



HEALTH RECORD		DETAINEE PREINTERROGATION EVALUATION	
DATE: 20 Apr 04	PATIENT COMPLAINT/INTERROGATOR CONCERNS: PT is 56 y.o. M; was struck during worst broken front tooth + cut lip Was taken to hospital, report filed		ALLERGIES: NK/A
BP: 138/78			MEDICATIONS: $\emptyset$
P: 69			SOCHx: Tob: $\emptyset$
R: 14			ETOH: $\emptyset$
TEMP:			
WEIGHT: 82kg	O: GENERAL:	Normal	Abnormal
	HEENT	Normal	Abnormal <i>peeling laceration lower lip; chipped front tooth</i>
	NECK	Normal	Abnormal
	LUNGS	Normal	Abnormal
PMHX: (CIRCLE)	CARD	Normal	Abnormal
HTN $\emptyset$	ABD	Normal	Abnormal
DM $\emptyset$	EXT	Normal	Abnormal
TB $\emptyset$			
CAD $\emptyset$			
A/P:	Dnl exam x as noted		
	Hep A, Hep B, MMR, Td:	Given	Patient Refused
(b)(6)-2			
<i>MMR, or, USAF, etc</i>			
ISN:	(b)(6)-4		SEX: M
CAMP:			
DOB:	7/1/1947		

STANDARD FORM 600 BACK (REV. 5-84)

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

1 Apr 04  
2040  
2/12 CAU

REPORT OF DETAINEE MEDICAL SCREENING:

History of Past Medical Conditions: (circle) High Blood Pressure, Diabetes, Heart Failure,

9/0 ~~head~~ pain white walking Kidney Failure, Seizures, Stroke, Bleeding

2/30 ~~meds~~ 20200 ~~meds~~ Ulcers, Chronic Bowel problems, Thyroid Dz

Medication Allergies: (NO) (YES) List - started 2-3 Days

Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)  
Unknown med for abd pain

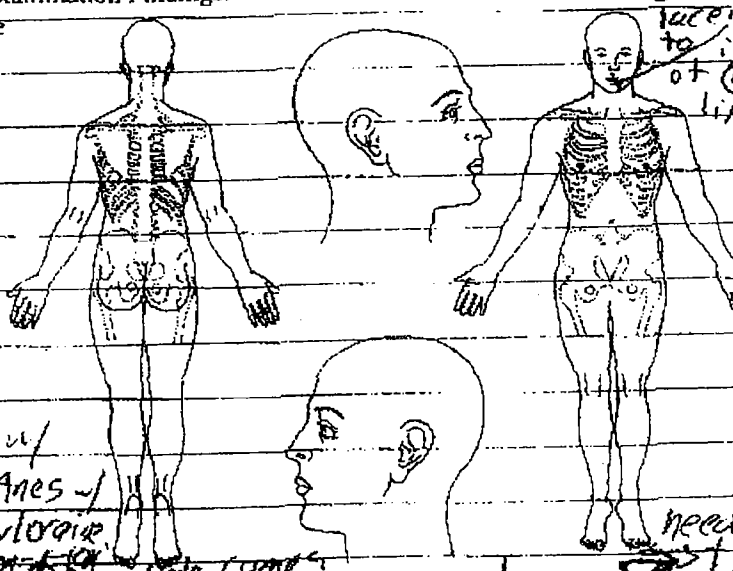
Of translator available

Recent Injuries: (NO) (YES) Describe -

Exam Findings: BP: 20/100 Pulse: 88 Resp: 18

Utilize Diagram and Space Below to Indicate Examination Findings.  
If additional space required, continue on reverse

4 abd - splint/UD NABS



Procedure - sutured inner lip laceration w/ 4 stitches, S-O nylon. Anes -

(FIT) (UNFIT) For Confinement

(Does) (Does Not) Require Further Eval  
sterilized on file  
Needs prescription  
See consent

Name/Rank/Unit of Screener (b)(6)-2 (b)(3)-1 (b)(6)-2 CPT MC, RECORDS MAINTAINED AT

HOSPITAL OR MEDICAL FACILITY STATUS RELATIONSHIP TO SPONSOR

SPONSOR'S NAME SSANID NO REGISTER NO

PATIENT'S IDENTIFICATION (If you typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)

Detainee Information: Name (b)(6)-4

Control Number: Date-Time of Detention

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV 8-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9 202-1  
USAPA V2.110

HEALTH RECORD DETAINEE PREINTERROGATION EVALUATION

DATE: 20A p/04  
 BP: 138/78  
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 R: 14

PATIENT COMPLAINT/INTERROGATOR CONCERNS:  
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ALLERGIES: N/A  
 MEDICATIONS:   
 SOCHx: Tob:   
 ETOH:

TEMP: \_\_\_\_\_

WEIGHT: 82 kg

PMHX: (CIRCLE)  
 HTN   
 DM   
 TB   
 CAD

O: GENERAL:	Normal	Abnormal
HEENT	Normal	Abnormal
NECK	Normal	Abnormal
LUNGS	Normal	Abnormal
CARD	Normal	Abnormal
ABD	Normal	Abnormal
EXT	Normal	Abnormal

HEENT: Normal, Abnormal (swelling, laceration, lacer lip, chipped front tooth)  
 SEX:

A/P: Dental exam X as noted  
 Hep A, Hep B, MMR, Td:  Given Patient Refused

(b)(6)-2

USA, USA

ISN: (b)(6)-4  
 CAMP: Gucci-6  
 DOB: 7/1/1947  
 SEX: M