Information Sheet

These are accurate copies of the Bland's screening forms. I have handwritten page numbers at the bottom of the page to explain each of them. Please note blank spaces on "yes" questions indicate the inmate did not answer.

1. Blank Screening Form (for reference if you can't read the original)
2. Screening form filled out in the intake-07/10/2015-5:32 p.m.
3. Medical Screening form filled out at intake -07/10/2015-
4. Computerized Screening form filled out at Booking Desk-07/10/2015-8:15 p.m.
5. Female intake form at Booking Desk 07/10/2015

_____ County

Screening Form for Suicide and Medical and Mental Impairments

Per Jail Standard §273.5(b): ALL Questions SHALL be Completed in Full Immediately Upon Admission of Inmate

Name: Date of Birth:

State I.D. Number (if known) S.O. #

Date/Time: Completed By:

Does arresting officer or any other person believe that the inmate is at risk due to **medical condition, mental illness, mental retardation, or suicide concern?** (Circle one or more if applicable) Nothing Applies ☐

Comments:

SELF-REPORT QUESTIONS (please elaborate as needed):

Any current medical problems, recent hospitalizations or serious injuries or concerns about withdrawal?
Yes ☐ No ☐

If female, are you pregnant? Yes ☐ No ☐ Not Sure ☐

Taking Medications? Yes ☐ No ☐

Have you ever received services for mental health or mental retardation? Yes ☐ No ☐

Do you receive a social security check? Yes ☐ No ☐

Have you ever been in special education? Yes ☐ No ☐

Do you have any previous military service? Yes ☐ No ☐

Do you hear any noises or voices that other people don't seem to hear? Yes ☐ No ☐

Have you ever been very depressed? Yes ☐ No ☐

Do you feel this way now? Yes ☐ No ☐

Have you had thoughts of killing yourself in the last year? Yes ☐ No ☐

Are you thinking about killing yourself today? Yes ☐ No ☐

Have you ever attempted suicide? Yes ☐ No ☐ When? Why? How?

Have you experienced a recent loss? Yes ☐ No ☐

STAFF OBSERVATIONS (please elaborate as needed):

Does the individual seem (circle all that apply): **confused, pre-occupied, hopeless, sad, paranoid, in an unusually good mood, or believes he/she is someone else?** N/A ☐

Is this person's speech (circle all that apply): **rapid, hard to understand, hesitant, or childlike?** N/A ☐

Observed to be under the influence of: Alcohol? ☐ Drugs? ☐ Withdrawals? ☐ N/A ☐

Observed to have visible signs of self harm (i.e., cuts on arms, etc.): Yes ☐ No ☐

Does the screener suspect mental illness/mental retardation? Yes ☐ No ☐

If yes, when was a magistrate notified? Date/Time How? Written / Electronic (circle)

Additional Comments:

This Form is NOT a substitute for a Separate Health Screening Record required under § 273.4 **Revised 9/10/2014**

WCSO County

Screening Form for Suicide and Medical and Mental Impairments

Per Jail Standard §273.5(b): ALL Questions SHALL be Completed in Full Immediately Upon Admission of Inmate

Name: Bland, Sandra Annette Date of Birth: 2/07/1987

State I.D. Number (if known): S.O. #:

Date/Time: 7/10/15 1732 Completed By: [redacted]

Does arresting officer or any other person believe that the inmate is at risk due to medical condition, mental illness, mental retardation, or suicide concern? (Circle one or more if applicable) Nothing Applies ☑

Comments:

SELF-REPORT QUESTIONS (please elaborate as needed):

Any current medical problems, recent hospital visits or serious injuries or concerns about withdrawal? Yes ☑ No ☐

If female, are you pregnant? Yes ☐ No ☐ Not Sure ☐

Taking Medications? Yes ☑ No ☐

Have you ever received services for mental illness or mental retardation? Yes ☐ No ☑

Do you receive a social security check? Yes ☐ No ☑

Have you ever been in special education? Yes ☐ No ☑

Do you have any previous military service? Yes ☐ No ☑

Do you hear any noises or voices that other people don't seem to hear? Yes ☐ No ☑

Have you ever been very depressed? Yes ☑ No ☐

Do you feel this way now? Yes ☑ No ☐

Have you had thoughts of killing yourself in the last year? Yes ☑ No ☐

Are you thinking about killing yourself today? Yes ☐ No ☑

Have you ever attempted suicide? Yes ☑ No ☐ When? 2014 Why? lost baby How? pills

Have you experienced a recent loss? Yes ☑ No ☐ God mother late 2014

STAFF OBSERVATIONS (please elaborate as needed):

Does the individual seem (circle all that apply): confused, pre-occupied, hopeless, sad, paranoid, in an unusually good mood, or believes he/she is someone else? N/A ☑

Is the person's speech (circle all that apply): rapid, hard to understand, hesitant, or childlike? N/A ☑

Observed to be under the influence of: Alcohol? ☐ Drugs? ☐ Withdrawals? ☐ N/A ☑

Observed to have visible signs of self-harm (i.e. cuts on arms, etc.): Yes ☐ No ☑

Does the screener suspect mental illness/mental retardation? Yes ☐ No ☑

If yes, when was a magistrate notified? Date/Time: How? Written / Electronic (circle)

Additional Comments:

This Form is NOT a substitute for a Separate Health Screening Record required under § 273.4 Revised 9/10/2012

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TEXAS Department of State Health Services

Texas Department of State Health Services
Correctional Tuberculosis Program
Symptom Screening

Facility Name: WCSO

Name: Bland, Sandra Annette Employee ___ Inmate ___

Person completing form: [redacted] Title Deputy Date 7/10/15

Print Name

Upon intake, all inmates should be screened for symptoms consistent with tuberculosis. Please ask all inmates during the intake process if they have any of the symptoms listed below. Persons with symptoms should receive a chest x-ray, regardless of tuberculin skin test result.

Inmates or employees with a documented history of a positive tuberculin skin result should not receive annual chest x-rays. In lieu of annual chest x-rays, symptom screening should be performed annually to determine the presence of TB disease. Any person with symptoms should receive a chest x-ray and be evaluated for TB disease.

If an inmate or employee answers yes to any of the following questions, please document the approximate date each symptom started.

1.	Productive cough for 2 weeks or more.	No	Yes	Date ___
2.	Persistent weight loss without dieting.	No	Yes	Date ___
3.	Persistent fever above 100 degrees F.	No	Yes	Date ___
4.	Night sweats.	No	Yes	Date ___
5.	Loss of appetite.	No	Yes	Date ___
6.	Swollen glands in neck or elsewhere.	No	Yes	Date ___
7.	Coughing up blood (hemoptysis).	No	Yes	Date ___
8.	Shortness of breath.	No	Yes	Date ___
9.	Chest pain.	No	Yes	Date ___
10.	Headaches, neck stiffness, and/or disorientation or confusion	No	Yes	Date ___

Notes: ___

Chest x-ray referral: Date: ___ Referred to: ___

Sputum collection referral: Date: ___ Referred to: ___

Medical evaluation referral: Date: ___ Referred to: ___

Inmates that have symptoms consistent with TB should be placed in isolation under negative air pressure until a diagnosis of tuberculosis can be ruled out. Employees with symptoms consistent with TB should be placed on a work stop precaution until a TB diagnosis is ruled out.

EF# 12-12870 (1/06)

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SO # 026981 BLAND, SANDRA ANNETTE
DOB 02/07/1987 Desc Black Female 175 Booked 07/10/2015 8:15 PM

Medical Intake	07/10/2015 8:17 PM		Officer	MAGNUS, ELSA	Badge # EM3679
Insurance	No				
Carrier			Policy #		
Comment					

TB Test Date	by		Test Results
Date Test Read	by		Reaction
X-Rays Ordered	by		X-Ray Results
Treatment for TB Given	No		

Intake Questionnaire

1.	Allergies?	No	8.	Alcoholism?	No	15.	Other Conditions?	No
2.	Asthma?	No	9.	Mental Illness?	No	16.	Treatment Info:	N/A
3.	Heart Trouble?	No	10.	Venereal Disease?	No	17.	Recent Injuries:	N/A
4.	Hypertension?	No	11.	Tuberculosis?	No	18.	Treatment - Recent Injury:	N/A
5.	Diabetes?	No	12.	Attempted Suicide?	No	19.	Special Needs:	N/A
6.	Epilepsy?	Yes	13.	Communicable Diseases?	No	20.	Pregnant?	No
	INMATE STATES SHE HAS EPILEPSY							
7.	Drug Addiction?	No	14.	Hepatitis?	No			

WALLER COUNTY
SHERIFF'S DEPARTMENT

SHERIFF R. G. SMITH
701 Calvit Street - Hempstead, Texas 77445
(979)826-8282 - (979)826-7781 fax

Female Inmate Intake Form

This questionnaire is to be completed by EACH female inmate that gets booked in at the Waller County Jail facility. Pregnancy Screening is required by Texas Commission on Jail Standards, and shall be followed. This questionnaire is then to be sent to Medical for entry into the female inmate's medical file.

Please Print Clearly:

Name: Bland, Sandra Date of Birth: 2/7/87

1) At this time, are you pregnant? YES (NO) MAYBE

IF YES:

a) Has this been verified by a doctor? YES NO

b) Date of last menstrual cycle? (approx) _____

c) How many weeks are you currently? _____

d) What is your expected delivery date? _____

e) When was your LAST Prenatal Appointment? _____

f) When is your NEXT Prenatal Appointment? _____

g) Are you HIGH RISK per your doctor? YES NO

h) Who is your Obstetrician? _____ Location? _____

2) Have you recently given birth (<6 months ago)? YES (NO)

IF YES:

a) How long ago was the birth? _____

b) Birth Method? C-Section Vaginal

c) Any complications? _____

3) Are you CURRENTLY on any medication? YES (NO)
(Please have your medications brought from home)

4) Are you CURRENTLY under care of MHMR/Texana? YES (NO)

IF YES:

a) Are you on medication? YES NO

b) When is your next appointment? _____

c) What was your diagnosed with? _____

Inmate Signature: Sandra Bland Date: _____

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