



PHONE 843-529-7346

FAX 843-529-7447

FAX TRANSMITTAL

Date: 12/16/15

To: Brandi Newman Fax # 1-803-765-1143

From: MS. Hudd

Number of pages including cover sheet: 18

MESSAGE: _____

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Fax

Date:	December 14, 2015
Subject:	Medical Record Request
To:	Sheriff AL Cannon Detention Center; Attn: Medical Records
Fax:	843-529-7346 7447
From:	Brandi Newman, Death Penalty Resource & Defense Center
Phone:	803-765-1044
Fax:	803-765-1143
No. of pages:	4
Message:	Please see attached.

DEATH PENALTY RESOURCE & DEFENSE CENTER

December 14, 2015

Via Facsimile Only: 843-529-7346⁷⁴⁴⁷
Sheriff Al Cannon Detention Center
Inmate Medical Records
3841 Leeds Avenue
North Charleston, SC 29405

Re: *Dylann Roof*

Dear Custodian of Records:

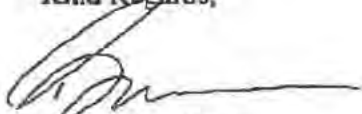
Please be advised that our office represents Dylann Storm Roof (Inmate No. [REDACTED], DOB: 4/3/1994, SS#: [REDACTED]). To properly assist in Mr. Roof's defense, it is necessary that we obtain all of his inmate records, including his general records, mental health records, medical records, and any lab testing record results. We have lab testing results from a blood draw done on 9/17/15 but have been told by Mr. Roof that he had additional blood drawn by your office in July, 2015 and one additional time. We are specifically looking for these records.

I write to respectfully request a copy of any and all lab testing medical records you may have concerning Mr. Roof.

Attached, please find a written authorization from Mr. Roof for release of his records.

If you should have any questions, please do not hesitate to contact me. Thank you for your assistance in the past and on this request.

Kind Regards,



Brandi Newman
Paralegal

[REDACTED]

Enclosure

Authorization for Disclosure of Protected Health Information

My name is: Dylann Roof

Address: Charleston Candy Detention Center

My Social Security Number or Patient Record Number is: [REDACTED]

1. I authorize the disclosure of my protected health information¹ and psychotherapy notes, including records that may contain information about the Human Immunodeficiency Virus (HIV) or other communicable diseases. This information should include, but should not be limited to, physicians' notes, nurses' notes, laboratory tests and results, radiology films and reports, mental health records, psychological testing, neurological testing, and neuropsychological testing. I understand that this authorization is voluntary. I understand that, if the person(s) or organization(s) that I authorize to receive my protected health information are not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.

2. I authorize the following person(s) and/or organization(s) to disclose my protected health information and psychotherapy notes, including records that may contain HIV-related information:

Name(s) Charleston Detention Center
Organization(s)
Address 3841 Leeds Avenue, N. Charleston, SC 29405

3. As disclosed by the person(s) and/or organization(s) above, I authorize the following person(s) and/or organization(s) to receive my protected health information and psychotherapy notes, including records that may contain HIV-related information:

Death Penalty Resource and Defense Center
900 Elmwood Avenue, Suite 200
Columbia, SC 29201
(803) 765-1044

4. A photocopy of this release may be honored. I specifically authorize the disclosure of the following health information:

- | | | |
|--|---|--|
| <input type="checkbox"/> Emergency room records | <input type="checkbox"/> Hospital Outpatient records | <input checked="" type="checkbox"/> All lab testing / blood draw records |
| <input type="checkbox"/> Hospital Inpatient records | <input checked="" type="checkbox"/> Mental health treatment information | <input checked="" type="checkbox"/> Laboratory & diagnostic findings records |
| <input checked="" type="checkbox"/> Office based records | <input type="checkbox"/> Medicaid records | <input type="checkbox"/> Substance abuse treatment information |
| <input type="checkbox"/> HIV-related information | <input checked="" type="checkbox"/> Psychotherapy notes | <input type="checkbox"/> Billing information |

5. Specific description of the purpose for each use or disclosure: At the request of the individual.

6. I am aware that confidential HIV-related information is any information indicating that I had an HIV-related test, or have an HIV infection, HIV-related illness or AIDS, or any information which indicates that I have potentially been exposed to HIV.

¹Protected health information ("PHI") is health information that is created or received by a health care provider, health plan, or health care clearinghouse which relates to: 1) the past, present, or future physical or mental health of an individual; 2) the provision of health care to an individual; or 3) the past, present, or future payment for the provision of health care to an individual. To be protected, the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual. 45 C.F.R. 164.508.

7. I am aware that by signing this authorization, my protected health information and psychotherapy notes, including any HIV-related information, can be given to the people listed above, for the reason (s) listed. I understand that I can refuse to sign this authorization, and am aware that I do not have to allow the release of HIV-related information or any other protected health information or psychotherapy notes. I also know that I can change my mind, and that I may revoke this authorization in writing at any time by sending a signed and dated written statement to Death Penalty Resource Center saying that I am revoking my authorization to disclose protected health information and psychotherapy notes, except to the extent that the person (s) and/or organization (s) named above have taken action in reliance on this authorization.

This authorization expires on 12/14/16.

I have had the opportunity to read and consider the content of this authorization. I confirm that the contents are consistent with my direction.

Dylann Roof x
Signed

12/14/15
Date

[Signature]
Witness

Master Problem List

Name: ROOF DYLANN SSN#: 000000000 DOB: 4/3/1994

Problem List (Most recent First)		Current Medication List	
Active			
1 OTH DISORDERS OF THYROID*			
Allergies		Alerts	
Results Loaded Since last Office Visit		Documents Loaded Since last Office Visit	
		1. REFUSALS (11/14/15 -- d.roof.tif SEG CK) 2. REFUSALS (11/22/15 -- d.roof.tif SEG CK) 3. REFUSALS (12/8/15 -- d.roof.tif SEG CK) 4. REFUSALS (seg check 11-27-15) -- d.roof.tif 5. Lab (12-2-15) -- d.roof.tif	
Internal Messages			
<input type="button" value="▲"/> <input type="button" value="▼"/>			
Incoming Calls		Outgoing Calls	
<input type="button" value="▲"/> <input type="button" value="▼"/>			
Active Clinical Task		Past Clinical Task	
<input type="button" value="Initiate Clinical Task"/>			
1. Segregation Check- Daily 2. Segregation Checks- Weekly/Vitals		1. Segregation Check- Daily 2. CIWA Evaluation 3. C Evaluation 4. PPD 5. Initial Segregation Check	
Insurance Carriers			
Pending Orders		Pending Referral	
1. THYROID PROFILE WITH TSH (000620)		1. Leonard, Elizabeth - Mental Health - 6/10/2015	
Completed Orders			
1. CLEAN CATCH URINE MICRO CNS 2. IN THREE WEEKS 3. IN THREE WEEKS 4. LIPID PROFILE 5. STAT CBC, CMP, TSH, THY PANEL, HGBA1C 6. THYROID PROFILE WITH TSH (000620) 7. Diet - Hi Calorie/Hi Protein			
Patient Notes (Shared Notes):			
6/19/15 at 1402 Pt FSBS=100.DS <input type="button" value="▲"/> <input type="button" value="▼"/>			

Patient Visit ReportPhysician Last,First Name : Jacobs Theodolph, MD

Patient Last,First Name

DOB

Visit Date

ROOF, DYLANN4/3/199411/11/2015Chief Complaint & HPI

Patient is a 21 year old Male who presents with the following Chief Complaint

1. FU LABS-Pt. very concerned about 'his hair falling out' and believes he has Hashimoto's disease and needs to be taking Thyroid Hormone medications. Otherwise has no symptoms and is feeling well. No constipation or pain. No other complaints.

ROS :

GENERAL : Denies Change in appetite, **Change In weight**, Denies Chills fever, sweats **gaining weight back to original weight. Has good appetite**

HEAD : Denies Frequent Headaches, Denies Recent Trauma

EARS/NOSE/THROAT/ MOUTH : Denies Loss of hearing, Denies Ringing in ears, Denies Difficulty swallowing, Denies Toothache

RESPIRATORY : Denies Difficulty breathing, Denies Shortness of breath

HEART : Denies Chest pain, Denies Heart beating fast, Denies Difficult breathing on activ

DIGESTIVE SYSTEM : Denies Abdominal pain

URINARY SYSTEM - MALE : Denies Difficulty urinating

MUSCLES/BONES : Denies Pain

ENDOCRINE/GLANDS : **Thyroid**, Denies Heat intolerance, Denies Cold intolerance, Denies Diabetes

Physical Exam :Vital Signs :

Blood Pressure 144/96, BMI of 20.03, Pulse Rate of 89, Respiration Rate of 16, height of 65.5 inches, weight of 126 lbs, and Temperature of 98.0, O2 99%.

Objective Exam:

General : Appearance Normal

Head/ENT : Appearance Normal, Lips/Teeth/Gums Normal, Hearing Normal **Notes** - NO alopecia- despite vigorous coming with lice comb.

Eyes : Conjunctiva/Lids Normal, Pupils/Irises Normal

Neck : Appearance Normal

Lungs : Resp. Effort Normal, Auscultation Normal

Cardiac/Heart : Auscultation Normal, Edema/Varicosities Not Present

GI/Abdomen : Masses/Tenderness Not Present

Musculoskeletal : Gait & Station Normal, Digits & Nails Normal, Inspection/Palpations/Motion Stability/Strength(spe. joint) Normal

Neurological : Cranial/Nerves Normal **Notes** - cr 2-12 grossly intact

Psychological : Insight/Judgement Normal, Mood/Affect Normal **Notes** - grossly normal mentation

Patient Instruction:IMPRESSION/PLAN :

The patient was diagnosed with OTH DISORDERS OF THYROID*

Assessment Notes : THYROID DISORDER- pt is being seen for previous evaluation fo Thyroid disorder with supposed diagnosis of Hashimoto's Thyroid disease. He has never been treated with Thyroid hormone hormone, but believes he should be started on Synthroid. Pt. notes continuously that his 'hair is falling out when he washes his hair'. Says the sink is full of hair. Upon exam today including vigorous combing with lice comb, there was absolutely NO hair loss! He has no signs or symptoms of Thyroid disease and his Lab results 2 weeks ago were normal despite previously mildly elevated TSH value. My conclusion is he may have had Thyroiditis with or without previously elevated antibodies, but at this time his clinical status shows no indication of inadequate thyroid function and therefore does not require medication at this time. ELEVATED BP- pt h mildly elevated BP today, probably related to his somewhat agitated condition and insistence on starting Thyroid meds.

Inmate: ROOF, DYLANN Inmate No: [REDACTED] DOB: 4/3/1994
 Note generated by Doctorspartner EMR software (www.doctorspartner.com)

Plan & Treatment Notes : Prolonged and detailed education and explanation of Thyroid disorders, lab testing, variations in levels of lab tested hormone assays and his normal clinical status. No medications at this time. Continue to monitor patient for possible development of Hypothyroidism clinically and with lab testing. Recheck BP on f/u

The following Labs/Tests were also ordered on this visit for the patient :

Lab Tests	Diagnosis	Notes
THYROID PROFILE WITH TSH (000620)	246	
IN THREE WEEKS	246	

Patient was asked to follow up in 1 Months.

Jacobs Theodolph, MD

Inmate: ROOF, DYLAN Inmate No: [REDACTED] DOB: 4/3/1994
Note generated by Doctorspartner EMR software(www.doctorspartner.com)



Patient Report

Specimen ID: 260-114-1513-0
Control ID: B0028533903

Acct #: 39824785 Phone: (843) 529-7346 Rte: -
Carolina Ctr for Occupational
Health Corrections
3841 Leeds Avenue
CHARLESTON SC 29405

ROOF, DYLANN
3841 LEEDS AVE
NORTH CHARLESTON SC 29405
(843) 529-7346

Patient Details

DOB: 04/03/1994
Age(y/m/d): 021/05/14
Gender: M SSN:
Patient ID: [REDACTED]

Specimen Details

Date collected: 09/17/2015 1232 Local
Date entered: 09/17/2015
Date reported: 09/21/2015 1437 ET

Physician Details

Ordering: B WEISSGLAS
Referring:
ID: 3956369
NPI: 1497701817

General Comments & Additional Information
FX / CONFIRMED RECD BY RN RAND @ 1637 9.17.15 SB

Clinical Info: STAT

Alternate Control Number: B0028533903
Total Volume: Not Provided

Alternate Patient ID: 1510680
Fasting: No

Ordered Items

CBC With Differential/Platelet, Comp. Metabolic Panel (14); Request Problem

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAR
CBC With Differential/Platelet					
WBC	7.3		x10E3/uL	3.4 - 10.8	01
RBC	5.12		x10E6/uL	4.14 - 5.80	01
Hemoglobin	14.9		g/dL	12.6 - 17.7	01
Hematocrit	45.1		%	37.5 - 51.0	01
MCV	88		fL	79 - 97	01
MCH	29.1		pg	26.6 - 33.0	01
MCHC	33.0		g/dL	31.5 - 35.7	01
RDW	12.4		%	12.3 - 15.4	01
Platelets	285		x10E3/uL	150 - 379	01
Neutrophils	48		%		01
Lymphs	43		%		01
Monocytes	7		%		01
Eos	2		%		01
Basos	0		%		01
Neutrophils (Absolute)	3.6		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	3.1		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Comp. Metabolic Panel (14)					
Glucose, Serum	86		mg/dL	65 - 99	01
BUN	12		mg/dL	6 - 20	01
Creatinine, Serum	0.90		mg/dL	0.76 - 1.27	01
eGFR If NonAfrican Am	122		mL/min/1.73	>59	01
eGFR If African Am	141		mL/min/1.73	>59	01
BUN/Creatinine Ratio	13			8 - 19	01
Sodium, Serum	138		mmol/L	134 - 144	01
Potassium, Serum	3.8		mmol/L	3.5 - 5.2	01
Chloride, Serum	98		mmol/L	97 - 108	01

*9/22/15
JH
seen
9/17*

Date Issued: 09/21/15 2026 ET

FINAL REPORT

Page 1 of 2

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Patient Report

Patient: ROOF, DYLANN
DOB: 04/03/1994

Control ID: [REDACTED]

Specimen ID: 260-114-1513-0
Date collected: 09/17/2015 1232 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Carbon Dioxide, Total	27		mmol/L	18 - 29	01
Calcium, Serum	10.4	High	mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.4		g/dL	6.0 - 8.5	01
Albumin, Serum	5.0		g/dL	3.5 - 5.5	01
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	2.1			1.1 - 2.5	
Bilirubin, Total	1.6	High	mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	72		IU/L	39 - 117	01
AST (SGOT)	20		IU/L	0 - 40	01
ALT (SGPT)	24		IU/L	0 - 44	01
					01

Serum was received in contact with cells. This may cause erroneous increases in AST, ALT, LD, GGT, potassium and phosphorus and a decrease in glucose. Clinical correlation indicated.

Request Problem

No urine specimen received.
Test# 003772 Urinalysis, Complete

02

01	CR	LabCorp Charleston 3825 Faber Place Drive, N. Charleston, SC 29405-8633	Anne Flynn, MD
02	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	William F Hancock, MD

For inquiries, the physician may contact Branch: 800-782-4344 Lab: 843-308-0558

*9/22/15
seen 7/17*



Patient Report

Specimen ID: 260-022-0615-0
 Control ID: B0028533903

Acct #: 39824785 Phone: (843) 529-7346 Rte: -
 Carolina Ctr for Occupational
 Health Corrections
 3841 Leeds Avenue
 CHARLESTON SC 29405

ROOF, DYLANN
 3841 LEEDS AVE
 NORTH CHARLESTON SC 29405
 (843) 529-7346



Patient Details

DOB: 04/03/1994
 Age(y/m/d): 021/05/14
 Gender: M SSN:
 Patient ID: 1518680

Specimen Details

Date collected: 09/17/2015 1232 Local
 Date entered: 09/17/2015
 Date reported: 09/18/2015 1455 ET

Physician Details

Ordering: B WEISSGLAS
 Referring:
 ID: 3956369
 NPI: 1497701817

General Comments & Additional Information

Alternate Control Number: B0028533903
 Total Volume: Not Provided

Alternate Patient ID: 1518680
 Fasting: No

Ordered Items

Lipid Panel; Thyroid Panel With TSH; Hemoglobin A1c

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Lipid Panel					
Cholesterol, Total	160		mg/dL	100 - 189	01
Triglycerides	208	High	mg/dL	0 - 114	01
HDL Cholesterol	61		mg/dL	>39	01
Comment	According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.				
LDL Cholesterol Cal	42	High	mg/dL	5 - 40	01
LDL Cholesterol Calc	57		mg/dL	0 - 119	01

Thyroid Panel With TSH

TSH	6.910	High	uIU/mL	0.450 - 4.500	01
Thyroxine (T4)	5.7		ug/dL	4.5 - 12.0	01
T3 Uptake	32		%	24 - 39	01
Free Thyroxine Index	1.8			1.2 - 4.9	01

Hemoglobin A1c

5.1 %
 Increased risk for diabetes: 5.7 - 6.4
 Diabetes: >6.4
 Glycemic control for adults with diabetes: <7.0

01 BN LabCorp Burlington 1447 York Court, Burlington, NC 27215-3381 William F Hancock, MD

For inquiries, the physician may contact Branch: 800-762-4344 Lab: 800-762-4344

9/21/15
 2001
 9/17



Patient Report

Specimen ID: 260-022-0615-1
Control ID: 80028533903

Acct #: 39824785 Phone: (843) 529-7346 Rte: -

Carolina Ctr for Occupational
Health Corrections
3841 Leeds Avenue
CHARLESTON SC 29405

ROOF, DYLANN
3841 LEEDS AVE
NORTH CHARLESTON SC 29405
(843) 529-7346



Patient Details

DOB: 04/03/1994
Age(y/m/d): 021/05/14
Gender: M SSN:
Patient ID: [REDACTED]

Specimen Details

Date collected: 09/17/2015 1232 Local
Date entered: 09/18/2015
Date reported: 09/21/2015 0606 ET

Physician Details

Ordering: B WEISSGLAS
Referring:
ID: 3956369
NPI: 1497701817

General Comments & Additional Information

Alternate Control Number: 80028533903
Total Volume: Not Provided

Alternate Patient ID: 1518680
Fasting: No

Ordered Items

Urine Culture, Routine; Written Authorization

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urine Culture, Routine					
Urine Culture, Routine	Final Report				01
Result 1					
No growth					01
Written Authorization					
Written Authorization Received.					01
Authorization received from Nurse Moran 09-18-2015					
Logged by Judy Watson					

01	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3381	William F Hancock, MD
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For inquiries, the physician may contact Branch: 800-762-4344 Lab: 800-762-4344

9/21/15
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seed
9/17



Patient Report

Ordermen ID: 300-022-0677-0
Control ID: 80030569381

Acct #: 39824785 Phone: (843) 529-7346 Rte: -
Carolina Ctr for Occupational
Health Corrections
3841 Leeds Avenue
CHARLESTON SC 29405

ROOF, DYLANN
3841 LEEDS AVE
NORTH CHARLESTON SC 29405
(843) 529-7346



Patient Details

DOB: 04/03/1994
Age(y/m/d): 021/06/23
Gender: M SSN:
Patient ID: [REDACTED]

Specimen Details

Date collected: 10/26/2015 1640 Local
Date entered: 10/27/2015
Date reported: 10/28/2015 1036 ET

Physician Details

Ordering: B WEISSGLAS
Referring:
ID:
NPI: 1497701817

General Comments & Additional Information

Alternate Control Number: 80030569381
Total Volume: Not Provided

Alternate Patient ID: 1518880
Fasting: No

Ordered Items

Thyroid Panel With TSH

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Thyroid Panel With TSH					
TSH	4.220		uIU/mL	0.450 - 4.500	01
Thyroxine (T4)	6.6		ug/dL	4.5 - 12.0	01
T3 Uptake	32		%	24 - 39	01
Free Thyroxine Index	2.1			1.2 - 4.9	

01	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3381	William F Harlick, MD
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For inquiries, the physician may contact Branch: 800-762-4344 Lab: 800-762-4344

10/28/15
mm



Patient Report

Specimen ID: 336-022-0485-0
Control ID: 80032469434

Acct #: 39824785 Phone: (843) 529-7346 Rte: -
Carolina Ctr for Occupational
Health Corrections
3841 Leeds Avenue
CHARLESTON SC 29405

ROOF, DYLANN
3841 LEEDS AVE
NORTH CHARLESTON SC 29405
(843) 529-7346



Patient Details
DOB: 04/03/1994
Age(y/m/d): 021/07/29
Gender: M SSN:
Patient ID: [REDACTED]

Specimen Details
Date collected: 12/02/2015 0312 Local
Date entered: 12/02/2015
Date reported: 12/03/2015 1038 ET

Physician Details
Ordering: B WEISSGLAS
Referring:
ID:
NPI: 1497701817

General Comments & Additional Information

Alternate Control Number: 80032469434
Total Volume: Not Provided

Alternate Patient ID: 1518680
Fasting: No

Ordered Items
Thyroid Panel With TSH

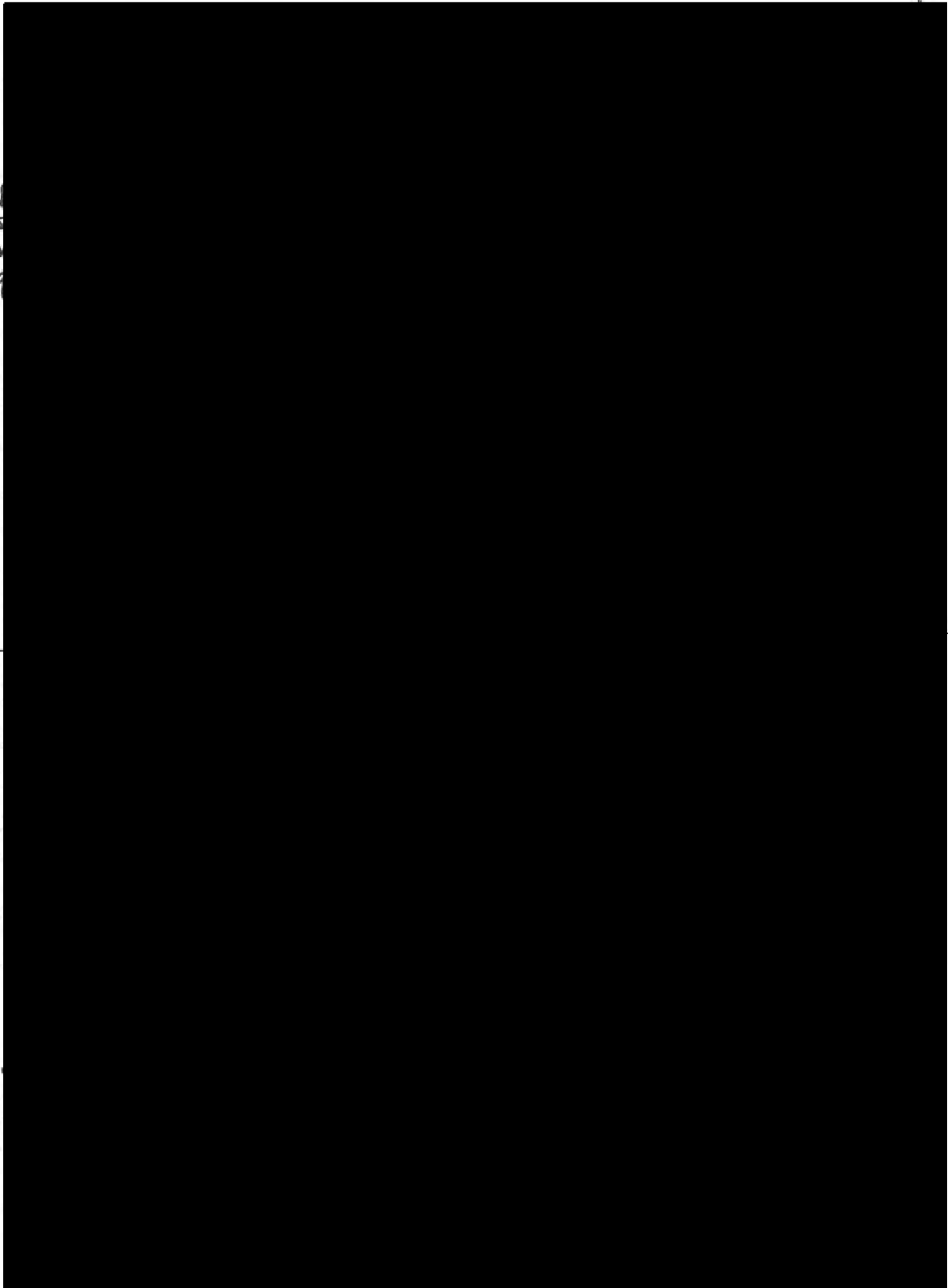
TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Thyroid Panel With TSH					
TSH	4.550	High	uIU/mL	0.450 - 4.500	01
Thyroxine (T4)	5.8		ug/dL	4.5 - 12.0	01
T3 Uptake	33		%	24 - 39	01
Free Thyroxine Index	1.9			1.2 - 4.9	

01 BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

William F Hancock, MD

For inquiries, the physician may contact Branch: 800-762-4344 Lab: 800-762-4344

RW
12/4



3
4

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Roof, Dylann S
LAST FIRST MI

DATE OF BIRTH 4/3/74 INMATE [REDACTED]

Housing Recommendations:

- General Population A13
- Medical Observation Unit
- Lower level/ Lower Bunk
- Suicide Precautions * I/M removed from s/w @ 8/3/15
- Special Watch (15 Minute Checks)
- Isolation
- Initiate Universal Precautions

Individual found to be:

- Frail/ Elderly
 - Physically Handicapped
 - Developmentally Disabled
 - Drug/ Alcohol Withdrawal
 - Special Mental Health Needs
 - Expressed Suicidal Ideation
 - History Seizures
 - Other
- Specify

MTH
Nurse Wendy Fisher, MA Date 8/3/15

Clear of suicide watch
E. Leonard, MD 8/03/15

Sheriff Al Cannon Detention Center Observation Log

Suicidal Inmate Emergency Restraint Chair Mental Health Observation

Inmate Name: Roof, Dylans Inmate #: 1518680 Room: 1141B

Reason for Placement on Observation: Per Chief

ERC Authorizing Supervisor Signature: _____ Pay #: _____

Date Starting Watch: 8/3/15 Person Starting Watch: Ofc. Wolff Pay #: 10615

Enter Time in staggered 15 Minute intervals (Military Time Only)

Date	Time	Observation	Initials	Date	Time	Observation	Initials
8/3/15	11:15	Sitting on bed	ZW				
8/3/15	11:30	Sitting on bed	ZW				
8/3/15	11:45	Laying on bed	ZW				
8/3/15	12:00	standing @ door	JRP				
8/3/15	12:15	sitting on bed	ZW				
8/3/15	12:30	sitting on bed eating food	ZW				
8/3/15	12:45	sitting on bed	ZW				
8/3/15	13:00	sitting on bed	ZW				
8/3/15	13:15	Talking at door to Mental Health	ZW				
8/3/15	13:30	Laying on bed	JRP				
8/3/15	13:45	Laying on bed	JRP				
8/3/15	14:00	Laying on bed	JRP				
8/3/15	14:15	Laying on bed	JRP				
8/3/15	14:30	Laying on bed	JRP				
8/3/15	14:45	Laying on bed	ZW				
8/3/15	15:00	Laying on bed	ZW				
8/3/15	15:15	Laying on bed	ZW				
8/3/15	15:30	Laying on bed	ZW				
8/3/15	15:45	Laying on bed	ZW				
8/3/15	16:00	Laying on bed	ZW				
8/3/15	16:15	Laying on bed	ZW				
8/3/15	16:30	Laying on bed	ZW				

Authorizing Supervisor Signature for removal from E.R.C.
 Clearance for removal from suicidal precautions: [Signature] 8/3/15
(Must Be Signed By Mental Health)

Remove from Suicide Watch. E. Leonard, MD
 8/3/15

- Policy. Suicide Screening

(SACDC-333-04/03/14)



COUNSELOR NOTE

DATE: 10/28/15	I/M NAME: ROOF, DYLAN	# 1518680	DOB: 04/03/1994
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I MET WITH I/M TODAY FOR GENERAL FOLLOW UP. I/M HAS A HIGH PROFILE CASE & HAS BEEN ON PROTECTIVE CUSTODY SINCE HIS ARREST ON 6/18/15. I/M PRESENTED WITH BRIGHT AFFECT, WAS ALERT, ORIENTED X3, & COOPERATIVE. HE REPORTS HE'S DOING WELL IN GENERAL, APPETITE IS GOOD, SLEEPS "MORE THAN ENOUGH." I/M EXPLAINED HE KEEPS BUSY BY READING & LISTENING TO HIS RADIO. HE DENIED SI/HI, A/VH, & PARANOIA. I INQUIRED ABOUT WHETHER OR NOT HE GETS OUT OF HIS CELL FOR REC. I/M EXPLAINED HE DOES COME OUT FOR REC WHEN HE HAS SOMETHING TO DO. HE REPORTS HE DID NOT COME OUT THIS MORNING BECAUSE HE HAD NOTHING HE NEEDED TO DO. I/M ACKNOWLEDGED HE KNOWS HOW TO REQUEST TO MEET WITH MENTAL HEALTH ON THE KIOSK IF HE FEELS HE NEEDS SERVICES. HE ALSO STATED IT WAS OK FOR ME TO CONTINUE CHECKING IN WITH HIM EVERY NOW & THEN.

DX IMP: R/O ANTI-SOCIAL TRAITS

TX PLAN: F/U PRN.

Amy Cradock MSW 10/28/15

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