

Washington County Detention Center

Patient's Consent for Treatment

The undersigned, being in custody of Washington County Detention Center, hereby authorize and request that all medical records and/or information, wherever located, including any hospital or medical doctor or any other place where medical records may be located, be released to the Washington County Detention Center medical department for use by the medical department regarding any treatment to be reviewed while in custody. I understand I will provide this information to the medical department.

I further authorize the Washington County Detention Center medical department to evaluate and treat any condition that I may have or develop while in custody of the Washington County Detention Center. My signature below provides consent for medical photographs to be made of me. I understand that the photographs and information may be used in my medical record for the purpose of documentation and/or treatment. I acknowledge no guarantee or assurance has been made as to the desired result that may be obtained.

I have been made aware of how to request medical services while incarcerated, and I am aware I have the right to refuse treatment. I may be required to sign a Refusal of Treatment form should I refuse medical treatments and or medications.

I release Washington County Arkansas, the Sheriff, his/her staff, any contract medical organization, and its staff from all responsibility and I assume personal responsibility for the conditions that may occur as a result of my not requesting services and/or refusing treatments as prescribed by the medical staff of the facility and/or outside consultation service.

Detainee Name: BLACKBURN, DAYMAN

DOB:

Dayman Blackburn

03/23/2021 08:37:49

Date Signed

Witnessed By: 7872-ALAYTSEVA, VLADISLAVA

*In 3/23/2021
Consent 3/23/21*

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Detainee Name: FLOREAL-WOOTEN, EDRICK

DOB:

07/22/2021 14:19:30

Date Signed

Witnessed By: 9894-YOUNG, RACHAEL

7/22/2021	14:19	COVID Vaccine	COVID Vaccine Refused	YOUNG, RACHAEL
7/22/2021	14:19	Consent Form	Consent Form	YOUNG, RACHAEL
7/17/2021	18:37	Intake Screen	Intake Screen was reviewed	DOMINGUEZ, CHARLES
7/17/2021	18:37	Prescription Added	Prescription added: Medication Name:VITAMIN D 3 100,000 IU Directions:PO X 1 RX #: Pharmacy:FLOOR STOCK Doctor: Pill Count: Start Date:07/17/2021 End Date:'07/18/2021' Times: PM	DOMINGUEZ, CHARLES
7/17/2021	18:37	Prescription Added	Prescription Set added: COVID	DOMINGUEZ, CHARLES
7/17/2021	18:37	Alerts/Allergies	Changed Alerts/Allergies from: To: Alerts/Allergies:NKDA	DOMINGUEZ, CHARLES
7/17/2021	18:37	Med Question	Do you have anything else to tell us about your health? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:37	Med Question	When were you last seen by a Dentist? = Y Response = couple months ago	DOMINGUEZ, CHARLES
7/17/2021	18:37	Med Question	Who is your medical doctor? = Y Response = Dr hansen	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	When were you last seen by a medical doctor? = N Response = unknown	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Where is the last pharmacy that filled your prescriptions? = N Response = unknown	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Do you take medications? If YES, List Medications and Doseage: = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Have you had surgery in the past 6 weeks? If YES, What Surgeries? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Do you have any non-medical dietary restrictions? If Yes, What?;Why? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Are you allergic to any foods or insects? If Yes, What and where was it verified? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Are you allergic to any medications? If Yes, What and where was it verified? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Are you currently having thoughts about killing someone else or harming someone else? If Yes, Who? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Are you currently having thoughts about killing or harming yourself? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Have you ever attempted suicide? If Yes, When? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Has a physician diagnosed you with a mental illness? If Yes, What?;Do you take medication for you mental illness?;When was your last dose? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Do you use amphetamines such as meth, cocaine, crack? If Yes, Drug of choice?;How much?;How often?;For how many years?;Last use? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Do you take Narcotic pain medication? If Yes, Drug of choice?;How much?;How often?;For how many years?;Last use? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Do you take benzodiazepines such as Klonopin, Ativan, Zanax? If Yes, Drug of choice?;How much?;How often?;For how many years?;Last use? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Do you drink alcohol (beer, wine, liquor, or spirits)? If Yes, How much?;How often?;For how many years?;Last drink? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Do you take blood thinners? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Has a doctor diagnosed you with a deep vein thrombosis (blood clot)? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	Are you pregnant? If Yes, How many weeks along are you? = N Response =	DOMINGUEZ, CHARLES
7/17/2021	18:36	Med Question	When and Where was you last TB skin test? = Y Response = wcdc	DOMINGUEZ, CHARLES
7/17/2021	18:33	Med Question	In the past year have you been easily fatigued? = N Response =	DOMINGUEZ, CHARLES

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Detainee Name: LITTLE, JEREMIAH

DOB:

03/08/2021 01:38:55

Date Signed

Witnessed By: 0684-MOORE, MICHAEL

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Detainee Name: GONZALES, JULIO

DOB:

05/17/2021 14:52:42

Date Signed

Witnessed By: 6327-HINELY, KELLEY

5/23/2021	05:53	TB Test	<p>Changed TB Information from:</p> <p>TB Given: TB Read: TB Results: TB Size:0 TB Symptoms: TB Location: TB Positive: Chest X-Ray Given: Chest X-Ray Read: Chest X-Ray Results: Prior TB Given: Prior TB Read: Prior TB Results: Prior TB Size:0 Prior Symptoms: Prior Location: Prior Positive:</p> <p>To:</p> <p>TB Given:10/16/2018 TB Read:10/18/2018 TB Results:NEG TB Size:0 TB Symptoms: TB Location:WCDC TB Positive:N Chest X-Ray Given: Chest X-Ray Read: Chest X-Ray Results: Prior TB Given:10/16/2018 Prior TB Read:10/18/2018 Prior TB Results:NEG Prior TB Size:0 Prior Symptoms: Prior Location:WCDC Prior Positive:N</p>	WILSON, JOLANA
5/17/2021	14:52	COVID Vaccine	COVID Vaccine Refused	HINELY, KELLEY
5/17/2021	14:52	Consent Form	Consent Form	HINELY, KELLEY
5/10/2021	18:10	Intake Screen	Intake Screen was reviewed	DOMINGUEZ, CHARLES
5/10/2021	18:10	Prescription Added	<p>Prescription added: Medication Name:VITAMIN D 3 100,000 IU Directions:PO X 1 RX #: Pharmacy:FLOOR STOCK Doctor: Pill Count: Start Date:05/10/2021 End Date:'05/11/2021' Times: PM</p>	DOMINGUEZ, CHARLES
5/10/2021	18:10	Prescription Added	Prescription Set added: COVID	DOMINGUEZ, CHARLES
5/10/2021	18:10	Alerts/Allergies	<p>Changed Alerts/Allergies from:</p> <p>To:</p> <p>Alerts/Allergies:NKDA</p>	DOMINGUEZ, CHARLES
5/10/2021	18:10	Med Question	Do you have anything else to tell us about your health? = N Response =	DOMINGUEZ, CHARLES
5/10/2021	18:10	Med Question	When were you last seen by a Dentist? = N Response = months ago	DOMINGUEZ, CHARLES
5/10/2021	18:10	Med Question	Who is your medical doctor? = N Response = unknown	DOMINGUEZ, CHARLES
5/10/2021	18:10	Med Question	When were you last seen by a medical doctor? = Y Response = months ago	DOMINGUEZ, CHARLES
5/10/2021	18:09	Med Question	Where is the last pharmacy that filled your prescriptions? = N Response = unknown	DOMINGUEZ, CHARLES
5/10/2021	18:09	Med Question	Do you take medications? If YES, List Medications and Doseage: = N Response =	DOMINGUEZ, CHARLES
5/10/2021	18:09	Med Question	Have you had surgery in the past 6 weeks? If YES, What Surgeries? = N Response =	DOMINGUEZ, CHARLES
5/10/2021	18:09	Med Question	Do you have any non-medical dietary restrictions? If Yes, What?;Why? = N Response =	DOMINGUEZ, CHARLES
5/10/2021	18:09	Med Question	Are you allergic to any foods or insects? If Yes, What and where was it verified? = N Response =	DOMINGUEZ, CHARLES

3/21/2021	05:30	TB Test	<p>Changed TB Information from:</p> <p>TB Given: TB Read: TB Results: TB Size:0 TB Symptoms: TB Location: TB Positive: Chest X-Ray Given: Chest X-Ray Read: Chest X-Ray Results: Prior TB Given: Prior TB Read: Prior TB Results: Prior TB Size:0 Prior Symptoms: Prior Location: Prior Positive:</p> <p>To: TB Given:12/11/2018 TB Read:12/13/2018 TB Results:NEG TB Size:0 TB Symptoms: TB Location:WCDC TB Positive:N Chest X-Ray Given: Chest X-Ray Read: Chest X-Ray Results: Prior TB Given:12/11/2018 Prior TB Read:12/13/2018 Prior TB Results:NEG Prior TB Size:0 Prior Symptoms: Prior Location:WCDC Prior Positive:N</p>	WILSON, JOLANA
3/08/2021	01:40	Intake Screen	Intake Screen was reviewed	MOORE, MICHAEL
3/08/2021	01:39	Med Question	In the past year have you experienced night sweats? = Y Response = When getting off drugs.	MOORE, MICHAEL
3/08/2021	01:39	Alerts/Allergies	<p>Changed Alerts/Allergies from:</p> <p>To:</p> <p>Alerts/Allergies:NKDA, SPIDER BITES</p>	MOORE, MICHAEL
3/08/2021	01:38	Consent Form	Consent Form	MOORE, MICHAEL
3/08/2021	01:38	Med Question	Do you have anything else to tell us about your health? = Y Response = Anxiety	MOORE, MICHAEL
3/08/2021	01:38	Prescription Added	<p>Prescription added: Medication Name:VITAMIN PACK (VIT C 2000 MG, ZINC 100 MG, VIT D 5000 IU) Directions:1 PKG Q PM RX #: Pharmacy:FLOOR STOCK Doctor: Pill Count: Start Date:03/08/2021 End Date:'03/22/2021' Times: PM</p>	MOORE, MICHAEL
3/08/2021	01:38	Prescription Added	<p>Prescription added: Medication Name:TEMPERATURE CHECK Directions:NEW INMATE TEMP CHECK RX #: Pharmacy:NONE Doctor:HINELY Pill Count: Start Date:03/08/2021 End Date:'03/22/2021' Times:AM PM</p>	MOORE, MICHAEL
3/08/2021	01:38	Prescription Added	Prescription Set added: COVID PROTOCOL	MOORE, MICHAEL
3/08/2021	01:37	Med Question	When were you last seen by a Dentist? = N Response = Awhile	MOORE, MICHAEL
3/08/2021	01:37	Med Question	When were you last seen by a medical doctor? = Y Response = At WCDC approx 13 months ao	MOORE, MICHAEL

