

HUMAN PERFORMANCE GROUP CHAIRMAN'S FACTUAL REPORT

ATTACHMENT 4:

Excerpts from Pamunkey Regional Jail In-processing

(12 pages)

B.B

PAMUNKEY REGIONAL JAIL
INITIAL MEDICAL SCREENING

Inmate's Name: KIN YIU, CHEUNG Race/Sex CK/M

Date Booked: 5-31-11 D.O.B.:  SS# 

INMATE QUESTIONNAIRE: Circle appropriate answer. (Explain any "YES" answers)



3. Are you currently taking any medication? YES NO

If yes, What?

Physician	Meds	Dosage	Last Taken	With you Y or N

4. Are you allergic to anything (drugs, food, plants etc)? YES NO

If yes, what? _____
How does it affect you? _____

5. Have you been hospitalized or treated by a physician or a psychiatrist within the past year? YES NO

If yes, answer the following:

Why?	Who or Where?	Last Visit



INITIAL MEDICAL SCREENING

(PAGE 2)



10. Do you use alcohol? YES NO
If yes, What Kind? _____ How Often? _____
How Much? _____ Last Time Used? _____

11. Do you use drugs? YES NO
If yes, What Kind? _____ How Often? _____
How Much? _____ Last Time Used? _____



I acknowledge that I have answered all questions truthfully, and I consent to reasonable and customary medical, dental and psychiatric treatment offered in this facility (Pamunkey Regional Jail)

Inmate's Signature: _____ Date: _____


Interviewer's Signature: _____ Date: 5-31-16

Reviewed by Director of Nursing: _____ Date: 6/2/11

Reviewed by Physician: _____ Date: _____



PAMUNKEY REGIONAL JAIL
Medical History and Physical Assessment

Inmate's Name: Affewer, Kinyid D.O.B.: 
 Race/Sex: aff/m Age: 37 DATE: 5-31-11

Medical History: (Please answer yes or no)

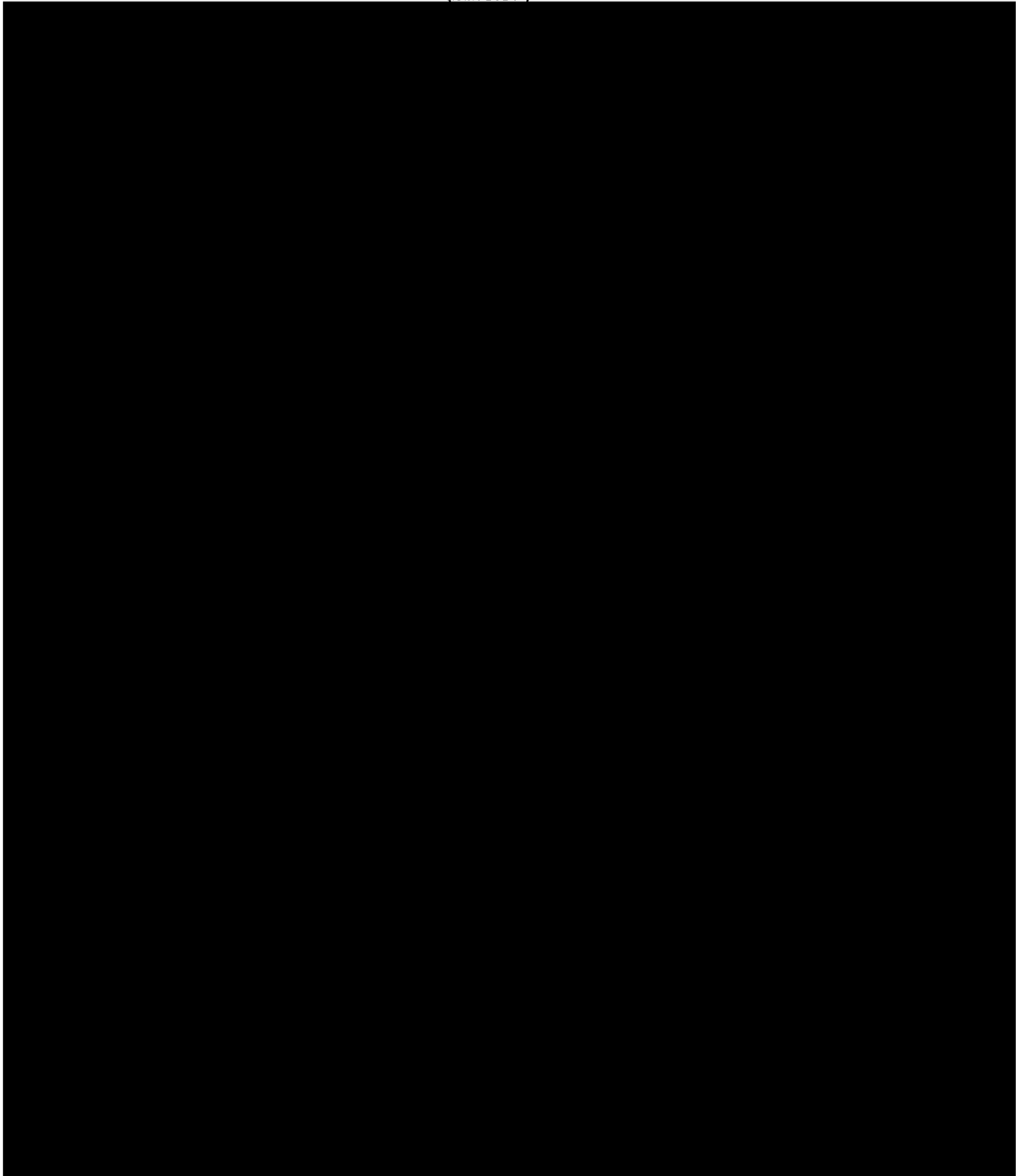
	Y	N
Vision		✓
Hearing		✓
Balance/Dizziness		✓
Blackouts		✓
DT's		✓
Headaches		✓
Seizure Disorder		✓
Nervous Disorder		✓
Throat problems		✓
Dental Problems		✓
Asthma		✓
Hay Fever		✓
Pneumonia		✓
Heart Condition		✓
Chest Pain		✓
Anemia		✓
Blood Disease		✓
Stomach Pain/Ulcer		✓
Heartburn		✓
Nausea/Vomiting		✓
Contraception		✓

	Y	N
Gallbladder		✓
Liver		✓
Diabetes		✓
Genital Sores		✓
Kidney Disease		✓
Bladder Infection		✓
Muscle Problems		✓
Joint Problems		✓
Cancer		✓
Diarrhea		✓
Emphysema		✓
Arthritis		✓
Irregular Menstrual pd.	N/A	
Miscarriage		✓
LMP		✓
Gravida		✓
Para		✓
Abortions		✓
Hypertension		✓
Hepatitis or HIV+		✓
Surgeries		✓

Comments: _____

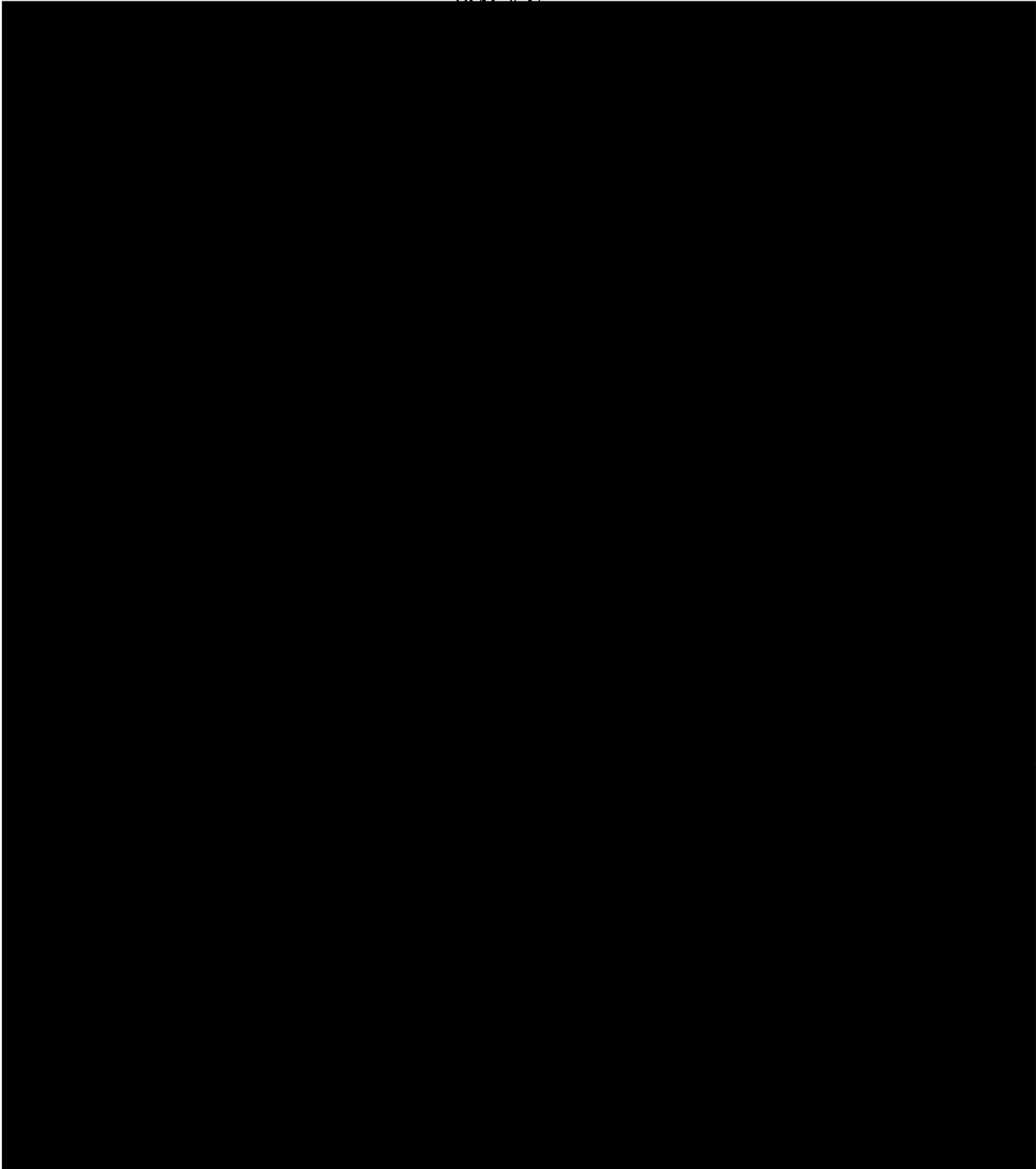


PAMUNKEY REGIONAL JAIL
Medical History and Physical Assessment
(PAGE 2)

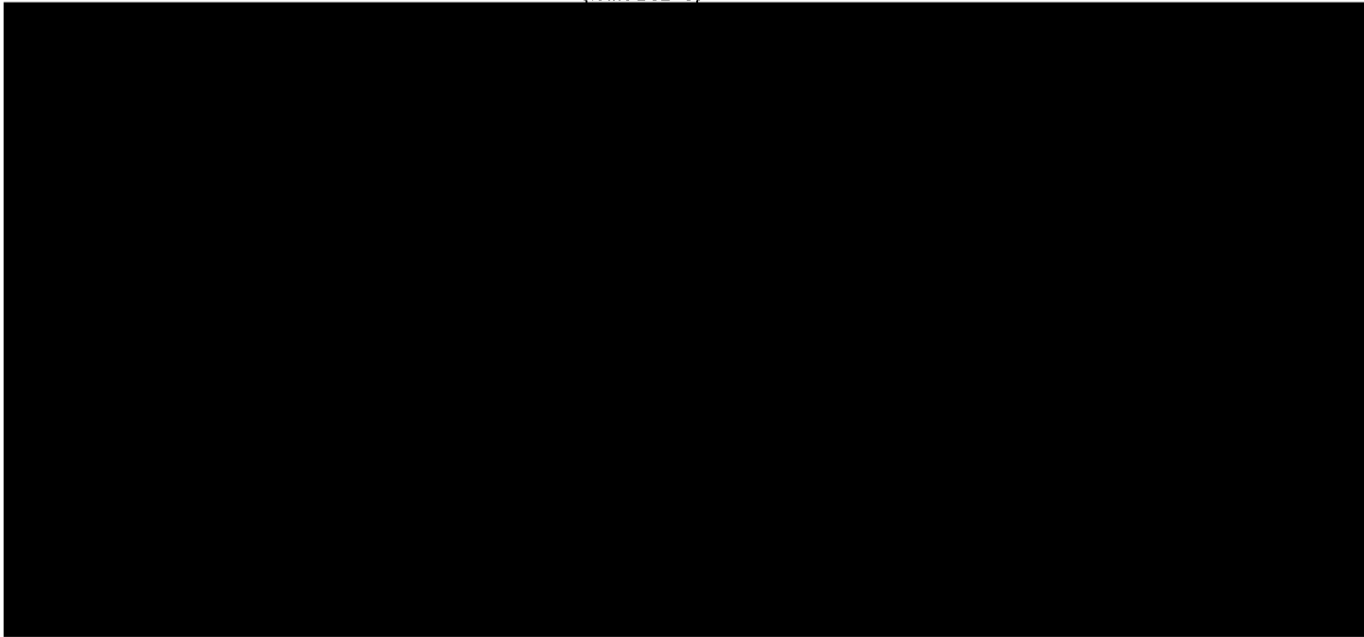


PAMUNKEY REGIONAL JAIL
Medical History and Physical Assessment

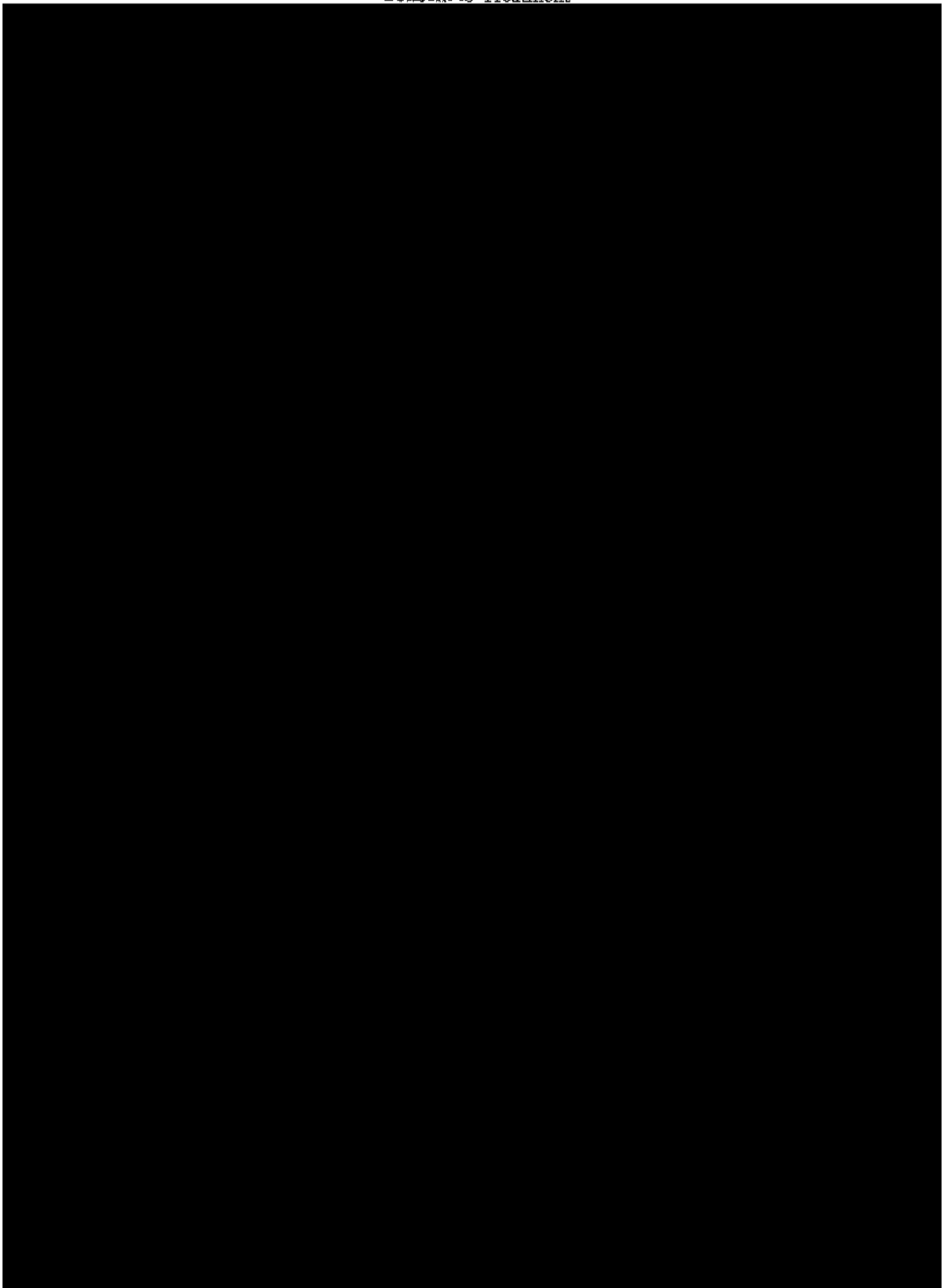
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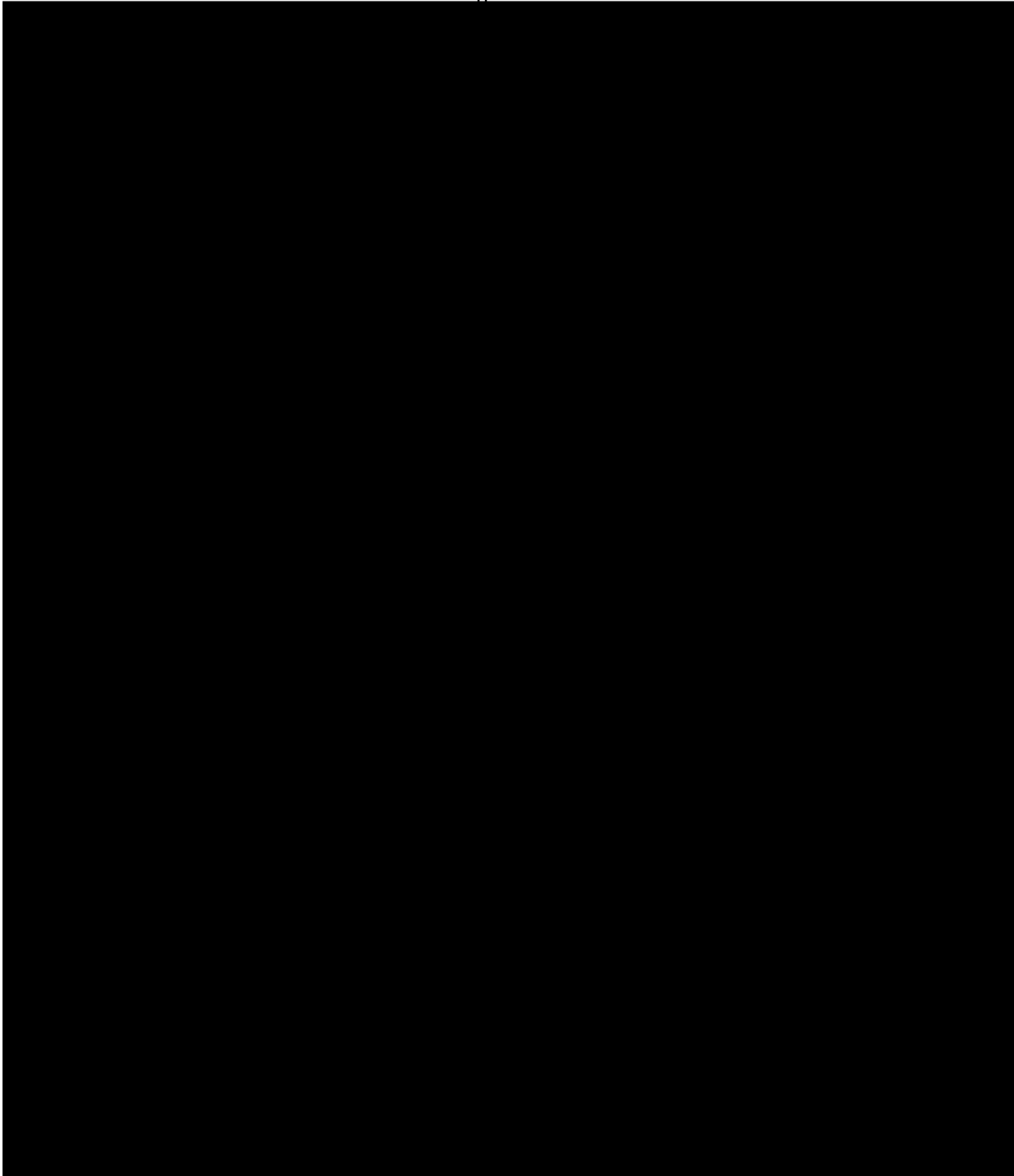
PAMUNKEY REGIONAL JAIL
Medical History and Physical Assessment
(PAGE 4)



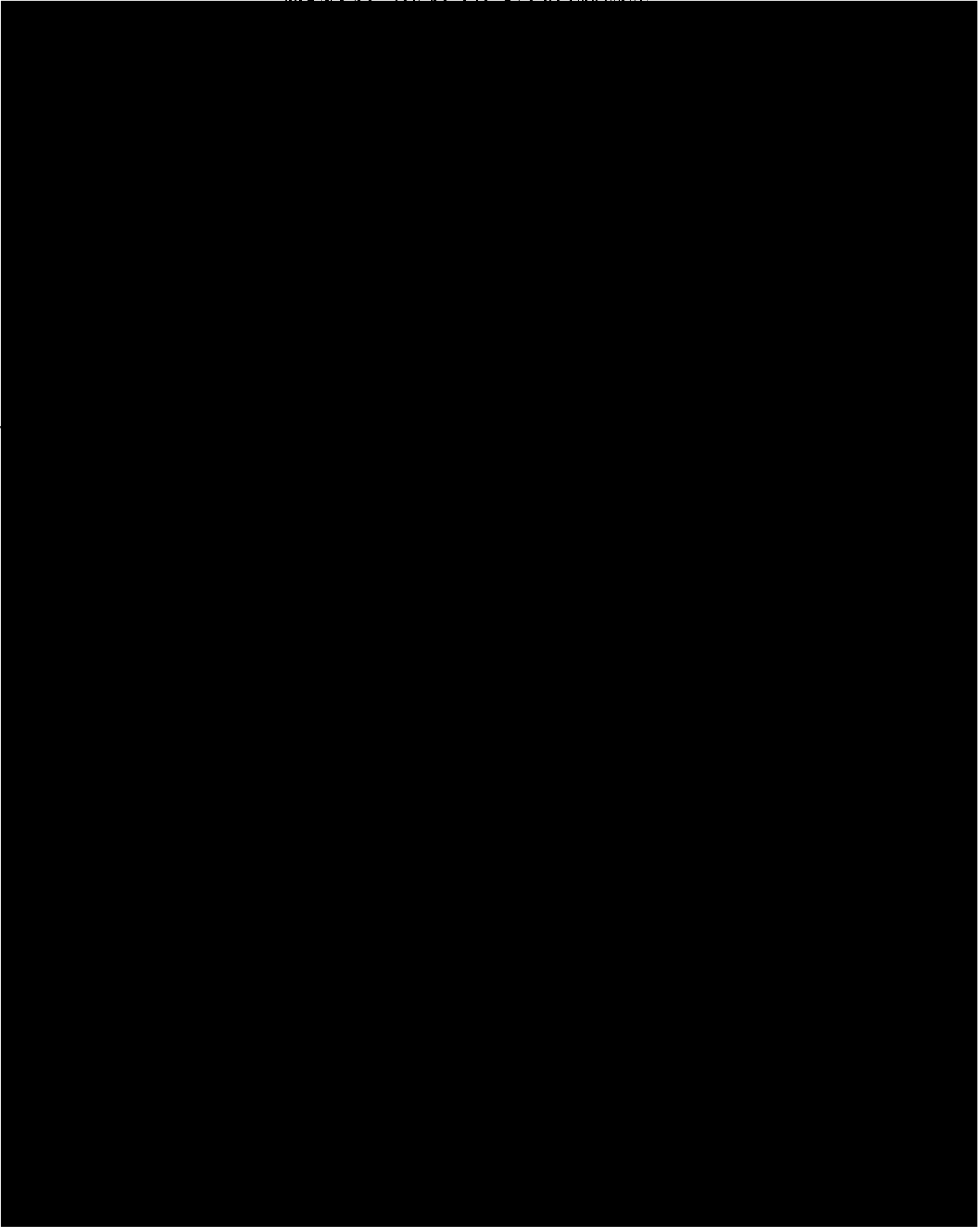
PAMUNKEY REGIONAL JAIL
Informed Consent/
Consent to Treatment



Pamunkey Regional Jail
Dental Screening Examination



PAMUNKEY REGIONAL JAIL
MENTAL HEALTH ASSESSMENT CENTER

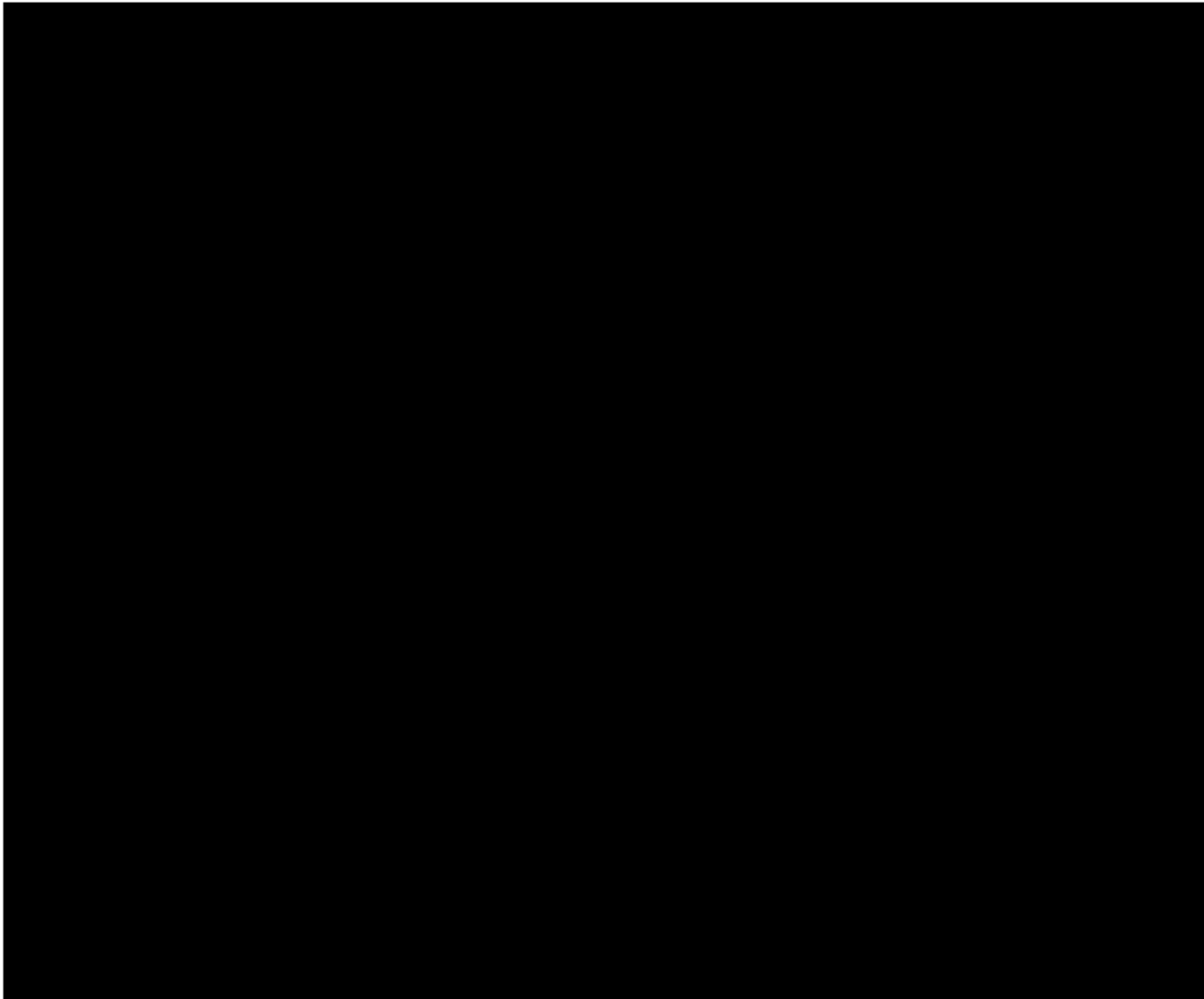


MENTAL HEALTH ASSESSMENT
(PAGE 2)



11. Are you CURRENTLY thinking of committing suicide?

YES NO



MENTAL HEALTH ASSESSMENT
(PAGE 3)

