CORRECT CARE AUSTRALASIA

MEDICAL REQUEST

Date	13 / 05 / 2022	Date of Birth	21 / 07 / 1983
Name	(Surname) FERRARA		(Given) JACOB [REECE]
PID / CRN	229122	Location	CAMBRIDGE

Date of Request: 03 / 05 / 2022

To be completed by prisoner *URGENT*

Briefly state the reason for your request. Allow several days for your request to be submitted and actioned. A copy of your request will be filed in our records.

Request / Problem: DIAGNOSED ADHD OCT 2020 BY DR ZIMMERMAN (CONSULTANT PSYCHIATRIST), TREATED WITH VYVANCE 70mg IN MORNING AND 40mg APPROX. 4-5HRS LATER, DAILY. CURRENT PRESCRIPTIONS RETAINED BY CHEMIST WAREHOUSE 25 MAIN ST, GREENSBOROUGH & MAY BE VERIFIED BY PHARMACY. DR HOKIN (DELMONT) CONTINUING ADHD MONITORING.

Prisoner's signature: [signature] PRESCRIPTIONS PRESCRIBED BY DR ZIMMERMAN WITHOLDING ADHD MEDICATIONS SIGNIFICANTLY IMPACTS MY MENTAL HEALTH

Medical Use Only

Date Received ___/___/___ ☐ Reg Nurse Triage

Outcome:

Rating: ☐ High (Within 1 week) ☐ Medium (Within 1 month) ☐ Low (Next available)

* MY PTSD THAT WAS IN REMISSION HAS RETURNED & I HAVE BEEN RE-TRAUMATISED BY EVENTS AT BELLARIDGE & THE SOLITARY CONFINEMENT

** I FORMALLY ACCUSE

Comments: SOLIDARY CONFINEMENT: NO: TOILET PAPER, SOAP, SHOWERS, NAT. LIGHT, PILLOW, 1 SML BLANKET CLOTHES FORCED CUT OFF BECAUSE REFUSED TO GO TO SC CELL *HUMILIATION *NO DIGNITY

MRC OF ENGAGING IN PSYCHOLOGY TORTURE DEFINED BY PROF. NILS MELZER OF THE UN CONVENTION AGAINST TORTURE & INHUMANE OR CRUEL TREATMENT **

AUSTRALIA SIGNED THE TREATY TO CREATE FEDERAL LEGISLATION ? 1998 OR 2002

☐ Medical Officer ☐ Psychologist
☐ Psychiatric Nurse ☐ Health Services Manager
☐ OSTP Nurse ☐ Other _____
☐ Podiatrist

Appointment Date: ___/___/___

~~Signed: Nurse/MO~~ _____ Date Actioned ___/___/___

[signature] COMPLAINT MADE TO OMBUDSMAN MONDAY 09/05/2022

CORRECT CARE AUSTRALASIA

MEDICAL REQUEST

Date	/ /	Date of Birth	/ /
Name	(Surname)		(Given)
PID / CRN		Location	

Date of Request: / /

To be completed by prisoner

Briefly state the reason for your request. Allow several days for your request to be submitted and actioned. A copy of your request will be filed in our records.

Request / Problem:

Prisoner's signature:

Medical Use Only

Date Received ____/____/____ ☐ Reg Nurse Triage

Outcome:

Rating: ☐ High (Within 1 week) ☐ Medium (Within 1 month) ☐ Low (Next available)

Comments:

- ☐ Medical Officer
- ☐ Psychiatric Nurse
- ☐ OSTP Nurse
- ☐ Podiatrist
- ☐ Psychologist
- ☐ Health Services Manager
- ☐ Other _____

Appointment Date: ____/____/____

Signed: Nurse/MO _____ Date Actioned ____/____/____

BEAK WANT YOU DOWN THEN MOULD YOU. INTO WHAT THEY YOU TO BE- "COLLABORALISATION" SOCIOLOGIST

CRISIS MO COGNITIVE DISSONANCE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	KEY
25 APRIL	26	27 CRIM. DAMAGE GB VICPOL STATION TRANSFERRED TO HEIDELBERG VICPOL CELLS. APPROX 23:00 -SEEN BY PSYCH RN -DR EMMA BUTLER SESSION	28 HEIDELBERG VICPOL CELLS. [SC] - ATTEMPT HANG x2 - FORCED NAKED PAT - MULTIPLE REQ PHONE CALL TO MUM, LAWYER DENIED - # RIBS PROVIDED LEFT IN CELL	29 MAP -NIL Rx #RIBS -PARACETAMOL INADEQUATE -NIL Rx #RIBS	30 MAP DR [illegible] NOT RECEIVING ADVANCE, FAILED TO ASSESS #RIBS SC FOR YOUR SAFETY APRIL	1 MAP MAY	Rx - TREATMENT SC = SOLITARY CONFINEMENT MAP = MELB ASSESSMENT PRISON MRC = METRO REMAND CENTRE NXMDS = MEDICATION NOT PROVIDED QE = QUARANTINE PHRFD = PHONE CALLS REFUSED NXFD = REF FOOD PANu = PANADOL NUROFEN GIVE PANVF = PANADOL NUROFEN WITHOUT FOOD N = NAUSEA AP = ABDO PAIN V = VOMITING INS = INSOMNIA PPWD = PERSONAL PROPERTY WITHHELD.
2 MAP BN QE MEDS PANVF PHRFD INS	3 MRC N QE MEDS PANVF PHRFD INS	4 MRC NTAP QE NXMDS PHRFD INS	5 MRC NTAPAV SC QE NXMDS PHRFD INS M GUARD "CELLS ONLY AFTER HOURS"	6 MRC SPEAK TO LAWYER M GUARD "CELLS ONLY AFTER HOURS" FEM GUARD INSTEAD OF EXAMINING OTHER RN NOT EMERGENCY WALKED AWAY APPROX 23:00	7 MRC TRNS BACK TO [illegible]	8 MRC COMPLAINT TO GENERAL MANAGER. IN WRITING.	
9 MRC FORCED INTO SC CLOTHES CUT OFF. SPEAK TO LAWYER IN SC EGH TRNS BACK TO [illegible]	10 MRC LAWYER UNILATERAL CANCELLED	11 MRC TRNS CAMBRIDGE SPEAK TO MUM 1ST TIME. RECIEVE LETTERS MUM, LIO, LAWYER LAWYER UNILATERAL CANCELLED	12 PHONE LAWYER	13 WITT RELEASE FORM	14 RECIEVED LAWYER LETTER	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	