

COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

\*CONFIDENTIAL\* MEDICAL/MENTAL HEALTH TRANSFER SUMMARY

SENDING FACILITY N.816 DATE FORM COMPLETED: N.818  
 HOUSING: GP MSB FOP FIP PILL MODULE SHELTERED HOUSING [Circle one] N.819  
 TRANSFER DESTINATION: N.817  
 [ ] NEEDS IMMEDIATE ATTENTION N.820 [ ] NO PERTINENT MEDICAL INFORMATION N.821  
 [ ] UNABLE TO LOCATE MEDICAL RECORD, WILL CONTINUE TO SEARCH  
 INMATE NAME: N.478 AKA: N.815  
 BOOKING # 49 DATE OF BIRTH: N.479  
 ALLERGIES: N.826, N.827  
 MEDICAL/MENTAL HEALTH DIAGNOSIS: N.829, N.830, N.831, N.832  
 PROBLEMS/STATUS

MEDICATIONS	DOSE	ROUTE	FREQUENCY	LAST DOSE DOSE DOSE	START DATE/TIME	STOP DATE
<u>N.839</u>	<u>N.840</u>	<u>N.841</u>	<u>N.842</u>	<u>N.843</u>	<u>N.845</u>	<u>N.846</u>
				<u>N.844</u>		
TREATMENTS: <u>N.847</u>			<u>N.848</u>	<u>N.849</u>	<u>N.850</u>	<u>N.851</u>

PERTINENT LABORATORY FINDINGS: N.852  
 FEMALES ONLY: **PREGNANT** [Circle one] YES NO UNKNOWN EDC: N.853

TB- CHEST X-RAY / MINI FILM : Circle one <u>N.825</u> NOT DONE NEG POS DATE: <u>N.824</u>	TB- EXPOSURE I PPD: Circle one <u>N.823</u> NOT DONE NEG POS DATE: <u>N.822</u>
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Further information is to be forward by Department of Health Services Public Health Liaison (213) 974-5027  
 For questions or information call Department of Health Services Public Health Liaison (213) 974-5027

TESTS <u>N.854, 855, N.856</u> VDRL/RPR: NEG POS PENDING Y N GC: NEG POS PENDING Y N OTHER SCREENING TEST RESULTS: (INCLUDING HEPATITIS)	TREATED DATE <u>N.857 N.858</u> IMMUNIZATION/TOXOIDS DATE <u>N.859 N.860</u>
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PENDING APPOINTMENTS: N.861, N.862  
 SPECIAL NEEDS/EQUIPMENT: N.864 OTHER  
 INFORMATION/ADLS: N.865  
 ATTACHMENTS [ ] YES [ ] NO [ ] Page two

CONTACT PERSON: N.872 HELEN G. W D, R.N. COMPLETED BY: N.495  
 Revised 9/29/99 HH/E W PHONE (213) 893-5446/ FAX (323) 415-1290  
 Recommended additional data elements: N.813, N.814, N.828, N.833, N.834, N.835, N.836, N.837, N.838  
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