Recieved 9-11-87

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September 2, 1987

RECEIVED
SEP 11 1987
STATE HOSPITAL SOUTH
BLACKFOOT, IDAHO

Idaho State Mental Hospital
P.O. Box 400
Blackfoot, Idaho 83221

ATTN: Hospital Records Custodian

Dear Sirs:

Please be advised that I am represented in a criminal matter in the Superior Court of Mohave County, State of Arizona, by Mr. Claude D. Keller, an attorney practicing law at 212 North Fourth Street, Suite 7, Kingman, Arizona 86401, telephone number (602)753-6888.

I do hereby waive in favor of my attorney any and all confidential relationships which I may have as a result of my being treated in the Idaho State Mental Hospital in Blackfoot, Idaho in 1981.

Kindly give my attorney free access to any and all records which you may have in your files including the opinions of attending physicians and any other experts which may reflect on my physical and mental condition while in the facility.

I do further hereby request that upon receipt on this document that you forward on to him copies of my hospital records and other information showing doctors who attehded me while I was a patient at your facility. My Social Security number is 570-21-1695.

1645

Daniel Wayne Cook
DANIEL WAYNE COOK

SUBSCRIBED AND SWORN TO BEFORE me this 2nd day of September, 1987 by DANIEL WAYNE COOK.

Sonya Jaramillo
Notary Public

My Commission Expires:

July 19, 1990

20103

RECEIVED 9-14-87

Department of Health and Welfare
STATE HOSPITAL SOUTH
Blackfoot, Idaho

INITIAL INTERVIEW

Name COOK, Daniel W. Hospital # 20103 Age 20 Date 12/11/81

County of Residence Lemhi County of Admission Lemhi

Marital Status Singla Allergies No known allergies

Admission Status Volnntary Admit to Unit Division II-B Primary Therapist M. Perry

Suicidal XX Homicidal _____ Elopement Risk _____

Patient is a single, white, 20-year-old male, who came in on a Voluntary status. Social Worker from Idaho Falls hrbught him. Don states he has heen drinking a lot of alcohol to prove he couid drink as much aa anyone else. He found out he could not and it was making him ill and depressed. Patient has tried to get away from the drinking, hut he has heen unahle to do so. He had a shotgun loaded and pointed at his throat, hut he could not reach the trigger and did not pull the trigger. He lives with foster parents. He has a G.E.D., hut has heen doing odd johs and working in the forest. He had a girlfriend, hut they broke up three or four days ago hecause of his drinking. Don has used illegal drugs in the past. He likes his foster parents and vants to return to Salmon, as he enjoys hunting and fishing. He annepts the Hospdtal and desires to get over his depression.

Mental Status: Patient's perception is clear. He is oriented in three spheres. Memory is intact for remote and recent events. He does not have hallucinations and there is no evidence of a thought disorder present. Mood is somewhat down, but there is no psychomotor retardation. He dislikes the depression and wants to avoid it. He has no plans for the future, but might consider some vocational training. Affect is good, and he relates well and seems to be fairly well at ease. He is a tall, thin youth, who weighs about 130 pounds. His clothing is clean.

ADMITTING DIAGNOSES:

Axis I: Substance abuse (mainly alcohol at present) with depression and suicidal thoughts.
II: Dependent personality.
III: Underweight.
IV: Code 4 - fair.
V: Code 4 - fair.

Treatment Recommendations:

1. Observation.
2. Minnesota Multiphasic Personality Inventory.

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S. Wayne Smith MD

S. Wayne Smith, MD
Admitting Physician

SHS 0207 Rev 4/80
TX: 12/14/81 - klc

STATE HOSPITAL SOUTH
Blackfoot, Idaho

CLINICAL RECORD

COOK, Daniel W.
Hospital #20103

25 Mar 1982 TREATMENT SUMMARY:

IDENTIFICATION OF THE PATIENT AND THE PROBLEMS FOR WHICH HOSPITALIZED:

Demographic Data: Mr. Cook is a 20-year-old, white, single male, who was admitted to State Hospital South as a Voluntary admission on 11 Dec 1981 from Lemhi County.

Legal Information: Mr. Cook was admitted as a Voluntary admission from Lemhi County, Salmon, Idaho.

Clinical: Mr. Cook admitted himself to the Hospital at the referral of the Mental Health workers in Salmon. He had shown increased depression, and, as a result, had been drinking excessively and had made a suicidal gesture, placing a loaded shotgun at his throat. However, he states that because he could not reach the trigger, he did not kill himself. On admission, he was cooperative, although somewhat depressed but willing to talk, and verbalizing the need to make some changes in his lifestyle.

IDENTIFIED PROBLEMS:

1. ALCOHOL ABUSE, EPISODIC WITH DEPRESSION -- a) Suicidal thoughts: Mr. Cook states that he begins drinking in order to associate and socialize with his friends and that after drinking, he usually ends up getting depressed, and not knowing how to handle and deal with the depression. He denies any type of depression without the use of alcohol; however, he admits that there are times when he feels down and even somewhat suicidal while sober. He admits that he uses alcohol as a means to resolve his problems, and he seems to have difficulty in coping with stress or any type of problem which arises for which he does not have an immediate solution.

On the Unit, Mr. Cook verbalized the need to learn how to deal with stress, to improve his ability to relate with others, and to find better coping mechanisms; however, at the same time, he appears to be rather flippant and arrogant, and seems to have a way of pushing people away from him so that he does not have to create any kind of social situation.

Mr. Cook was involved with the Therapeutic Community, and was active in that serving part of the time as the Sergeant-of-Arms. He handled this position quite well, although at times the authority and power of the position seemed to take over, and he once again would become quite arrogant, quite demanding, and began to create animosities between him and other residents. While he seemed to develop some skills and abilities, they seemed to be quite short-lived. He seemed to be able to function at a very high level for a period of time; however, as soon as anything stressful came up or if he felt he was confronted unjustly, he would become extremely angry, become very moody, and almost put himself into a state of depression from which he would again make suicidal threats, etc. By the time Mr. Cook left the Hospital against

contd.

Form 6-E

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STATE HOSPITAL SOUTH
Blackfoot, Idaho

CLINICAL RECORD -5-

COOK, Daniel W.
Hospital #20103

25 Mar 1982 Treatment Summary - contd.

professional advice, he had had many ups and downs, having periods where he functioned quite high and adequately, and then having periods when he was very impulsive, acted without thinking, etc. He still seemed to be a very immature individual, who had very little insight and very little motivation into making any real changes in his life.

2. DEPENDENT PERSONALITY DISORDER -- a) Unable to function independently; b) Poor employment record; c) Difficulty dealing with stress: Mr. Cook's whole life has been one pf depending on others. He Intellectually recognizes this as a problem, and seemed sincere in wanting to make changes. However, he did not seem to be able to motivate himself or persist in an effort long enough to consistently make changes and to maintain these changes. Ha relied very heavily on friends and the approval of friends and much of the time their decision ruled over his much to his detriment. He did improve his ability to relate with others; however, this seemed to be on a superficial level, and again he had difficulty in being honest in his relationships and with himself. He was involved in Group Therapy which dealt with elimination of self-defeating behaviors during which time he tried to work on his dependency. This was partially successful for him; at least, he did do some exploring and some self-examination. However, he seemed to be very fearful of breaking loose of the dependency traits, and, because of this fear, did not allow himself to respond as well to the group or other treatment modalities. He also worked in an Industrial Therapy assignment, during which time he did do a good job. He was referred to Vocational Rehabilitation; however, became angry over something on the Unit and signed out prior to doing any final workup with Vocational Rehabilitation.

OTHER TREATMENT DURING HOSPITALIZATION:

Mr. Cook was involved in Individual Therapy as needed to talk about some of the difficulties he was having for some interpretive therapy and encouragement and motivation. He was also involved in Industrial and Activity Therapy; and, as mentioned previously, in all aspects of the Therapeutic Community.

CURRENT TREATMENT PROGRAM:

Mr. Cook was discharged against professional advice on 9 Mar 1982. He left the Hospital without any medications.

CURRENT DIAGNOSTIC IMPRESSION:

Axis I: Alcohol abuse with depression.
II: Dependent personality disorder.
III: No significant medical problems.

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contd.

STATE HOSPITAL SOUTH
Blackfoot, Idaho

CLINICAL RECORD

COOK, Daniel W.
Hospital #20103

25 Mar 1982 Treatment Summary - contd.

RECOMMENDED FUTURE TREATMENT PROGRAM AND AVAILABLE RESOURCES:

Mr. Cook left the Hospital against professional advice on 9 Mar 1982. He states that he has made arrangements to work in Wyoming, and signed out in order to go to Wyoming to find employment. Since he planned on leaving the state, no follow-up appointments with Mental Health were made for him.

Marilyn Perry 1 Apr. 1982
Marilyn Perry, CSW/Date:
Social Work Specialist II

D A Hoskfsson, MSW 1 APR 1982
David A. Hoskfsson, MSW, CSW/Date:
Unit Manager

Carroll Elmore 4/6/82
Carroll M. Elmore, MD/Date:
Unit Psychiatrist - cb

TX: 3/29/82

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Form 6-E

apartment of Health and Welfa
STATE HOSPITAL SOUTH
Blackfoot, Idaho

-T-

INITIAL INTERVIEW

Name COOK, Daniel W. Hospital # 20103 Age 20 Date 3/16/82

County of Residence Bingham County of Admission Bingham

Marital Status Married (Common-Law) Allergies

Admission Status Voluntary Admit to Unit Division II-B Primary Therapist M. Perry

Suicidal XX Homicidal Elopement Risk

This is a readmission of this 20-year-old, white, married male from Blackfoot, Idaho, who was referred by Region VI Mental Health Services. The patient had been hospitalized here from 11 Dec 1981 to 9 Mar 1982 on a Voluntary basis and had left against professional advice to get married. He has not done well since discharge--unable to find work and feeling increasing depression. This culminated in an overdose of 15-20 Mysollne tablets that oame from his wife's supply of medications. He was seen at the Bingham Memorial Hospital Emergency Room for acute treatment on 3/16/82 and then referred here for more treatment. The patient apparently told Dr. Abel, Region VI Mental Health worker, that he was still suicidal.

Past History: See in old master chart.

Mental Status: Thin, young, white male in no acute distress, but presently with medication psyohomotor retardation and a mildly depressed affect. No evidence of thought disorder. Sensorium is clear. Content of thought: no delusions and describes his overdose as being cauaed by "nothing to live for--no work out there." Denies marital conflict. Insight only intellectual.

ADMITTING IMPRESSIONS:

Axis I: Adjustment disorder with depressed mood.
II: Dependent personality.
III: No significant illnesses.

Plan: Readmission; no psychoactive medications; further vocational evaluation.

On the Unit, Mr. Cook verbalize [illegible] to learn how to deal with stress to improve his ability to relate [illegible] others, and to find better coping mechanisms; however, at the same time, he appears to be rather illness and arrogant, and seems to have a way of pushing people away from him so that he does not have to create any kind of social situation.

Mr. Cook was involved with the Therapeutic Community, and was active in that serving part of the time as the Sergeant-of-Arms. He handled this position quite well, although at times the authority and power of the position seemed take over, and he once again would become quite arrogant, quite demanding, and began to create animosities between him and other [illegible] seemed to develop some skills [illegible] they seemed [illegible] [illegible] to be able to [illegible] however, as soon as any [illegible] confronted unjustly, he would [illegible] himself into a state [illegible] suicidal threats, etc. by the [illegible]

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SHS 0207 Rev 4/80
TX: 3/18/82 - klc

019

Richard H. Gier, MD
Admitting Officer

STATE HOSPITAL SOUTH
Blackfoot, Idaho

CLINICAL RECORD

COOK, Daniel W.
Hospital #20103

25 Mar 1982 TREATMENT SUMMARY NOTE:

Mr. Cook left the Hospital on an Unauthorized Absence prior to his staffing, so a treatment plan had not been initiated for him, nor had he been involved in any aspect of the previous treatment plan. Mr. Cook was very angry over the fact that he was in the Hospital, over the fact that he had me again as his Primary Therapist, and that he did not feel that the program at the Hospital would help him. His wife would not sign a petition for his commitment. On 22 Mar 1982, we learned that his wife drew out over $4,000.00 from her savings account in a local bank. We also learned that she had been to the Greyhound Bus Depot a day or so previously during which time she apparently had purchased bus tickets, Mr. Cook jumped over the door watch table on 22 Mar 1982, and at 7:50 pm ran towards town. There was a bus leaving northbound at 8:15. It was felt that after talking with Mr. Cook's wife's brother they had probably both gotten on that bus and had left the area. As a result, Mr. Cook was discharged from his Unauthorized Absence on 23 Mar 1982. He left the Hospital with no medications nor no plans for follow-up.

Marilyn Perry, 1 April 1982
Marilyn Perry, CSW/Date:
Social Work Specialist II

D A. Hoskisson, MSW 1 APR 1982
David A. Hoskisson, MSW. CSW/Date:
Unit Manager

Carroll M. Elmore 4/6/82
Carroll M. Elmore, MD/Date:
Unit Psychiatrist - cb

TX: 3/29/82

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