EXHIBIT "A"

Aeromedical Evacuation Patient Record

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE	5. GRADE
FORD, FRANK G.	548-98-3791	A/D	USA	U ☐ P ☑ R	E-5

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A TO 5F)--	11. ACCEPTING MD	12. CITE/AUT
48	☑ MALE ☐ FELLEMALE	185	B+	1B AMBULATORY / LITTER	(MADERA)	

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. # OF ATTENDANTS
	AMC	LRMC	16a. MED / 16b. NON-MED: 1
	14b. ORIGINATING FACILITY PHONE NUMBER	15B. DESTINATION FACILITY PHONE NUMBER	

17. DIAGNOSIS

R/O Psychosis NOS.

18. BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

19. CLINICAL ISSUES (*Please indicate Yes or No on clinical issues. Explain YES comments in Section 23*)

	YES	NO	ISSUE		YES	NO	
a.	☐	☑	Hypertension	i.	☐	☑	Bowel Problem
b.	☐	☑	Cardiac Hx	j.	☐	☑	Self-care
c.	☐	☑	Diabetes	k.	☑	☐	Ambulatory
d.	☐	☑	Respiratory	l.	☐	☑	Ambulatory Aid
e.	☐	☑	Ears/Sinus	m.	☐	☑	Self-meds
f.	☐	☑	Motion Sick	n.	☐	☐	Adequate Supply of Meds
g.	☐	☑	Vision Impaired	o.	☐	☐	Other: 1 S Ambulatory
h.	☐	☑	Voiding Prob.				

20. PHYSICIANS ORDERS

20a. DATE: 6/18/03 | 20b. TIME: 1545 | 20c. ALLERGIES: NKA

20d. DIET: REG | 3GM NA | CARDIAC | DIABETIC ___ CALS
RENAL ___ Gm Prot ___ Gm Na ___ MagK ___ mg PO4
TUBE ___ TYPE ___ cc/hr, 1/2, 3/4, FULL STRENGTH
PEDIATRIC: AGE ___ OTHER (*Specify*) ___
TPN: Change to D10 at ___ cc/hr for max of ___ days
TUBE FEEDING: ___ at ___ strength at ___ cc/hr

20e. IV / BLOOD: none

20f. SPECIAL EQUIPMENT: none

SUCTION	TRACTION	FOLEY CATH
NG TUBE	IV PUMP	ORTHO BRACES
STRYKER	TRACH	CHEST/HEIMLICH
INCUBATOR	MONITOR	RESTRAINTS
		OTHER (*USE 23*)

OXYGEN: ___ PERCENT or ___ LITERS ROUTE: ___
VENT SETTINGS: ___

20g. ALTITUDE RESTRICTION: Yes / (No) ___ feet

20h. RECORDS TO ACCOMPANY PATIENT

X OUTPATIENT RECORDS	XRAYS	OTHER:
INPATIENT RECORDS	OB	
NARRATIVE SUMMARY	DENTAL	
FINANCIAL		

20i. MEDICATIONS / TREATMENTS

Valium 5 mg IM q 4-6 hours
prn agitation
not to exceed 10 mg in
12 hours
6/19/03 - 2400 Switch pt to
Ambulatory
V/O per Cpt Madera CPT/Bowers AN

21. PRE-FLIGHT VITALS

21a. DATE / TIME: ___ | 21b. TEMP: ___ | 21c. PULSE: ___ | 21e. BP: ___
21d. RESP: ___

22. BRIEF NARRATIVE

Soldier is working in MI & he is referred to CSC for alleged giving conflicting information & giving "boastful statement". His company has been concerned about the safety of their mission and for the soldier's alleged changed behavior. R/ Soldier needs [struck: acute psychiatric] further in-depth assessment (includes inpatient evaluation such as MRI, CT scan)

23. ASSESSMENT / PROGRESS

DATE / TIME | NOTES

19Jun03 ORSA → OKBK
1455Z Pt enplaned on
1755L litter c att. @ side
of ~~?~~ [illegible]
Probs inflight [illegible]
ATT FORD
SCOTT

19 Jun 03 379th EAES/MASF Camp Wolf
2200L/1900Z pt arrived litter 137/81 60 18 pt [illegible]
to AE [illegible]
2145L/1845Z 19 Jun 03 pt [illegible] category to AM
Cooperative, Compliant, Follows all Commands. VS
Briefed on AE/MASF CPT Greer
0600L/0300Z pt released to AE
B. DeVito SSG

20 Jun 03 Kuwait City Kuwait → Ramstein AB, GE
0800L V/S stable pt c attendant pt s/o dizziness / nausea
0660Z - pt is resting comfortably [illegible]
Continuation on reverse

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN	25. STAMP AND SIGNATURE OF FLIGHT SURGEON
Cpt Merle Madera MD	

AF Form 3899 (439 AES local Excel version)

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE
MENTAL HEALTH INTAKE INTERVIEW

OTSG APPROVED *(Date)*

DATE: 23 June 03 IDENTIFICATION:

REFERRAL SOURCE: SELF___ COMMAND___ CONSULT___ OTHER_____

Patient/Family/Both ready to learn today: Y N NA
Patient/Family/Both educated on: (circle all that apply)

1. New Medications: N/A per IAW LRMC MEMO 40-76: Care notes given.
2. Ongoing Medications.
3. Diagnoses.
4. Coping Strategies.
5. Other:_____

Patient/Family/Both verbalize understanding of education provided: Y N NA
Side effects from medications? Y N NA

HPI: 48 y.o. White. Divorced. 5. NG. E-5 Was sent to LRMC from Iraq because his unit questioned his claimed (possible delusions of grandiosity) about his background. His problem started when he wanted to file cha against other GIs of torturing Iraqi detainees. He was able to provide proof of some of his cla (Example. He show student ID of Medical Student a

PPH:

FAM/SOC HX: West Scenoa etc

No past psych.

EDU / WORK / LEGAL HX: WNL

MIL HX: TIS 31 yrs TIC_____ PCS_____ ETS_____ UCMJ Art 15 HX

USCG. 1973-7
Navy 77-82
Army Reserve 82
Out for 1 years.
NG 90-Prese
California Prison Guard
1986-present
Oceania Medical S
2002-prea

MED HX: No

MED ALLERGIES: No

SUBSTANCE USE: No

FAM HX of SUBSTANCE ABUSE / PSYCHIATRIC ILLNESS:

No

(Continue on reverse)

He takes classes to a the schoo

PREPARED BY *(Signature & Title)*

DEPARTMENT/SERVICE/CLINIC
LRMC Outpatient Psychiatry Clinic (1C)

DATE

PATIENT'S IDENTIFICATION *(For typed or written entries give: first, middle; grade; date; hospital or medical facility)*
NAME: 23 June 03 Name - last,

SSN:

DOB:

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☒ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER *(Specify)*
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

Mental Health Evaluation on: FORD, FRANK GREGORY 2 July 2003 1800

Continued:

The circumstances in Iraq, or to authenticate the history he gives concerning his background, psychiatric or medical history, or family mental health background. Thus this brief evaluation is based purely on interview and review of very sparse previous documentation, other than the similar findings made earlier today by MAJ Luckie at the Community Behavioral Health Services, and his psychological testing.

There is no overt evidence of any psychiatric disorder at this time, based on the limitations articulated above.

Diagnosis:

Axis I: No dx
Axis II: Deferred
Axis III: No dx
Axis IV: Combat stressors and stressors associated with conflict in patient's Counterintelligence unit regarding interrogation methods
Axis V: Appears 90-100

Recommendations:

1. Depending on the administrative and ultimate legal outcome of this individual's situation further mental health evaluation may or may not be required. There is nothing on my initial screening evaluation indicating any overt pathology or personality problems.
2. Patient, as per recommendation made earlier today at CBHS, has consulted with the BAMC IG regarding his allegations described above.
3. Patient appears mentally stable to be able to handle any administrative actions at this time, such as leave, pass, and commercial travel.
4. Recommend to soldier that he give consent for this and previous mental health evaluations to be shared with IG and appropriate Command channels.
5. Release patient from Behavioral Medicine Clinic.

THOMAS G. HARDAWAY, II, M.D.
COL, MC, US ARMY MEDICAL CORPS
Chief, Department of Behavioral Medicine
Brooke Army Medical Center