

This detainee was seen for an initial hunger strike evaluation. His chart [redacted] and his case discussed with the treatment team (b)(3):10 USC §130b,(b)(6) [redacted]. He was interviewed with the help of an Arabic interpreter.

This 23 year old Yemeni male was consulted to mental health after reportedly refusing 10 consecutive meals. He stated he was refusing meals in protest of the conditions in (b)(2) [redacted] and would not eat or drink until he's moved out.

During the interview on 01 July, the detainee was calm, cooperative, dressed appropriately in an orange jumpsuit with fair hygiene. He complained of anxiety with accompanying shortness of breath related to being in "tight spaces" which he's had for 4 years. R-14, P-114. He reported he was not eating and was only drinking water "once a day". Last urine output was reported as "last night". Pulse - 114 (sitting, refused to stand), R - 14, weight 161 lbs (BMI - 25).

The detainee's past medical and psychiatric history was remarkable for kidney stones (self-reported) and treatment for anxiety and "internal problems" 2 years ago. He also reported his father had a "mental disorder" but could not name or describe it. He denied previous alcohol use and admitted to tobacco and "cot" use over a year ago (narcotic stimulant). He complained of decreased duration and quality of sleep related to anxiety. Also complained of nightmares of "being in a box". No current complaints of SOB, chest pain, racing thoughts. He currently complains of suicidal ideations with no intent or plan and denies any previous ideation in the past.

MSE: Alert and oriented X 4. Described his mood as "anxious" with an neutral affect. Speech was spontaneous with a regular rate, rhythm and volume. Good eye contact was maintained with the interpreter during the interview. Insight and judgement appeared to be fair. He endorsed + SI (no plan/intent) but denied HII and AVT hallucinations. Thought process was linear and goal directed. No psychomotor retardation or agitation noted. No evidence of psychosis.

- A:
 - I. Adjustment Disorder with Anxiety
 - II. Passive Aggressive Personality Traits
 - III. Voluntary Malnutrition/Dehydration

- P:
 - Encourage food and fluid intake
 - Education regarding harmful effects of starvation/dehydration
 - Follow-up 02Jul02 for physical examination
 - Monitor for changes in condition and self-harming behavior
 - Daily follow-ups/pulse check until detainee is eating/drinking regularly for 14 days

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
5 July 02	<p>4 Corporal Note. (I feel some mixed.) (1) Self-control. (2) ST 3 plan "It is against my religion" (3) NE (4) SVA echoes and the ceiling coming down (5) Sleep (broken) due to nightmares. (6) appetite, but forces himself to eat. Reported ↓ concentration. (7) Mood affect. Eyes constrict. Calm, cooperative. Thought process linear & goal directed. Speech (b)(3):1 end. (b)(3):1 HUSC spontaneous & appropriate. Condition unchanged. Continue present tx plan. F/U 7/10/02. + (b)(3):1 notice of (b)(3):1 ST.</p>

(b)(3):10 USC
§130b, (b)(6)

06 July 02

T 99.5°F

R 99

R

B/P 158/103

Manual 152/102

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME		SPONSOR'S ID NUMBER (SSN or Other)
LAST	FIRST	ME

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No. or SSN; Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

DYF 00 0693
868 00 0693

PROGRESS NOTES
Medical Record

STANDARD FORM 602 (REV 5-89)
Prescribed by GSA/OMRI FORM 1410 (GPO: 101-11 2006-01)