Health Services Request

Petición Para Servicios de Salud

[redacted]

Reviewed by:

Date Received: | Time Received: a.m./p.m.

Date Of Request: / Fecha: 3-19-22

Inmate Name: / Nombre: Wood, Frank P | Number: / Número: 504-107 | Housing Unit: / Unidad: 4-A-8

Request for: ☒ Medical Care / Atención Médica ☐ Dental Care / Atención Dental ☐ Medication Reorder / Reordenar Medicación ☐ Medication Refill / Rellenar la Medicación

Nature of problem: / Descripción del problema: On 3-11-22 I was struck several times by a pad-lock on the head. Several laceration were glued shut. The hardest hit was on the left side of my head. Last night my eyes began to vibrate back and forth. I was dizzy and nauseous. Today my eyes do not feel right and I am a little lightheaded. Not to mention a little shaky.

Place This Slip In Medical Request Box Or Designated Area
Ponga en la Caja de Peticiónes Medicas en Area Designada

DRC 6573 (Rev. 09/07)

01 # 204

72
98%
18
979

eye check
nystagmus
3/11/22
hit

103
66

Medical Pass

Name: Wood, F.

Number: A 504-107 Lock: H1020

Pass Effective Date: 3/18/22

- ☒ NSC
- ☐ DSC
- ☐ X-RAY
- ☐ LAB
- ☐ Sign paperwork ☐ Mandatory
- ☐ Pickup/Return _____
- ☐ Other _____

☐ AM
☐ Midday
☒ PM 2:30

☒ Mandatory

Failure to honor this pass may result in disciplinary action.

IHS Staff Signature: Gilliland RN NCA

Date: 3/18/22

CDC 5257 (1/66)

Health Services Request

Petición Para Servicios de Salud

[redacted]

Reviewed by:	
Date Received:	Time Received: a.m./p.m.

Date Of Request: Fecha: 4-9-2022		
Inmate Name: Nombre: Wood, Frank F.	Number: Numero: A504-107	Housing Unit: Unidad: 1-D-20

Request for: ☒ Medical Care / Atención Medica ☐ Dental Care / Atención Dental ☐ Medication Reorder / Reordenar Medicación ☐ Medication Refill / Rellenar la Medicación

Nature of problem: Descripción del problema: On 3-11-2022, I was struck in the head several times with a lock. I am still having cognitive issues such as: drifting in/out during conversations, Forgetting where I put things, typing words that are not part of my sentence structure, and depth-perception issues. I am also experiencing mild, but constant, anxiety.

Place This Slip In Medical Request Box Or Designated Area

Ponga en la Caja de Peticiónes Medicas en Area Designada

DRC 8373 (Rev. 08/07)

53#
97.5°F

97% O2
85 ??

Resp. 16
102/63

Medical Pass

Name: Wood

Number: 504107 | Lock: 1-D-20

Pass Effective Date: 4-11-22

- [X] NSC
- [ ] DSC
- [ ] X-RAY
- [ ] LAB
- [ ] Sign paperwork
- [ ] Pickup/Return ____________
- [ ] Other ____________

- [X] AM 9:30
- [ ] Midday
- [ ] PM

- [X] Mandatory
- [ ] Mandatory

Failure to honor this pass may result in disciplinary action.

IHS Staff Signature: [signature] RN, HCA

Date: 4-11-22

DRC 6257 (1/99)

INSIDE PASS ONLY RJC?

Report Time: 02:00 PM
Pass Date: 14-APR-22
Last Name: WOOD
Id: AS04107
Lock: H7/DMC20
Job: PORTER
Destination: Mandatory - See Ms. Wheeler - DSC
Issued By: MEDICAL - MEDICAL P M

Issued By Time

Dismissed By Time

Inmate Signature Time

154 10/7/59
90°
90.5
63