

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

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

31 May 64 S. 42 y/o ♂ Detention referred by CIO for complete
 cuff minmax physical + history. Otherwise 615 lb was elevated
 BP - 198/110 / 174/114 today in clinic He denies any current chest pain
 P - 107 no edema or blood changes
 T - 99.1
 R - 18
 c) weight of NAU vs ↑ BP AFFORDABLE GAIT - NL
 Neck on II - CR III, C4-T2 MOTOR + C2-S2 MOTOR GROSSLY INTACT
 DTRs 2+ $\frac{D}{D}$
 154 - 4 HESITANT - NL Neck - Slight ↑ atrophy; Shy of physical exam
 10 children HEART - RLL 5 MURMURS
 FH - Paternal lobes (Lungs - CR III) HEART - RLL 5 MURMURS
 SA - 6 CG 10 x 15 months ASD - BENTON Genital - 1 cm mass on (L) testis "mass" x 10 yrs
 since Brown Home ALL
 MED - NO CURRENT Rectal - NL sphincter tone NO masses or hemorrhoids
 Allergies - NKD Prostate - smooth symmetrical neg (for nodules)
 CRT - MOVES ALL when pulse equal $\frac{D}{D}$
 150% PCO2 D35% integumentary - neg for Acute scabs, Erythema or lacerations
 A) 1. ↑ BP 2. Painless testicular mass x 10 yrs - possible GC
 3. Otherwise NL PE
 P) 1. PE on scrotal for number of checks
 2. Case and plan discussed with pt through
 interpreter

HOSPITAL OR MEDICAL FACILITY STATUS DEPART SERVICE
 SPONSOR'S NAME SSN ID NO RELATIONSHIP TO SPONSOR
 PATIENT'S ORGANIZATION (For typed or written entries, use Name - last, first, middle, IC No., SSN, Sex, Date of Birth, Rank/Grade)

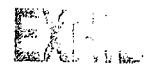
NAME: (b)(6-4) RANK: CHRONOLOGICAL RECORD OF MEDICAL CARE
 SSN: DOB: Medical Record
 UNIT: V C STANDARD FORM 600 (REV. 6 97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202 1 USAPA 02 00

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
1 APR 04 I/P 156/98 T 98.4 P 100 96% SpO2 R 16	<p>⑤ 33 y/o ♂ schrapnel scars to ④ shoulder and upper ② arms. H.v. pertensions and tachycardia probably circumstantial lungs clear and equal bilaterally.</p> <p>No obvious external injuries present. vital signs would indicate no internal injuries present. States he has no allergies or medical conditions for which he has been treated.</p> <p>Sgt [redacted] (b)(6)-2 [redacted] (b)(6)-2</p>	
	<p>Conclusion above.</p> <p>[redacted] (b)(6)-2 CPT [redacted] (b)(6)-2 SP, P.A.-C</p>	

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPT./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)</i>		REGISTER NO	WARD NO

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV 6-97)
Prescribed by GSA/ICMR
FIRM# 141 CFRI 201-9 202-1



200 20

IO: 018 0446 230

PI:

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0079-04-CID789

(b)(6)-4

Primary Survey

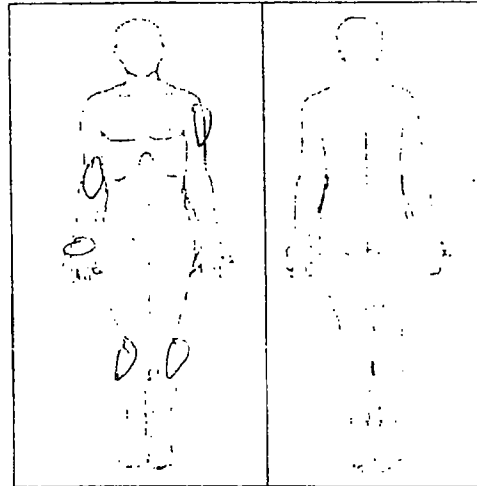
MHX: ϕ
SHX: \uparrow BP, Diabetic, Bell's
eds: 3 P meds, Papsid
Allergies: Hay Fever

Airway: <u>Patent</u>	Mechanically maintained by
Breathing: <u>Spontaneous</u>	Assisted by
Circulation:	
Pulse: <u>Present</u>	Absent CPR
Color: <u>Normal</u>	Abnormal
Cap refill: <u>Normal</u>	Delayed

Secondary Survey

Vital Signs: b/p 84 / 125 pulse 98 Resp 18 Pulse Ox 97 Temp 98.9

- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓



GLASCOW COMA		
EYES OPEN	Spontaneously	<u>4</u>
	To Speech	3
	To Pain	2
	None	1
BEST VERBAL RESPONSE	Oriented	<u>5</u>
	Confused	4
	Inappropriate sounds	3
	Incomprehensible sounds	2
BEST MOTOR RESPONSE	Obeys Commands	<u>6</u>
	Localizes Pain	5
	Withdraws to Pain	4
	Flexes to Pain	3
	Extends to Pain	2
	None	1
TOTAL		<u>15</u>

Revised Trauma Score		
GLASCOW COMA TOTAL	13-15	<u>3</u>
	9-12	1
	6-8	2
	4-5	1
	3	0
SYSTOLIC BLOOD PRESSURE	≥ 89 mmHg	<u>4</u>
	76-89 mmHg	3
	50-75 mmHg	2
	01-49 mmHg	1
	No pulse	0
RESPIRATORY RATE	10-29 min	<u>4</u>
	20 min	3
	6-9 min	2
	1-5 min	1
	None	0
TOTAL		<u>12</u>

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

12 Apr 04

REPORT OF DETAINEE MEDICAL SCREENING:

1102

History of Past Medical Conditions: (circle) High Blood Pressure, Diabetes, Heart Failure, Kidney Failure, Seizures, Stroke, Bleeding, Ulcers, Chronic Bowel problems, Thyroid D.

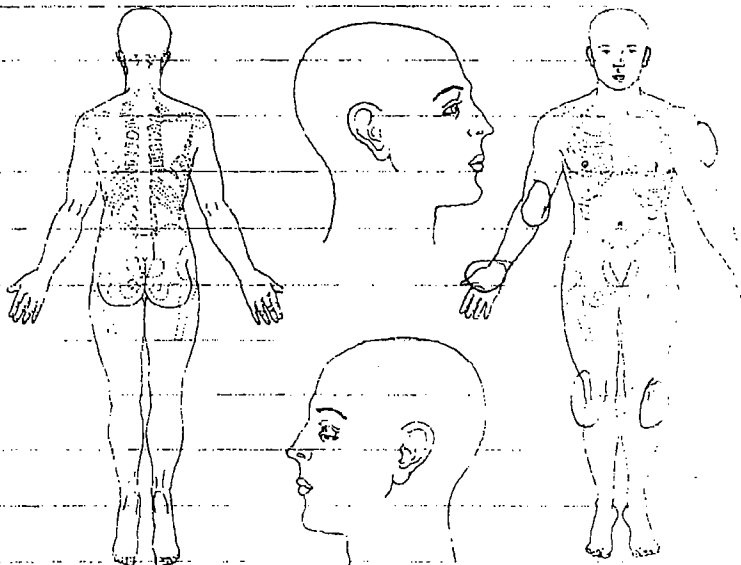
Medication Allergies (NO) (YES) List -

Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)

BP meds, Pepsid
Recent Injuries: (NO) (YES) Describe - shrapnel scars to E shoulder upper arms

Exam Findings: BP: 184/125 Pulse: 98 Resp: 18 Pulse ox 97% T 98.9

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



(FIT) (UNFIT) For Confinement

(Does) (Does Not) Require Further Eval

Name/Rank/Unit of Screener

Table with columns: HOSPITAL OR MEDICAL FACILITY, STATUS, DEPART / SERVICE, RECORDS MAINTENANCE, SPONSOR'S NAME, SSN/ID NO, RELATIONSHIP TO SPONSOR

Table with columns: PATIENT'S IDENTIFICATION (For typed or written entries, give Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade), REGISTER NO, WARD NO

Detainee Name: (b)(6)-4

Control Number: 4-5 003

Date/Time of Detention: 11 APR 04

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV 10/01)
Prescribed by GSA/ICMR
FIRMR (41 CFR, 201.9.20)

Primary Survey 01-07-07 08:00-09:00 231

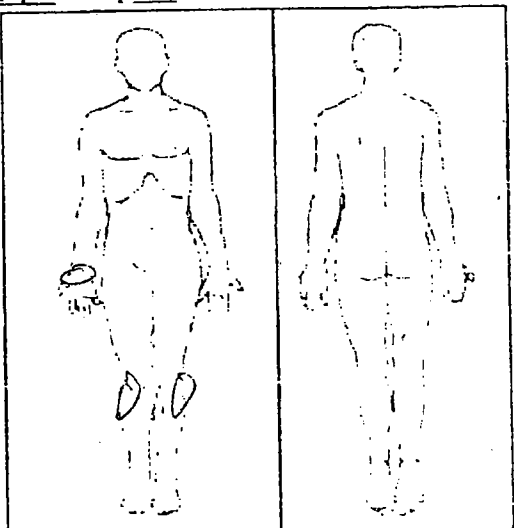
PMHX: ϕ
PSHX: \uparrow BP, Diabetic, Δ Δ
Meds: 3P meds, Pepcid
Allergies: Hay Fever

Airway: Patent Mechanically maintained by _____
 Breathing: Spontaneous Assisted by _____
 Circulation:
 Pulse: Present Absent CPR
 Color: Normal Abnormal
 Cap refill: Normal Delayed

Secondary Survey

Initial Vital Signs: b/p 84 / 125 pulse 98 Resp 18 Pulse Ox 97 Temp 98.9

- GEN
- HEAD:
- NECK:
- HEART:
- LUNGS:
- THREAT:
- ABD:
- PELVIS:
- EXT:
- OCULAR:
- NEURO:



GLASCOW COMA		
EYES OPEN	Spontaneously	<u>4</u>
	To Speech	3
	To Pain	2
	None	1
BEST VERBAL RESPONSE	Oriented	<u>5</u>
	Confused	4
	Inappropriate sounds	3
	Incomprehensible sounds	2
	None	1
BEST MOTOR RESPONSE	Obeys Commands	<u>6</u>
	Localizes Pain	5
	Withdraws to Pain	4
	Flexes to Pain	3
	Extends to Pain	2
	None	1
TOTAL		

Revised Trauma Score		
GLASCOW COMA TOTAL	13-15	<u>4</u>
	9-12	3
	6-8	2
	4-5	1
	3	0
SYSTOLIC BLOOD PRESSURE	>89 mmHg	<u>4</u>
	76-89 mmHg	3
	50-75 mmHg	2
	41-49 mmHg	1
	No pulse	0
	RESPIRATORY RATE	10-29 / min
RESPIRATORY RATE	>29 / min	3
	6-9 / min	2
	1-5 / min	1
	None	0
TOTAL		<u>12</u>

0433-01-010

0433-01-010-0000

athing: WNL

Circulation: WNL

Other:

Blood Components

Unit #	Type	Time	Response

Vital Signs

Time	B/P	Pulse	Resp	Pulse Ox	Temp	GCS
	/					
	/					
	/					
	/					
	/					
	/					

Transfer Instructions:

Transfer Instructions:

NOTES: Fit for detention

Handwritten notes area with multiple horizontal lines.

Prepared By:

SPC (b)(6)-2 91W

71
12

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11 APR 04 B/P 156/98 T 98.4 P 100 96% SpO2	(S) 33 y/o ♂ SCWAMPAR. scars to (L) Shoulder and upper (R) arms. Hypertension and tachycardia probably circumstantial - lungs clear and equal bilaterally.
R 16	No obvious external injuries present. Vital signs would indicate no internal injuries present. States he has no allergies or medical conditions for which he has been treated.
	SO-T (b)(6)-2 (b)(6)-2 (b)(6)-2
	Con con e above. (b)(6)-2 CPT (b)(6)-2 SP, P.A.-C

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
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(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record
 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRMR (41 CFR) 201-9.202-1

USAPA V2.00

R 72

VIO:

HPL:

(b)(6)-4

014-0
0227 M 10919

Primary Survey

PMHX: 6
PSHX: ↑ BP, Diabetic, Allergic
Meds: 37 med, Pepcid
Allergies: Key Anra

Airway: <u>Patent</u> Mechanically maintained by _____
Breathing: <u>Spontaneous</u> Assisted by _____
Circulation:
Pulse: <u>Present</u> Absent CPR
Color: <u>Normal</u> Abnormal
Cap refill: <u>Normal</u> Delayed

Secondary Survey

Initial Vital Signs: b/p 84 / 125 pulse 98 Resp 18 Pulse Ox 97 Temp 98.9

GEN:

HEAD:

NECK:

HEART:

LUNGS:

THREAT:

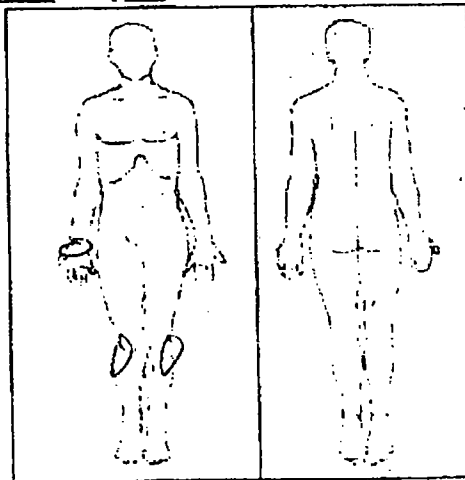
ABD: pain

PELVIS:

EXT:

RECTAL:

NEURO:



GLASCOW COMA		
EYES OPEN	Spontaneously	<u>4</u>
	To Speech	3
	To Pain	2
	None	1
BEST VERBAL RESPONSE	Oriented	<u>5</u>
	Confused	4
	Inappropriate sounds	3
	Incomprehensible sounds	2
BEST MOTOR RESPONSE	Obeyes Commands	<u>6</u>
	Localizes Pain	5
	Withdraws to Pain	4
	Flexes to Pain	3
	Extends to Pain	2
	None	1
TOTAL		

Revised Trauma Score		
GLASCOW COMA TOTAL	13-15	<u>3</u>
	9-12	3
	6-8	2
	4-5	1
SYSTOLIC BLOOD PRESSURE	>80 mmHg	<u>4</u>
	76-80 mmHg	3
	50-75 mmHg	2
	61-49 mmHg	1
	No pulse	0
	RESPIRATORY RATE	10-29 / min
RESPIRATORY RATE	>29 / min	3
	6-9 / min	2
	1-5 / min	1
	None	0
TOTAL		<u>12</u>

Encl 4

56

0232-04-C10919

Cathing: WNL

Circulation: WNL

Other:

Time	Dose	Dose	Route	Initials

Blood Components

Unit #	Type	Time	Response

Vital Signs

Time	B/P	Pulse	Resp	Pulse Ox	Temp	GCS
	/					
	/					
	/					
	/					
	/					
	/					

Transfer Instructions:

NOTES: Fit for detention

Prepared By:

SPC (b)(6)-2 91W

Encl 4

200 57

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE 0232-04-C10919

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11 APR 04	(S) 33 yro ♂ Schwarzel scars to (L) shoulder and upper (L) arms. Hypertension and tachycardia probably circumstantial - lungs
B/P 156/98	
T 98.4	
P 100	96% SpO2 clear and equal bilaterally.
R 16	No obvious external injuries present. Vital signs would indicate no internal injuries present. States he has no allergies or medical conditions for which he has been treated.
	SGT (b)(6)-2

Concussion above.

(b)(6)-2
 OPT (b)(6)-2 SP, P.A.-C

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 800 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM# (41 CFR) 201-9.202-1 USAPA V2 00

Encl 4
 58

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1 APR 04 3/P 156/98 T 98.4 P 100 96% R 16	33 yro ♂ schwaered scars to (L) shoulder and upper (L) arms. Hypertension and tachycardia probably circumstantial - lungs clear and equal bilaterally. No obvious external injuries present. Vital signs would indicate no internal injuries present. States he has no allergies or medical conditions for which he has been treated. SGT [redacted]
	Con con i above. [redacted] GPT [redacted] SP, P.A.-C

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION (If as typed or written address, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 5-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1
USAPA 4737

- 1 -
Encl 13

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0079-04 CID789

Time	Drug	Dose	Route	Initials

Breathing: WNL

Circulation: WNL

Other:

Blood Components

Unit #	Type	Time	Response

Vital Signs

Time	B/P	Pulse	Resp	Pulse Ox	Temp	GCS
		110		98		

Transfer Instructions:

NOTES: Fit for detention

Prepared By:

SPC (b)(6)-2, 91W

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IO:
IPI:

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0079-04-CID789

Primary Survey

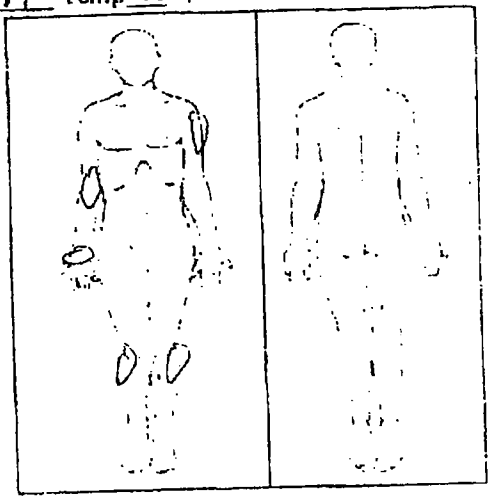
MHX: 6
SHX: ↑ BP, Diabetic, Delirious
Ieds: 3P and Pepsid
Allergies: Hay Fever

Airway: <u>Patent</u>	Mechanically maintained by _____
Breathing: <u>Spontaneous</u>	Assisted by _____
Circulation:	
Pulse: <u>Present</u>	Absent CPR
Color: <u>Normal</u>	Abnormal
Cap refill: <u>Normal</u>	Delayed

Secondary Survey

Initial Vital Signs: b/p 84 / 125 pulse 98 Resp 18 Pulse Ox 97 Temp 98.9

- HA ✓
- EAD ✓
- ECK ✓
- EART ✓
- ENGS ✓
- HEST ✓
- HO ✓
- ELVIS ✓
- NE ✓
- OCAL ✓
- URO ✓



GLASCOW COMA		
EYES OPEN	Spontaneously	<u>4</u>
	To Speech	3
	To Pain	2
	None	1
	Oriented	<u>5</u>
BEST VERBAL RESPONSE	Confused	4
	Inappropriate sounds	3
	Incomprehensible sounds	2
	None	1
	Obeys Commands	<u>6</u>
BEST MOTOR RESPONSE	Localizes Pain	5
	Withdraws to Pain	4
	Flexes to Pain	3
	Extends to Pain	2
	None	1
	TOTAL	<u>15</u>

Revised Trauma Score		
GLASCOW COMA TOTAL	13-15	<u>4</u>
	9-12	3
	6-8	2
	4-5	1
	3	0
SYSTOLIC BLOOD PRESSURE	>89 mmHg	<u>4</u>
	76-89 mmHg	3
	50-75 mmHg	2
	01-49 mmHg	1
	No pulse	0
RESPIRATORY RATE	10-29 min	<u>3</u>
	20 min	1
	6-9 min	2
	1-5 min	0
	None	0
TOTAL	<u>12</u>	

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AUTHORITY: 48 CFR 101-11.6

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CHRONOLOGICAL RECORD OF MEDICAL CARE

MEDICAL RECORD

DATE

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

12 Apr 04

REPORT OF DETAINEE MEDICAL SCREENING:

@ 1108

History of Past Medical Conditions: (circle) High Blood Pressure, Diabetes, Heart Failure, Kidney Failure, Seizures, Stroke, Bleeding, Ulcers, Chronic Bowel problems, Thyroid Dz

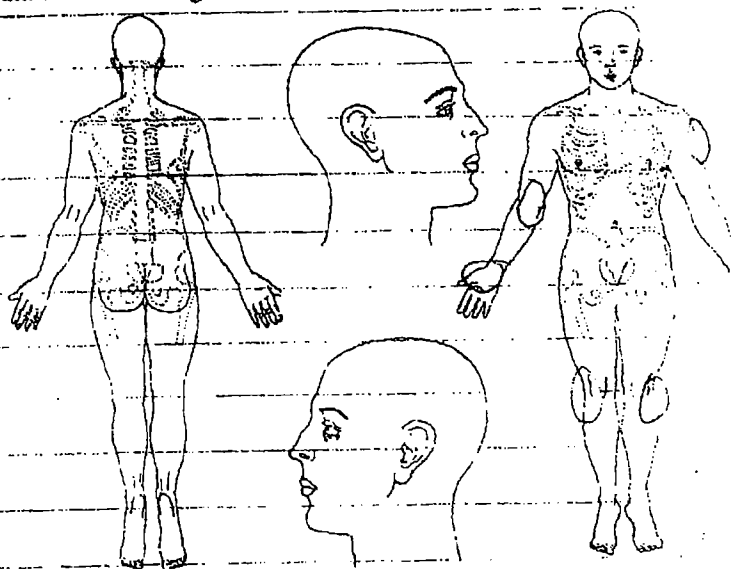
Medication Allergies (NO) (YES) List -

Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)

BP meds, Pepsid
Recent Injuries: (NO) (YES) Describe - shrapnel scars to @ shoulder
UPPER @ @ ARMS

Exam Findings: BP: 184/125 Pulse: 98 Resp: 18 Pulse ox 97% T 98.9

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



(FIT) (UNFIT) For Confinement

(Does) (Does Not) Require Further Eval

Name/Rank/Unit of Screener

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART /SERVICE	RECORDS MAINTAINED
SPONSOR'S NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION (For typed or written entries, give Name - last, first, middle; IO No or SSN, Sex; Date of Birth; Rank/Grade)	REGISTER NO	WARD NO	

Detainee (b)(6)-4
Name: [Redacted]

Control Number: 4-5 003

Date/Time of Detention: 11 APR 04

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9 202

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