EXHIBIT 1
Case 3:19-cv-00415-NJR Document 52-1 Filed 09/08/20 Page 2 of 39 Page ID #585

From: Iglesias, Cristian N. 17248-018 X USP Marion

Part A - REASON FOR APPEAL

I am appealing to the Bureau of Prisons regarding my request for sexual reassignment surgery at the earliest opportunity. Delaying this process leads to emotional and psychological distress, depression, anxiety, stress, and thoughts of self-mutilation (because of my gender dysphoria). The only appropriate treatment option at this time is sexual reassignment surgery. My gender dysphoria, making me a transgender female, causes me great pain and psychological torture, due to having body parts that make me a biological male. The FBOP refusing or hindering in any way to give me sexual reassignment surgery is a violation of my Constitutional rights (under the 8th amendment- Cruel & Unusual Punishment). Please approve me for sexual reassignment surgery as I clearly qualify for this procedure, and as you say: "I am continue adhering to institution rules as well as treatment and program recommendations", which I have been doing. The FBOP has an obligation to provide such treatment.

1-6-18
DATE

17248-018
SIGNATURE OF REQUESTER

Part B - RESPONSE

RECEIVED
JAN 18 2019
Federal Bureau of Prisons

GENERAL COUNSEL
CASE NUMBER: 92251-A1

CASE NUMBER:

C A S E  N U M B E R B R : 

Part C - RECEIPT

DATE

ORI G I N A L: RETURN TO INMATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL
EXHIBIT 2
Administrative Remedy No. 920251-A1
Part B – Response

This is in response to your Central Office Administrative Remedy Appeal wherein you request sexual reassignment surgery without delay. You allege the Bureau of Prisons is violating your Constitutional rights by refusing or hindering this surgery.

We have reviewed documentation relevant to your appeal and, based on our findings, concur with the manner in which the Warden and Regional Director responded to your concerns at the time of your Request for Administrative Remedy and subsequent appeal. Further, Program Statement 6031.04, Patient Care, provides that inmates in the custody of the Bureau of Prisons with a possible diagnosis of Gender Identity Dysphoria (GID) will receive a current, individualized assessment and evaluation. Treatment options will not be precluded solely due to level of services received, or lack of services, prior to incarceration. If a diagnosis of GID is reached, a proposed treatment plan will be developed which promotes the physical and mental stability of the patient. Treatment plans will be reviewed regularly and updated as necessary.

The Transgender Clinical Care Team (TCCT) has acknowledged they have received your parent institution’s request for you to receive gender reassignment surgery. Health Services will notify you when a decision has been made. Given the foregoing, we shall defer all surgical approvals until the TCCT reaches a decision.

The record reflects you have received medical care and treatment in accordance with evidence based standard of care and within the scope of services of the Federal Bureau of Prisons. You are encouraged to comply with proposed medical treatment so Health Services can continue to provide essential care and to contact medical personnel through routine sick call procedures should your condition change.

Considering the foregoing, this response is provided for informational purposes only.

3/21/18
Date

Ian Connors, Administrator
National Inmate Appeals
EXHIBIT 3
Administrative Remedy No. 991304-A1
Part B - Response

This is in response to your Administrative Remedy Appeal wherein you request gender-affirming surgery and associated treatment; staff training regarding transgender inmates; and the enactment of policies relating to the care and treatment of transgender inmates.

Gender-affirming surgery is considered after real life experience in your preferred gender. Therefore, you were reviewed for transfer to a female facility. Based on BOP Program Statement 5200.04 Transgender Offender Manual, which is the agency's policy regarding the care and management of transgender inmates, several factors were considered to determine whether your current placement is appropriate, including your health and safety; your behavioral history, overall demeanor, and likely interactions with other inmates; whether placement would threaten the management and security of the institution and/or pose a risk to other inmates in the institution; and whether there has been significant progress towards transition as demonstrated by your medical and mental health history.

Your most recent laboratory results were also reviewed and considered. Your laboratory results reflect that your hormone levels have not been maximized or stabilized. Therefore, your medications and hormone levels will continue to be monitored by Health Services staff at the institution.

Accordingly, after consideration and review, it was determined that your current designated facility is appropriate.

With respect to your concerns regarding staff training and the enactment of policies relating to the care and management of transgender inmates, the BOP issued the above-referenced program statement and the BOP provides staff specialized training in working with unique issues when managing transgender inmates, with refresher training at annual training.

Considering the foregoing, this response is provided for informational purposes only.

\[\text{Date}\]

Ian Connors, Administrator
National Inmate Appeals
EXHIBIT 4
December 21, 2016

Iglesias, Cristian Noel
Register No.: 17248-018
Wake Forest Unit

Dear Ms. Iglesias:

I am in receipt of your correspondence to Loretta Lynch, Attorney General, dated November 21, 2016. This correspondence has been forwarded to my office for response. In your correspondence, you request to be transferred to a female facility.

Your requests for transfer to a female facility are being seriously considered by the Bureau of Prisons. The decision to transfer a transgender inmate to a female facility is not one that is taken lightly by the Agency. It is a decision that involves many factors, one of which is the safety and security of the inmate who would be transferred. That being said, your request is under review as part of an ongoing process. I encourage you to continue to work closely with your treatment team, including medical providers and psychologists, to address any issues that may arise in your transition.

Your concerns regarding your safety at the Federal Correctional Institution, Butner, North Carolina, have been forwarded to the appropriate individuals for investigation and review. I encourage you to talk with not only your Unit Team, but also SIS and Psychology staff, particularly with regard to specific threats to your safety. Our primary concern is the safety and security of all inmates. All staff receive frequent training in gender-related issues and strive to treat inmates according to the inmate’s reported gender.

If you have further concerns regarding this matter, please refer them to your Unit Team. I trust this addresses your concerns.

Sincerely,

S. Ma’at
Acting Warden
EXHIBIT 5
Part A—REASON FOR APPEAL

I am appealing the Regional Director's response to my request to be transferred to a female prison. I am a transgender female on hormone therapy and I have breast and am very effeminate in my mannerisms and identify as a female and recognized and validated transgender female with a current GMA as from M2F. In the response it appears that I was recognized on 2-2-17 as a transgender female, the GMA ENTRY assignment was due to new program statement - OF: RSD/FOB-#5300.04 - dated 1-18-17. I have been recognized by the BOP since 2015, I am transitioning to a female with the end result of having gender affirming surgery and the meaning of female. I request this transfer to a female prison so that I can continue my treatment for the next phase as well be safer for me. No PREA.

S-16-17

* Exhibit Enclosed *

Part B—RESPONSE

RECEIVED

MAY 11, 2017

General Counsel

CASE NUMBER: 897365-A1

CASE NUMBER:

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

DATE

CASE NUMBER:
Administrative Remedy No. 914685-A1
Part B - Response

This is in response to your Central Office Administrative Remedy Appeal, wherein you state that you meet the requirements to be considered as a female due to your diagnoses of gender dysphoria. For relief, you request to be transferred to a female institution.

We have reviewed documentation relevant to your appeal and, based on the information gathered, concur with the manner in which the Warden and Regional Director addressed your concerns at the time of your Request for Administrative Remedy and subsequent appeal. In accordance with Program Statements 5324.12, Sexually Abusive Behavior Prevention and Intervention, and 5200.04, Transgender Offender Manual, decisions regarding transgender inmate designations are carefully scrutinized and made with safety and security as vital considerations. The record reflects that the Central Office Transgender Executive Counsel reviewed and approved of your close supervision transfer to USP Marion. This placement was determined to be commensurate with your current programming and security needs. You are advised to participate in recommended programming as well as communicate your needs/concerns with your Unit Team, Psychology Services, and Health Services.

Staff will continue to review your specific needs on a regular basis to determine your appropriateness to remain at your current facility.

Accordingly, this response is for informational reasons only.

[Signature]
Date

Ian Connors, Administrator
National Inmate Appeals
EXHIBIT 6
Administrative Remedy Number 897368-A1
Part B - Response

This is in response to your Central Office Administrative Remedy Appeal wherein you request a transfer to a female facility.

Following our review, we find your complaint is repetitive to Central Office Administrative Remedy Appeal number 865332-A1, for which we have previously provided a response. That is, we do not find the appeal is materially or substantively different and, as such, we refer you to that response, rather than elaborating further with like conclusions.

Accordingly, we find your appeal repetitive and have closed it as such.

[Signature]
Date

Ian Connors, Administrator
National Inmate Appeals
EXHIBIT 7
FROM: 17248018  
TO: Warden  
SUBJECT: ***Request to Staff*** IGLESIAS, CRISTIAN, Reg# 17248018, LEX-A-B  
DATE: 03/24/2020 09:08:21 AM

To: 03/24/2020  
Inmate Work Assignment: ORDERLY

I AM " OFFICIALLY " REQUESTING IN WRITING THAT I BE CONSIDERED AND BE SENT TO A FEMALE PRISON WITHIN THE BUREAU OF PRISONS. I HAVE BEEN ON HORMONE THERAPY FOR 5 YEARS WITH A DIAGNOSIS OF GENDER DYSPHORIA, MY HORMONE LEVELS FOR WELL OVER 4 YEARS HAVE BEEN CONSISTENT WITH FEMALE LEVELS, PLEASE SEE ADMINISTRATIVE NOTE PLACED INTO MY MEDICAL RECORD BY CLINICAL DIRECTOR DR.PASS AT MY PREVIOUS INSTITUTION STATING AS SUCH. I AM A TRANSSEXUAL FEMALE INMATE AND MEET ALL REQUIREMENTS TO BE PLACED INTO FEMALE INSTITUTION, THE BUREAU OF PRISONS HAS AN OBLIGATION UNDER POLICY AND LAW TO ENSURE THAT MY MEDICAL AND PSYCHOLOGICAL NEEDS ARE BEING MET, THEREFORE, IN ORDER FOR ME TO COMPLETE MY EXISTENCE AS A WOMAN, I HAVE TO COMPLETE THE "REAL TIME LIVING AS THE GENDER DESIRED,FEMALE". THE BUREAU OF PRISONS KNOWS THAT GENDER DYSPHORIA THAT IS NOT TREATED IS CAUSES ISSUES, THE BUREAU OF PRISONS IS ALSO AWARE THAT I HAVE REQUESTED THE ONLY TREATMENT NECESSARY TO TREAT MY SEVERE GENDER DYSPHORIA, I HAVE SEVERE GENDER DYSPHORIA BECAUSE WITHOUT THIS TREATMENT I SEE NO NORMAL LIFE AND IT IS TORTUOUS TO LIVE LIFE DAILY WITHOUT GENDER AFFIRMING SURGERY. SO, THEREFORE, I HEREBY REQUEST IN WRITING THAT I BE CONSIDERED AND MY REQUEST TO BE SENT TO A FEMALE PRISON BE SENT TO THE TRANSGENDER EXECUTIVE COUNSEL FOR CONSIDERATION AND REVIEW FOR ME TO BE PLACED IN A WOMAN'S PRISON SO THAT I CAN COMPLETE THE " REAL TIME LIVING EXPERIENCE " AS REQUIRED TO BE CONSIDERED FOR PROPER MEDICAL TREATMENT FROM MY GENDER DYSPHORIA. PLEASE PROCESS MY REQUEST. THANK YOU FOR YOUR TIME.

CC-ATTORNEY -ANGELA POVOLICH
FILE- PRINTED-03/24/2020
EXHIBIT 8
Bureau of Prisons
Psychology Services
Diagnostic and Care Level Formulation

Inmate Name: IGLESIAS, CRISTIAN NOEL
Date of Birth: 06/16/1974
Sex: M
Facility: MAR
Provider: Hampton, Sarah PhD
Reg #: 17248-018
Unit Team: UM NORTH

Relevant Historical Information

Inmate IGLESIAS is a 43-year-old WHITE anatomical male who identifies as female, serving a 98-month sentence for Mailing Threatening Communications. Her projected release date is 04/26/2023. Inmate Iglesias described a childhood in which her father was physically and emotionally abusive due to his difficulty accepting her femininity and sexual orientation. Following the divorce of her parents, she was raised primarily by her mother, who died during inmate Iglesias's incarceration. Inmate Iglesias has previously reported a history of head injury in a car accident at age 12 with loss of consciousness and subsequent seizures, for which she received anti-seizure medication until 2002. Her assignment is GED HAS. Inmate Iglesias reported that she withdrew from formal school in tenth grade due to running away. She denied a history of behavioral problems, learning disorder diagnosis, or special education placement. She said she obtained her GED in state prison. She denied a legitimate employment history, stating she was in state prison beginning at age 17 or 18, was in the community for two months, and has been in BOP custody since. Inmate Iglesias said she is single and has not fathered any children. Of note, she has been in BOP custody since 1994. She denied chronic medical concerns.

Inmate Iglesias has a lengthy history of reporting being the victim of sexual abuse while incarcerated, including but not limited to: 1993 (FL state prison), 2001 (BOP; Otisville, NY), 1993 (threat of an assault), 2001 (reported being assaulted), 2013 (reported sexual harassment), 2015 (reported sexual harassment by staff), 2015 (reported sexual harassment by inmates), 2016 (reported sexual harassment by staff), 2016 (reported sexual harassment by staff), 2016 (reported sexual harassment by another inmate), 2016 (reported being sexually propositioned by other inmates), 2016 (reported being fondled by another inmate), and 2017 (reported being sexually propositioned by other inmates and received brief supportive services through a crisis response center). She has previously acknowledged engaging in consensual sexual behavior while incarcerated. Inmate Iglesias also has a lengthy history of requesting protective custody due to gang involvement and has previously been housed at the ADX. She said she used to "run with the Netas for protection" but has been "Ked out." She does not have a noted history of violence but has incurred multiple incident reports, including 205 Engaging in Sexual Acts, 219 Stealing, and Threatening Bodily Harm. Inmate Iglesias said she communicates regularly with her aunt and uncle, sister, and other relatives.

MENTAL HEALTH HISTORY:

Inmate Iglesias described a history of emotional difficulties since childhood. She has previously been diagnosed with Adjustment Disorder With Depressed Mood and Major Depressive Disorder. In 2009, following a psychiatry consultation, she was diagnosed with Bulimia Nervosa due to reporting purging activity as well as a history of same behavior periodically over the past several years. Records indicate that Inmate Iglesias's affective instability is better accounted for by diagnosis of Borderline Personality Disorder. Inmate Iglesias has a history of reporting symptoms of depression and/or anxiety, specifically when she perceives interpersonal stressors or perceives herself to have limited control over her environment. She has demonstrated a history of poor judgment, as she appears to repeat patterns of maladaptive behavior (e.g., unhealthy interpersonal relationships, accruing debt, etc.) despite her ability to acknowledge these patterns as being maladaptive and being provided with treatment (e.g., programming and therapy) to develop more adaptive coping skills and behaviors. She is also currently diagnosed with Gender Dysphoria.

Inmate Iglesias has reported a history of multiple inpatient hospitalizations while in the community due to suicidal ideation. From ages 13 to 16, she underwent outpatient counseling. She has also periodically engaged in counseling and taken psychotropic medication (e.g., Lithium, Fluoxetine, Mirtazapine, Buprinos, Oxcarbazepine, Citalopram) while incarcerated, vacillating between CARE2-MH and CARE3-MH status. She was coded as Incomplete from the Challenge program in 2013, expelled from the RHU program in 2015, and Incomplete from the Stages program in 2015.

SELF-HARM HISTORY:

Inmate Iglesias has denied a history of suicide attempts with intent to die but reported suicidal behavior including hanging at age 13, overdose on Lithium at age 18, and hanging in 2010 following the death of her mother. In 1991 and again in 1992, she made suicidal threats in county jail and state custody. She has also reported that she...
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Case 3:19-cv-00415-JPG   Document 1   Filed 04/12/19   Page 48 of 94   Page ID #48

Inmate Name: IGLESIAS, CRISTIAN NOEL
Date of Birth: 1/14/1974   Sex: M   Facility: MAR
Date: 06/18/2017 10:43   Provider: Hampton, Sarah PhD
Reg #: 17248-018   Unit Team: UM NORTH

rehearsed strangulation in 2006 and again in 2015. She reported that she cut her penis in 2009. Overall, inmate
IGLESIAS’s risk for suicide has been assessed on approximately 33 occasions during her course of incarceration with the
BOP (most often due to an overreaction to stressors, inadequate coping skills, conflict with other inmates, or frustration
with circumstances) with 12 placements on suicide watch.

SUBSTANCE USE HISTORY:
Inmate IGLESIAS reported alcohol and marijuana use when she was younger. She said she experimented with Valium one

Presenting Problem/Symptom
Inmate IGLESIAS stated, "I struggle every day waking up in this body," adding that she reportedly cut her penis in 2009.
She identified mild anxiety surrounding her adjustment to USP Marion and what commissary items would be available
for transgender inmates. Speech was normal in rate, volume, and tempo. Mannerisms were overtly feminine. She was
alert and oriented to person, place, date, and situation. Grooming and hygiene were appropriate. The inmate denied
delusional or psychotic symptoms. She denied recent or current thoughts of self-harm, and there was no overt evidence
to suggest suicidal ideation. Inmate IGLESIAS was asked if she was currently suicidal, and she stated, "No." She is not
currently prescribed psychotropic medication.

Diagnostic Reconciliation
As previously noted, features of affective instability appear primarily related to Borderline Personality Disorder diagnosis
rather than Major Depressive Disorder.

Diagnostic Formulation
Inmate IGLESIAS meets the following criteria, warranting diagnosis of Gender Dysphoria in Adolescents and Adults
(ports of the following were copied from a previous Diagnostic and Care Level Formulation note and have been
updated accordingly):

1. Marked incongruence between experienced/expressed gender and primary and/or secondary sex
   characteristics
2. Strong desire to be rid of one’s primary and/or secondary sex characteristics because of the incongruence
3. Strong desire for the primary and/or secondary sex characteristics of the other gender
4. Strong desire to be of the other gender
5. Strong desire to be treated as the other gender
6. Strong conviction that one has the typical feelings and reactions of the other gender
B. Her transgender condition is associated with clinically significant distress or impairment in social, occupation, or other
   important areas of functioning.

Inmate IGLESIAS also meets criteria for diagnosis of Borderline Personality Disorder. She has exhibited efforts to avoid
abandonment (e.g., behavior following news that primary psychologist would be transferring to a different institution),
periods of extreme and transient mood changes (marked affective instability apparent throughout review of PDS record),
recurrent suicidal behavior and gestures (approximately 33 SRAs while in BOP custody with 12 suicide watch
placements), a pattern of unstable and intense interpersonal relationships (e.g., associating with gangs, engaging in
sexual behavior while incarcerated), identity disturbance, and marked impulsivity (e.g., suicidal behavior, incurring
debts, associating with gang, description of criminal behavior).

Care Level Formulation
Justification for CARE2-MH assignment:

History of suicidal behavior in the last five years (most recent suicide risk assessment May 2017).
Lengthy history of disruptive behavior and adjustment concerns.
The inmate requires monthly clinical intervention to maintain outpatient status.

Diagnosis:
Gender Dysphoria in Adolescents And Adults, F64.1 - Current - Validated Transgender Male to Female, seeking Gender
Affirmation Surgery
Borderline Personality Disorder, F60.3 - Current - Generally stable

Generated 06/27/2017 12:17 by Hampton, Sarah PhD   Bureau of Prisons - MAR   Page 2 of 3
Inmate Name: IGLESIAS, CRISTIAN NOEL
Reg #: 17248-018
Date of Birth: 1974
Sex: M
Facility: MAR
Unit Team: UM NORTH
Date: 06/16/2017 10:43
Provider: Hampton, Sarah PhD

Completed by Hampton, Sarah PhD on 06/27/2017 12:17
EXHIBIT 9
Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: IGLESIAS, CRISTIAN NOEL
Reg #: 17248-018
Date of Birth: 1974
Sex: M Race: WHITE
Encounter Date: 11/22/2019 11:34
Provider: Van Cleave, Jamie PA-C
Unit: B04
Facility: LEX

Chronic Care - 14 Day Physician Eval encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1

Provider: Van Cleave, Jamie PA-C

Chief Complaint: ENDO/LIPID

Subjective: 14 day MD review completed by the APP per waiver to policy P6031.04, Patient Care, Section 15, approved and effective until September 23, 2020

45 yo MTF transgender patient
CARE 2
AD 11/14/2019
PRD 04/26/2023

Pt states she's been receiving hormone therapy since 2015. States compliant with estradiol and spironolactone. Notes she believes her hormone therapy is doing well. However, is interested in switching from injectable estradiol to PO estradiol if possible. States is also compliant with finasteride which she began in 2016. States this has been extremely beneficial for pattern baldness.

Most recent estradiol on 10/29/19 of 292 which elevated above goal. States this lab was taken close to when injection was given. States she believes it may be falsely elevated. However, she also notes the importance and risks of avoiding supratherapeutic estradiol levels.

MAMM on 10/19/19 was BI RADS 1. Notes mother died from breast cancer at age 57. States she is compliant with self breast exams. No areas of concern at this time.

Pt also notes that she is requesting to have gender affirming surgery including penectomy and orchidectomy.

Notes she attempted to remove penis herself in 2009 however stopped once she "saw all the blood".

Pt denies any current suicidal ideation or previous suicide attempt. Although notes she has previously been placed on suicide watch after her mother died.

Pain: No

COMPLAINT 2

Provider: Van Cleave, Jamie PA-C

Chief Complaint: GENERAL

Subjective: Pt is currently prescribed ASA for increased CV and DVT risk.
States she is compliant with this therapy.
Denies any frank bleeding or blood loss.

Surgical Hx: MVA in 1988 requiring L knee arthroscopy and clean out. Tonsillectomy in 1978
Social Hx: Pt incarcerated x 26 years. Denies history of cigarette smoking. Notes has tried marijuana a couple times prior to incarceration but denies any IV drug use. Notes infrequent EiOH use prior to incarceration
FH: Father deceased at age 57 d/t leukemia. Mother deceased at 57 d/t breast cancer. Only sibling (sister) diagnosed with ovarian cancer in 30s, however in remission at this time

Pain: No

Seen for clinic(s): Endocrine/Lipid, General
Inmate Name: IGLESIAS, CRISTIAN NOEL
Date of Birth: 1974
Encounter Date: 11/22/2019 11:34
Sex: M Race: WHITE Provider: Van Cleave, Jamie PA-C
Reg #: 17248-018 Facility: LEX Unit: B04

OBJECTIVE:

Temperature:

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Weight:

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Exam:

General
Affect
Yes: Cooperative

Appearance
Yes: Appears Well, Alert and Oriented x 3
No: Appears Distressed, Jaundiced, Dyspneic, Appears in Pain, Diaphoretic, Acutely Ill

Pulmonary
Observation/Inspection
Yes: Within Normal Limits
No: Tachypnea

Auscultation
Yes: Clear to Auscultation
No: Crackles, Rhonchi, Wheezing

Cardiovascular
Observation
Yes: Within Normal Limits
No: Cardiopulmonary Distress, Painful Distress

Auscultation
Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Abdomen
Auscultation
Yes: Normo-Active Bowel Sounds

Palpation

Generated 11/22/2019 12:40 by Van Cleave, Jamie PA-C
Bureau of Prisons - LEX
Inmate Name: IGLESIAS, CRISTIAN NOEL
Date of Birth: 1/1/1974
Encounter Date: 11/22/2019 11:34
Reg #: 17248-018
Sex: M Race: WHITE
Facility: LEX
Provider: Van Cleave, Jamie PA-C
Unit: B04

Exam:
Yes: Within Normal Limits, Soft
No: Guarding, Rigidity, Tenderness on Palpation

Musculoskeletal
Gait
Yes: Normal Gait

Ankle/Foot/Toes ROM and Tests
Yes: Hallux Valgus

Mental Health
Posture
Yes: Upright, Attentive
No: Tense, Agitated

Grooming/Hygiene
Yes: Appropriate Grooming
No: Unkempt, Malodorous

Facial Expressions
Yes: Appropriate Expression

Affect
Yes: Appropriate
No: Anxious, Sad

Speech/Language
Yes: Within Normal Limits, Normal Rate, Normal Articulation

Thought Process
Yes: Appropriate, Logical, Goal Directed

Thought Content
Yes: Goal Directed
No: Delusional, Suicidal or Homicidal Ideation

Perceptions
Yes: Within Normal Limits

Exam comments
10/29/19:
Estradiol 292
Testosterone 12.7

ASSESSMENT:

Allergic rhinitis, cause unspecified, 477.9 - Remission
Acute bronchitis, unspecified, J209 - Resolved
Androgenic alopecia, L649 - Current
Transgender, validated male to female, 302.5b - Current

PLAN:
Renew Medication Orders:
 Rx#    Medication               Order Date       Prescriber Order
 696086-LEX Aspirin 81 MG EC Tab 11/22/2019 11:34

Take one tablet (81 MG) by mouth each day with food -- intake x 365 day(s)
### Renew Medication Orders:

#### Rx#  Medication  Order Date  Prescriber Order

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<td>Inject 2 mL (10 mg) Intra-Muscularly EVERY 2 weeks on Fridays in TELEMED -- &quot;DUE 11/15, 11/29, 12/13, 12/27&quot; x 365 day(s) Pill Line Only</td>
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**Indication:** Encounter for exam and observation following alleged adult rape [PREA Exam]

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<td>698087-LEX</td>
<td>Finasteride 5 MG TAB</td>
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<td>Take one tablet (5 MG) by mouth each morning -- intake x 365 day(s)</td>
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**Indication:** Transgender, validated male to female

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<th>Order Date</th>
<th>Prescriber Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>698088-LEX</td>
<td>Spironolactone 100 MG Tab</td>
<td>11/22/2019 11:34</td>
<td>Take one tablet (100 MG) by mouth two times a day <em><strong>NOTE DOSE and STRENGTH</strong></em> -- intake x 365 day(s)</td>
</tr>
</tbody>
</table>

**Indication:** Gender Dysphoria In Adolescents And Adults

**Indication:** Transgender, validated male to female

### New Laboratory Requests:

<table>
<thead>
<tr>
<th>Details</th>
<th>Frequency</th>
<th>Due Date</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Tests-E-Estradiol</td>
<td>Recurring</td>
<td>11/25/2019 00:00</td>
<td>Routine</td>
</tr>
<tr>
<td>Lab Tests-T-Testosterone, Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Labs requested to be reviewed by:</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Lab Tests-E-Estradiol</td>
<td>Recurring</td>
<td>02/25/2020 00:00</td>
<td>Routine</td>
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<tr>
<td>Lab Tests-T-Testosterone, Total</td>
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<td><strong>Labs requested to be reviewed by:</strong></td>
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<td></td>
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<td>Recurring</td>
<td>05/25/2020 00:00</td>
<td>Routine</td>
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<tr>
<td>Lab Tests-T-Testosterone, Total</td>
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<td></td>
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<td><strong>Labs requested to be reviewed by:</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Lab Tests - Short List-General-CBC</td>
<td></td>
<td>11/25/2019 00:00</td>
<td>Routine</td>
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<tr>
<td>Lab Tests - Short List-General-Lipid Profile</td>
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<tr>
<td>Lab Tests - Short List-General-TSH</td>
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<td>Lab Tests - Short List-General-Hemoglobin A1C</td>
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<tr>
<td>Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP)</td>
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<td></td>
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<tr>
<td>Lab Tests - Short List-General-CBC</td>
<td></td>
<td>10/21/2020 00:00</td>
<td>Routine</td>
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<tr>
<td>Lab Tests - Short List-General-Lipid Profile</td>
<td></td>
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<tr>
<td>Lab Tests - Short List-General-TSH</td>
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<tr>
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<tr>
<td><strong>Labs requested to be reviewed by:</strong></td>
<td></td>
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*Generated 11/22/2019 12:40 by Van Cleave, Jamie PA-C*
Case 3:19-cv-00415-NJR   Document 52-1   Filed 09/08/20   Page 25 of 39   Page ID #608

Inmate Name: IGLESIAS, CRISTIAN NOEL
Date of Birth: 1974
Encounter Date: 11/22/2019 11:34
Sex: M  Race: WHITE
Provider: Van Cleave, Jamie PA-C
Reg #: 17248-018
Facility: LEX
Unit: B04

New Consultation Requests:

<table>
<thead>
<tr>
<th>Consultation/Procedure</th>
<th>Target Date</th>
<th>Scheduled Target Date</th>
<th>Priority</th>
<th>Translator</th>
<th>Language</th>
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<tbody>
<tr>
<td>Optometry</td>
<td>03/07/2022</td>
<td>03/07/2022</td>
<td>Routine</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

  **Subtype:**
  - Onsite

  **Reason for Request:**
  Pt with astigmatism and rx specs. Last seen by Optometry on 03/07/19 with recs to fl/u in 3-5 years

  **Provisional Diagnosis:**
  - astigmatism
  - rx specs

| Endocrinology          | 12/22/2019  | 12/22/2019            | Routine   | No         |

  **Subtype:**
  - Ky Clinic Endocrinology

  **Reason for Request:**
  45 yo MTF TG
  1) Pt requesting estradiol injection be changed to PO. Pt is currently supratherapeutic on most recent labs (10/29/19) with new labs being drawn (11/25/19). Pt also with elevated TG on 6/3/19 (repeats also ordered for 11/25/19).
  2) Pt wants to be evaluated for gender affirming surgery including penectomy and orchiectomy

  **Provisional Diagnosis:**
  - MTF

| Physical Therapy       | 12/22/2019  | 12/22/2019            | Routine   | No         |

  **Subtype:**
  - staff PT

  **Reason for Request:**
  Pt with bunion to R great toe, short term soft shoe pass supplied. Please evaluate need for specialty shoes

  **Provisional Diagnosis:**
  - R great toe bunion

| Mammogram              | 10/10/2020  | 10/10/2020            | Routine   | No         |

  **Subtype:**
  - Mammogram (Routine)

  **Reason for Request:**
  MTF patient with family history of breast cancer
  Last MAMM 10/10/19 BI RADS 1

  **Provisional Diagnosis:**
  - yearly screening

New Non-Medication Orders:

<table>
<thead>
<tr>
<th>Order</th>
<th>Frequency</th>
<th>Duration</th>
<th>Details</th>
<th>Ordered By</th>
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<tbody>
<tr>
<td>EKG</td>
<td>One Time</td>
<td></td>
<td></td>
<td>Van Cleave, Jamie</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PA-C</td>
</tr>
</tbody>
</table>

**Order Date:** 11/22/2019

Schedule:

- **Activity**
  - Assessment
  - Date Scheduled: 11/22/2019 00:00
  - Scheduled Provider: IDC

  Pt new transfer to FMC Lexington, requesting flu vaccine.
  Thanks!

- **Chart Review**
  - 05/06/2020 00:00
  - MLP 08

Generated 11/22/2019 12:40 by Van Cleave, Jamie PA-C

Bureau of Prisons - LEX
Activity

- 14 Day Eval by MLP on 11/22/19
- Chronic Care Visit
- 14 Day Eval by MLP on 11/22/19

Disposition:

- Follow-up at Sick Call as Needed
- Follow-up at Chronic Care Clinic as Needed
- Will Be Placed on Callout
- Consultation Written

Other:

- Meds renewed - will discuss with Catchment MD and Pharmacy about switching patient from injectable estradiol to PO vs waiting Endocrinology consult
- Labs
- Endocrinology, PT, and Mamm
- EKG for increased risk of CV disease due to hormone therapy
- CCC
- MDS
- Counseled on diet, exercise, weight management, infectious disease, hand washing, and access to care
- RTC as scheduled and PRN

Patient Education Topics:

<table>
<thead>
<tr>
<th>Date Initiated</th>
<th>Format</th>
<th>Handout/Topic</th>
<th>Provider</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>11/22/2019</td>
<td>Counseling</td>
<td>Access to Care</td>
<td>Van Cleave, Jamie</td>
<td>Verbalizes Understanding</td>
</tr>
<tr>
<td>11/22/2019</td>
<td>Counseling</td>
<td>Diet</td>
<td>Van Cleave, Jamie</td>
<td>Verbalizes Understanding</td>
</tr>
<tr>
<td>11/22/2019</td>
<td>Counseling</td>
<td>Exercise</td>
<td>Van Cleave, Jamie</td>
<td>Verbalizes Understanding</td>
</tr>
<tr>
<td>11/22/2019</td>
<td>Counseling</td>
<td>Plan of Care</td>
<td>Van Cleave, Jamie</td>
<td>Verbalizes Understanding</td>
</tr>
<tr>
<td>11/22/2019</td>
<td>Counseling</td>
<td>Test/X-ray Results</td>
<td>Van Cleave, Jamie</td>
<td>Verbalizes Understanding</td>
</tr>
<tr>
<td>11/22/2019</td>
<td>Counseling</td>
<td>Treatment Goals</td>
<td>Van Cleave, Jamie</td>
<td>Verbalizes Understanding</td>
</tr>
</tbody>
</table>

Copy Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Van Cleave, Jamie PA-C on 11/22/2019 12:40
Requested to be cosigned by Thompson, A. H. MD.
Cosign documentation will be displayed on the following page.
<table>
<thead>
<tr>
<th>Inmate Name:</th>
<th>IGLESIAS, CRISTIAN NOEL</th>
<th>Reg #:</th>
<th>17248-018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>1974</td>
<td>Sex:</td>
<td>M</td>
</tr>
<tr>
<td>Encounter Date:</td>
<td>11/22/2019 11:34</td>
<td>Provider:</td>
<td>Van Cleave, Jamie PA-C</td>
</tr>
<tr>
<td>Facility:</td>
<td>LEX</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXHIBIT 10
### Patient Information

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Specimen Information</th>
<th>Client Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IGLESIAS, CRISTIAN</strong></td>
<td>Specimen: WX471887R</td>
<td>Client #: 10407160 4000000</td>
</tr>
<tr>
<td>DOB: 04/17/1974 AGE: 45</td>
<td>Requisition: 6002811</td>
<td>JAMIE VAN CLEAVE</td>
</tr>
<tr>
<td>Gender: M Fasting: Y</td>
<td>Lab Ref #: 35291847</td>
<td>FMC LEXINGTON</td>
</tr>
<tr>
<td>Phone: NG</td>
<td>Collected: 02/23/2020 / 07:00 EST</td>
<td>Attn: TRACI MULLINS</td>
</tr>
<tr>
<td>Patient ID: 17248-018</td>
<td>Received: 02/26/2020 / 07:13 EST</td>
<td>3301 LEESTOWN RD</td>
</tr>
<tr>
<td></td>
<td>Reported: 02/28/2020 / 18:49 EST</td>
<td>LEXINGTON, KY 40511-8702</td>
</tr>
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</table>

**COMMENTS:** FASTING: YES

<table>
<thead>
<tr>
<th>Test Name</th>
<th>In Range</th>
<th>Out Of Range</th>
<th>Reference Range</th>
<th>Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESTRADIOL</td>
<td>Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low Estradiol levels are anticipated (e.g. males, pre-pubertal children and hypogonadal/post-menopausal females), the Quest Diagnostics Nichols Institute Estradiol, Ultrastensitive, LC/MS/MS assay is recommended (order code 30289). Please note: patients being treated with the drug fulvestrant (Faslodex(R)) have demonstrated significant interference in immunoassay methods for estradiol measurement. The cross reactivity could lead to falsely elevated estradiol test results leading to an inappropriate clinical assessment of estrogen status. Quest Diagnostics order code 30289-Estradiol, Ultrastensitive LC/MS/MS demonstrates negligible cross reactivity with fulvestrant.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TESTOSTERONE, TOTAL, MS:**

| Testosterone L | 16 L | 250-1100 ng/dL | SLI |

**LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:**

| Testosterone, TOTAL, MS | 16 L | 250-1100 ng/dL | SLI |

For additional information, please refer to http://education.questdiagnostics.com/faq/Total TestosteroneLCMSMS (This link is being provided for informational/educational purposes only.)

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

**PERFORMING SITE:**

CB QUEST DIAGNOSTICS WOOD DALE, 1335 MITCHEL BOULEVARD, WOOD DALE, IL 60191-1021 Laboratory Director: ANTHONY V. THOMAS, MD, CLIA: 14DH013525

SLI QUEST DIAGNOSTICS NICHOLS VALENCIA, 3921 TOURNEY ROAD, VALENCIA, CA 91355-2566 Laboratory Director: JON M NAKAMOTO, MD, PHD, CLIA: 02D1550362

**CLIENT SERVICES:** 866.697.8378  
**SPECIMEN:** WX471887R

Quest, Quest Diagnostics, the associated logo and all associated Quest Diagnostics marks are the trademarks of Quest Diagnostics.
**Bureau of Prisons**  
**Health Services**  
**Cosign/Review**

<table>
<thead>
<tr>
<th>Inmate Name:</th>
<th>IGLESIAS, CRISTIAN NOEL</th>
<th>Reg #:</th>
<th>17248-018</th>
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<tbody>
<tr>
<td>Date of Birth:</td>
<td>11/14/1974</td>
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<td>03/02/2020 11:49</td>
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<tr>
<td>Provider:</td>
<td>Lab Result Receive</td>
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Cosigned by Thompson, A. H. MD on 03/02/2020 11:53.
<table>
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<th>Inmate Name:</th>
<th>ICLESIAS, CRISTIAN NOEL</th>
<th>Reg #:</th>
<th>17248-018</th>
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Reviewed by Van Cleave, Jamie PA-C on 03/02/2020 12:48.
### CHEMISTRY

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>Reference Range</th>
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<tbody>
<tr>
<td>Sodium</td>
<td>L</td>
<td>135</td>
</tr>
<tr>
<td>Potassium</td>
<td>3.8</td>
<td>3.5-5.1 mmol/L</td>
</tr>
<tr>
<td>Chloride</td>
<td>24.3</td>
<td>99-107 mmol/L</td>
</tr>
<tr>
<td>CO2</td>
<td>10</td>
<td>7-18 mg/dL</td>
</tr>
<tr>
<td>Creatinine</td>
<td>1.02</td>
<td>0.70-1.30 mg/dL</td>
</tr>
<tr>
<td>eGFR (IDMS)</td>
<td>&gt;60</td>
<td></td>
</tr>
</tbody>
</table>

GFR units measured as mL/min/1.73m². If African American multiply by 1.210. A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium</td>
<td>L</td>
<td>8.2</td>
</tr>
<tr>
<td>Glucose</td>
<td>91</td>
<td>74-106 mg/dL</td>
</tr>
<tr>
<td>AST</td>
<td>18</td>
<td>15-37 U/L</td>
</tr>
<tr>
<td>ALT</td>
<td>34</td>
<td>16-63 U/L</td>
</tr>
<tr>
<td>Alkaline Phosphatase</td>
<td>53</td>
<td>46-116 U/L</td>
</tr>
<tr>
<td>Bilirubin, Total</td>
<td>0.40</td>
<td>0.20-1.00 mg/dL</td>
</tr>
<tr>
<td>Total Protein</td>
<td>7.0</td>
<td>6.4-8.2 g/dL</td>
</tr>
<tr>
<td>Albumin</td>
<td>3.7</td>
<td>3.4-5.0 g/dL</td>
</tr>
<tr>
<td>Globulin</td>
<td>3.3</td>
<td>2.0-3.7 g/dL</td>
</tr>
<tr>
<td>Alb/Glob Ratio</td>
<td>1.12</td>
<td>1.00-2.30</td>
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<tr>
<td>Anion Gap</td>
<td>11.7</td>
<td>7.0-16.0</td>
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<tr>
<td>BUN/Creat Ratio</td>
<td>9.8</td>
<td>5.0-30.0</td>
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### HEMATOLOGY

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>WBC</td>
<td>6.1</td>
<td>4.2-9.6 10^3/uL</td>
</tr>
<tr>
<td>RBC</td>
<td>4.61</td>
<td>4.20-5.70 10^6/uL</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>13.5</td>
<td>13.0-17.1 g/dL</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>40.4</td>
<td>38.7-49.8 %</td>
</tr>
<tr>
<td>MCV</td>
<td>87.6</td>
<td>82.0-93.0 fl</td>
</tr>
<tr>
<td>MCH</td>
<td>29.3</td>
<td>27.6-31.6 pg</td>
</tr>
<tr>
<td>MCHC</td>
<td>33.4</td>
<td>33.2-34.8 g/dL</td>
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<tr>
<td>RDW</td>
<td>14.2</td>
<td>11.8-14.0 %</td>
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<tr>
<td>Platelet</td>
<td>242</td>
<td>155-328 10^3/uL</td>
</tr>
<tr>
<td>MPV</td>
<td>10.2</td>
<td>9.4-11.7 fl</td>
</tr>
</tbody>
</table>

FLAG LEGEND
- L=Low
- LI=Low Critical
- H=High
- HI=High Critical
- A=Abnormal
- AI=Abnormal Critical
Bureau of Prisons
Health Services
Cosign/Review

<table>
<thead>
<tr>
<th>Inmate Name:</th>
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<th>17248-018</th>
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</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>1974</td>
<td>Race:</td>
<td>WHITE</td>
</tr>
<tr>
<td>Encounter Date:</td>
<td>03/27/2020 08:34</td>
<td>Provider:</td>
<td>Lab Result Receive</td>
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<tr>
<td>Sex:</td>
<td>M</td>
<td>Facility:</td>
<td>LEX</td>
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Cosigned by Thompson, A. H. MD on 03/27/2020 08:51.
<table>
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<tbody>
<tr>
<td><strong>Health Services</strong></td>
</tr>
<tr>
<td><strong>Cosign/Review</strong></td>
</tr>
<tr>
<td><strong>Inmate Name:</strong>  IGLESIAS, CRISTIAN NOEL</td>
</tr>
<tr>
<td><strong>Date of Birth:</strong>  1974</td>
</tr>
<tr>
<td><strong>Race:</strong>  WHITE</td>
</tr>
<tr>
<td><strong>Encounter Date:</strong>  03/27/2020 08:34</td>
</tr>
<tr>
<td><strong>Facility:</strong>  LEX</td>
</tr>
</tbody>
</table>

Reviewed by Van Cleave, Jamie PA-C on 03/27/2020 14:53.
Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: IGLESIAS, CRISTIAN NOEL
Reg #: 17248-016
Date of Birth: 1974
Sex: M Race: WHITE Facility: LEX
Encounter Date: 03/17/2020 09:28
Provider: Thompson, A. H. MD Unit: A03

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1  Provider: Thompson, A. H. MD
Chief Complaint: GENERAL
Subjective: 45 year old transgender male
Care 2, MH 2
ccc general, endocrine
Medical transgender under management by Endocrinologist and taking hormones for around 5 years
Surgery none
Flu vaccine administer this year, Hepatitis vaccine current
Allergic to statin which caused elevated transaminase level
Remains in pursuit of gender affirming surgery which is not available in Kentucky, inmate has requested transfer to a facility where it can be performed.

Pain: No

COMPLAINT 2  Provider: Thompson, A. H. MD
Chief Complaint: ENDO/LIPID
Subjective: Compliant with oral agents. Inmate is aware of lower estradiol levels since change to oral estrogen. Other meds include oral finasteride and spironolactone.
Continues to take aspirin to reduce CV risk.
Obesity is a persistent problem, weight fluctuates, diet is variable.

Pain: No

Seen for clinic(s): Endocrine/Lipid, General

ROS:

General

Constitutional Symptoms
No: Chills, Fever

Integumentary

Skin
No: Rashes, Sores that won’t heal

HEENT

Head
No: Headaches

Cardiovascular

General
No: Angina, Edema

Pulmonary

Respiratory System
No: Cough - Dry, Shortness of breath, Wheezing

GI

General
No: Abdominal Pain or Colic, Constipation, Diarrhea

GU

Generated 03/17/2020 10:12 by Thompson, A. H. MD Bureau of Prisons - LEX
Inmate Name: IGLESIAS, CRISTIAN NOEL
Date of Birth: 1974
Encounter Date: 03/17/2020 09:28
Sex: M Race: WHITE
Provider: Thompson, A. H. MD
Reg #: 17248-018
Facility: LEX
Unit: A03

ROS:
General
No: Dysuria
Musculoskeletal
General
Yes: Within Normal Limits
Endocrine
General
No: Polydipsia, Polyphagia, Polyuria, Tremor
Psychiatric
General
Yes: Mood-Erratic, Anxiety-Moderate, Sleep-Decreased

OBJECTIVE:

Blood Pressure:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Value</th>
<th>Location</th>
<th>Position</th>
<th>Cuff Size</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/17/2020</td>
<td>09:58 LEX</td>
<td>124/76</td>
<td></td>
<td></td>
<td></td>
<td>Thompson, A. H. MD</td>
</tr>
</tbody>
</table>

Exam:

General
Affect
Yes: Pleasant, Cooperative
Appearance
No: Appears Distressed
Skin
General
Yes: Within Normal Limits
Head
General
Yes: Atraumatic/Normocephalic
Eyes
Conjunctiva and Sclera
Yes: Within Normal Limits
Face
General
No: Asymmetry
Mouth
Pharynx
Yes: Within Normal Limits
Neck
Thyroid
No: Within Normal Limits
Pulmonary
Auscultation
Yes: Clear to Auscultation
Case 3:19-cv-00415-NJR   Document 52-1   Filed 09/08/20   Page 37 of 39   Page ID #620

Inmate Name: IGLESIAS, CRISTIAN NOEL  
Date of Birth: 1974  
Encounter Date: 03/17/2020 09:28  
Sex: M  
Race: WHITE  
Provider: Thompson, A. H. MD  
Reg #: 17248-018  
Facility: LEX  
Unit: A03

Exam:
Cardiovascular
Auscultation
Yes: Regular Rate and Rhythm (RRR)

Abdomen
Palpation
Yes: Within Normal Limits

Exam Comments
mild asymmetry of thyroid fullness R lobe, nontender
Neuro no deficits

ASSESSMENT:
Gender Dysphoria In Adolescents And Adults, F64.1 - Current
Borderline Personality Disorder, F60.3 - Current
Anxiety disorder, F419 - Current
Transgender, validated male to female, 302.5b - Current

PLAN:

Renew Medication Orders:

<table>
<thead>
<tr>
<th>Rx#</th>
<th>Medication</th>
<th>Order Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>697066-LEX</td>
<td>Aspirin 81 MG EC Tab</td>
<td>03/17/2020 09:28</td>
</tr>
<tr>
<td></td>
<td>Prescriber Order: Take one tablet (81 MG) by mouth each day with food x 365 day(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indication: Encounter for exam and observation following alleged adult rape [PREA Exam]</td>
<td></td>
</tr>
<tr>
<td>705200-LEX</td>
<td>busPiron 10 MG TAB</td>
<td>03/17/2020 09:28</td>
</tr>
<tr>
<td></td>
<td>Prescriber Order: Take one tablet (10 MG) by mouth twice daily x 158 day(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indication: Anxiety disorder</td>
<td></td>
</tr>
<tr>
<td>700185-LEX</td>
<td>Estradiol 2 MG Tab</td>
<td>03/17/2020 09:28</td>
</tr>
<tr>
<td></td>
<td>Prescriber Order: Take two tablets (4 MG) by mouth daily x 90 day(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indication: Transgender, validated male to female, Gender Dysphoria In Adolescents And Adults</td>
<td></td>
</tr>
<tr>
<td>697066-LEX</td>
<td>Finasteride 5 MG TAB</td>
<td>03/17/2020 09:28</td>
</tr>
<tr>
<td></td>
<td>Prescriber Order: Take one tablet (5 MG) by mouth each morning x 258 day(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indication: Gender Dysphoria In Adolescents And Adults</td>
<td></td>
</tr>
<tr>
<td>706221-LEX</td>
<td>FLUoxetine HCl 20 MG Cap</td>
<td>03/17/2020 09:28</td>
</tr>
<tr>
<td></td>
<td>Prescriber Order: Take one capsule (20 MG) by mouth every day x 180 day(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indication: Anxiety disorder, Bulimia nervosa</td>
<td></td>
</tr>
<tr>
<td>697087-LEX</td>
<td>Spironolactone 100 MG Tab</td>
<td>03/17/2020 09:28</td>
</tr>
<tr>
<td></td>
<td>Prescriber Order: Take one tablet (100 MG) by mouth two times a day <em><strong>NOTE DOSE and STRENGTH</strong></em> x 365 day(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indication: Transgender, validated male to female</td>
<td></td>
</tr>
</tbody>
</table>

New Consultation Requests:

<table>
<thead>
<tr>
<th>Consultation/Procedure</th>
<th>Target Date</th>
<th>Scheduled Target Date</th>
<th>Priority</th>
<th>Translator</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiology</td>
<td>03/18/2020</td>
<td>03/18/2020</td>
<td>Routine</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Ultrasound onsite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for Request:
Generated 03/17/2020 10:12 by Thompson, A. H. MD  
Bureau of Prisons - LEX  
Page 3 of 4
US thyroid, gland is asymmetrical on exam R lobe slightly enlarged compared to L.

Disposition:
To be Evaluated by Provider
Will Be Placed on Callout
Consultation Written

Other:
BP was elevated on arrival to clinic, repeat BP normal, it has been recorded. New finding of thyroid asymmetry on exam.
Plan: refills, thyroid US and lab, continue periodic hormone level determinations.

Patient Education Topics:

<table>
<thead>
<tr>
<th>Date Initiated</th>
<th>Format</th>
<th>Handout/Topic</th>
<th>Provider</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/17/2020</td>
<td>Counseling</td>
<td>Access to Care</td>
<td>Thompson, A.</td>
<td>Verbalizes Understanding</td>
</tr>
</tbody>
</table>

Copay Required: No
Cosign Required: No
Telephone/Verbal Order: No

Completed by Thompson, A. H. MD on 03/17/2020 10:12
Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: IGLESIAS, CRISTIAN NOEL  Reg #: 17248-018
Date of Birth: 11/19/74  Sex: M  Race: WHITE  Facility: LEX
Encounter Date: 03/17/2020 09:21  Provider: Thompson, A. H. MD  Unit: A03

Physician - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1
Provider: Thompson, A. H. MD
Chief Complaint: GENERAL
Subjective: See ccc note for today.
Pain: No

OBJECTIVE:

ASSESSMENT:

Transgender, validated male to female, 302.5b - Current

PLAN:

Schedule:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date Scheduled</th>
<th>Scheduled Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Care Visit</td>
<td>03/17/2020 09:30</td>
<td>Physician 05</td>
</tr>
</tbody>
</table>

Disposition:
To be Evaluated by Provider

Patient Education Topics:

<table>
<thead>
<tr>
<th>Date Initiated</th>
<th>Format</th>
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<td>Thompson, A. H. MD</td>
<td>Verbalizes Understanding</td>
</tr>
</tbody>
</table>

Copay Required: No  Cosign Required: No
Telephone/Verbal Order: No

Completed by Thompson, A. H. MD on 03/17/2020 09:29