated that he sucked blood in order to get into a gang. He denies that it was any type of ritual.

Damien reportedly threatened to kill his father while in Oregon and also threatened to eat him. Damien was subsequently placed in St. Vincent's Hospital until arrangements could be made for him to come to Arkansas. Damien, however, denies this. Damien laughed when he was called "a blood sucking vampire". He relates he does not know why people think this. He was placed in isolation in the Detention Center until he could be admitted to Charter Hospital. The other peers were afraid of him. Damien denies that he rubbed the blood all over his face.

MENTAL STATUS EXAM:

APPEARANCE, ATTITUDE, BEHAVIOR, SENSORIUM, AND ORIENTATION: Damien is a well-developed, well-nourished, white male who was neat in appearance. He was noted to have a T-shirt on that had a demon like figure. He did not appear to be physically ill or in distress. He was oriented to person,

CONFIDENTIAL

DO NOT REDISCLOSE

ECHOLS, DAMIEN
MR#: 00-11-60
Page Two

place, and time. He was very cooperative during the exam and did not appear to have difficulty answering questions. There was absolutely no observable evidence of emotion. There were no repetitious activities. He maintained good eye contact during the exam. He was able to follow three step commands.

SPEECH AND LANGUAGE: His speech was of normal rate and tone with good articulation. He had no difficulty with auditory processing.

MOOD AND AFFECT: His mood was mildly depressed. His affect was extremely flat.

THOUGHT PROCESS AND CONTENT: His form of thought was logical, coherent, and goal directed. There were no unusual patterns of association. He denied intent to harm himself or others at the time of the exam. He did admit to sucking blood out of the peer's neck. He related that the peer had hurt his neck, and he subsequently sucked the blood.

SENSORY/PERCEPTION: He denied false perceptions including illusions, depersonalization, distortion of body images, and ideas of reference. There was no evidence of auditory or visual hallucinations. There was no evidence of delusions.

COGNITION, MEMORY, INTELLECT, ABSTRACT THINKING, AND CALCULATIONS: Recent, immediate, and remote memory were intact as evidenced by age appropriate questioning. He was able to perform forward and reverse digit span. Intellectual functioning was felt to be average based upon general fund of information, vocabulary, and complexity of concepts.

JUDGMENT AND INSIGHT: He exhibits extremely poor judgment and has absolutely no insight into his illness.

PROVISIONAL DIAGNOSES:

- Axis I: 1. Psychotic disorder, not otherwise specified.
 2. Dysthymia.
 3. Other specified family circumstances.
- Axis II: None.
- Axis III: None.
- Axis IV: Stressors: Level 5.
- Axis V: Global Assessment of Functioning Scale: Level

000457

CONFIDENTIAL
DO NOT REDISCLOSE

30/60.

SIGNIFICANT LABORATORY, CONSULTATIONS, X-RAY FINDINGS, ETC.:
Laboratory within normal limits.

Physical exam within normal limits.

COURSE OF TREATMENT AND RESPONSE TO TREATMENT: Damien was initially observed on the unit very closely secondary to admission screening that he was demonstrating bizarre and unusual behavior (i.e. blood sucking). He definitely demonstrated a depressed mood. He was also reported to be threatening others in his environment. This was not noted while Damien was in the hospital. On 9-16-92, he was ~~seen~~ on his Imipramine/50 mg, 1 tablet, p.o., q.h.s. He was taking that medication prior to admission. While in the hospital, Imipramine was increased to 100 mg, 1 tablet, p.o., q.h.s. ~~on~~ due to continued symptoms of depression. Throughout most of hospitalization, Damien related in a very quiet and withdrawn fashion. WBC

His problems included bizarre and unusual behavior, extreme resistant to authority figures, and disturbed family relationships. Unfortunately, there was no family therapy while Damien was in the hospital. He did not demonstrate bizarre and unusual behavior with exception on one occasion, he did bite a male peer; however, this was in a fight type manner. He was not resistant to authority figures. He did appear to be willing and motivated for treatment, maintained good physical health, and appropriate social skills. The immediate treatment objects were to perform a physical exam and laboratory with urine drug screen. He was monitored very closely as previously stated for his behavior. The focus of treatment was to eradicate his bizarre and unusual behavior. The goal was to be able to work with Damien in regard to his behavior and assist him with alternatives for acting out his feelings.

At the time of discharge, Damien no longer exhibited a desire to participate in bizarre and unusual behavior. He was cautioned about his behavior and how it might appear to others. He was able to communicate appropriately with others in his environment. He was able to explore unresolved feelings of anger toward his father. He was able to verbalize reasons for his bizarre and unusual behavior. CONFIDENTIAL NO RELEASE

CONDITION AT DISCHARGE: At the time of discharge, it was felt that Damien's behavior had stabilized to the point to where he no longer needed to remain in an acute care setting. He was not considered a danger to others at the time of his

ECHOLS, DAMIEN
MR#: 00-11-60
Page Four

discharge. He had had no special procedures seventy-two hours prior to his discharge. Damien has contracted that he will not attempt to harm anyone after the time of discharge.

FINAL DIAGNOSES:

- Axis I: 1. Dysthymia.
2. Other specified family circumstances.
- Axis II: None.
- Axis III: None.
- Axis IV: Stressors: Level 5.
- Axis V: Global Assessment of Functioning Scale: Level 70.

AFTERCARE PLANS:

- A. REFERRALS AND FOLLOW-UP: He will be followed at the local mental health center.
- B. DISCHARGE MEDICATIONS:
1. Imipramine 100 mg, 1 tablet, p.o., q.h.s.
- C. ACTIVITIES: No precautions or limitations.
- D. DIET: Regular.
- D. EDUCATIONAL PLANS: He is to return to public school.

SIGNED:


Brenda Gallien, M.D.
Attending Psychiatrist

DD: 10-13-92
DT: 10-14-92

WG:mj

CONFIDENTIAL
DO NOT REDISCLOSE

000459



1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

1001460-5

ECHELS, DANIEL W
DOB 12/11/74
DR W. TALLIEN
DOB 10/18/92
MED 101 11-60

ADDRESSOGRAPH PLATE

ADOLESCENT SERVICES PROGRAM CONTINUING CARE PLAN

THE FOLLOWING TO BE COMPLETED BY PRIMARY THERAPIST:

CONTINUING CARE GOALS OR RECOMMENDATIONS INCLUDE:

1. Discharge to step father Jack Echols
by permission of mother and probation
officer
2. Continue therapy on individual basis
3. _____

Christine Deater Lewis
Therapist Date

Jack Echols 9/28/92
Patient/Guardian Date

THE FOLLOWING TO BE COMPLETED BY THE PRIMARY RN:

CONFIDENTIAL

CONTINUING CARE GOALS OR RECOMMENDATIONS INCLUDE:

1. Continue Imipramine 150mg po qhs
as ordered by Dr Tallien - 3rd & Family
Guidance
 2. Continue using coping skills learned
@ Charles
 3. Communicate thoughts/problems - Step Dad
Not adequate food, rest, exercise
- Sandi Hancock 9/28/92 Jack Echols 9-28/92
RN Date Patient/Guardian Date

ORIGINAL - CHART

YELLOW - PATIENT

PINK - FAMILY

000460

CUSTOM PRINTING CO. - M.R. - 375-7311 - CHL 8-2082



1601 Murray Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A Division of the Charter Medical Center System, a health care organization

1001450-5

DATE: JANUEN W
PR 12/11/74
PR W ALLIEN
ADM 09/14/92

ADDRESSOGRAPH PLATE

00-11-60

NURSING DISCHARGE AND TEACHING SUMMARY

Discharge Date: 9/28/92 Time: 1130 Accompanied By: Step Dad Jack Echols
Mode of D/C from Unit: WC: _____ Ambulatory: _____ Ambulance: _____
Destination Upon D/C: Home _____ Hosp _____ Nsg. Home _____ Other _____

Discharge Data:
1. Diet: Regular

2. Activity (Include Limitations): No limitations

3. DISCHARGE MEDICATIONS

| MEDICATION | DOSAGE | REASON | SAFETY FACTORS | SIDE EFFECTS |
|------------|--------|--------------------------|-------------------------------------------------------------|--------------|
| Imipramine | 150mg | @ Bedtime for Depression | best 1-2 best 1-6 and teaching sheet given to patient | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DO NOT DISCONTINUE YOUR OWN MEDICATION EVEN IF YOU FEEL GOOD. THE MEDICATION CONTRIBUTES TO YOUR FEELING OF WELL-BEING.

SAFETY FACTORS

1. No alcohol! Alcohol may increase the action of your medication.
2. Your sensitivity to sun may be increased, wear sun screen.
3. Do not take any drug not prescribed by your doctor.
4. Notify your nurse or doctor if you notice any changes in your general health since taking your medication.
5. Avoid driving or operating machinery after taking your medication.
6. Increase fluids.
7. Stand up slowly.

Other information: _____

POSSIBLE SIDE EFFECTS

1. Blurred Vision
2. Dry Mouth
3. Drowsiness
4. Constipation
5. Stiffness of body (Rigidity)
6. Shakiness of arms and hands.
7. Other: _____
8. Other: _____

4. I understand instructions given to me and have received all of my personal belongings:
Patient/Family Member Signature: Jack Echols

5. Continuing Care Form including goals and appointments reviewed and signed by patient: Yes _____ No _____

Sandi Garrett RN
RN Signature

9/28/92
Date

1145
Time

000461

White Copy - CHART

Yellow Copy - PATIENT

CHL 8-3022



LEGAL INVESTIGATIONS

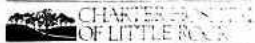
ATTORNEY WORK PRODUCT - PRIVILEGED AND CONFIDENTIAL INFORMATION

MICHAEL "DAMIEN" ECHOLS
CASE NO. 1700-00-30182

UNOFFICIAL RECORDS OF CHARTER HOSPITAL OF LITTLE ROCK

000462

CHARTER HOSP./L.A.
UNOFFICIAL RECS.



August 2, 1993

Inquisitor Inc.
Legal Investigations
Garden Level, Suite 1
80 Monroe Avenue
Memphis, TN 38103

Attn: Glori J. Shettles

Re: Damien W. Echols
MR# 00-11-60

Dear Ms. Shettles:

The enclosed information, though not considered an official part of the medical record, is being sent to you at the request of Mr. Scott Davidson.

Sincerely,

Shirley A. Byrd
Director Medical Records

Enclosures

000463

CRAIGHEAD COUNTY JUVENILE DETENTION CENTER
901 WILLETT ROAD
JONESBORO, ARKANSAS 72401

YCE CURETON DIRECTOR

(501)933-4525

Re: Damien Echols

TO WHOM IT MAY CONCERN:

This report is to inform you of Damien Echols
behavior while detained at the Craighead County Juvenile Detention Center.
" Damien has x or have not
Presented problems while here in the facility.

PROBLEM LIST:

Approx. three hours after Damien arrived, he was sitting in rec. area with
several other residents. One of the boys' had scraped his arm a little, and
it was bleeding some. Without warning, Damien grabbed the arm that was bleee-
ding, and began to suck the blood from it. The boys all stated he had been
saying he had not taken his medication the night before, and he was about to
"go off on them". Damien was asked why he did this, and he stated " I don't
know." He also told staff he had threatened to kill his father, and eat him.
for the safety and well being of other residents, Damien was asked to go to
his room. He has been kept there until he was picked up for court. He hasn't
been a problem since, just some very strange actions at times. It is our
opinion that Damien needs mental health treatment.

If there is any further information needed please feel free to contact me
at the number above. We look forward to working with you again in the future.

CONFIDENTIAL
DO NOT REDISCLOSE

Sincerely Yours
Juvenile Director
Joyce Cureton

Joyce Cureton

000464

Division of Children and Family Services

MEMORANDUM

Interstate Compact Unit
P.O. Box 1437
Little Rock, Arkansas
72203

TO: Jerry B. Driver, Juvenile Probation Officer
FROM: Judy Miller, Interstate Compact Unit
DATE: September 1, 1992
SUBJ: Damion Echoals (Crittenden County)

Attached is a request from _____ for a home evaluation of the above-named youth who is on _____ parole/probation. Please complete a home study and include your recommendation on whether this youth should or should not be placed into this home. If you recommend this placement and the youth is placed in Arkansas, you will be responsible to provide supervision and quarterly progress reports.

The above-named youth was placed on _____ parole/probation in _____ and is now residing in Arkansas. Please submit a report on this home and the youth's progress and include your recommendation as to whether this youth should remain in this home or not. If you do recommend this placement, you will be responsible to provide supervision and quarterly progress reports.

xx Attached is the home study you requested from Oregon.

_____ The placement has been approved. Let me know if this placement will be used and if travel arrangements will be necessary.

xx The placement has been approved. Supervision and progress reports will be provided by Oregon.

_____ The placement has been denied.

_____ Progress Report: _____ Is Attached _____ Please Submit

_____ The attached correspondence is self-explanatory.

_____ We request a reply to our correspondence of:

_____ You may close your file.

xx Other: Oregon is requesting additional background information on Damion. Supervision will be provide until Damion's 18th birthday.

JM:ch

Attachments

CONFIDENTIAL
DO NOT REDISCLOSE

000465



WASHINGTON
COUNTY,
OREGON

August 17, 1992

Attn: Ms. Joann Noffsinger, Deputy Administrator
Interstate Compact on Juveniles
Children's Services Division
198 Commercial Street S.E.
Salem, Oregon 97310

RE: DAMION ECHOLS aka MICHAEL HUTCHINSON
AGE: 17; DOB: 12-11-74

Dear Ms. Noffsinger:

Enclosed please find a copy of my Intake Summary concerning the placement of Damion Echols in the home of his biological father. Also, enclosed is a copy of a signed Memorandum of Understanding and Waiver, and Application for Compact Services.

At this time, it is my recommendation that Washington County Juvenile Department provide courtesy supervision of Damion's probation until December 11, 1992.

If you have questions of me, I may be contacted at 640-3585.

Very truly yours,

WASHINGTON COUNTY JUVENILE DEPARTMENT

Calvin L. Downey
Senior Juvenile Counselor

CLD:lvf

Enclosures

CONFIDENTIAL
DO NOT REDISCLOSE

000466

INTAKE SUMMARY

CONCERNING: DAMION WAYNE ECHOLS aka MICHAEL DAMION WAYNE HUTCHINSON
Age: 17; DOB: 12-11-74
Residence: 5420 S.W. 180th, #88
Aloha, Oregon 97007
Telephone: 591-0881

PARENTS:

Eddie Hutchinson, biological father
Age: 36
Residence: Same as child
Telephone: Same as child
Occupation: Manager
Employer: BP Station (Murray Boulevard)

Pamela Echols, biological mother
Age: 33; DOB: -58
Residence: Same as child
Telephone: Same as child
Occupation: Homemaker

Andy Echols, adoptive father
Residence: Marion, Arkansas

CONFIDENTIAL
DO NOT REDISCLOSE

REASON FOR REFERRAL:

I received a request for courtesy supervision of probation via Interstate Compact Commission from the State of Arkansas. There were copies of a legal order and police reports, and an unsigned Juvenile Compact form number VI and IA. Due to a lack of social information, I telephoned and spoke with Jerry Driver of the Crittenden County Juvenile Department in Marion, Arkansas. Subsequent to that conversation, I completed an interview of Damion and his mother at their home on August 13, 1992.

The charges which resulted in probation in the State of Arkansas are for *Burglary in the Second Degree and Sexual Misconduct*. The gist of the referral involved Damion and a fifteen year old girlfriend being found engaging in sexual activity while in an unoccupied mobile home.

In talking with Mr. Driver, he indicated that he had multiple concerns regarding Damion. He also indicated that, prior to coming to Oregon, Damion had been in a psychiatric hospital via Court Commitment. Mr. Driver made the following comments:

- a) Damion and several others of his associates are involved in a satanic cult.
- b) Damion and his girlfriend were both placed in a psychiatric hospital, in that the two of them had made a suicidal pact with one another.
- c) Damion threatened to kill his girlfriend's parents.
- d) Damion claims he is a witch.

000467

DAMION WAYNE ECHOLS aka MICHAEL DAMION WAYNE HUTCHINSON
INTAKE SUMMARY
PAGE 2

- e) Damion and his girlfriend were planning to have a child, so that they could offer it as a sacrifice to Satan.
- f) The authorities in Arkansas suspect that Damion's parents are involved in this satanic belief system.

HOME VISIT EVALUATION:

I met with Damion and his family in a rather small, two bedroom apartment in central Aloha. The family has lived in this residence for approximately six weeks; and, living in the home in addition to Damion and his biological parents are his maternal grandmother, Francis Haynes; his sister, Michelle Echols, age fifteen; and, his half-brother, Timothy Hutchinson, age six.

Ms. Echols indicates that she and Mr. Hutchinson were married from 1974, until 1986. She indicates that, following her divorce from Mr. Hutchinson, she married Andy Echols, and their divorce was finalized in May of 1992. She indicates that, while married to Mr. Echols, he had adopted both of her children, Michelle and Damion, from her previous marriage. She indicates that, as her marriage to Mr. Echols began to deteriorate, her daughter, Michelle, contacted her biological father, Eddie Hutchinson, sometime around February or March of 1992. She indicates she had not seen her father in five years, and that she wanted to see him and engage his assistance in the family conflicts. Ms. Echols maintains that Eddie Hutchinson came to Arkansas, and that he had recently separated from his second wife. She indicates she planned to reunite with Mr. Hutchinson prior to the Court involvement with Damion.

Damion indicates he moved to Oregon to be with his family, but acknowledges he would prefer to be in Arkansas, and that it was not his wish to relocate to the Oregon area. Damion indicates that, after turning eighteen, he may very well return to Arkansas. Ms. Echols indicates there are no family conflicts with Damion, that he gets along well with the family, that she does not believe he has a behavioral problem, and that she does not need any services from this State in providing for his needs or supervising him.

Damion indicates he did spend approximately thirty days in a psychiatric hospital via Court Order, because he was suicidal at that time. He indicates he is no longer interested in harming himself or any others, and feels the hospitalization was unnecessary. Damion indicates he is currently taking Imipramin, 50 mg. per day, which is an antidepressant medication. Damion feels his prior depression has improved greatly; however, he does not feel the medications have assisted him. However, he maintains he is taking his medication on a regular basis.

Damion denies any use of nonprescribed, controlled substances or alcohol.

Damion is not currently in school, and is not planning on enrolling in school. He last completed his eighth grade year, and was unable to complete his ninth year of high school. At this time, Damion has full-time employment as a gas

000468

CONFIDENTIAL

DO NOT REDISCLOSE

DAMION WAYNE ECHOLS aka MICHAEL DAMION WAYNE HUTCHINSON
INTAKE SUMMARY
PAGE 3

station attendant at the Raleigh Hills BP Station. He works forty hours a week, and receives a salary of \$5.00 per hour for that work. Damion indicates he does not particularly enjoy the work, but that it does pay adequately, and that he has no particular vocational or educational interests.

Damion indicates a willingness to cooperate with probation and follow the rules as outlined by the Arkansas Court. I have suggested modification of the rules in two areas, the first would be to allow Damion to not participate in an educational program, as long as he is maintaining full employment; and, the second is to keep Oregon authorities apprised of any change of residence or relocation outside of the State of Oregon.

Damion indicates he had several friends in Arkansas, but has not made any friends as of yet in Oregon. Damion can express no hobbies or interests; and, when asked about what he does for fun, he says he never has fun.

Damion maintains that, in addition to the thirty day placement in a psychiatric hospital, he spent three days before that in a detention facility. Damion denies any other delinquent adjudications or other placements, prior to those for which he was adjudicated on in this instance.

In discussing the assertions of Mr. Driver, Damion had the following responses: Damion denies any involvement in satanic cult or beliefs in Satanism. He expressed considerable displeasure with Mr. Driver in making such assertions. Damion did acknowledge a suicide pact that he and his girlfriend had made if the authorities or her parents attempted to keep them apart; however, he indicates that, following hospitalization, he no longer is interested in hurting himself or anyone else. Damion denies ever making threats of killing his girlfriend's parents. Damion acknowledges he is a witch, and indicates this is his religious preference. He also distinguishes his religious beliefs from Satanism, indicating he believes in a series of gods and goddesses, and he sees this as his religious preference, which should not be of concern to State authorities. Damion felt that my inquiries in this area were an intrusion into his privacy, and declined to discuss the matters further. Damion did say that his religious beliefs of witchcraft are a compilation of information he has received over the years. Damion indicated that he changed his name from Michael to Damion, because, at the time, he was involved in a conversion to Catholicism, and that Damion was the name of a saint he respected. At this time, Damion indicates he is in the process of having his name legally changed from Damion back to Michael Damion Wayne Hutchinson. Damion is currently going by the name of Michael at his work place.

CONFIDENTIAL
DO NOT REDISCLOSE

DAMION WAYNE ECHOLS aka MICHAEL DAMION WAYNE HUTCHINSON
INTAKE SUMMARY
PAGE 4

EVALUATION:

At this time, I have asked for additional information regarding social background from Arkansas. They have indicated that they will forward a discharge summary of his hospitalization to us, along with some social background.

At this time, Damion is a nearly eighteen year old young man who is employed on a full-time basis, and is not interested in receiving any services from the State. Likewise, his parents deny any problems with him, and indicate a belief that he has no behavioral problems, and that services from the State are unnecessary.

Based on the child and family's resistance toward intervention, I do not see a wide variety of needs that this agency can offer. However, Damion has agreed to comply with terms of probation; therefore, I would see the role for this agency to provide basic monitoring of the conditions of probation, as a courtesy to the State of Arkansas.

RECOMMENDATION:

It is respectfully recommended that Washington County Juvenile Department provide a minimum level of courtesy supervision probation for the State of Arkansas to Damion Echols, until he reaches his eighteenth birthday on December 11, 1992. It would be my recommendation that, upon Damion turning eighteen, the Washington County Juvenile Department discontinue its involvement with him.

Respectfully submitted,



Calvin L. Downey
Juvenile Department Counselor
August 14, 1992

CLD:lvf

CONFIDENTIAL
DO NOT REDISCLOSE

000470

JUVENILE COMPACT FORM VI

MEMORANDUM OF UNDERSTANDING AND WAIVER - PAROLEE OR PROBATIONER

Sending State Arkansas Receiving State Oregon

I, Damon Echols, realize that the grant of (parole) (probation) and especially the privilege to leave the State of Arkansas to go to the State of Oregon is of great benefit to me. In return for these advantages, I promise:

1. That I will make my home with Joe Hutchinson, father at 180 Avenue, Apt. No. 88, Aloha, OR 97007 until a change of residence is duly authorized by the proper authorities of the receiving state.

2. That I will obey and live up to the terms and conditions of (parole) (probation) as fixed by both the sending and receiving state.

3. That I will return at any time to the sending state if asked to do so by the (parole) (probation) authorities in that state. I further understand that if I do not obey or live up to these promises, I may be returned to the sending state.

I have read the above or have had the above read and explained to me, and I understand the meaning of it and agree thereto.

Witnessed by:

Date

Signed

Damon Echols
(Juvenile's Signature)

I, in my capacity of (parent) (guardian) of _____ do hereby approve of and subscribe to the above memorandum of understanding and hereby waive any right which I may have to contest the return of the juvenile referred to herein to the sending state from any state or jurisdiction, within or without the United States, in which (he) (she) may be found. I also undertake to cooperate with the supervising authorities and to assist them in securing the return of the juvenile referred to herein to the sending state whenever, in their judgement, such return may be necessary or desirable.

Date

Signed

Damon Echols
(Signature of Parent or Guardian)

Witnessed by:

On the 10th day of JUNE, 19 92, permission was granted to the above juvenile and (parent) (guardian) to have said juvenile reside in the State of OREGON and to be supervised by Juvenile Court Serv. Washington County

Signed

In the case of parole, to be signed by the Compact Administrator or other appropriate official. In the case of probation, to be signed by the appropriate judge.

FILED
at _____ o'clock _____

YA 3.503 Rev. 11(1-72)

JUL 27 1992

(Complete reverse side)

Mary S. Besett, Clerk

000471

DO NOT REDISCLOSE

REFERRAL COMMUNICATION LOG

Referral Source
(Name): Mr. Jerry Driver
Organization: Crittenden County Juv. Svcs.
Address: 116 Center Street
Marion, AR 72364
Phone #: 739-4401
☒ Primary Source
☐ Secondary Source

COMMUNITY CATEGORY

- ☐ Clinical (psych.)
☐ Clinical (non-psych-MD)
☐ Schools
☐ Industry
☒ Legal
☐ Clergy
☐ Military
☐ Mental Health Professional

Patient Name: Damien W. Echols (MR #00-11-60) Unit: Adol. Psych.
Physician: Dr. Wrenda Gallien Counselor: Tina Deaton
Admission Date: 9/14/92 Scheduled Discharge Date: _____
Admitting Diagnosis: XXX Psychotic Disorder NOS
Actual Discharge Date: _____ Discharge Status: _____
Release Signed: XXX/yes ☐ No
Initial Phone Contact (Date): 9/15/92
Follow-up Letter Mailed (Date): 9/15/92

CONFIDENTIAL
DO NOT REDISCLOSE

Communication requested as indicated:

- ☒ Weekly/81-weekly update reports
☒ Continued treatment plan
☐ Attend release planning conference
☒ Other Psych. Eval.; RN D/C Summary

- ☒ Release plan notice
☒ Discharge summary

Comments: Mr. Driver provided me with the follow name and phone number
of someone to contact at St. Vincent hospital in Oregon. This is
the person that worked with Damien while on the psych unit there &
he thought she may be ~~XXXXXX~~ able to provide us with helpful info.
M Julie Plachen - Phone # (503) 291-3594

Copies to: (1) Patient chart (2) Program Manager (3) Referral Communications Coordinator
(4) Sales Rep. (5) Physician (6) Primary Therapist

NOTE: One log is completed per referral source.

000472



September 15, 1992

Mr. Jerry Driver
Crittenden County Juvenile Services
116 Center Street
Marion, AR 72364

RE: Damien W. Echols
Medical Record #00-11-60

Dear Mr. Driver:

Thank you for referring the above named patient to Charter Hospital of Little Rock.

As you know, Damien Echols was admitted to Charter's adolescent psychiatric unit on September 14, 1992 with a diagnosis of psychotic disorder, not otherwise specified. His attending physician is Dr. Wrenda Gallien and his primary therapist is Mrs. Tina Deaton. The program manager for this unit is Mr. Barry Pipkin and he will also be available should you have any questions regarding the program.

Treatment at the hospital is administered through professional and medical supervision, offering the patient an individualized program. The patient's personalized treatment may include group, and individual therapy, occupational and recreational therapy, family counseling, nutritional counseling, and continued treatment after discharge.

Please note that you will be receiving copies of the items indicated on the enclosed release of information form as soon as they are available in his medical record.

If you have any questions regarding this admission or need additional information, please do not hesitate to contact us at 851-8700. Again, we appreciate you referring Damien to Charter Hospital.

Sincerely,

Terri Madden
Referral Communications Coordinator

/tlm

CONFIDENTIAL
DO NOT REDISCLOSE

000473





1001460-5

SCHOLLS, DAMIEN W
DOB 12/11/72
SS W FALL 84
ADM 02/14/92
MED REC 800-11-60

September 15, 1992

Mr. John Heath, Principal
Marion Junior High School
2 Patriot Drive
Marion, AR 72364

Dear Mr. Heath,


Your student, Damien Echols, has recently been admitted to Charter Hospital of Little Rock and is attending our school program.

Would you please send me a copy of his schedule and permanent record, including immunization record, as soon as possible? Also, if Damien is a special education student, please enclose a copy of his current IEP and psychological test data. The students educational therapist will be in touch with your guidance counselor to obtain more detailed information and share information you may need.

Enclosed is a copy of the Consent for Release of Information form signed by the parent or legal guardian.

We appreciate your valuable input and cooperation. Thank you!

Sincerely,



Dean Newell
Director of Education

Enclosures

CONFIDENTIAL
DO NOT RE

000474



CHARTER HOSPITAL
OF LITTLE ROCK

September 22, 1992

CONFIDENTIAL
DO NOT REDISCLOSE

Mr. Jerry Driver
Crittenden County Juvenile Services
116 Center Street
Marion, AR 72364

RE: Damien W. Ethols
Medical Record #)0-11-60

Dear Mr. Driver:

As you know the above named patient was admitted to Charter Hospital's adolescent psychiatric unit on September 14, 1992.

The following information has been enclosed for your records, as promised:

History and Physical
Admission Psychiatric Evaluation

Please note that the other items promised to you will be forwarded as soon as they are available in his medical record.

If you have any questions or need additional information, please do not hesitate to contact us at 851-8700. We appreciate you referring Damien to Charter Hospital.

Sincerely,

Terri Madden
Referral Communications Coordinator

/tjm

Enclosures (2)

CONFIDENTIAL
DO NOT REDISCLOSE

000475



EAST ARKANSAS REGIONAL MENTAL HEALTH CENTER



J. E. Chauvin, President
William I. Ivey 3rd, M.S., Executive Director

105 W. Harrison
West Memphis, Arkansas 72301
(501) 735-6923

1160

January 06, 1993

Charter Hospital of Little Rock
1601 Murphy Drive
Mavnele, Arkansas 72110

RE: Damien Echols
SSN:
DOB: 12-11-74

TO WHOM IT MAY CONCERN:

Enclosed you will find our Authorization for Release of Information on the above named individual.

Any information you might have on file would be beneficial in our service to this client.

If you have any questions regarding this client, please feel free to contact this agency.

Sincerely,

Sherry Dockins, LMSW
Sherry Dockins, LMSW
Clinical Social Worker

SD/mg

Enc.

c: File

CONFIDENTIAL
DO NOT REDISCLOSE

000476

Serving Crittenden, Cross, Lee, Monroe, Phillips and St. Francis Counties

This Agency is in compliance with Title VII of the Civil Rights Act

AUTHORIZATION FOR RELEASE OF INFORMATION

Pursuant to Federal Guidelines concerning my right to confidentiality, I,

Damien Echols 12-11-74

(Name of Patient, date of birth, and Social Security number if known)

authorize Charles & Little Rock

(Name and address of specific person or organization making disclosure)

to release my service records or information concerning my service records to:

East Ark Regional Mental Health Center, 105 West Harrison, West Memphis, Ark

I specifically consent only to the release of information or service records

pertaining to: records of treatment

(Specific information to be released)

The above information is released for the following purpose and that purpose only.

Any other is forbidden: Continuity of care

(Reason for information to be released)

I understand that I may revoke this consent at any time. I also understand that any release of information which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization in writing prior to such time, this authorization to release information shall expire on 1-5-93

(date, event or condition)

or 60 days after the date below, at which time no expressed revocation shall be needed to terminate my consent.

A photostatic copy of this authorization shall be as valid as the original and shall serve in its stead.

Damien Echols

Patient's Signature

Sherry Dockins LMSW

Witness

1-5-92

Date

Clinical Social Worker

State title or relationship to patient

(If the patient is either under age or has a guardian appointed by the court, and signs this form, this release must also be signed by the patient's parent or guardian.

Parent or Guardian

Witness

CONFIDENTIAL

DO NOT REDISCLOSE

Date

000477

State title or relationship to patient

TO BE COMPLETED BY SSA

NUMBER/HOLDER

SOCIAL SECURITY NUMBER

EMPLOYEE/CLAIMANT/BENEFICIARY (If other than Number Holder)

AUTHORIZATION FOR SOURCE TO RELEASE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

INFORMATION ABOUT SOURCE - PLEASE PRINT, TYPE, OR WRITE CLEARLY

NAME AND ADDRESS OF SOURCE (Include Zip Code)

RELATIONSHIP TO CLAIMANT/BENEFICIARY

INFORMATION ABOUT CLAIMANT/BENEFICIARY - PLEASE PRINT, TYPE, OR WRITE CLEARLY

NAME AND ADDRESS (If known) AT TIME CLAIMANT/BENEFICIARY HAD CONTACT WITH SOURCE (Include Zip Code)

DATE OF BIRTH

CLAIMANT/BENEFICIARY I.D. NUMBER
(If known and different than SSN)
(Clinic/Patient No.)

APPROXIMATE DATES OF CLAIMANT/BENEFICIARY CONTACT WITH SOURCE (e.g., dates of hospital admission, treatment discharge, etc.)

DO NOT REDISCLOSE

TO BE COMPLETED BY CLAIMANT/BENEFICIARY OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF

GENERAL AND SPECIAL AUTHORIZATION TO RELEASE MEDICAL AND OTHER INFORMATION IN ACCORDANCE WITH THE PROVISIONS OF THE SOCIAL SECURITY ACT; THE PUBLIC HEALTH SERVICE ACT, SECTIONS 523 AND 527; AND TITLE 38 U.S.C. VETERANS BENEFITS, SECTION 4132.

I hereby authorize the above-named source to release or disclose to the Social Security Administration or State agency the following information for the period(s) identified above:

- 1) All medical records or other information regarding my treatment, hospitalization, and/or outpatient care for my impairment(s), including psychological or psychiatric impairment(s), drug abuse, alcoholism, sickle cell anemia, acquired immunodeficiency syndrome (AIDS), or tests for or infection with human immunodeficiency virus (HIV);
- 2) Information about how my impairment(s) affects my ability to complete tasks and activities of daily living;
- 3) Information about how my impairment(s) affected my ability to work.

I understand that this authorization, except for action already taken, may be voided by me at anytime. If I do not void this authorization, it will automatically end when a final decision is made on my claim. If I am already receiving benefits, the authorization will end when a final decision is made as to whether I can continue to receive benefits.

READ IMPORTANT INFORMATION ON REVERSE BEFORE SIGNING FORM BELOW.

SIGNATURE OF CLAIMANT/BENEFICIARY OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF

RELATIONSHIP TO CLAIMANT/BENEFICIARY

DATE

STREET ADDRESS

TELEPHONE NUMBER (Area Code)

CITY

STATE

ZIP CODE

The signature and address of a person who either knows the person signing this form or is satisfied as to that person's identity is requested below. This not required by the Social Security Administration, but without it the source may not honor this authorization.

SIGNATURE OF WITNESS

STREET ADDRESS

CITY

STATE

ZIP CODE



CHARTER HOSPITAL OF LITTLE ROCK

1601 Murphy Drive • Maumelle, Arkansas 72113 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities

CONSENT FOR RELEASE OF INFORMATION

I, Ronnie Lippert, hereby authorize Marion St. Hight
Parent/Guardian Home/School/Agency

and Charter Hospital of Little Rock to exchange the following written and oral information regarding
Damien Echols relating to services provided
Student's Name

- ☒ IMMUNIZATION RECORDS
- ☒ EDUCATION PROGRESS REPORTS
- ☒ TEXTBOOKS FOR ENROLLED CLASSES
- ☒ EDUCATION DISCHARGE SUMMARY
- ☒ SCHOOL TRANSCRIPTS
- ☒ EDUCATIONAL ASSESSMENTS
- ☒ SPECIAL AND RELATED SERVICES
EVALUATION RESULTS

- ☒ HEARING AND VISION EXAMINATION
- ☒ SCHEDULE AND DESCRIPTION OF
CLASSES FOR CURRENT TEAM
- ☒ DISTRICT HOME/HOSPITAL POLICY
- ☒ VERBAL INFORMATION SHARING
- ☒ CURRENT IEP

CONFIDENTIAL

This information shall be used for purposes of treatment and educational planning. This consent automatically expires

365 days after the date shown below. I understand that I may revoke this consent in writing
at any time, and that I have the right to inspect and copy the information to be disclosed. I intend that carbon copies
or photo copies of this release shall have the same force and effect as the original.

9-14-92
Date

Damien Echols
Patient's signature
(required if patient is 12 years or older)

9-14-92
Date

Ronnie Lippert
Signature of Parent or Guardian

9-14-92
Date

Penny Mitchell
Witness

000479

CUSTOM PRINTING CO. - NLR - 375-7311 - CHL 1078

FOR RELEASE SOURCE AND/OR FAMILY PERSONAL AND CONFIDENTIAL

AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned hereby authorize:

Charter Hospital of Little Rock

To receive medical, psychiatric, psychological, educational, dental and / or any information on:

PATIENT NAME

DATE OF BIRTH

Damien Eckols

12-11-74

PATIENT ADDRESS

DATE OF TREATMENT / HOSPITALIZATION

Rt 2 Box 708

12/14/92 to Discharge

Marion, AR 72304

Information to Be Released To: (Organization/Person)

James H. Hines
Little Rock, AR

Address of Organization/Person:

724-4421

Type of Information to Be Released:

H&P, PC Smt 9/22/92 am

- ☒ Discharge Summary
- ☒ History / Physical
- ☒ Lab / Diagnostic Services
- ☒ Educational Assessment
- ☒ Psychological Assessment
- ☒ Substance Abuse / Addictive Disease
- ☒ Speech and Language Work

RNO & CCPS + 4/12/92 am
QC Smt
4/2/92 am

- ☒ Psychological Testing and/or
- ☒ Program Abstract
- ☒ Progress Notes
- ☒ Social History
- ☒ History / Visual Observation
- ☒ Interview / Interview Notes
- ☒ Other (Specify) Admit/D/C

Purpose of Disclosure:

Continuity of Care

Cont. Care Plan
D/C Summary

This document is not valid unless it is signed by the patient or the patient's legal representative. It is not valid if the patient is under 18 years of age, is incompetent, or is otherwise unable to give informed consent.

Other: 90 days after discharge - Yes No ET

TO THE PARTY RECEIVING THE INFORMATION: This document is not valid unless it is signed by the patient or the patient's legal representative. It is not valid if the patient is under 18 years of age, is incompetent, or is otherwise unable to give informed consent.

I have read and approved this document and agree to its terms and conditions. I understand that this document is not valid unless it is signed by the patient or the patient's legal representative.

| | | |
|-------------------------|--------------|-----------------|
| PATIENT'S SIGNATURE | | DATE |
| <u>Damien Eckols</u> | | <u>12-14-92</u> |
| PARENT / LEGAL GUARDIAN | RELATIONSHIP | DATE |
| <u>James H. Hines</u> | <u>Admit</u> | <u>12-14-92</u> |
| WITNESS | TITLE | DATE |
| <u>James H. Hines</u> | <u>02</u> | <u>12-14-92</u> |

THIS AUTHORIZATION IS VALID FOR ALL INFORMATION REQUESTED AND ALL INFORMATION REQUESTED IS CONFIDENTIAL



BILL CLINTON
Governor

STATE OF ARKANSAS

Disability Determination For Social Security Administration

930219400232

701 PULASKI STREET
LITTLE ROCK, ARKANSAS 72201
TELEPHONE 501 682-3030

1160

February 19, 1993

CASSANDRA F. WILKINS
Director

Smart Corporation
Charter Hospital/Little Rock
1601 Murphy Drive
Maumelle, AR 72118

ADDRESS CORRECTION:

Re Damien W Echols

CLAIMANT'S NAME

SOCIAL SECURITY NUMBER

12/11/74

DATE OF BIRTH

The above named claimant has filed for disability benefits under the Social Security Act.

We would appreciate your furnishing this office with medical information from your records to include history, physical and laboratory findings with diagnosis. You may submit a copy of your records or provide a report on your letterhead.

We are authorized to pay a maximum of \$15.00 for this report. If payment is required, enter the amount and sign this form in the spaces provided. PLEASE NOTE: UNLESS THE REPORT AND THIS FORM ARE RECEIVED WITHIN THIRTY DAYS FROM THE DATE OF THIS REQUEST, PAYMENT WILL NOT BE MADE.

If you have any questions, please call this Agency at telephone number 1-800-482-9950. Thank you for your cooperation.

Allegations: mental. ALL records of 5-92 to present.
Please send outpatient records.
Laboratory or diagnostic tests.
Operative and/or pathology reports.
Mental status examinations.
Psychological studies (WAIS, Stanford Binet or other tests).
History, physical, and discharge summary.
X-ray reports.

If you have any questions, please call Karen Brown at 682-7543.

DS
PE
Hep
DS
Payer
2-24-93
m

ALL COPIES OF THIS FORM SHOULD BE SUBMITTED WITH THE REPORT AND MUST BE SIGNED BY THE PHYSICIAN, BUSINESS MANAGER, OR OTHER AUTHORIZED PERSON. NO PAYMENT CAN BE MADE UNTIL PROPER FORMS ARE RECEIVED.

IF THE NAME OF THE PAYEE IS NOT THE NAME WE USED IN YOUR ADDRESS, PLEASE INDICATE TO WHOM REMITTANCE SHOULD BE MADE.

SIGNED

PHYSICIAN IN CHARGE FOR THIS REPORT

PHYSICIAN-BUSINESS MANAGER-AUTHORIZED AGENT

Reviewed for compliance and completeness.
Processing for payment approved.

CONFIDENTIAL
DO NOT REDISCLOSE

DATE AUTHORIZED
XVI / 810
TYPE CASE

DATE REPORT RECEIVED

S/A EXAMINER

000481
"AN EQUAL OPPORTUNITY EMPLOYER"



1601 Murphy Drive • Marmelle, Arkansas 72118 • (501) 851-8700
A member of the Charter Medical Corporation family of quality health care facilities.

CONSENT FOR RELEASE OF INFORMATION

I, Pamela Echols, hereby authorize Marion High School
Parent/Guardian Home/School/Agency

and Charter Hospital of Little Rock to exchange the following written and oral information regarding
Damien W. Echols relating to services provided:
Student's Name

☐ IMMUNIZATION RECORDS
☒ EDUCATION PROGRESS REPORTS
☒ TEXTBOOKS FOR ENROLLED CLASSES
☒ EDUCATION DISCHARGE SUMMARY
☒ SCHOOL TRANSCRIPTS
☒ EDUCATIONAL ASSESSMENTS
☒ SPECIAL AND RELATED SERVICES
EVALUATION RESULTS

☐ HEARING AND VISION EXAMINATION
☐ SCHEDULE AND DESCRIPTION OF
CLASSES FOR CURRENT TEAM
☐ DISTRICT HOME/HOSPITAL POLICY
☒ VERBAL INFORMATION SHARING
☒ CURRENT IEP

This information shall be used for purposes of treatment and educational planning. This consent automatically expires
90 days after the date shown below. I understand that I may revoke this consent in writing
at any time, and that I have the right to inspect and copy the information to be disclosed. I intend that carbon copies
or photo copies of this release shall have the same force and effect as the original.

DO NOT REDISCUSS

6-1-92
Date

Damien Echols
Patient's signature
(required if patient is 12 years or older)

6-1-92
Date

Pamela Echols
Signature of Parent or Guardian

6-1-92
Date

Karen Jenkins
Witness



1601 Murray Drive • Memphis, Arkansas 38113 • (501) 851-8700
A member of the CHARTER HOSPITALS Corporation under its master health care contract

FOR REFERRAL SOURCE AND/OR FAMILY PHYSICIAN ONLY

AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned hereby authorizes:

Charter Hospital of Little Rock

to release medical, psychiatric, psychological, educational, alcohol and / or drug information on:

| | | |
|--------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|
| PATIENT NAME <u>Thomas Eugene Echols</u> | | DATE OF BIRTH <u>12-11-74</u> |
| PATIENT ADDRESS <u>Pt 2 Box 988</u> <u>Memphis, TN 38164</u> | | DATES OF TREATMENT / HOSPITALIZATION <u>6-1-92 to Discharge</u> |
| Information To Be Released To: (Organization/Person): <u>Attorney in Law, Mr. J. B. [unclear] [unclear], AT</u> | | |
| Address of Organization/Person: <u>739-4401</u> | | |

Type of Information To Be Released

| | |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Discharge Summary | <input checked="" type="checkbox"/> Psychological Testing / evaluation |
| <input checked="" type="checkbox"/> History / Physical | <input checked="" type="checkbox"/> Progress Updates |
| <input checked="" type="checkbox"/> Lab / Diagnostic Services | <input checked="" type="checkbox"/> Progress Notes |
| <input checked="" type="checkbox"/> Educational Assessment | <input checked="" type="checkbox"/> School Transcripts |
| <input checked="" type="checkbox"/> Educational Update | <input checked="" type="checkbox"/> Hearing / Visual / Communication Report |
| <input checked="" type="checkbox"/> Psychiatric Evaluation / Addictive Disease | <input checked="" type="checkbox"/> Individual Educational Plan |
| <input checked="" type="checkbox"/> Speech and Language Workup Assessment | <input checked="" type="checkbox"/> Other (Specify) Admit/D/C No |
| | <input checked="" type="checkbox"/> Cont. Care Plan; Nurs |
| | <input checked="" type="checkbox"/> D/C Summary |

Purpose of Disclosure: Continuity of Care

This authorization for release of information is subject to written revocation at any time. When a patient / legal guardian receives such notice it may make no sense to the patient / legal guardian and revocation. Unless another date is specified, this release is valid (90) days after the date it is signed.

Other entities may authorize by the patient / legal guardian 90 days after discharge Yes ☒ No ☐
It is further understood that this information released is for professional purposes only and may not be provided in whole or part to any other organization, or person other than stated above.

TO THE PARTY RECEIVING THIS INFORMATION: This information has been obtained to you from records whose confidentiality is per Federal Law Federal regulations (48 C.F.R. Part 2) prohibit you from making any further disclosure of this information without the express consent of the person to whom it pertains. A general authorization for release of medical or other information is not sufficient for this purpose.

I have read and agree all information was properly completed prior to my signature. And that this form is not rendered null or void by the fact

| | | |
|--------------------------------------------------------|--|----------------------------|
| PATIENT'S SIGNATURE <u>Thomas Eugene Echols</u> | | DATE <u>6-1-92</u> |
| PARENT / LEGAL GUARDIAN <u>Thomas Eugene Echols</u> | | RELATIONSHIP <u>102</u> |
| WITNESS <u>Thomas Eugene Echols</u> | | TITLE <u>102</u> |
| | | DATE <u>6-1-92</u> |

THIS AUTHORIZATION IS INVALID UNLESS ALL PERTINENT SECTIONS ARE COMPLETED.

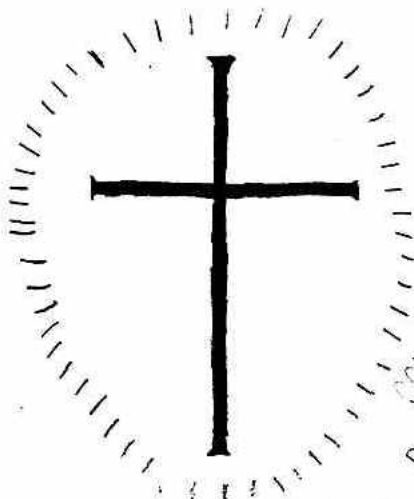
000483

Vol. 27
Exh. 1

1001450-5

ST. LOUIS, TENN W
DATE 12/11/74
FROM TOLSON
AD 109/11-60
MED AT 100-11-60

..... And Satan reared his ugly
head and spt into the world.



Blood
will
follow
Blood

CONFIDENTIAL
DO NOT REDISCLOSE

Grazed the skin with my fingertips
the feel of Dead cold flesh paces the means
empty minds enslave the creations
simple smiles elude psychotic eyes
loose all mind control, rational declines
Dance with the Dead in my Dreams
listen to their hollow scream
the Dead have taken my soul
temptations lost all control

000484

10014505

ETHOLS, "MIEN W
 DOB 12/11/74
 CR W CALL 154
 ADM 02/14/92
 MED REC #02-11-60

~~Life it seems will fade away
 Drifting not over day
 getting lost within myself~~

Welcome to where time starts still
 where the colors and the light
 sleep in the mind and you will see
 the dream of my reality - see
 the world as it is - I am
 see the world as it is in my sight
 no locked doors no windows barred
 no things to make me afraid
 scared keep him tight in my arms
 with me no one can hurt me

CONFIDENTIAL

DO NOT REDISCLOSE

now you win

you tricked me out, you did me
 wrong, you know that I sing this
 song. But... I don't expect it
 for revenge. when you least expect it
 expect. But until the end I'll just
 pretend. And you still my there
 but you're on my five year plan.

000485

My Name is Damien Echols. I am 17 years old.
Places it has lived are: Arkansas, Texas,
Tennessee, Maryland, and Louisiana.
My family members are mother, father,
grandmother, sister the only ones are I
know is my sister, she is 14. My home
life was o.k. when I was younger and
is o.k. now. I don't really feel anything
towards my family I don't really feel
anything towards birth, death, divorce
separations or adoptions. I don't feel
anything about anything anymore. My
family problems don't really affect me
because my life just goes on no matter
what they do. I am in 9th Grade and
I attend Marion high school. I don't
have any problems at school. I have
people alone and they leave me alone.
I like school. As a result of my
behavior I am on probation for one year.
The behavior that led me to hospitalization
was suicidal and homicidal. I see my
problems as that I know exactly what
I want and how to get it and people
try to get in my way. I'm not sure
what things worry my parents.

I feel good about myself and the things I like about myself are that most will not let me hurt and the ability to scare people. The thing I dislike about myself is that sometimes I don't know when to stop. My goals for this hospitalization is to get out as quickly as possible but to remain unchanged. My goals for myself is to become a stronger person. I don't really want to change anything for myself.

At the age of 13 or 14 my name was legally changed from Michael Dutchman to Damien Echols.

CONFIDENTIAL

DO NOT REDISCLOSE

PROBLEMS: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

problems: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

Do you agree? Why or why not? I don't agree, because I don't really have any bad problems and I'm not suicidal

other people trying to run my life and get in my way. But I know they only try because they think it's best for me

WHO DO YOU BELIEVE IS RESPONSIBLE FOR WHAT'S GOING ON IN YOUR LIFE? myself. because I control my own life.

to with your liver. short term- to get well enough to leave the hospital

long term- to own a new age shop

Complete the sentence "If I had a gold American Express card I would.... I could really say yes at this point in time, I don't really have a us

CONFIDENTIAL
DO NOT REDISCLOSE
000488

Date 1-1-1972

JUST FOR FUN

Look over each of the following sets. For each set, which one would you rather be? Circle your choice.

I'd Rather Be

a successful songwriter

or

a successful singer

an architect

or

a draftsman (or woman)

a receptionist

or

an ambulance driver

a lab technician

or

an auto mechanic

a construction worker

or

a druggist

a photographer

or

a car salesperson

a fire fighter

or

a police officer

a secretary

or

a pilot

a TV news announcer

or

a TV store owner

a fashion designer

or

a fashion buyer

a professional athlete

or

a cook

a teacher

or

an office manager

CONFIDENTIAL
DO NOT REDISCLOSE

000489

1001235-1
JAN 11 1972
FBI
DO NOT REDISCLOSE
11-60

If I Had A "Hund d "illion

Warren Schick

It's incredible! I can't believe it! Last year, my uncle-- without telling me--bought a lottery ticket in my name. I won, and he invested the money in real estate for me. He just told me that they discovered oil on the property and it's worth \$100,000,000.00! I'm a millionaire! I've been thinking about what I'll do with the money. Here are some of my ideas:

1. Some things I might buy for my very own...

A house

2. The gifts that I would like to make...

3. If I were a millionaire, then eventually I'd like to live in...

None
Ireland

4. The kind of job or work I would like to have is...

5. The amount of work I'd put in per day, per week, or per year would be...

None

6. My plans regarding school and college might be...

To Not Go

7. A problem I might have with all that money is...

People begging me

8. The people I'd like to meet and get to know are...

Anton Leav
Stephen King

9. For fun and recreation I might...

sleep all the time

10. The personality changes that might occur in me if I were very wealthy...

I probably wouldn't talk to anyone

11. What I probably would do (or probably would not do) for the poor people of the world...

I would put up a fence so they couldn't get to my

12. Other ideas...

house

CONFIDENTIAL

DO NOT REDISCLOSE

000490

ACTING ON ANGER

JAN 11 1960

1774

11:11

11:11

11:11

-11-60

This activity should be used with students as an indicator of their actions about the emotion of anger.

Directions: Read each of the following and mark the response that applies to your action on anger most of the time.

1. When I feel angry, most often the anger is a result of
 - a. comments made to me
 - b. something physical done to me
 - c. not having my own way
 - d. my disappointment in myself
 - e. my being treated unfairly
2. When I get angry at my parents, most often I
 - a. tell them about the anger
 - b. keep it to myself
 - c. tell someone else, other than parents
 - d. pout
 - e. take out my anger on someone or something
3. When I feel angry at my mother, most often I
 - a. talk things over with mother
 - b. pout
 - c. keep my anger to myself
 - d. talk to dad with my problem
 - e. take out my anger on someone or something else
4. When I get angry at home, most often my family
 - a. ignores my anger
 - b. leaves me alone to handle my anger
 - c. is understanding and listens to my "case"
 - d. is too busy to get involved in my problems
 - e. makes fun of my angry feelings
5. When I feel angry at my dad, most often I
 - a. talk things over with dad
 - b. pout
 - c. keep my anger to myself
 - d. go to mother with my problem
 - e. take out my anger on someone or something else
6. When I feel angry at school, most often I
 - a. am rude to everyone
 - b. smart off to those around me
 - c. pick a fight with someone I dislike
 - d. talk to a "trusted" teacher or the counselor
 - e. keep my angry feelings to myself

CONFIDENTIAL
DO NOT REDISCLOSE

Patricia Echols

L 10

1001235-1

CHECK YOURSELF OUT

(ANGER)

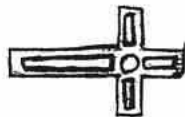
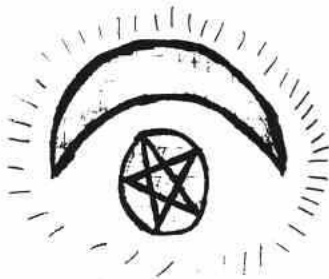
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10/17/74 BY J. CALLIEN
DATE 08/01/92 BY SP-11-60

Directions: Please write down the first thing that comes to your mind when you read the following words or phrases. Be honest with yourself in order to gain the most from this exercise.

1. When people get mad they should just cover it "get over it"
2. Feeling angry is an emotion "an emotion"
3. People who get angry are perfectly normal "perfectly normal"
4. When I get angry I try to relax
5. I get angry when people harass me
6. People make me angry when they bother me
7. When my father got angry he hurt people
8. When my mother got angry she cried "cried"
9. The best way to describe myself is calm

CONFIDENTIAL
DO NOT REDISCLOSE

000102



CONFIDENTIAL
DO NOT REDISCLOSE



CONFIDENTIAL
DO NOT REDISCLOSE

The Happiest Days of Our Lives

When we grew up and went to school there were certain teachers who would hurt the children any way they could.

By pouring their division upon everything we did, exposing every weakness however carefully hidden by the kids.

But in town it was well known when they got home at night their fat and psychopathic wives would thrash them within inches of their lives.

One of My Turns

Day after Day, our love turns gray
like the skin on a Dying man, night after Night,
we pretend it's alright But I have grown
older and you have grown colder and nothing
is very much fun anymore, and I feel
like the thin ice on Mack life, and I feel
cold as a razor blade, tight as a tourniquet
Dry as a Funeral Drum. Run to the bedroom,
in the scapcase by the lamp you'll find my
favorite axe, Don't look so frighten'd, this is
just a passing faze, one of my bad days.
would you like to call the Cops? Do you
think it's time I stopped? Why are you
running away?

000496

In the flesh

So ya, thought ya, might like to go
to the show, to feel the warmth
of the confusion, that spare cortex glow,
tell me is something colder than sunshine,
is this not what you expected to see?
if ya want to find out what's behind
these cold eyes, you'll just have to
claw your way through this disguise

The Thin Ice

If you should go skating, on the thin ice
of Mock life at night, dragging behind you
the silent reproach of a million rear stained
eyes, don't be surprised as a crack in the
ice appears under your feet, you'll
step into the depth and out of your
mind as you claw the thin ice.

CONFIDENTIAL

DO NOT REDISCLOSE

CONFIDENTIAL
DO NOT REDISCLOSE

witch witchcraft witchery
wicca (masculine)
wicce (feminine)

neecromancy the practice of using
spells or incantations to communicate
with the Dead

000498

DATE: 2-10-80

NAME: Camille Echols

I AM TRYING FOR LEVEL 1

1001235-1

I AM CURRENTLY ON LEVEL G AND HAVE BEEN FOR

1 DAYS.

ETHOLS, CAMILLE

DOB 12/11/74

DR W TALLON

ADM 7/1

MED REC

GOALS

11-80

PERSONAL:

WHAT I'M GOING TO DO

to help up more and talk more to staff and other members of the Group

HOW I'LL DO IT

participating more in group

EDUCATIONAL:

WHAT I'M GOING TO DO

Do whatever the teacher tells me to do

HOW I'LL DO IT

Go to school everyday and go to learn and not to play

FAMILY:

WHAT I'M GOING TO DO

tell my mom and dad all of my problems

HOW I'LL DO IT

Every time I have a problem I will go to them

CONFIDENTIAL

DO NOT RE-USE

DATE: 6/6/92

NAME: Damen Echols

I AM TRYING FOR LEVEL 0. I AM CURRENTLY ON LEVEL R. AND HAVE BEEN FOR
4 DAYS.

GOALS

PERSONAL:

WHAT I'M GOING TO DO Get better so I can go home

HOW I'LL DO IT by working with the program and doing whatever stuff says

EDUCATIONAL:

WHAT I'M GOING TO DO Do all of the work assigned every day and Pass

HOW I'LL DO IT By listening to the instructions of the teacher

FAMILY:

WHAT I'M GOING TO DO Get along with all Family members

HOW I'LL DO IT By listen to what they say and doing what I'm told and telling them my problems

CONFIDENTIAL
DO NOT REDISCLOSE

1001255-1
FBI/DOJ - NEW YORK
R38 12/11/74
ER M CALLEN
R38 06/01/92
REC REC 203-11-60



1001235-1

SCHOLS, DAMIEN W
6/2/11/76
W GALLIEN
SM 24/01/92
ST 252 800-11-60

June 2, 1992

Mr. Jerry Wood, Principal
Marion High School
1 Patriot Drive
Marion, AR 72364

Dear Mr. Wood,

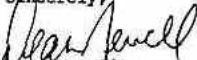
Your student, Damien W. Echols, has recently been admitted to Charter Hospital of Little Rock and is attending our school program.

Would you please send me a copy of his schedule and permanent record, including immunization record, as soon as possible? The students educational therapist will be in touch with your guidance counselor to obtain more detailed information and share information you may need.

Enclosed is a copy of the Consent for Release of Information form signed by the parent.

We appreciate your valuable input and cooperation. Thank you!

Sincerely,


Dean Newell
Director of Education
Charter Hospital

Enclosures

CONFIDENTIAL
DO NOT REDISCLOSE

000501





REFERRAL COMMUNICATION LOG

Referral Source

(Name): Mr. Jerry DriverOrganization: Crittenden County Juvenile SvcsAddress: 116 CenterMarion, AR 72364Phone #: 739-4401

COMMUNITY CATEGORY

☐ Clinical (psych.)☐ Clinical (non-psych-MD)☐ Schools☐ Industry☒ Legal☐ Clergy☐ Military☐ Mental Health Profession☒ Primary Source☐ Secondary SourcePatient Name: Damien W. Echols (MR #00-11-60)Unit: Adol. Psych.Physician: Wrenda GallienCounselor: Tina DeatonAdmission Date: 6/1/92

Scheduled Discharge Date: _____

Admitting Diagnosis: Major Depression Single Episode

Actual Discharge Date: _____

Discharge Status: _____

Release Signed: ☒ Yes ☐ NoInitial Phone Contact (Date): Left message on 6/2/92Follow-up Letter Mailed (Date): 6/2/92

Communication requested as indicated:

☐ Weekly/Bi-weekly update reports☒ Continued treatment plan☐ Attend release planning conference☒ Other Psych. Eval.; RN D/C☒ Release plan notice☒ Discharge summary

Comments: _____

CONFIDENTIAL
DO NOT REPRODUCE

Copies to: (1) Patient chart (2) Program Manager

(3) Referral Communications Coordinator

(4) Sales Rep. (5) Physician (6) Primary Therapist

NOTE: One log is completed per referral source.

June 2, 1992

CONFIDENTIAL
DO NOT REDISCLOSE

Mr. Jerry Driver
Crittenden County Juvenile Services
116 Center
Marion, AR 72364

RE: Damien W. Echols
Medical Record #00-11-60

Dear Mr. Driver:

Thank you for referring the above named patient to Charter Hospital of Little Rock.

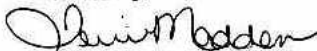
Damien Echols was admitted to Charter's adolescent psychiatric unit on June 1, 1992 with a diagnosis of major depression, single episode. His attending physician is Dr. Wrenda Gallien and the primary therapist is Tina Deaton. The program manager for this unit is Mr. Barry Pipkin and will also be available should you have any questions regarding the program.

Treatment at the hospital is administered through professional and medical supervision, offering the patient an individualized program. The patient's personalized treatment may include group and individual therapy, occupational and recreational therapy, family counseling, nutritional counseling, and continued treatment after discharge.

Please note that you will be receiving copies of the items checked on the enclosed release of information form as soon as they are available in the medical record.

If you have any questions regarding this admission or need additional information, please do not hesitate to contact me at (501) 851-8700. Again, we appreciate you referring this patient to Charter Hospital.

Sincerely,



Terri Madden
Referral Communications Coordinator

/tln

DO NOT REDISCLOSE

000503

June 11, 1992

CONFIDENTIAL
DO NOT REDISCLOSE

Mr. Jerry Driver
Crittenden County Juvenile Services
116 Center Street
Marion, AR 72364

RE: Damien W. Echols
Medical Record #00-11-60

Dear Mr. Driver:

As you know, the above named patient was admitted to Charter Hospital's adolescent psychiatric unit on June 1, 1992.

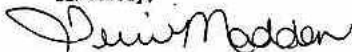
The following information has been enclosed for your records, as promised:

History and Physical
Admission Psychiatric Evaluation

Please note that the other items promised will be forwarded to you as soon as they are available.

If you have any questions or need additional information, please do not hesitate to contact me at (501) 8518700.

Sincerely,



Terri Madden
Referral Communications Coordinator

/tjm

Enclosures (2)

DO NOT REDISCLOSE

000504



**CHARTER HOSPITAL OF LITTLE ROCK
RELEASE OF INFORMATION TO THIRD PARTY PAYORS/AGENTS**

1001235-1

Insurance Company: medicaid
Policy Number: 1238413-001
Insured: PT
Patient: Danien W. Echols

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 06/01/92

I authorize Charter Hospital of Little Rock to disclose portions of the clinical record on the patient named above to my insurance company and/or its contracted reviewing agent for the purpose of reimbursement of hospital services received at this facility. Such disclosure may include review or release of copies of the psychiatric and/or substance abuse diagnosis, history and physical examination, psychiatric assessment, progress notes, discharge summary and any other information or records reasonably necessary for the discharge of the legal contractual obligations of the insurance company.

I understand the information obtained by use of the Authorization will be used by the above-named insurance company to determine eligibility for benefits under an existing policy. Any information obtained will not be released by this above-named insurance company to any other persons or organizations unless I so authorize.

I hereby release CHARTER HOSPITAL OF LITTLE ROCK, its officers, agents, employees and any clinicians associated with my case from all liability that may arise as a result of disclosure of information to the above named insurance company.

By signing this release, I acknowledge the following:

1. I am aware and understand that this authorization will not be valid or used unless the above named insurance company requests records or information for payment of hospital services;
2. I am aware and have been advised of the provisions of State and Federal Statutes, rules and regulations which provide for my right of confidentiality of the information in these records;
3. I am aware that I may revoke this authorization at any time except to the extent that action has been taken in reliance hereon;
4. I further agree that this authorization will be valid during the pendency of this claim; and
5. I acknowledge receipt of a completed and signed copy of this release form.

Signed this

day of

June

19

92

PATIENT'S SIGNATURE

WITNESS SIGNATURE

PARENT/GUARDIAN SIGNATURE

NOTE: When patient is a minor, ward or conservatee, or otherwise legally incompetent, a custodial parent, legal guardian, or conservator must authorize, and consent to, the release of the patient's record. (However, any minor patient who can understand this form should be given the opportunity to sign it in addition to the legal representative.)

CONFIDENTIAL
DO NOT REPRODUCE

DO NOT REPRODUCE

1001460-5

ECHOLS, DAMIEN W
DOB 12/11/74
DR W GALLIEN
ADM 09/14/92
MED REC #00-11-60



Patient Name Damien W Echols

Responsible Party Patricia Ann Light

I can be reached at: Phone: (913) 713-4148 (W)

(501) 735-4201 (H)

The best time to reach me is between the hours of 8:00am & 5:00pm (M, Tu, W, Th, F)

Other Party: Paul L. Joyce Echols

I can be reached at: Phone: N/A (W)

(501) 591-0881 (H)

The best time to reach me is between the hours of 8:00am & 5:00pm on (M, Tu, W, Th, F)

**CHARTER HOSPITAL OF LITTLE ROCK
RELEASE OF INFORMATION TO THIRD PARTY PAYORS/AGENTS**

1001460-5

Insurance Company: Medicaid & Review Agency
Policy Number: ending
Insured:
Patient: Danien Echols

ECHOLS, DANIE N
DOB 12/11/74
DR M GALLIEN
ADM 09/14/92
MED REC #00-11-60

I authorize Charter Hospital of Little Rock to disclose portions of the clinical record on the patient named above to my insurance company and/or its contracted reviewing agent for the purpose of reimbursement of hospital services received at this facility. Such disclosure may include review or release of copies of the psychiatric and/or substance abuse diagnosis(es), history and physical examination, psychiatric assessment, progress notes, discharge summary and any other information or records reasonably necessary for the discharge of the legal contractual obligations of the insurance company.

I understand the information obtained by use of the Authorization will be used by the above-named insurance company to determine eligibility for benefits under an existing policy. Any information obtained will not be released by the above-named insurance company to any other persons or organizations unless I so authorize.

I hereby release CHARTER HOSPITAL OF LITTLE ROCK, its officers, agents, employees and any clinician associated with my case from all liability that may arise as a result of disclosure of information to the above named insurance company.

By signing this release, I acknowledge the following:

1. I am aware and understand that this authorization will not be valid or used unless the above named insurance company requests records or information for payment of hospital services;
2. I am aware and have been advised of the provisions of State and Federal Statutes, rules and regulations which provide for my right of confidentiality of the information in these records;
3. I am aware that I may revoke this authorization at any time except to the extent that action has been taken in reliance hereon;
4. I further agree that this authorization will be valid during the pendency of this claim; and
5. I acknowledge receipt of a completed and signed copy of this release form.

Signed this 14th day of Sept., 19 92

[Signature]
PATIENT'S SIGNATURE

[Signature]
PARENT/GUARDIAN SIGNATURE

[Signature]
WITNESS SIGNATURE

NOTE: When patient is a minor, ward or conservatee, or otherwise legally incompetent, a custodial parent, legal guardian, or conservator must authorize, and consent to, the release of the patient's record. (However, any minor patient who can understand this form should be given the opportunity to sign it in addition to the legal representative.)

CLERK'S CERTIFICATE

STATE OF ARKANSAS)
)
COUNTY OF CRAIGHEAD) ss.

I, PAT FLEETWOOD, CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY AND STATE AFORESAID, DO HEREBY CERTIFY THE FOREGOING 509 PAGES OF TYPEWRITING CONTAINS TRUE AND COMPLETE TRANSCRIPT OF THE RECORD AND PROCEEDINGS IN THE CIRCUIT COURT OF SAID COUNTY, IN THE CAUSE HEREIN STATED.

IN TESTIMONY WHEREOF, I HAVE HERETO SET MY HAND AND THE SEAL OF SAID COURT THIS 22ND DAY OF AUGUST, 1994.


PAT FLEETWOOD
CIRCUIT COURT CLERK

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS

WESTERN DISTRICT

CRIMINAL DIVISION

STATE OF ARKANSAS

PLAINTIFF

VS

CR-93-450 & CR-94-450A

DEFENDANT

CERTIFICATE OF COST

I, Pat Fleetwood, Clerk of the Circuit Court named above do hereby certify the following is a true and correct statement of cost in the above case:

CLERK'S COST \$ 64.00

SHERIFF'S COST \$ N/A

TRANSCRIPT \$ N/A

Witness my hand and seal on this the 22nd day of August,
19194.


PAT FLEETWOOD
CIRCUIT COURT CLERK

000509