

EXHIBIT B

DAVID OLANIYI-ILELABAYO
296032

Patient Information

Name: DAVID OLANIYI-ILELABAYO	Home Phone: 296032
Address: 1901 D ST. S.E. WASHINGTON, DC USA	Office Phone:
Patient ID: 45313-0134001	Fax:
Birth Date: 04/20/1970	Status: Inactive
Gender: Male	Marital Status:
Contact By:	Race: Black
Soc Sec No: 585-81-6481	Language:
Resp Prov:	Unit/Cell:
Referred by:	Emp. Status:
Email:	Sens Chart: No
Home LOC: DCDC_CDF - MMHS	DCDC: 296032

Problems

Medications

Directives

Allergies

Services Due



03/07/2003 - Imaging Report: CHEST PA
Provider: T. Wilkins Davis MD
Location of Care: RADIOLOGY

RADIOLOGY PROCESSING

X-ray Type: Intake
X-ray Group: CXR
X-ray Ordered: CHEST PA
Date Requested: 03/07/2003
Exam Status: Complete
Date of Exam: 03/07/2003
Technologist: D. Nkeng RT

RADIOGRAPHIC REPORT

Radiologist: Dr. Zellis
Report Date: 03/08/2003
Findings: Negative CXR
Report Category: Normal
Report Status: Complete

Signed by T. Wilkins Davis MD on 03/09/2003 at 10:11 PM

03/07/2003 - Lab Report: RPR, PROGRESSIVE
Provider: Chantal Perrier-Taylor PA-C
Location of Care: DC JAIL MMHS

Patient: ILELABAYO OLANIYI

Note: All result statuses are Final unless otherwise noted.

Tests: (1) RPR, PROGRESSIVE (23772)
RPR Nonreactive
RPR "Result Follows..."
Reference value: Nonreactive
! PROGRESSIVE FTA-ABS Not indicated

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 03/13/2003 5:39 PM

(1) Order result status: Final
Collection or observation date-time: 03/07/2003 21:47
Requested date-time:



Receipt date-time: 03/08/2003 15:23
Reported date-time: 03/10/2003 06:19
Referring Physician:
Ordering Physician: PA- (PERRIER-TAYLOR)
Specimen Source:
Producer ID: (RESULTS)
Filler Order Number: 54559224/0
Lab site:

The following results differed from their previous value:

RPR Old Value: Nonreactive New Value: Reference value: Nonreactive

Signed by Chantal Perrier-Taylor PA-C on 03/17/2003 at 2:40 PM

03/07/2003 - MH Clinician: MH-INTK
Provider: Darius Mills LPC
Location of Care: DC JAIL MMHS

COMPREHENSIVE MENTAL HEALTH ASSESSMENT
Intake

Mental Health History

Current History

MH Tx: no

Meds: no

Previous History

MH Tx: no

Meds: no

Suicide History:

Attempts: no

Surgeries & Injuries:

Type: none

Drug History

DAVID ROBERTS FILE # A87A701
DOB: 02/24/1970

Describe: PT DENIES DRUG OR ETOH USE

Hx of IDU: no

Shared needles: no

Personal History

Eating disorder: none

Significant Relationships: yes

Details: REPORTS CLOSENESS W/ CHILDREN, AND FAMILY

Highest grade (in years): 18

Job Hx: yes

Job details: MUSICIAN / PERFORMER/ ARTIST

Mental Health Status Exam

Hallucinations: none

Delusions: grandiose

Speech: no abnormality

Thought: circumstantial, confabulation, tangential

Mood: consistent, cooperative

Affect: appropriate to thought, cooperative, talkative

Motor Activity: normal

Appearance or Hygiene: appropriate

Attitude: cooperative

Insight: fair

Judgment: fair

Observation Details: AVG HT,WT, FACIAL HAIR, AFRO, AA MALE W/ ISLE ACCENT

Orientation

To time: yes

To place: yes

To person: yes

To situation: yes

Potential For Harm

Self-Injurious: no

Suicidal Ideation: no

Clinician Assessment

Summary: PT IS A & O X 3 W/ CIRCUMSTANTIAL SPEECH AND VERY UNUSUAL STORY (R/O DELUSIONS OF GRANDEUR) R/T INCARCERATION AND ARREST AT U.S. CAPITOL FOR PERFORMING IN A BIZARRE OUTFIT (DUCKTAPED, EMPTY BOTTLES, STONE MASK) W/ A FEMALE COMPANION. NO HX OF MH TX REPORTED. NO HX OF SELF HARM REPORTED NOR CURRENT INTENT EVIDENT. WILL HOUSE ON SO3 R/T NATURE OF COMPLAINT PT ADMITS TO AND BIZARRE NATURE OF OUTFIT FOR FURTHER OBSERVATION.

Recommended housing: Mental Health Unit



Signed by Darius Mills LPC on 03/07/2003 at 11:24 PM

03/07/2003 - Intake Processing: Intake ppd and vs
Provider: Stacy Barnes LPN
Location of Care: DC JAIL MMHS

Intake Processing_Vital Signs
Height: 72 inches
Weight: 207 pounds
Temperature(oral): 97.2 degrees F
Temperature site: oral
Pulse: 93
Respirations: 20
Blood pressure: 132/80 mm Hg

Urine Analysis
WBC's: 1+
Protein: 1+
Ketones: 2+
pH: 5
Glucose: 1+
Blood: Negative
Provider Number: 7111

TUBERCULOSIS SCREENING
Reason for PPD: Intake
TB_PPD: Done

Signed by Stacy Barnes LPN on 03/07/2003 at 11:20 PM

03/07/2003 - Intake Processing: INTAKE MEDICAL
Provider: Ella Robertson-Strother PA-C



Location of Care: INTAKE MEDICAL

INTAKE PROCESSING

Initial Intake Screening

4 Refer

CC: NONE. NO DRUGS. ETOH OR CIGARETTES.

Allergies: No

Heroin Use: No.

Methadone: No

Withdrawals: No

Cocaine Use: No

Cigarette Use: No

Intravenous Drugs: No

Rx Meds: No

Hosp in past Yr.?: No

Surg. Past Yr.?: No

Hx of Asthma?: No

Use Asthmatic Meds: No

Hx of Diabetes: No

Hx of HTN: No

Hx of Seizures: No

Ever Tested for TB?: Yes

Treated for TB?: No

Ever took Meds for TB?: No

Are you on meds?: No

Have you ever tested positive for HIV? No

Do you wish an HIV test? No

Hx of Heart Disease?: No

Diarrhea?: No

Wt. Loss?: No

Penile Discharge?: No

Night Sweats?: No

Bloody Sputum?: No

Cough >3 wks?: No

SOB?: No

Tarry/Bloody Stools?: No

Chest Pains?: No

Recent Injury?: NONE

Medical Suicide Screening

1. Receiving mental health services in the community: No

2. Had mental health services in the past: No

3. Experienced a significant loss in the past 6 mos.: No

4. Very worried about 'major' problems other than legal: No

5. Family or significant other attempted suicide: No

6. Hold position of respect & charged with crime of notoriety: No



- 7. Thinking about killing self: No
- 8. Made previous suicide attempts: No
- 9. Made previous suicide attempts or self injury: No
- 10. Lacks close family or friends in community: No
- 11. Apparently under the influence of drugs or alcohol: No
- 12. First incarceration: Yes
- 13. JHP returnee: No
- 14. Forensic evaluation requested: No

Comprehensive Assessment Referral

Has been referred for comprehensive evaluation: Yes

Referred to MD/PA for evaluation: Yes

PHYSICAL EXAM

Lymphatics:

Head: normal

Eyes: normal

Details Fundiscopy: FUNDI NOT CLEARLY VISUALIZED

Ears: normal

Nose: normal

Mouth: abnormal

Noted: poor dental hygiene

Neck: normal

Chest: normal

Breasts: normal

Heart: normal

Abdomen: normal

Back: normal

Extremities: normal

Lymphatics: normal

Skin: abnormal

Details Skin: WELL HEALED SCARS- BILAT MAXILLARY AREA.- CHILDHOOD SCARS

Neuro: normal

Minor assessments: FIRST INCARCERATION

ABN UA

Plan: MH REF. DONE. SC FU RE ABN UA.FS requested to inform md if fs (fasting)>126mg/dl.

Diet: regular

Disposition: Open Pop

This document requires a co-signature:

Signed by Amanuel T. Rosario MD on 03/08/2003 at 3:33 AM

DAVID D. PANIYELABAYO
Male Date of Birth: 03/20/1970

Signed by Ella Robertson-Strother PA-C on 03/08/2003 at 4:00 AM

03/08/2003 - MH Clinician: RN ADMISSION ASSESSMENT
Provider: Clarice H. Savoy
Location of Care: DC JAIL MMHS

COMPREHENSIVE MENTAL HEALTH ASSESSMENT
Nursing

Visit type: Admission

Mental Health History

Current History

MH Tx: no
Details: HE DENIES ANY.
Meds: no
Details: NONE

Drug History

Hx of IDU: no
Shared needles: no

Personal History

Details: PT STATES THAT HE CANT EAT ALL KIND OF FOOD HE SAID I COOK MY OWN FOOD

Mental Health Status Exam

Hallucinations: none
Delusions: grandiose
Speech: excessive, rapid
Thought: circumstantial
Mood: consistent, euphoric/elated, labile
Affect: appropriate to thought, labile
Motor Activity: normal
Appearance or Hygiene: bizarre, disheveled
Attitude: cooperative
Insight: poor
Judgment: poor

Observation Details: bm with deep afro accent appears unkempt he is a/o x3 he denies suicide or homicidal ideations. pt stated that he has not eaten since yesterday and probably will not until Monday, for cleaning his body said this is a religious ritual that he not eat. his speak is loud and strong . HE DENIES

DAVID O'BANIAN IBE ABAYO

Male DOB: 07/20/1972

ANY DRUG USAGE.

Orientation

To time: yes

To place: yes

To person: yes

To situation: yes

Potential For Harm

Self-Injurious: no

Suicidal Ideation: no

Nursing Assessment & Plan

First Language: Other

Ability: reads, writes, speaks, understands

Other: NONE

Coping skills: SAID HE IS A ENTERTAINER.

Health maintenance: UNIVERSAL PRECAUTIONS

Medication: NONE

Discharge Planning Needs

Family: TO FAMILY IN THE COMMUNITY.

Nursing Summary

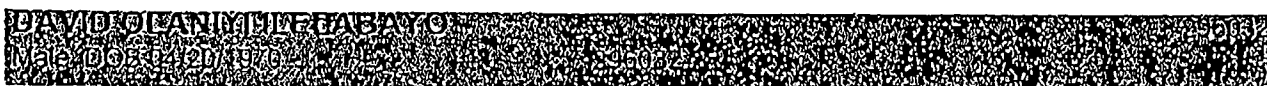
Pt came to s03 from in take after he was arrested at the capital, bld said he had his costume on and performing him and a partner is a enter tainer and he and his partner were performing he is a 32 y/o Negeria male with a deep accent he is a/o and oriented very talkative , he hair is uncombed , he denies hearing any voices , suicide or homicial ideations, he denies any previous mental health history. not taking any medication. nsg dx knowledge defiel related to his performance near the capitol bld. and his attire he said his costume was made from duct tape.

Clinician Assessment

Mood Disorders: mood lability

Signed by Clarice H. Savoy on 03/08/2003 at 4:07 PM

03/08/2003 - MH Clinician: 3 Days Note
Provider: Nickie Douglas RN



Location of Care: DC JAIL MMHS

COMPREHENSIVE MENTAL HEALTH ASSESSMENT

Nursing

Visit type: Follow-up

Interview Location: Acute (SO3)

Presenting Complaint or Reason for Referral: 3 Days Note

Mental Health Status Exam

Hallucinations: none

Delusions: no abnormality, encapsulated

Speech: no abnormality

Thought: blocking, confused, illogical, impaired concentration

Mood: neutral

Affect: inappropriate to thought

Motor Activity: normal

Appearance or Hygiene: inappropriate

Attitude: cooperative

Insight: poor

Judgment: fair

Observation Details: Pt received at shift change/rounds in cell. Denies any problems states I'm okay, but I am not eating anything I have to fast and pray so when I go to court on Monday I can get out of this. It was just a big misunderstanding." Monitoring maintained for changes. He continue not to present any problems and slept without offering complaint. He accepted his breakfast tray this am, and consumed 100%. He states he will continue to pray however. Some inappropriate laughter noted, smiling and gesturing to unseen person or persons. Denies hearing voices or seeing things. Monitoring continues.

Orientation

To time: yes

To place: yes

To person: yes

To situation: yes

Potential For Harm

Self-Injurious: no

Suicidal Ideation: no

Inmate's Plan (specify if none): No ideations or plans shared.

DAVIDOZANTIN, DELAEBAYO
Max Date: 03/09/2003

Signed by Nickie Douglas RN on 03/09/2003 at 6:44 AM

03/09/2003 - MH Clinician: 3- Days Note
Provider: Juanita Wilder
Location of Care: Mental Health SO3

COMPREHENSIVE MENTAL HEALTH ASSESSMENT
Nursing

Mental Health Status Exam

Hallucinations: none

Delusions: no abnormality

Speech: no abnormality

Thought: paranoid/suspicious

Mood: cooperative

Affect: cooperative

Motor Activity: normal

Appearance or Hygiene: appropriate

Attitude: cooperative, guarded

Judgment: fair

Observation Details: Inmate appears to be in good a mood at this time. Denies having visual or auditory hallucinations. He ate his lunch today. Presenting no problems at this time. Continue to monitor behavior.

Orientation

To time: yes

To place: yes

To person: yes

To situation: yes

Potential For Harm

Self-Injurious: no

Suicidal Ideation: no



Signed by Juanita Wilder on 03/09/2003 at 4:32 PM

03/10/2003 - MH Clinician: 3 days Note
Provider: Nickie Douglas RN
Location of Care: DC JAIL MMHS

COMPREHENSIVE MENTAL HEALTH ASSESSMENT
Nursing

Visit type: Follow-up
Interview Location: Acute (SO3)
Presenting Complaint or Reason for Referral: 3 days Note

Mental Health Status Exam

Hallucinations: none
Delusions: encapsulated
Speech: no abnormality
Thought: confused, illogical, impaired concentration, religiosity
Mood: cooperative
Affect: neutral
Motor Activity: normal
Appearance or Hygiene: bizarre
Insight: fair
Judgment: fair

Observation Details: Pt received at shift change/rounds in cell, with some type of homemade head dress. Stating that he should cover his head before praying. All conversation has religious overtones. Noted laughing inappropriately. Offers unintelligent conversation concerning him being here. States he will clear it up in court tomorrow. To bed and sleep without problems. Monitoring maintained for changes. Awakened and provided with early breakfast which was consumed 100%. Pt left for court escorted by white shirts and US Marshalls. No verbal interactions with this writer. Behavior was appropriate and cooperative on departure.

Orientation
To time: no
To place: yes



To person: yes
To situation: yes

Potential For Harm
Self-Injurious: no
Suicidal Ideation: no
Inmate's Plan (specify if none): Denies plans

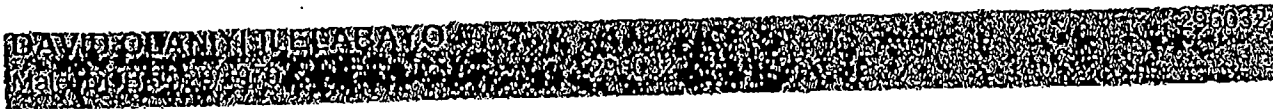
Signed by Nickie Douglas RN on 03/10/2003 at 5:33 AM

03/10/2003 - MH Clinician: 3 day note
Provider: Juliet Agyeman RN
Location of Care: Mental Health SO3

COMPREHENSIVE MENTAL HEALTH ASSESSMENT
Nursing

Visit type: Follow-up

Mental Health Status Exam
Hallucinations: none
Delusions: no abnormality
Speech: delayed, soft
Thought: no abnormality
Mood: cooperative
Affect: hostile, sad
Motor Activity: slowed
Appearance or Hygiene: bizarre
Attitude: cooperative
Insight: fair
Judgment: fair
Observation Details: ALERT AND ORIENTED 3X, WAS IN HIS CELL ALL SHIFT. ATE 100% OF HIS



DINNER IN HIS CELL QUIETLY. DENIES ANY HALLUCINATIONS AND DELUSIONS . WILL CONTINUE TO MONITOR CLOSELY.

Orientation

To time: yes

To place: yes

To person: yes

To situation: yes

Potential For Harm

Self-Injurious: no

Suicidal Ideation: no

Signed by Juliet Agyeman RN on 03/11/2003 at 10:21 AM

03/11/2003 - Office Visit: DISCHARGE NOTE.
Provider: Georgina O. Ahaghotu
Location of Care: Mental Health 3FL

THIS INMATE WAS DISCHARGED TO THE COMMUNITY THIS AM PER COURT ORDER. HE ATE 100%, DENIED ANY DISCOMFORT AT THE TIME OF HIS DEPARTURE.

Signed by Georgina O. Ahaghotu on 03/11/2003 at 8:09 AM

04/08/2005 - External Correspondence: Medical Records Request
Provider: Pat Olds, Med Records Mgr.
Location of Care: DC JAIL MMHS

Per his request copy of chart was forwarded to S. Obebe, F.O.I.A./ Privacy Officer (202) 671-2055.

Signed by Pat Olds, Med Records Mgr. on 04/08/2005 at 5:59 PM

MEDICATION NOT GIVEN INJECTION SITE INFORMATION

CODE KEY

W = Withheld
 C = Court
 DC = Discontinued
 T = Pt Transferred

R = Refused
 D = Delayed
 CP = Clinic Appointment

E = Medication Expired
 OU = Off Unit
 V = Vial

INJECTION SITES - IM

RIGHT DELTOID (RD)
 LEFT DELTOID (LD)
 RIGHT ILLIAC (RI)
 LEFT ILLIAC (LI)
 RIGHT OLUTEAL (RO)
 LEFT OLUTEAL (LO)
 RIGHT ANTERIOR THIGH (RAT)
 LEFT ANTERIOR THIGH (LAT)
 RIGHT LATERAL THIGH (RLT)
 LEFT LATERAL THIGH (LLT)

INJECTION SITES - SQ

CHECK THE APPROPRIATE CODE

DATE	TIME	NURSE'S INITIAL	MEDICATION DOSE ROUTE	W	R	E	C	D	OU	V	DC	T	CP	TIME MEDICATION ADMINISTERED	COMMENTS
NO 6A		AA	F/S		✓										

STAT MEDICATION RECORD

DATE	TIME	MEDICATION, DOSE, FREQUENCY, ROUTE	REASON	Effectiveness	NURSE'S SIGNATURE	PROVIDER CODE

Diabetic Management Record

Patient's Name Olaniyi Telabayo DCDC# 896 032 Location SO 3/L3

Date	Time	Finger Stick	Urine Dip Stick	Fasting Blood Sugar	Insulin Coverage	Nurses Signature/Provider #	COMMENTS
3/9	AM/14	82			✓	Ameyemi 12007	
	PM/19	80			✓	Ameyemi 12007	
3/10	AM/08	Refused			✓	Ameyemi 12007	
	PM/09	Refused			✓	John 7643	
3/11	AM/11				✓	John 7643	
	PM/06	Refused			✓	John 7643	
3/20/07	AM/08	Refused			✓	Bandu 6018	
	PM						
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						

Visit

D.C. DEPARTMENT OF CORRECTIONS
DETENTION SERVICES
MEDICAL DEPARTMENT

Date 3-7-03

Name ILELA BAYO ^{OLANITYI} DCDC No. 296032 Race Black Sex male

I recommend that the above named inmate be:

- Hospitalized at Detention Facility/Annex Hospital.
- Discharged from the Jail Hospital and transferred to: 803-13
- Held at Detention Facility/Annex for further treatment.
- Transferred from the Jail with Mask.
- Placed on a _____ diet from _____ to _____
Inclusive because of (Diagnosis) _____
- Brought to 3rd floor Hospital _____ a day for _____ days
for following treatment.
- Having been examined by personnel of the Medical Department the above named
inmate is - is not a drug addict

Darius Mills, LPC #5085
Medical Officer, District of Columbia
Detention Facility

- cc:
- Superintendent
 - Assistant Superintendent
 - Records Administrator
 - Senior Captain
 - Command Center
 - Control Center (Annex)
 - Dormitory
 - Chief Steward
 - Medical Records
 - Medical Jacket
 - Inst. Jacket
 - Housing Unit