

Date:12/30/1991
Time:19:21:33

BOOKING - INTAKE RECEIVING/SCREENING

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NAME: SHAY, THOMAS A
BOOKING #: 9110994 ID#: 12900 SEX: M
DATE OF BIRTH: 11/03/1971 SOCIAL SECURITY NO: 021-60-3766

OFFICER'S OBSERVATIONS :

| | | | |
|------------------------------|---|--------------------|---|
| NOT ALERT/CONSCIOUS | N | COUGHING/SPITTING | N |
| ASSAULTIVE | N | BRUISES/BLEEDING | N |
| UNCOOPERATIVE | N | MOVEMENT DIFFICULT | N |
| ILLNESS/INFECTION | N | IN PAIN | N |
| CASTS/BANDAGES | N | BODY DEFORMATION | N |
| APPEARS-POOR HEALTH | N | | |
| SKIN RASH/INFESTED | N | | |
| SUICIDE RISK | N | | |
| DISORIENTED | N | | |
| DRUG/ALCOHOL INTOX LAST DOSE | N | | |
| MENTAL PROBLEMS | N | | |

| | |
|---|---|
| ADDICTED TO DRUGS OR ALCOHOL? | N |
| PRESENTLY ON A DOCTORS MEDICATION? | N |
| HAVE A SEXUALLY TRANSMITTED DISEASE? | N |
| RECENTLY HOSPITALIZED OR SEEN A PSYCHIATRIC DOCTOR? | Y |
| BEEN INJURED RECENTLY? (PAST 2 DAYS) | N |
| EPILEPSY OR DIABETES? | N |
| TUBERCULOSIS OR HEPATITIS? | N |
| EVER ATTEMPTED SUICIDE? | N |
| THINKING ABOUT KILLING YOURSELF NOW? | N |
| ANY OTHER MEDICAL PROBLEM WE SHOULD KNOW ABOUT? | N |
| APPEARS FIT FOR JAIL? | Y |
| REFERRED TO MEDICAL DEPARTMENT? | N |
| SPECIAL HOUSING FOR MEDICAL/MENTAL HEALTH PROBLEMS? | N |

OFFICERS SIGNATURE : _____

DETAINEE SIGNATURE : _____