

06048638

**Orange County Corrections Department  
Agency Advisory Form**

Arrestee's Name: JOHN DOBBS Case #: 06-100229

Date: 10/2/06 Time: 11:38

This form must be completed by the arresting agency prior to the arrestee being accepted by Orange County Jail

1. Do you have any information or observation that would indicate the arrestee has had any of the following symptoms/problems during the contact that resulted in his/her arrest?

- |  | YES                      | NO                                  |
|--|--------------------------|-------------------------------------|
| a) Loss of consciousness <i>when asked inmate if any</i>               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Seizure activity <i>med/m.H. problem b/m stated</i>                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Respiratory problem/difficulty <i>not that you can't see. &amp;</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Alcohol/Drug intoxication <i>injury noted at present.</i>           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Bizarre/Aggressive behavior   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Psychiatric/Mental health history <i>Denies stat/Drugs in</i>       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g) Developmentally Disabled <i>System.</i>                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Any physical trauma   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Known or reported Injury/ Illness                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Involved in traffic collision                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k) Disabilities i.e.: hearing impaired                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other: \_\_\_\_\_

2. Were any of the following used on the arrestee prior to or during arrest?
- |   |                          |                                     |
|---|--------------------------|-------------------------------------|
| a) Chemical Agents (O.C. foam, Mace, etc)                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) T.A.R.P. (Total Appendage Restraint Procedure)                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Taser (any electronic control/ stun device)                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Baton (if yes: what part of body was struck? _____)            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Prone position during handcuffing- approximate duration: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. Was there any physical resistance by the arrestee during arrest?  
Approximate duration: \_\_\_\_\_ (minutes)

Arresting Officer: D/S D. PHELAN Badge #: 0493 Agency: OC50

Reviewed by Booking Officer: \_\_\_\_\_  
Print name Signature

Reviewed by Medical/Mental Health: \_\_\_\_\_  
Print name Signature *mmanlyre*

Att: Medical Record Dept. POB  
 does not give permission to receive records 319-643  
 please have patient sign release

P00475280  
 06048638  
 10-25-06  
 to  
 3-14-07  
 36p

### Orange County Corrections

P.O. Box 4970 • Orlando, FL 32802

## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

\_\_\_\_\_ hereby authorize

Orange County Corrections Orange County Corrections  
(Name of Hospital, individual or agency) (Address)

to release medical gwc, psychiatric J.L., HIV J.L., alcohol and/or drug abuse J.L. information  
(initial) (initial) (initial) (initial)

contained in my records to

\_\_\_\_\_ 9 (Home #)  
(Hospital, individual or agency)

335 Fremont Cir, Oceanside, Ca 92054  
(Address)

for the purpose of all medical records  
(Specific purposes for disclosure of records)

I understand that the specific reports disclosed shall include all medical records

I understand that I may select which confidential information is to be released. Mental Health, alcohol, drug and/or HIV information, if present, will be disclosed only if specifically authorized. This information is confidential and protected by Federal Regulations, which prohibit further disclosure without specific written authorization of the undersigned or as otherwise permitted by such regulations. If further disclosed by the recipient to individuals or organizations not subject to Federal privacy regulations it may no longer be protected.

I understand that this authorization may be revoked upon written notice to the facility, except to the extent that action has already been taken on this authorization. To revoke this authorization, write to the organization to which this form was sent and specify the date the authorization was signed.

Sep 12, 07  
Date of Authorization

Sep 18, 1974  
Date of Birth

7806C525201  
Inmate Number

10-1196 (Rev 12/02)

OS RECEIVED Parent - mother  
Parent, Legal Guardian or Authorized Representative

NOV 26 2007 mother  
Relationship of Above to Inmate

OM      F       
 R      QCD       
 C      M

**Orange County Corrections Health Services Dept**  
PO Box 4970 Orlando, FL 32802  
407-254-8306 Fax: 407-836-3241

May 28, 2008  
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**JOHN W DOBBS**

Booking #: 06048638 Sex: Male DOB: 09/18/1974

**02/07/2007 - Chest X Ray Results: Chest X Ray Result**

Provider: Thomas Gandy, RN

Location of Care: Orange County Corrections Health Services Dept

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

**Administer PPD**

Administered: Yes

Site: R Forearm

**PPD RESULT**

Result Negative

**Chest X-Ray**

Result: Negative

Date Chest X-Ray Done: 02/02/2007

Signed by Thomas Gandy on 02/07/2007 at 10:26 AM

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### X - RAY REPORT

**THIS REPORT IS BASED SOLELY UPON THE RADIOGRAPHIC EXAMINATION.  
CORRELATION WITH THE CLINICAL EXAMINATION IS ESSENTIAL.**

**CONFIDENTIALITY NOTICE:** This facsimile (including any accompanying documents) is intended for the use of RADS or the use of the named addressee(s) to which it is directed, and may contain information that is privileged or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee(s) or person(s) authorized to deliver it to the named addressee(s). If you received this facsimile in error, please report the error by calling the RADS Privacy Office toll free at 888.686.1717, and providing your name, telephone number and the date. Once you have reported the error, someone from the Privacy Office will contact you within one business day. They may ask you to fax back the information you received so that the company can correct its records and prevent further miscommunication. Please keep the information in a secure place until you are contacted by the Privacy Office and complete the return of the information to that office. Once this is done, please destroy all copies of the mistakenly sent information, without forwarding it. Thank you for your cooperation.

Facility: ORANGE COUNTY CORRECTIONS  
P.O. BOX 4970  
ATTN: DONNA LOYKO, HLTH SERVICES  
ORLANDO, FL 32802

DOB: 02/02/2007  
Case: 5486162

Patient: DOBBS, JOHN  
Number: 06048638

DOB: 09/18/1974 Age: 32  
Room:

**Examination:**

**CHEST:** The heart has normal size and configuration. The mediastinum is normal without adenopathy. The lung fields are clear, without mass, infiltrate, or effusion. The osseous structures are unremarkable. No tuberculosis is seen.

**IMPRESSION:** Normal chest examination without tuberculosis.

Radiologist:

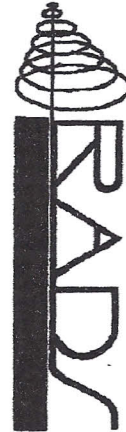


JASON LIU, M.D./sglenn  
RADIOLOGIST

Physician: EDWIN PONT, M.D.  
3723 VISION BLVD  
ORLANDO, FL 32839

*2.5.7*

~~DOF~~  
MAIN  
1B



South East Region  
13773 ICOT BLVD  
CLEARWATER, FL 33760  
800.940.0389

E Clinic

February 3, 2007  
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Fax:

Patient Information For: JOHN W DOBBS Booking #: 08048638

**KEEP ON PERSON  
MEDICATION CONTRACT**

Inmates Name: 59317-0576001  
PM

Date: February 3, 2007 4:44

When I am given a supply of medication by the medical staff I will obey the following rules:

1. I agree to accept the responsibility for control and safeguarding this medication.
2. I agree not to share medication given to me with any one.
3. It is my responsibility to report to the nurse any side effects to any medication.
4. I agree to return the medication to the nurse if there is any reason I am unable to take the medication. I must sign a waiver if I refuse to take the medication as ordered.
5. I understand that I must keep this medication in the container in which I received it and take the medication as ordered by the Physician/Dentist as instructed by the nurse. If I lose it or it is stolen, I will report it immediately.
6. I understand that if I am in possession of this medication once the date has expired, or have an excess amount, I am subject to a charge in accordance with the rules and regulations of the Orange County Corrections Department.
7. I understand the nurse will explain to the purpose and side effect(s) of the medication to me. I agree to report to the medical unit without delay if I suspect any unwanted reactions.
8. I agree to abide by all the rules and regulations in the contract and understand that failure to do so can result in the removal from the Keep on Person Program.
9. If I am released from jail with medication I do not require child proof containers.
10. I have read or have had read to me and I understand the above listed conditions and I agree to abide by these conditions.

Medications given: CARBAMIDE EAR WAX REMOVAL

Inmate Signature X

Booking # P00475230

Witness: BILL WOODS

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**JOHN W DOBBS**

Booking #: 06048638 Sex: Male DOB: 09/18/1974

**02/02/2007 - Clinical Lists Update: Clinical Lists Update**

**Provider: Sandra Roberts, ARNP**

**Location of Care: Orange County Corrections Health Services Dept**

**Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638**

**Clinical Lists Changes**

**Problems:**

Added new problem of CERUMEN IMPACTION LEFT (ICD-380.4)

**Medications:**

Added new medication of DEBROX 6.5 % SOLN (CARBAMIDE PEROXIDE) 2 gtts tid to L ear- kop -  
Signed

Rx of DEBROX 6.5 % SOLN (CARBAMIDE PEROXIDE) 2 gtts tid to L ear- kop; #1 x 0; Signed; Entered  
by: Sandra Roberts; Authorized by: Sandra Roberts; Method used: Printed then faxed to

**Signed by Sandra Roberts on 02/02/2007 at 1:40 PM**

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**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

02/01/2007 - Nursing Progress Note: Nursing Progress Note  
Provider: Evelyn Crawford, RN  
Location of Care: E Clinic

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

### Vital Signs

T: 97.6 deg F. T site: oral P: 61 SpO2: 99% BP: 114/66 R: 18 Information: inmate complains of having cold and spitting up blood. alert, oriented x 3, skin warm, dry, color and turgor normal, respirations unlabored, lung sounds clear. denies sore throat. throat normal, non-inflamed. inmate went to bathroom in clinic, spit in toilet, approximately 2.5cc's of clear to pink sputum. drscl scheduled for f/u. inmate denies any med allergies, states "does not like taking medicine." fluids encouraged, voices understanding.

### New Orders:

X-Ray, Chest, PA & Lateral [CPT-71020]  
Extra Fluids [EXFLUID]

Signed by Evelyn Crawford on 02/01/2007 at 4:15 PM  
Signed by Sandra Roberts on 02/02/2007 at 9:06 AM

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Florida Department of Health  
Bureau of Laboratories  
P.O. Box 210  
Jacksonville, FL 32231

Test Request	
Test Request ID: <b>100000386249</b>	
Special Program ID:	Program Component:

Patient Information	
Name: DOBBS, JOHN	
Residential Address: PO BOX 4970 ORLANDO, FL 32802	
Local Patient Identifier: 06048638	
Race: Black/African American	Sex: Male
Date of Birth: 09/18/1974	
Social Security Number:	

Provider Information
ORANGE COUNTY CORRECTIONS PO BOX 4970 ORLANDO, FL 32802

Results: Test 0250 - RPR with Confirmatory if RPR Reactive				Date Reported: 11/02/2006
Specimen ID 10600245543	Type Blood	Source Venous	Collection Date 10/27/2006	Date Received 10/31/2006
Result:	Non-reactive	Methodology: RPR		

NOV 14 2006



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**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

**11/04/2006 - Nursing Progress Note: Nursing Progress Note**  
Provider: David Craig Sims, LPN  
Location of Care: Orange County Corrections Health Services Dept

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

### **Nurses Progress Note**

### **Vital Signs**

### **Nurses Note**

**Reason for note:** Other

**Comments:** # 9 sutures removed. Incision to left forearm healed.

**Signed by David Craig Sims on 11/04/2006 at 9:32 AM**

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**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

**11/03/2006 - Nursing Treatments: Nursing Treatments**  
Provider: Lisa Auerbach, LPN  
Location of Care: E Clinic

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

**Treatment type**  
Surgical/Wound  
Wound # 1

**Surgical/Wound - wound # 1**  
Comments: inmate out to court during treatment time

Signed by Lisa Auerbach on 11/03/2006 at 9:46 AM

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**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

**11/02/2006 - Nursing Treatments: Nursing Treatments**  
Provider: Shaquana Hall  
Location of Care: BRC 2 AB MENTAL HEALTH

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

**Treatment type**  
Surgical/Wound  
Wound # 1

**Surgical/Wound - wound # 1**  
Comments: Inmate at law library per correctional officer.

**Signed by Shaquana Hall on 11/02/2006 at 10:28 AM**

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**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

**10/31/2006 - Nursing Treatments: Nursing Treatments**  
Provider: Linda Roberson, LPN  
Location of Care: Orange County Corrections Health Services Dept

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

**Treatment type**  
Surgical/Wound  
Wound # 1

**Surgical/Wound - wound # 1**  
Comments: Per medical c.o. inmate refused wound care.

Signed by Linda Roberson on 10/31/2006 at 9:39 AM

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**JOHN W DOBBS**

Booking #: 06048638 Sex: Male DOB: 09/18/1974

**10/31/2006 - Clinical Lists Update: Clinical Lists Update**  
Provider: Sandra Roberts, ARNP  
Location of Care: Orange County Corrections Health Services Dept

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

**Clinical Lists Changes**  
denies wanting to be seen for any c/o.

Signed by Sandra Roberts on 10/31/2006 at 7:38 AM

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**JOHN W DOBBS**

**Booking #: 06048638 Sex: Male DOB: 09/18/1974**

**10/30/2006 - Nursing Treatments: Nursing Treatments**

**Provider: David Craig Sims, LPN**

**Location of Care: Orange County Corrections Health Services Dept**

**Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638**

**Treatment type**

**Surgical/Wound**

**Wound # 1**

**Surgical/Wound - wound # 1**

**surgical(indicate open or closed)**

**Location: left forearm**

**Condition of wound: Clean & dry**

**Wound irrigated or cleaned: Yes**

**Type of irrigation solution: Normal Saline**

**Wound closure: Sutures**

**Dressing change: Dry Dressing**

**Other**

**Technique Used: Non Sterile**

**Medications applied: TAO**

**How was the procedure tolerated? Well**

**Comments: No s/s infection present**

**Signed by David Craig Sims on 10/30/2006 at 10:26 AM**

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**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

**10/29/2006 - Nursing Progress Note: Nursing Progress Note**  
Provider: Sheila Gallagher, LPN  
Location of Care: E Clinic

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

**Nurses Progress Note**

Reasons for note: I/M moved from BRC to Main 10/28/06, tx. not completed D/T move-tx.s completed to all wounds as per order at 00:15.

**Vital Signs**

Signed by Sheila Gallagher on 10/29/2006 at 2:45 AM

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**JOHN W DOBBS**

**Booking #: 06048638 Sex: Male DOB: 09/18/1974**

**10/28/2006 - Nursing Treatments: Nursing Treatments**  
**Provider: Susan Fulton Greenwood, LPN**  
**Location of Care: Orange County Corrections Health Services Dept**

**Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638**

**Treatment type**  
Surgical/Wound  
Wound # 1

**INMATE MOVED TO 1 B**

**Signed by Susan Fulton on 10/28/2006 at 1:15 PM**

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**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

**10/27/2006 - Nursing Treatments: Nursing Treatments**  
Provider: Renee Brown, LPN  
Location of Care: E Clinic

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

**Treatment type**

Surgical/Wound  
Wound # 2

**Surgical/Wound - wound # 1**  
surgical(indicate open or closed)  
Location: rt arm  
Condition of wound: Drainage present  
Amount: Scant  
Consistency: Serosanguineous  
Wound closure: Sutures  
Number: 9  
Dressing change: Dry Dressing  
Technique Used: Non Sterile  
How was the procedure tolerated? Well

**Surgical/Wound - wound # 2**  
Location: lt hand fingers  
Condition of wound: Clean & dry, Drainage present  
Amount: Scant  
Consistency: Serosanguineous  
Culture done: No  
Wound irrigated or cleaned: Yes  
Dressing change: Dry Dressing  
Technique Used: Non Sterile  
Medications applied: Tao applied  
How was the procedure tolerated? Well

**Signed by Renee Brown on 10/27/2006 at 12:38 PM**

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**JOHN W DOBBS**

Booking #: 06048638 Sex: Male DOB: 09/18/1974

**10/27/2006 - Physical Assessment: Physical Assessment**

Provider: Edwin Pont, MD

Location of Care: Orange County Corrections Health Services Dept

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638  
32 Year Old, Black/Male

### Nursing Intake

Physical Assessment Done: Yes

Initial Screening Reviewed: Yes

### Vital Signs

Ht: 71 in. Wt: 167 lbs. T: 97.6 deg F. T site: oral P: 60 Rhythm: regular BP: 111/68 R: 18

### Clinical Lists

#### Problems:

Hx of LACERATION (ICD-879.8)

#### Medications:

IBU 800 MG TABS (IBUPROFEN) motrin 800mg by mouth tid PRN daily for 5 days

### Physical Assessment -subjective

#### Review of Systems

**General:** Denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss.

**Eyes:** Denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia.

**Ears/Nose/Throat:** Denies earache, ear discharge, tinnitus, decreased hearing, nasal congestion, nosebleeds, sore throat, hoarseness, dysphagia.

**Cardiovascular:** Denies chest pains, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema.

**Respiratory:** Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing.

**Gastrointestinal:** Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice.

**Genitourinary:** Denies dysuria, hematuria, discharge, urinary frequency, urinary hesitancy, nocturia, incontinence, genital sores, genital sores or warts, lumps, infestations.

**Musculoskeletal:** Denies back pain, joint pain, joint swelling, muscle cramps, muscle weakness, stiffness, arthritis.

**Skin:** Complains of wound or infection. Denies rash, itching, dryness, suspicious lesions. Inmate was in a fight on 10/25/06 before his arrest and sustained a laceration on L forearm with 9 sutures; lacerations on R thumb and outer R hand and L middle finger. Wounds are being observed and treated daily by nursing.

**Neurologic:** Denies transient paralysis, weakness, paresthesias, seizures, syncope, tremors, vertigo.

**Endocrine:** Denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change, diabetes.

**Heme/Lymphatic:** Denies abnormal bruising, bleeding, enlarged lymph nodes.

**Allergic/Immunologic:** Denies urticaria, hay fever, persistent infections, HIV exposure.

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**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

**Dental:** Denies toothache, bleeding gums, broken tooth, lost filling, temperature sensitivity, jaw pain, swelling (specify).

**PA MH Evaluation**

History of Psychiatric hospitalization? No  
History of outpatient mental health treatment? No

**Substance Abuse History**

**Alcohol Abuse**

Does inmate have a history of alcohol abuse? Yes  
Type of Alcohol: Beer  
Age of Onset: 15  
Last time used: 10/25/2006  
How much used: a pint  
How often used: Weekly  
Do you have problems when you stop using alcohol? Denies

**Drug Abuse**

Does inmate have a history of drug abuse? Denies  
Have you ever been treated for drug abuse: Denies  
Does inmate have problems when you stop using drugs? Denies  
Withdrawal History Form Completed? No  
Mental health subjective review: Alert, Cooperative  
Affect: Normal  
Speech: Normal  
Does inmate appear Mentally Retarded? No  
History of Sexual Abuse/Assault? No  
History of suicide attempts? No  
Is the inmate Suicidal? No  
Does the inmate hear voices? No  
Is the Inmate Homicidal? No  
Is the inmate having hallucinations? No  
Mental Health referral sick call scheduled? No

**TB Screening**

Inmate has been Screened for TB symptoms

**History of TB Symptoms**

Have you ever had a Positive PPD test? No

**Administer PPD**

Administered: Yes  
Site: R Forearm  
Recorded By: Woods, Janice

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**JOHN W DOBBS**

Booking #: 06048638 Sex: Male DOB: 09/18/1974

**Draw RPR**

Drawn: Yes

Recorded By: Woods, Janice

**History of STD**

Does the inmate have history of STD: No

**Nurse Physical Exam**

General

**General**

Comments: Inmate advised to call \*76 for medical, dental, or mental evaluation if needed.

**Eyes**

Glasses: No

Sclera Normal

Discharge: No

Conjunctiva: Normal

Pupils ERLA

Comments: Inmate has small healing abrasion above R eye

**Ears**

Hearing Aid: No

Drainage Normal

**Throat/Oral Cavity**

Lips: Moist

Buccal Mucosa: Pink

Gums: Not Inflamed

Odor: Not Present

Condition of Teeth: Fair

Tongue: Normal

Glands: Normal

**Cardiovascular System**

Rhythm: Regular

Heart Sounds: Normal

Edema: No

Nails: Pink

Right/Left equal: Yes

**Respiratory System**

Breathing: Normal

Cough: Not Present

Chest: Symmetrical

Sputum: No

**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

**Lung Sounds**

Breath Sounds Normal: Yes  
Wheezes: No  
Rales: No  
Rhonchi: No  
Comments:

**Abdomen**

Distention: No  
Vomiting: No  
Diarrhea: No  
Jaundice: No

**Nurse Physical Exam**

Dental  
Musculoskeletal System  
Evidence of Injury: No  
Gait: Normal  
Balance: Normal  
Range of Motion: Full

**Skin**

Appearance Normal, Abrasions  
Color Normal  
Moisture Dry, Warm  
Edema: Not Present  
Integrity: Open Areas  
L forearm, R thumb and outer hand, L middle finger.  
Turgor: Normal  
Redness: No

**Neurological**

Personal Hygiene: Appropriate  
LOC: Alert  
Speech: Clear  
Mood: Normal  
Tremors: No

**Endocrine**

Vomiting: No  
Breath Odor: No  
Mental Confusion: No  
Weight Changes: No

**Heme/Lymphatic**

Lymph Glands: Non-Enlarged  
Bleeding: No  
Bruising: No

**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

**Allergic/Immunology**

Eye discharge: No  
Nasal Discharge: No  
Sneezing: No  
Shortness of Breath: No

**Dental**

Missing Teeth: No  
Broken tooth/teeth: No  
Broken appliance: No  
Bleeding gums: No  
Oral/Facial Swelling: No  
Drainage: No  
Dentures present? No  
Inmate Trustee Status: Y-B

**Medical Grading**

Medical Grading(Housing Recommendation) GP with Meds  
HIV Survey Printed: Yes

**Sick Call Scheduling**

Scheduled? No

Signed by Janice Woods on 10/28/2006 at 7:01 AM  
Signed by Edwin Pont on 10/30/2006 at 6:13 AM

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**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

**10/26/2006 - Nursing Treatments: Nursing Treatments**  
Provider: Renee Brown, LPN  
Location of Care: E Clinic

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

**Treatment type**  
Surgical/Wound  
Wound # 2

**Surgical/Wound - wound # 1**  
surgical(indicate open or closed)  
Location: It arm  
Amount: Zero  
Wound irrigated or cleaned: Yes  
Wound closure: Sutures  
Dressing change: Dry Dressing  
Technique Used: Non Sterile  
Medications applied: Tao applied.  
How was the procedure tolerated? Well

**Surgical/Wound - wound # 2**  
Location: It arm  
Condition of wound: Reddened, Drainage present  
Amount: Scant  
Consistency: Serosanguineous  
Culture done: No  
Wound irrigated or cleaned: Yes  
Type of irrigation solution: normal saline  
Dressing change: Dry Dressing  
Technique Used: Non Sterile  
Medications applied: Tao applied  
How was the procedure tolerated? Well

Signed by Renee Brown on 10/26/2006 at 6:00 PM

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Orange County Corrections Health Services Dept  
PO Box 4970 Orlando, FL 32802  
407-254-8306 Fax: 407-836-3241

October 25, 2006  
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### Patient Information

For: JOHN W DOBBS Booking #: 06048638

### Consent to Treat GENERIC

I hereby give my consent to Orange County Corrections Health Services medical provider, its employees and agents, to administer medications, perform any diagnostic testing, laboratory procedures, examinations, x-ray's or other procedures recommended by the provider.

I am aware the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made regarding the result of treatments or examinations performed by the Department's medical provider.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I sign this willingly in understanding of the above and release Orange County Corrections Health Services and its medical provider, its employees and agents from any and all liability that may arise from this action.

Do you currently have Medical Health Insurance coverage Yes \_\_\_\_\_ No   X  

If Yes, what is the name of your Health Insurance \_\_\_\_\_

Inmate Name \_\_\_\_\_

John Dobbs

Inmate/Parent/Legal Guardian Signature \_\_\_\_\_

Witness \_\_\_\_\_

10-25-06  
Date

SELF  
Relationship

[Signature]  
Witness



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### Patient Information

For: JOHN W DOBBS      Booking #: 06048638

### Consent to Treatment

JOHN W DOBBS  
06048638  
P00475230  
09/18/1974  
October 25, 2006 12:21 PM

I hereby give my consent to Orange County Corrections Health Services medical provider, its employees and agents, to administer medications, perform any diagnostic testing, laboratory procedures, examinations, x-ray's or other procedures recommended by the provider.

I am aware the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made regarding the result of treatments or examinations performed by the Department's medical provider.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I sign this willingly in understanding of the above and release Orange County Corrections Health Services and its medical provider, its employees and agents from any and all liability that may arise from this action.

Do you currently have Medical Health Insurance coverage Yes \_\_\_\_\_ No   /  

If Yes, what is the name of your Health Insurance \_\_\_\_\_

[Signature]  
Inmate Name

10/25/06  
Date

[Signature]  
Inmate/Parent/Legal Guardian Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

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**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

**10/25/2006 - Clinical Lists Update: Clinical Lists Update**  
Provider: Mark V Duma, LPN  
Location of Care: Orange County Corrections Health Services Dept

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

**Clinical Lists Changes**

**Medications:**

Added new medication of IBU 800 MG TABS (IBUPROFEN) motrin 800mg by mouth tid PRN daily for 5 days - Signed  
Rx of IBU 800 MG TABS (IBUPROFEN) motrin 800mg by mouth tid PRN daily for 5 days; #15 x 0;  
Signed; Entered by: Mark V Duma; Authorized by: Bruce Douglas; Method used: Printed then faxed to  
**Sutures out in 7-10 days**

**Signed by Mark V Duma on 10/25/2006 at 1:22 PM**  
**Signed by Bruce Douglas on 10/26/2006 at 7:32 AM**

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**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

10/25/2006 - CBO Screening: CBO Screening  
Provider: Mark V Duma, LPN  
Location of Care: Orange County Corrections Health Services Dept

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

### Initial CBO Screening Medical/Mental Health History

Next of Kin Name: Deanna Washington  
Next of Kin Relationship: Acquaintance  
Next of Kin Phone Number: 404 957 4558  
Comments: 917 757 2866

Does the inmate agree to medical screening? Agreed

Do you currently have medical or mental health complaints or are you currently undergoing treatment for any medical or mental health problem(s)? Yes

Medical Complaints: Other  
Comments: hx fight multiple abrasions from fight

Are you currently taking or should be taking any type of prescription medications? Denies

Are you having any type of dental problems? Denies

Do you have a history of or are you currently being treated for these or other infectious diseases? Denies

Inmate as no known drug allergies

### Vital Signs

T: 97.8 deg F. T site: oral P: 55 BP: 107/74 R: 16

### Substance Use/ Abuse

Does inmate have a history of alcohol use/abuse? Yes

Type of Alcohol: Beer

Last time used: 10/24/2006

How much used: 6 pack

How often used: Several times a week

Do you have problems when you stop using alcohol? Denies

### Drug Use/ Abuse

Does inmate have a history of drug use/abuse? Denies

### Medical History

Does inmate presently have any thoughts or ideas about suicide? Denies

Has inmate ever attempted suicide in the past? Denies

Has inmate had any past or present treatment or hospitalization for mental disturbance or suicide? Denies

Do you have any medical limitations or disabilities? Denies

Is the inmate deaf or hearing impaired? No

**JOHN W DOBBS**  
Booking #: 06048638 Sex: Male DOB: 09/18/1974

**Does the inmate need assistive devices? No**

**Does the inmate have any obvious deformities or other physical abnormalities? Yes**

**Location of Lacerations: Arm - L**

**Comments: left lower arm lacerations noted states cut by knife and facial right eyebrow abrasion , right side chin, and fingers have abrasions, opens sores .**

**Did you receive any type of injury, tazer, pepper spray, etc. during your arrest? Denies**

**Inmate Information Given? Yes**

**Inmate Trustee Status? Yes**

### **Nurse Review**

#### **New Orders:**

Vital Signs Q shift [Vital signs q shift]

Wound Care Specify Frequency and Dressing Type [OCCDWC]

#### **Current Orders:**

Vital Signs Q shift [Vital signs q shift], Wound Care Specify Frequency and Dressing Type [OCCDWC].

#### **Current Problems:**

Hx of LACERATION (ICD-879.8)

### **Medical Grading**

**Medical Grading(Housing Recommendation) GP with Meds**

Douglas ARNP Seen I/M Sutures Placed LFA

Orders Received

**Signed by Mark V Duma on 10/25/2006 at 1:19 PM**

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**JOHN W DOBBS**

Booking #: 06048638 Sex: Male DOB: 09/18/1974

**10/29/2006 - Clinical Lists Update: PPD Result**  
Provider: Deborah Baez, MA  
Location of Care: Orange County Corrections Health Services Dept

Patient Name this incarceration: JOHN W DOBBS Booking Number this visit: 06048638

**PPD RESULT**  
Result Negative

Signed by Deborah Firebaugh on 10/29/2006 at 2:11 PM

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E Clinic

February 3, 2007  
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Fax:

Patient Information For: JOHN W DOBBS Booking #: 06048638

**KEEP ON PERSON  
MEDICATION CONTRACT**

Inmates Name: 59317-0576001  
PM

Date: February 3, 2007 4:44

When I am given a supply of medication by the medical staff I will obey the following rules:

1. I agree to accept the responsibility for control and safeguarding this medication.
2. I agree not to share medication given to me with any one.
3. It is my responsibility to report to the nurse any side effects to any medication.
4. I agree to return the medication to the nurse if there is any reason I am unable to take the medication. I must sign a waiver of I refuse to take the medication as ordered.
5. I understand that I must keep this medication in the container in which I received it and take the medication as ordered by the Physician/Dentist as instructed by the nurse. If I lose it or it is stolen, I will report it immediately.
6. I understand that if I am in possession of this medication once the date has expired, or have an excess amount, I am subject to a charge in accordance with the rules and regulations of the Orange County Corrections Department.
7. I understand the nurse will explain to the purpose and side effect(s) of the medication to me. I agree to report to the medical unit without delay if I suspect any unwanted reactions.
8. I agree to abide by all the rules and regulations in the contract and understand that failure to do so can result in the removal from the Keep on Person Program.
9. If I am released from jail with medication I do not require child proof containers.
10. I have read or have had read to me and I understand the above listed conditions and I agree to abide by these conditions.

Medications given: CARBAMIDE EAR WAX REMOVAL

Inmate Signatur \_\_\_\_\_

Booking # P00475230

Witness: BILL [Signature]