



Alternatives To Violence: East Hawaii

P.O. Box 10448 • Hilo, Hawaii 96721-5448 • (808) 969-7798 • Fax 961-3202

TO: CPS DATE: 2-26-98

ATTN: [REDACTED] FAX #: [REDACTED]

FROM: Karen A TU
PHONE: 969-7798
FAX #: _____

NUMBER OF PAGES (including this cover sheet) 3

COMMENTS:

- For information/files
- For signature and distribution
- For your review and comments
- For distribution
- For recording/filing
- For filing
- For signature and return
- For your action
- For your request
- For our conversation
- For your approval
- Approved as noted
- Disapproved
- For correction
- See above remarks

THIS COMMUNICATION IS INTENDED SOLELY FOR THE INDIVIDUAL OR THE ENTITY TO WHICH IT IS ADDRESSED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE VIA THE U.S. POSTAL SERVICE.

ALTERNATIVES TO VIOLENT
BATTERER'S PROGRAM
INTAKE

ABUSE INDEX SCORE

TO SCORE CSR ABUSE INDEX FORM RESPONSES, SIMPLY ADD UP THE POINTS FOR EACH QUESTION.
THIS SUM IS THE ABUSE INDEX SCORE.

COMPARE INDEX SCORE WITH THE FOLLOWING CHART:

120-92	DANGEROUSLY ABUSIVE
91-35	SERIOUSLY ABUSIVE
34-13	MODERATELY ABUSIVE
12-0	NONABUSIVE

19

34-13 MODERATELY ABUSIVE

REQUEST FOR COPY OF VITAL STATISTICS RECORD

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

TO: State Registrar
Office of Health Status Monitoring
State Department of Health
P. O. Box 3378
Honolulu, Hawaii 96801

APR 09 1998

EH INTAKE/ASSESSMENT UNIT
HILO, HI 96720

I. The Family and Adult Services Division, requests 1 copy(ies) for official use:

BIRTH: Full Name of Child [REDACTED]
Date of Birth [REDACTED] Place Hilo, HI
Full Name of Father Peter Kema
Full Name of Mother Jaylin M. Kema
Mother's Maiden Name Acol

DEATH: Full Name of Deceased [REDACTED]
Date of Death [REDACTED] Place Hilo, HI

MARRIAGE: Full Name of Groom _____
Full Name of Bride _____
Date of Marriage _____ Place _____

DIVORCE: Full Name of Groom _____
Full Name of Bride _____
Date of Divorce _____ Place _____

II. REASON FOR REQUEST:

- Official investigation of possible fraud/overpayment determination
- Required by Probate Court to establish decedent's estate
- Adoption Termination of parental rights
- Official investigation of child abuse/neglect Official investigation of dependent adult abuse/neglect
- Other (Specify) _____

III. OFFICIAL SIGNATURE: Name of Requestor [REDACTED] Title Sec I
Office E. HI Intake/Assessment Unit Telephone Number [REDACTED] Date 3/30/98

SEND ONE ORIGINAL AND ONE COPY TO DEPARTMENT OF HEALTH (address above) WITH SELF-ADDRESSED ENVELOPE STAMPED OR MARKED "VIA STATE MESSENGER."

IV. DEPARTMENT OF HEALTH (Fill in below if request cannot be met):

Copies requested above cannot be furnished because _____

State Registrar
Office of Health Status Monitoring

Complete three (3) copies:
Original and copy to DOH; copy-case record
DHS 1269 (rev 02/96)

BY _____

BENJAMIN J. CAYETANO
GOVERNOR



SUSAN M. CHANDLER, M.S.W., Ph.D.
DIRECTOR

KATHLEEN G. STANLEY
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Social Services Division
120 Pauahi Street, Suite 210
Hilo, Hawaii 96720
Telephone: (808) 933-0350

April 7, 1998

When replying, please address to
Acting CWS Section Administrator

Christopher E. Barthel, Ph.D.
56 Waianuenu Avenue
Hilo, Hawaii 96720

Re: KEMA, Jaylin M.
KEMA, Peter J.

Dear Dr. Barthel:

The Kema family was referred to Child Protective Services (CPS) for possible physical sexual abuse of [REDACTED]. Mr. and Mrs. Kema have informed us that you are their provider of mental health services. We have enclosed a copy of a consent for the release information regarding their family signed by Mr. and Mrs. Kema.

We are interested in obtaining a written report of your case record information, as well as your impressions of this family. Information which may be helpful include date of referral, initial diagnoses, progress and treatment recommendations.

Your cooperation is greatly appreciated. Should you have any questions or concerns, please call me at [REDACTED]

Sincerely,

[REDACTED]
[REDACTED], Social Worker IV
East Hawaii Intake/Assessment
Unit

Approved by:

[REDACTED]
Acting CWS Section Administrator

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

APR 13 1998

EH INTAKE/ASSESSMENT UNIT
HILO, HI 96720

BENJAMIN J. CAYETANO
GOVERNOR



SUSAN M. CHANDLER, M.S.W., Ph.D.
DIRECTOR

KATHLEEN G. STANLEY
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Social Services Division
120 Pauahi Street, Suite 210
Hilo, Hawaii 96720
Telephone: 933-0350

April 29, 1998

Lt. Ronald Nakamichi
Hawaii Police Dept./JAS
349 Kapiolani Street
Hilo, HI 96720

Re: [REDACTED]

Dear Lt. Nakamichi,

As requested by you, this is to confirm DHS' request for police stand-by assistance on April 22, 1998 for the removal of [REDACTED] from their respective schools.

This request was made based on the decision by DHS to exercise the jurisdictional authorization awarded to us by Family Court Judge Ben Gaddis on March 23, 1998. At the hearing on that date, Judge Gaddis awarded Temporary Family Supervision to DHS which, according to HRS 587, gives us the authority to place children in our care without further order of the court or police Protective Custody. Note that with an order of Temporary Family Supervision, the legal status of [REDACTED] automatically converts to Temporary Foster Custody upon the removal of [REDACTED] from the care of the parents.

Sincerely,

[REDACTED], Supervisor
East Hawaii Intake/Assessment
Unit

Approved by:

[REDACTED]
Acting Section Administrator, EHCWSS

bcc: Munai, DAG ✓
NDS ✓



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION
FACSIMILE COVER SHEET

Today's Date: 10/27/07 Total No. of Pages including Cover Sheet: _____

To: _____
Address: _____
Phone Number: 768-7711 Fax Number: 768-6271

From: DHS/C&A [Redacted]
Address: Do. B... # 210
Phone Number: [Redacted] Fax Number: [Redacted]
Subject: _____

REMARKS:
 Urgent & Reply By _____ Info only Review & Comment By _____

*Requesting child
[unclear]
[unclear]*

WARNING: This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone, and return the original to us at the above

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

I, 9/11/97 16 3000, hereby give my permission to

(1) Name of applicant/recipient/legal guardian

[Signature] to give the following information

(2) Individual/agency or organization

in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.

The information to be reviewed/released is limited to the following:

(3) Medical records, history, treatment, and other information related to the individual's health and safety.

This information is to be used for DHS / CPS

(4) State purpose

(5) Check one of the following:

This consent is good until 9/27/97 (not to exceed 90 days from date signed); OR

(6) month/day/year

FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. _____

[Signature]

(7) Signature of applicant/recipient/legal guardian

9/27/97

Date

P.O. Box 10742 Hilo 96721

(8) Address of applicant/recipient



Social Security No. or Birthdate of Applicant/Recipient

Complete two (2) copies:

Original - Individual/agency, Copy - Case record

Robert [Signature]
9/27/97
10/5-1246



Alternatives To Violence: East Hawaii

P.O. Box 10448 • Hilo, Hawaii 96721-5448 • (808) 969-7798 • Fax 961-3202

TO: CPS DATE: 2-26-98

ATTN: [REDACTED] FAX: [REDACTED]

FROM: Karen ATU
PHONE: 969-7798
FAX #: _____

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There is no violence in our marriage

ALTERNATIVES TO VIOLENCE
WOMENS INTAKE ASSESSMENT

DATE: 4-6-92

COURT INFORMATION

SELF REF.

OTHER:

TRO: FC-DA# _____
709-906: FC-CR# _____
DF PROS# _____
POLICE _____
OTHER _____

CHILDREN: _____
LIVING WITH PARTNER: yes
PARTNER IN PROGRAM: yes
SPECIAL PAGES DONE: yes
INTAKE SPECIALIST: CC

BASIC STATISTICAL INFORMATION

1. NAME Jaylin M.A. Kema
2. ADDRESS P.O.B. 10742 Hilo HI 96721
3. AREA Hilo
4. D.O.B. 04-10-70
5. S.S. # _____
6. ETHNIC Philipino, Span., Chi, Jap
7. PHONE # 934-9019
8. WORK PHONE/MESS 934-7599
9. EMPLOYER none
10. RELATIVES NAME Hannah Wilson
11. RELATIVES PHONE 934-7399
12. RELATIVES ADDRESS 17A Ailuna St. Hilo
13. RELATIVES RELATIONSHIP Aunty

PARTNER NAME Peter J.K. Kema, Jr.
ADDRESS P.O.B. 10742 Hilo
AREA Hilo
D.O.B. 08-17-70
S.S. # _____
ETHNIC HAWAIIAN
PHONE # 934-9019
WORK PHONE/MESS 934-7599
EMPLOYER Security - Hilo Lagoon Centre
RELATIVES NAME Hannah Wilson
RELATIVES PHONE 934-7399
RELATIVES ADDRESS 17A Ailuna St. Hilo
RELATIVES RELATIONSHIP Aunty

14. Are you presently living with your partner? Yes No
15. How long have you been in this relationship? Years 3 Months _____ Weeks _____
16. Are you married to this partner? Yes No
17. If you are seperated from this partner, was the seperation because of violence? Yes

There is not violence in our marriage

18. Have you ever seperated before because of violence? Yes No
19. What contact do you have with this partner who has been violent with you?
We are married living together

EAST HAWAII INTAKE/ASSESSMENT UNIT
120 Pauahi Drive, HILO, HI 96720
Telephone: [REDACTED]

DEPARTMENT OF HUMAN SERVICES

Fax

To: Bay Clinic From: [REDACTED]
Fax: 969-4795 Pages: 3
Phone: 969-4427 Date: 02/25/98
Re: _____

- Urgent For Review Please Comment Please Reply Please Recycle

• WARNING: This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone, and return the original to us at the above address.

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

MAR 20 1998

EH INTAKE/ASSESSMENT UNIT
HILO, HI 96720

2/24/98
[REDACTED]

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

I, Taylor Maureen Kama, hereby give my permission to
(1) Name of applicant/recipient/legal guardian (Aso)

Bay Medical Clinic to give the following information
(2) Individual/agency or organization

in their records about me and/or my family and/or my ward (check as appropriate) to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.

The information to be reviewed/released is limited to the following:

(3) Medical information dates in last 2 years. Medical problems fractures, sprains, cuts & (acute care) shots - up to date? lost med info + med problem

This information is to be used for DHS/CPS Assessment
(4) State purpose

(5) Check one of the following:

This consent is good until April 9/98 (not to exceed 90 days from date signed); OR
(6) month/day/year

FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. _____

Jmagema 12/19/98
(7) Signature of applicant/recipient/legal guardian Date

P.O. Box 10742, Hilo, HI 96721 _____
(8) Address of applicant/recipient Social Security No. or Birthdate of Applicant/Recipient

Complete two (2) copies:

Original - Individual/agency, Copy - Case record

DHS 1-888 (61-4)

Department of Social Service Division
Intake - Assessment Unit (Child Protective Services)

SW: [Redacted] MSW/LSW

Date: Feb. 25/98.

Child	DOB	Last Med Appointment	Medical Complaint	Chronic Med. Need: <input checked="" type="checkbox"/> TX <input checked="" type="checkbox"/> sup med. ca
[Redacted]	[Redacted]	1/15/98	Scabies short stature	Ø
[Redacted]	[Redacted]	1/15/98	Scabies overweight	Ø
[Redacted]	[Redacted]	1/26/98	Aspirin BOM short stature	Ø

9/11/97

To show it may concern,

I Peter Kema Sr. do give up all
parental Rights for my son Peter Kema Sr.
to my aunt Rose Kema Kema, I can
show the best care for my son at
the time, I am unable to care
for his welfare and I will know his
needs can be met

Peter J. Kema Sr.



1 Peter Kema Sr.
Rose Kema Sr.
Rose Kema Sr.
Peter Kema Sr.

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

MAR 23 1998

CHILD INTAKE/ASSESSMENT UNIT
HILO, HI 96720

PEDIATRIC
PROBLEM LIST

IMMUNIZATIONS

	DTP/ DTaP	OPV	Td/DT	MMR	HEP B	HIB	PNUMO	FLU	OTHER (VAM VAX)
Date	5/11/93	5/11/93		4/11/94	3/10/93	5/11/93			
Date	7/14/93	7/14/93		1/12/98	4/12/93	7/14/93			
Date	9/15/93	6/30/94			9/15/93	4/11/94			
Date	6/30/94	1/12/98							
Date	1/12/98								
Date									

PPD RESULTS

Date	4/16/93	12/15/95	1/12/98						
Results	neg		neg						

ALLERGIC REACTIONS: NKDA

DRUGS _____ INSECTS _____

FOOD _____ OTHER _____

CHRONIC MEDICAL PROBLEMS OR HANDICAPS

MEDICATION LIST

Date	Diagnosis	MEDICATION LIST		
		Drug name	Strength	Schedule

HOSPITALIZATIONS

SURGICAL PROCEDURES

Date	Reason/Diagnosis	Date	Surgery

INJURIES- MINOR OR MAJOR

MENTAL HEALTH OR PSYCH PROBLEMS

Date	Injury	Date	Diagnosis	Treatment

EPSDT	2 w	2 m	4 m	6 m	9 m	12 m	15 m	18 m	2 yr	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	
DATE DONE																				

NAME: _____

01-26-98

Adult Physical Assessment

Patient Name: [Redacted]

Date of Birth: [Redacted]

Height:

Weight: 45 1/2

Temperature: 97.9

Allergies: [Redacted]

Pulse: 114

Respirations: 22

Blood Pressure: 88/56

Present Meds: Tylenol

Reason for Visit (subjective):

CC: Cough 1/21/98 dry ↑ fever since Wed,
Interval History:

Pertinent Physical Findings:

O2 sat 96

System	Normal	Abnormal	Not Examined	Refer	Comments (required for any referral)
Skin:					
HEENT:					
Nodes:					
Heart:					
Lungs:		✓			
Abdomen:					
Extremities:					
Spine/Neuro:					
GU/Reproductive:					

Assessment Findings:

- ① Bronchitis
- ② OOI
- ③ RAS

Plan of Action:

- ① Amox 125/5 PO QID
- ② Prelox 15/8 1/2 tsp PO BID & 4 PR
- ③ Cont home at initial symp

Re-Visit Plan:

RT 10 days later ✓

Return to school rate given 1/21 - 2/8/98. [Signature]

Signature

[Signature]

Date of examination

1/26/98

Adult Physical Assessment

Patient Name: [REDACTED]

Date of Birth: [REDACTED]

Height: 39 1/2

Pulse: 105

Weight: 49 1/2

Respirations: 26

Temperature: 99.6

Blood Pressure: 86/60

Allergies: NKDA

Present Meds: Albuterol liquid

Reason for Visit (subjective): Here E Mom
for - EPST + immunizations + school PE
PT previously seen Polson - release record signed

Interval History:
Mom has questions about
asthma tx.
Also hx dry skin problems"

Pertinent Physical Findings:
Mother advised to return in 2
days for PPD reading

S: PT here for KE & preschool
PE - hx of RAO, no ER visits
or in hospitalizations

System	Normal	Abnormal	Not Examined	Refer	Comments (required for any referral)
Skin:	✓				
HEENT:	✓				
Nodes:	✓				
Heart:	✓				
Lungs:	✓				
Abdomen:	✓				
Extremities:	✓				
Spine/Neuro:	✓				
GU/Reproductive:	✓				

Assessment Findings: 1) Ht < wt for age otherwise healthy
2) Hx of RAO

Plan of Action: 1) Ovarian 5, HPV #4, MMR #2, PPD
(Varivax) not available
GIVEN LA IM. SEC COMBINED GIVEN PO COMBINED GIVEN RA SQ. SEC COMBINED GIVEN LA - ID COMBINED

Re-Visit Plan: 2) Hb
3) Mammae tee for panel even
4) no net needed
5) albuterol 0.5u ~~ml~~ mixed in val
30cc
next 28/12
#30

Signature: N. Okunev

Date of examination: 1/12/98
Mills

Name _____
Age in years _____
Date of visit 1/12/98

KEY: Addressed/WNL Abnormal/See Comments Not Addressed

Interval History	Physical Examination	Assessment
1. Has had a dental exam <u>yes</u> <input checked="" type="checkbox"/>	23. WT <u>49 1/2</u> <u>95</u> % <input checked="" type="checkbox"/>	44. <u>NA < wt for age</u>
2. No enuresis <input checked="" type="checkbox"/>	24. HT <u>35 1/2</u> <u>10</u> % <input checked="" type="checkbox"/>	
3. Illnesses/accidents <input checked="" type="checkbox"/>	25. BP <u>89/60</u> % <input checked="" type="checkbox"/>	
4. Other <input type="checkbox"/>	26. Temp <u>99.6</u> <input checked="" type="checkbox"/>	
	27. Skin <input checked="" type="checkbox"/>	
	28. Nodes <input checked="" type="checkbox"/>	
	29. Head <input checked="" type="checkbox"/>	
	30. Eyes <input checked="" type="checkbox"/>	
	31. Fundi <input checked="" type="checkbox"/>	
	32. Ears <input checked="" type="checkbox"/>	
	33. Nose <input checked="" type="checkbox"/>	
	34. Oropharynx <input checked="" type="checkbox"/>	
	35. Teeth-gums <input checked="" type="checkbox"/>	
	36. Neck <input checked="" type="checkbox"/>	
	37. Lungs <input checked="" type="checkbox"/>	
	38. Heart <input checked="" type="checkbox"/>	
	39. Abdomen <input checked="" type="checkbox"/>	
	40. Genitalia <input checked="" type="checkbox"/>	
	41. Musculoskeletal <input checked="" type="checkbox"/>	
	42. Neuro <input checked="" type="checkbox"/>	

Nutrition	Screening/Immunizations
5. Vitamins <u>yes</u> <input checked="" type="checkbox"/>	45. Once between 4-6 years: Visual acuity R ___ L ___ <input type="checkbox"/>
6. Fluoride <u>yes</u> <input checked="" type="checkbox"/>	Hearing R ___ L ___ <input type="checkbox"/>
7. Food issues <input checked="" type="checkbox"/>	46. DPT #5 <input checked="" type="checkbox"/>
	47. OPV #4 <input checked="" type="checkbox"/>
	48. MMR #2, if indicated <input checked="" type="checkbox"/>

Development	Plan/Anticipatory Guidance
8. Puts toys away <input checked="" type="checkbox"/>	49. Plan <u>see above</u>
9. Buttons <input checked="" type="checkbox"/>	<u>bone net machine</u>
10. Copies "+" <input checked="" type="checkbox"/>	50. Daily exercise/fun <input checked="" type="checkbox"/>
11. Colors (3 of 4) <u>2 colors</u> <input checked="" type="checkbox"/>	51. Discipline <input type="checkbox"/>
12. Knows prepositions <input checked="" type="checkbox"/>	52. Discuss food, tobacco, ETOH advertising with parents <input type="checkbox"/>
13. Uses verbs/full sentences <input checked="" type="checkbox"/>	53. Preschool <input type="checkbox"/>
14. Hops on 1 foot <input checked="" type="checkbox"/>	54. Sleep: nightmares/terrors <input type="checkbox"/>

Key Family Checks	Temperament
15. Mom's work/school <u>home</u> <input checked="" type="checkbox"/>	43. How does parent describe child? _____
16. Dad's work/school <u>on Oahu</u> <input checked="" type="checkbox"/>	_____
17. Family accord <input checked="" type="checkbox"/>	_____
18. Family changes <u>husband Oahu</u> <input checked="" type="checkbox"/>	_____
19. Family history additions <input checked="" type="checkbox"/>	_____
20. Family physical fitness <input checked="" type="checkbox"/>	_____
21. Gets along with others <input checked="" type="checkbox"/>	_____
22. Tobacco use; alcohol/drug abuse <input checked="" type="checkbox"/>	_____

Detail all abnormal findings below. Use reference numbers.

Physician signature [Signature] RTO in _____ years See written progress note



GIRLS: 2 TO 18 YEARS PHYSICAL GROWTH NCHS PERCENTILES*

Name [REDACTED]

Record # _____

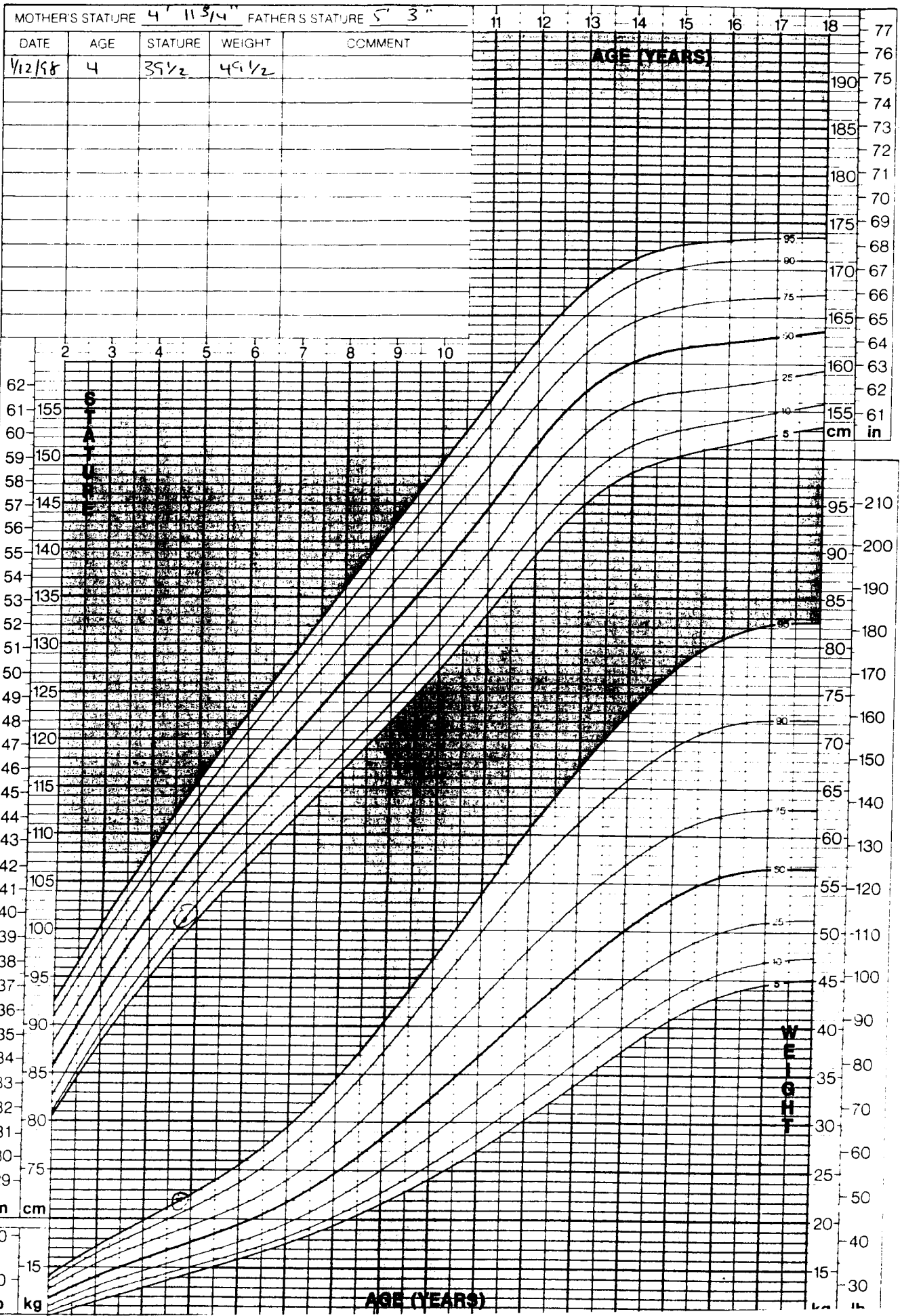
ROSS
LABORATORIES

PediaLyte

...
...
... helps restore
... and minerals lost
... and vomiting

PediaSure

...
...
... nutritional
... designed for
... 1 to 10 years old



*Revised from: Flegal, D.M., et al. Physical growth: National Center for Health Statistics percentiles. AM J CLIN NUTR 32:607-629, 1979. Data from the National Center for Health Statistics (NCHS), Hyattsville, Maryland.
 © 1982 Ross Products Division, Abbott Laboratories

w/mom

MAR 25 1997

(w) HQ wt 32# T 97.3

5: % congestion w/ cough J Burill LPW
6 d. re

q/A wet cough, frequent
no frank wheeze at this time
no rales

P) cont DM cough meds
push fluids

W/leucifer fx .25 in 3 NS now

Add Albuterol 4cc po q 8hrs next few
days.

Re J am 7:10, 1 cough

Do not
/

7-16-97

RF all lateral neck 0.5cc/3cc NS Tid # 90RF x 2
to LDT per Dr Kama/SB

Name [redacted]

MAR 20 1996 HQ

See W.C.C. flow sheet

(21)

4/4/96 H & H and Blood Lead Screen drawn today

(22)

MAR 19 1997 (W) HQ

4 yo ♀ @ mom

W 39

T 98.5

S: c/o cough & congestion
x 1 week
worse at night

1) mild exp wheeze @ Rales
↳ cleared w/ updraft
TAKI - amp
phar - mild injection
chest - c/o p updraft

A) Bronchitis (mild/viral) T RAI

B) Granuloma
10 CCPETID

Albuterol: 5 in 30 mins

" 2mg/5ml 5 cups 8 hrs PM
or 9 hrs PM

Davis
Kama

3 Years

Name _____
Age in years _____

Date of visit
3.20.96

KEY:

Addressed/WNL Abnormal/See Comments Not Addressed

Interval History

- 1. Illnesses/accidents
- 2. Other

Physical Examination

- 21. WT 31 #
- 22. HT 33 3/4"
- 23. BP 88/52 (DA)
- 24. Temp 96.7(0)
- 25. Skin
- 26. Nodes
- 27. Head
- 28. Eyes Vision test - unable to test
- 29. Fundi
- 30. Ears
- 31. Nose
- 32. Oropharynx
- 33. Teeth-gums
- 34. Neck
- 35. Lungs R 26
- 36. Heart AP 110
- 37. Abdomen
- 38. Genitalia
- 39. Musculoskeletal
- 40. Neuro

Assessment

42. Cerumosis
Spot & streak
dry skin

Nutrition

- 3. Diet varied/no junk food
- 4. Vitamins Needs
- 5. Fluoride Needs
- 6. Mealtime problems

Screening/Immunizations

- 43. Cholesterol and nutrition advice if indicated by positive family history

Development

- 7. Imaginary friend talks with herself
- 8. Copies circles
- 9. Follows simple directions
- 10. Knows full name, age, sex
- 11. Knows 1 color RED
- 12. Uses plurals
- 13. Broad jump
- 14. Rides tricycle

Plan/Anticipatory Guidance

- 44. Plan ear wax removal
u v ears see w/ks
PE in 1 yr
my assistance
- 45. Day care, babysitters
- 46. Discipline
- 47. Play: activities, reading, TV limits and supervision
- 48. Sex education, masturbation
- 49. Sleep: nightmares, night-terrors, enuresis
- 50. Speech, "why" stage
- 51. Toilet training
- 52. Nutrition advice, snacks
- 53. Safety: car, outdoor, tricycle, water
- 54. Dental appointment

Key Family Checks

- 15. Raising siblings
- 16. Playmates
- 17. Family changes
- 18. Family joint activities
- 19. Family history of early MI, high cholesterol
- 20. Tobacco use; alcohol/drug abuse smokes outdoors

Temperament

41. How does parent describe child?
happy

mom 1 DPM

Detail all abnormal findings below. Use reference numbers.

10th 11/20/93 @ wife - mom 1 DPM

25 7 mm round red lesion on scaly trunk (R upper thigh)
dry flaky skin at vertex

30 both canals filled w wax

If skin continues to be dry - RFE
for MPR to R of eczema

AUC Fl 2.5M
Tgd RFX

Physician signature

Dr. Arthur W.

RTO in _____ years

See written progress note

3-17-95

A) Healthy but

- a) Chronic dry skin / Eczema
- b) Small by length

P) Hydrocort 1% mixed 50/50 & moisturizing
 creme suggested.
 Labs ordered

Douglas PA / PM

SEP 11 1995 (WI) 2 ybm ♀ & mother 32 1/2" 28 3/4" R & Ø
 8:25 am T. 100.6 ° P 148 R 42 NKDT

S. % from R.N. x^s 3 days - Started coughing
 yesterday - Davis Col

S. M. be seen
 O: Alert, cooperative dull, MAB

~~1/10/95~~ - cough, coryza, conjunctivitis
 Lungs - scattered hyper-aerous sounds

A/10 Bronchitis

② Cerebrospinal

- ① Amox. 250/5 4cc tid
- ② Cauder DM
- ③ Wax remove / dull aching
- ④ HAD H₂O
- ⑤ R/V 3-4 d if no Δ, entire H₂O

DEC 15 1995 HQ

Amitt

G: Here for PPD for school.

1130 P: PPD 0.1 cc applied to volar surface of (R) arm.
 D. Hgr com

1145 PPD reading 8 mm / neg. (R) forearm. — E. Lowell

11:05 a.m.

11-8-94 wt: 24# Ht: 28" Age: 20 mos ± mo.
 T: 99.1 (ax) P: 102

B: since Sunday, wash. started ± mosquito bite on 11/2/94.
 Impetigo to bilateral extremities, stomach, some on buttocks.
 Needs H&H for Wk. H&H 10.4 g/dl.

Ref: Provider Dr Wilson

O: PE + NAD

skin: ⊕ ext, worse leg & extremities papules

few honey crusted lesions

A: impetigo

P: - Maxillo 125mg/5ml TID x 7 day

- Bactroban BID

- etc per PE & N

Shiloh Kama

03-13-95 Error

3-17-95 25# 31" 24mo/WK ♀ ± mother & Hydrocortisone Creme
 11:15am T: 94.9° (ax) P 134 R 42 H.C. 18 3/4"

S. well baby ✓ Rtc Tuesday for H+H ± Lead Test,
 LAB neg given to mother, imm. current to date.

3) child has chronic dry skin condition
 which mother treats ± Hydrocortisone creme &
 milder eczema creme. Father: Tezuma.
 Here for

4) Alert playful: body covered ± dry, hypopigmented
 patches and dry/eczematous areas greatest
 over lower ext. NO weeping anywhere.

Throat - uninf

teeth - healthy

chest - CRT / card: no (m)

Abd - soft, non tend, no masses

Ext - uninf

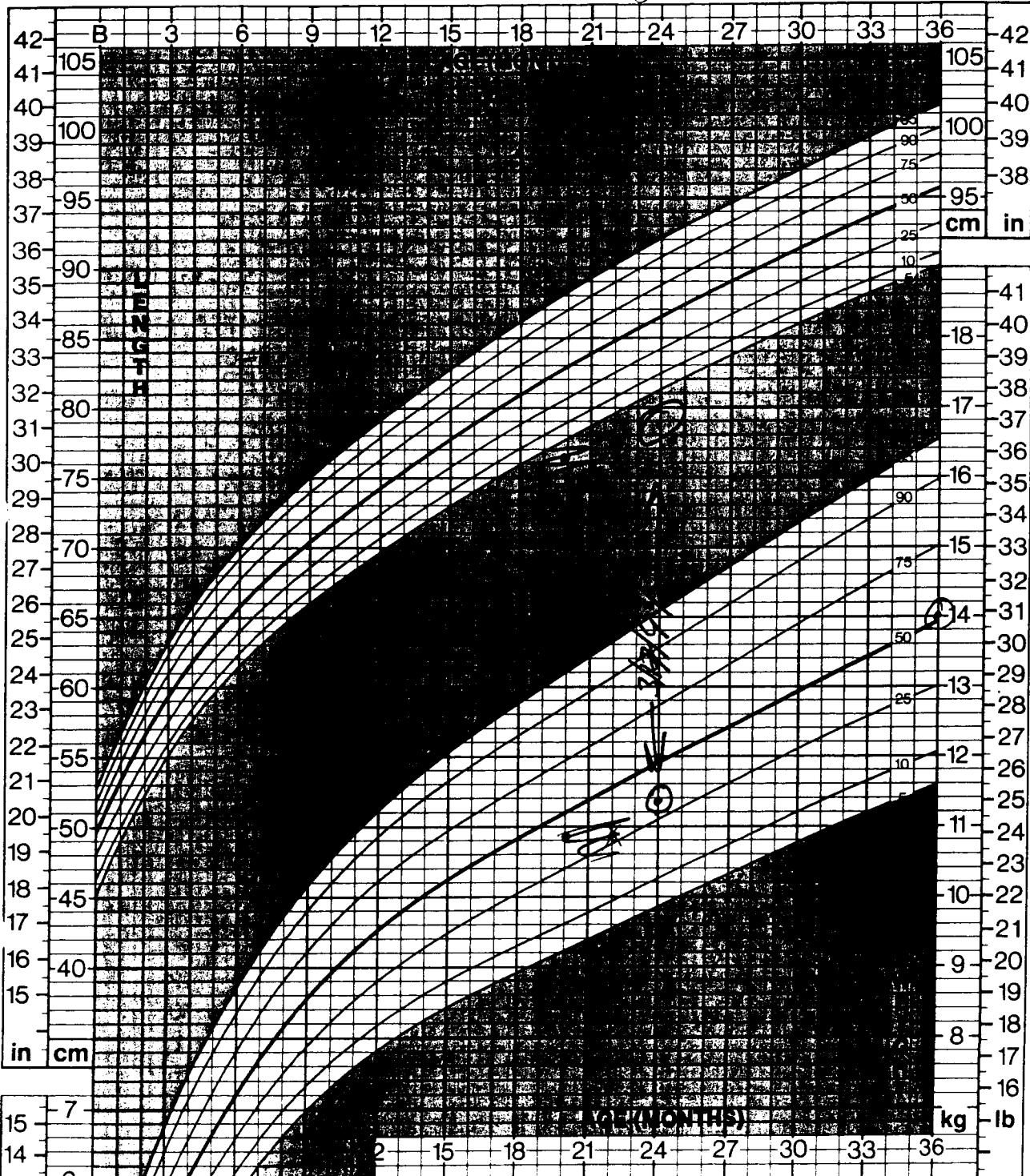
STATURE 45% wt 30%



**GIRLS: BIRTH TO 36 MONTHS
PHYSICAL GROWTH
NCHS PERCENTILES***

Name _____

Record # _____



MOTHER'S STATURE _____ GESTATIONAL AGE _____ WEEKS
FATHER'S STATURE _____

DATE	AGE	LENGTH	WEIGHT	HEAD CIRC	COMMENT
	BIRTH				
3-17-95		31.5 cm	12.5 kg		Emother



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WITH IRON[®]**
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ISOMIL[®]
Soy Formula With Iron

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VI-DAYLIN[®]
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Good-tasting vitamins for infants and children

Adapted from: Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM: Physical growth: National Center for Health Statistics percentiles. AM J CLIN NUTR 32:607-629, 1979. Data from the Fels Longitudinal Study, Wright State University School of Medicine, Yellow Springs, Ohio.

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KAMA, WILLIAM, MD (12914)
311 KALANIANA'OLE AVE.
HILO, HI 96720
969-1427



Clinical Laboratories
of Hawaii

(808) 974-6898 (SC)

Ordering Phys: DE LUE, NATALIE

PATIENT NAME	PATIENT ID	AGE	SEX	REPORT DATE	+ TIME
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01/15/98	2:04 PM
MARKS	Patient Tel No	SSN:	BD	ZOP	
	[REDACTED]		[REDACTED]		

PAGE: 1

Accession: H64512/A893667
Collected: 01/15/98 9:35

	RESULTS	ABNORMAL	REFERENCE RANGE	UNITS
Hemoglobin	13.8		(11.2-14.2)	g/dL

FINAL REPORT

Additional Copy. Test(s) originally ordered by: DE LUE, NATALIE, MD



MCALISTER, ROBERT, MD 11295
PO BOX 1455
PAHOA, HI 96778
PH# 808-965-9711 (
ORDERING PHYS: MCALISTER, ROBERT



LABORATORY REPORT
Clinical Laboratories
of Hawaii
(808) 677-7999

PATIENT NAME	PATIENT ID	AGE	SEX	REPORT DATE	TIME
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	03/25/97	15:00
PATIENT TEL NO: [REDACTED]					MOP

ACCESS NO. T55294
COLL:03/25/97, 09:50

Automated Bld Cnt

WBC	8.2			6.0-17.0	10(6)/L
RBC	4.99			3.5-5.5	10(9)/L
Hemoglobin	13.9			11.2-14.2	g/dL
Hematocrit		39.6	H	33.0-39.0	%
MCV	79.3			71-91	fL
MCH	27.8			22-32	pg
MCHC	35.1			31-37	g/dL
RDW	11.2			11-15	%
Platelet Count		387	H	212-338	10(6)/L
Comment	37C Results; Possible cold agglutinins				

****END OF REPORT****

PAGE 1

Clinical Laboratories of Hawaii



McALISTER/MD, ROBER.
P O BOX 1455
PAHOA HI 96778



Clinical Laboratories of Hawaii

(808) 935-4814 Locn: MOP

Copy to: WIC-HILO BRANCH

PATIENT NAME	PATIENT ID	AGE	SEX	REPORT DATE	+ TIME
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	04/04/96	15:02

MARKS	PHONE#/MED RECH	PAGE
[REDACTED]	[REDACTED]	1

Collected: 04/04/96 1000
Resulted : 04/04/96

TEST	RESULT	UNITS	REFERENCE RANGE	LAB
HEMOGRAM				HB
WBC	8.1	thou/mm3	6.0-17.5	
RBC	4.71	million/mm3	3.70-5.30	
HEMOGLOBIN	12.8	g/dl	11.0-14.0	
HEMATOCRIT	36.5	%	32.0-40.0	
MCV	77	uM3	70-86	
MCH	27.1	uug	23.0-31.0	
MCHC	35.0	g/dl	30.0-36.0	
RDW	12.2	%	11.4-14.2	
PLATELETS	303	thou/mm3	150-400	

McALISTER/MD, ROBER.
P O BOX 1455
PAHOA HI 96778



Clinical Laboratories of Hawaii

(808) 935-4814

Locn: MOP

Copy to:

PATIENT NAME	PATIENT ID	AGE	SEX	REPORT DATE	+ TIME
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	04/08/96	08:03
REMARKS	[REDACTED]			13	PAGE 1




Collected: 04/04/96 1000
Resulted : 04/07/96

TEST	RESULT	UNITS	REFERENCE RANGE	LAB
LEAD, BLOOD	7	ug/dL	< 10	00
Insurance : Quest				
Ethnic group: CHINESE/FIL/HAWN/JAP				
Zip Code : 96778				

LABORATORY REPORT

REFERRING PHYSICIAN
BAY CLINIC PAHOA
P.O. BOX 1455
PAHOA, HI 96778



**DIAGNOSTIC
LABORATORY
SERVICES, INC.**

770 KAPIOLANI BLVD., SUITE 100
HONOLULU, HI 96813 • TELEPHONE 547-4176

DATE OF BIRTH	SEX
[REDACTED]	[REDACTED]

PATIENT INFORMATION
[REDACTED]
DR. MCALISTER, ROBERT
HOSP #: [REDACTED]
PAT. TEL. NO: [REDACTED]

MEDICAL DIRECTOR
DAVID SHIMIZU, M.D.

DATE COLLECTED	DATE RECEIVED	DATE REPORTED
03/24/95 10:00	03/24/95	03/24/95 16:07

ACCESSION NUMBER
E6151787
PAGE 1

TESTS

RESULTS

REFERENCE VALUES

H & H

Hemoglobin

12.9H g/dL

10.8-12.8

Hematocrit

38.0

1/L

35.0-43.0

H&H PERFORMED AT DLS/ACCUPATH HILO LABORATORY.

*** FINAL REPORT ***


RECEIVED MAR 28 1995

ADDITIONAL COPY FROM:
CHILDHOOD LEAD POISONING

LABORATORY REPORT

REPRINT:

REFERRING PHYSICIAN
CC: BAY CLINIC PAHOA
P.O. BOX 1455
PAHOA, HI 96778



**DIAGNOSTIC
LABORATORY
SERVICES, INC.**

770 KAPIOLANI BLVD., SUITE 100
HONOLULU, HI 96813 • TELEPHONE 547-4176

DATE OF BIRTH	SEX
[REDACTED]	[REDACTED]

PATIENT INFORMATION
[REDACTED]
DR. MCALISTER, ROBERT
PAT. TEL. NO: [REDACTED]

MEDICAL DIRECTOR
DAVID SHIMIZU, M.D.

DATE COLLECTED	DATE RECEIVED	DATE REPORTED
03/24/95	03/24/95	03/28/95
NO TIME		3:11AM

ACCESSION NUMBER
E6162011
PAGE 1

TESTS	RESULTS	REFERENCE VALUES
Lead, Blood	7	ug/dL <10

PLEASE NOTE: This is an ADDITIONAL REPORT for-- [REDACTED]
 BAY CLINIC PAHOA P.O. BOX 1455
 *** FINAL REPORT ***

RECEIVED MAR 28 1995



PEDIATRIC
PROBLEM LIST

IMMUNIZATIONS

	DTP/ DTaP	OPV	1d/DT	MMR	HEP B	HIB	PNUMO	FLU	OTHER
Date	7/3/89	7/3/89		2/25/90	12/10/96				
Date	9/29/89	9/29/89		4/22/94	1/20/97				
Date	1/90	7/25/90			4/10/97				
Date	7/25/90	9/22/94							
Date	4/22/94								
Date									

PPD RESULTS

Date	Results

ALLERGIC REACTIONS:

DRUGS _____ INSECTS _____

FOOD _____ OTHER _____

CHRONIC MEDICAL PROBLEMS OR HANDICAPS

MEDICATION LIST

Date	Diagnosis	MEDICATION LIST		
		Drug name	Strength	Schedule

HOSPITALIZATIONS

SURGICAL PROCEDURES

Date	Reason/Diagnosis	Date	Surgery

INJURIES- MINOR OR MAJOR

MENTAL HEALTH OR PSYCH PROBLEMS

Date	Injury	Date	Diagnosis	Treatment

EPSDT	2	2	4	6	9	12	15	18	2	3	4	5	6	8	10	12	14	16	18
DATE DONE	w	m	m	m	m	m	m	m	yr	yr	yr	yr	yr	yr	yr	yr	yr	yr	yr

NAME: _____

PUPIL'S HEALTH RECORD

Name _____
(Last) (First) (Middle Initial)

School (Pre-School) _____
 (Elementary) _____
 (Intermediate) _____
 (High) _____

Address _____

Sex _____ Birth Date _____

Health Insurance HMSA - Quest

PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE

Date	Nutrition	Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Blood Pressure	Orthopedic			SIGNIFICANT FINDINGS AND RECOMMENDATIONS <small>Elaborate back of card if necessary. If none, so state.</small>	NAME AND SIGNATURE <small>(Print Name on Dash Line)</small>
													Posture	Scoliosis	Extremities		
5-15-96	N	N	N	N	N	N	N	N	N	N	N	100/72	N	N	N		<i>R. Nathan</i>
1/15/98	N	N	N	N	N	N	N	N	N	N	N	100/72	N	N	N		<i>R. Nathan</i>

SIGNIFICANT HISTORY		IMMUNIZATION DATES (Month, Day, Year Required)						SURVEYS		
Allergy (Type)	Date	Hib	DTP	HepB	DT	Td	Polio	MMR	Year	mm
		/ /	7/3/89	12/10/96	/ /	/ /	7/3/89	7/25/90		
		/ /	9/20/89	1/10/97	/ /	/ /	9/20/89	4/22/94		
		/ /	1/ / 90	6/10/97	/ /	/ /	7/25/90	/ /		
		/ /	7/25/90	/ /	/ /	/ /	6/22/94	/ /		
		/ /		/ /	/ /	/ /		/ /		
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		/ /		/ /	/ /	/ /		/ /		

SCHOOL DATA

Date	Grade	Ht.	Wt.	VISION TESTING				DENTAL		HEARING TESTING				
				R.	L.	Code	Comments	Code	Comments	R.	L.	Code	Date	Comments
5-15-96	1 st	46 1/2"	56 1/2#	20/20	20/25					2	2		5/15/96	
1/15/98	3	50 1/4"	68							2	2		1/15/98	

DATE: 1/15/98

AUDIOSCOPE SCREENING RESULTS

20dBHL

25dBHL

40dBHL

Patient [REDACTED]

Tested by MB

Y = Response

N = No response

	500	1000	2000	4000
Right Ear	y	y	y	y
Left Ear	y	y	y	y

Frequency (Hz)

Name

2-6-98 Called + left message That we now have Varuzk Vaccine
+ Mom can call to schedule appt for immunization. [REDACTED]

1/15/98

Adult Physical Assessment

Patient Name: [REDACTED]

Date of Birth: [REDACTED]

3rd grade

Height: 50 1/4

Pulse: 88

Weight: 68

Respirations: 20

Temperature: 99.0

Blood Pressure: 90/54

Allergies: 0

Present Meds: 0

Reason for Visit (subjective):

cc: 8 yr Epstt.
Interval History: varivax

S:PV done for EPSTT
not better

Pertinent Physical Findings:

Hearing Normal

System	Normal	Abnormal	Not Examined	Refer	Comments (required for any referral)
Skin:		✓			few papules (scarves)
HEENT:	✓				
Nodes:	✓				
Heart:	✓				
Lungs:	✓				
Abdomen:	✓				
Extremities:	✓				
Spine/Neuro:	✓				
GU/Reproductive:	✓				

Assessment Findings:

Scabies almost resolved

Plan of Action:

varivax when available

Re-Visit Plan:

[Signature]

[Signature]
Signature

1/15/98
Date of examination

Name _____

Date of visit

Age in years _____

Grade _____

1/15/88

KEY:

- Addressed/WNL Abnormal/See Comments Not Addressed

Interval History ✓

- 1. Concerns
- 2. Illnesses
- 3. Accidents
- 4. Physical activity
- 5. Problem habits
- 6. Other _____

Key Family Checks (Continued) ✓

- 24. Family history update
- 25. Family interactions
- 26. Sibling problems
- 27. After school care *no*
- 28. Alert for child abuse/neglect
- 29. Any firearms at home

Temperament ✓

51. Describe child's mood/affect

*angry
grumpy*

Physical Examination ✓

- 30. WT *6.8* *90* %
- 31. HT *50"4* *50* %
- 32. BP *90/54* %
- 33. Temp *99.0*
- 34. Skin
- 35. Nodes
- 36. Head
- 37. Eyes
- 38. Fundi
- 39. Ears
- 40. Nose
- 41. Oropharynx
- 42. Teeth-gums
- 43. Neck
- 44. Lungs
- 45. Heart
- 46. Abdomen
- 47. Genitalia
- 48. No signs of puberty
- 49. Musculoskeletal
- 50. Neuro

Assessment ✓

52. *Healthy*

Nutrition ✓

- 7. Diet
- 8. Vitamins *yes*
- 9. Fluoride *yes*
- 10. Body image
- 11. Eating habits

Screening/Immunizations ✓

53. Remain alert for vision and hearing problems

Development ✓

- 12. Behavior
- 13. Chores
- 14. Outside activities
- 15. Peer interaction
- 16. Knows days of week
- 17. Reads for pleasure
- 18. School work *Sometimes*
- 19. Tells time
- 20. Skips rope

Plan/Anticipatory Guidance ✓

- 54. Plan _____
- 55. Allowance
- 56. Limit setting, discipline without anger
- 57. Read daily, library card
- 58. TV monitoring, advertising caution
- 59. Nutrition: snacks, breakfast qd...
- 60. Safety: bike, car, personal
- 61. Dental hygiene and exam/losing teeth
- 62. Exercise/appropriate weight
- 63. Chores, responsibilities
- 64. Shared activities with parents...

Detail all abnormal findings below. Use reference numbers.

- 1. Hearing *mom repeats a lot*
- 5. Over eats *adult size portions.*

Physician signature

NE Rue MD

RTO in _____ years

See written progress note

1/12/98

Adult Physical Assessment

Patient Name: [redacted] Date of Birth: [redacted]

Height:	50"	Pulse:	92
Weight:	69	Respirations:	18
Temperature:	97.5	Blood Pressure:	90/62
Allergies:	NKA	Present Meds:	Ø

Reason for Visit (subjective): Rash x 1 month
(12/20/97)

Interval History:

Pertinent Physical Findings:

S: Pt has pruritic rash mostly at night x 1 mo

CC: AN

System	Normal	Abnormal	Not Examined	Refer	Comments (required for any referral)
Skin:		✓			
HEENT:	✓				linear papules
Nodes:	✓				rash on abdomen
Heart:	✓				ans, hds..
Lungs:	✓				
Abdomen:		✓			
Extremities:		✓			
Spine/Neuro:	✓				
GU/Reproductive:	✓				

Assessment Findings: *Seabies*

Plan of Action: *elintec cream 60gm*

Re-Visit Plan:

[Signature]
Signature

1/12/98
Date of examination

Name

6/10-97 137 94/52 wt 62 Ht 47 1/2" P/120

S) C/O bilat ear pain X1 day
Hep B 3rd Dose 0.5mg IM given LA - (Mullaceta)

Q) IM's expected to cause (B)
⊖ external ear pain.

A) ⊖ common reaction to IM's (B) ⊖ ⊖

R) ⊖ injection of (A) less
⊖ local pain

~~answers~~



GIRLS: 2 TO 18 YEARS PHYSICAL GROWTH NCHS PERCENTILES

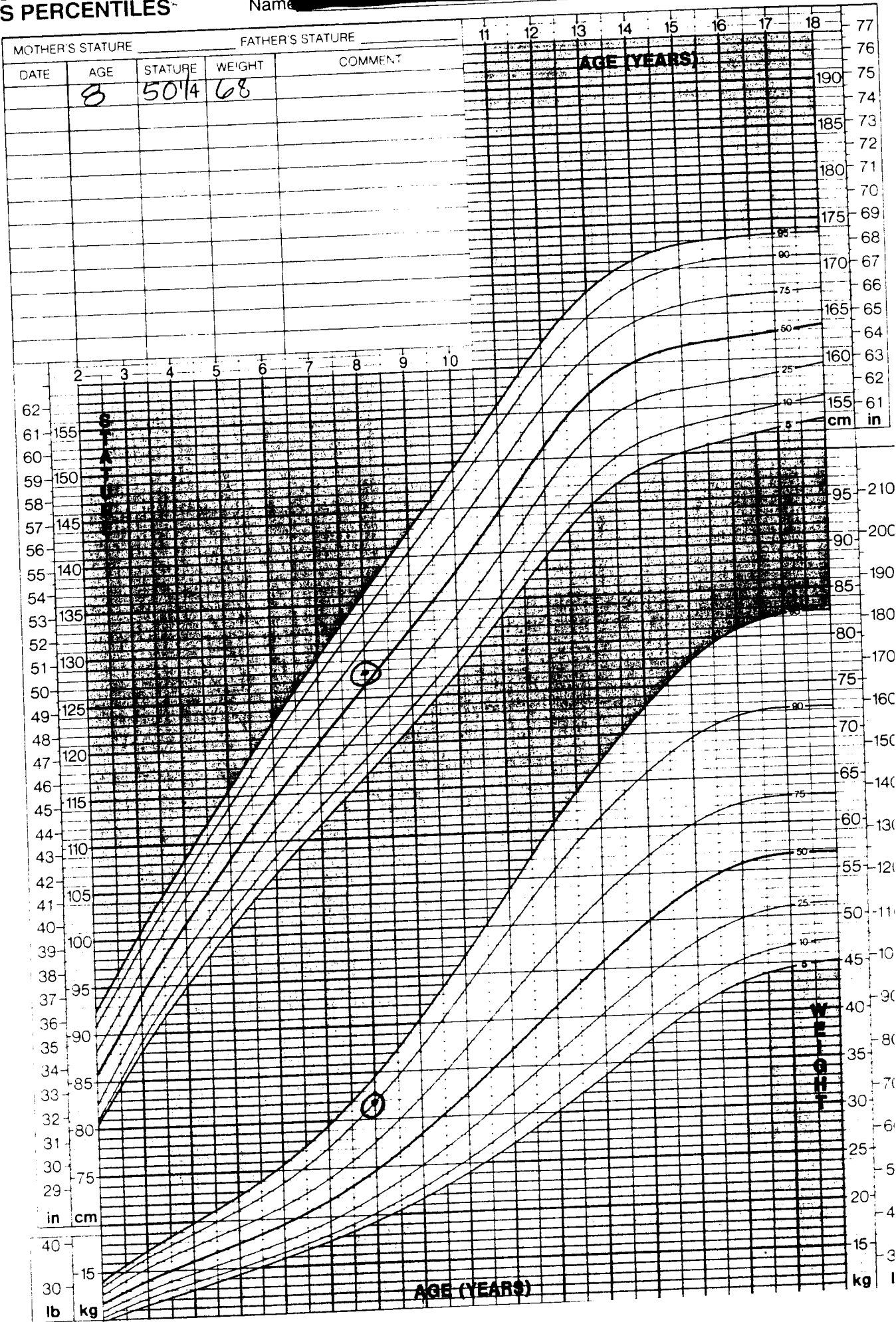
Name [REDACTED]

Record #

ROSS
LABORATORIES

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SOLUTION
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fluid and mineral levels
in babies and children

PediaSure
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SOLUTION
Complete nutritional
solution designed for
children 1 to 10 years old



Adapted from: Hamill, V.L., et al. *Physical Growth: National Center for Health Statistics*.
 Roche, A.F., Moore, W.M. *Physical Growth: National Center for Health Statistics*.
 Statistics percentiles. AM J CLIN NUTR 32:607-629, 1979. Data from the National Center for Health Statistics (NCHS), Hyattsville, Maryland.
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**PEDIATRIC
PROBLEM LIST**

IMMUNIZATIONS

	DTP/ DTaP	OPV	Td/DT	MMR	HEP B	HIB	PNUMO	FLU	OTHER
Date	3/10/87	3/10/87		5/10/87	10/10/96	8/15/88			
Date	5/15/87	5/12/87		9/9/92	1/10/97				
Date	7/23/87	5/10/88			2/10/97				
Date	5/10/88	9/9/92							
Date	2/9/92								
Date									

PPD RESULTS

Date	Results

ALLERGIC REACTIONS:

DRUGS _____ INSECTS _____

FOOD _____ OTHER _____

CHRONIC MEDICAL PROBLEMS OR HANDICAPS

MEDICATION LIST

Date	Diagnosis	Drug name	Strength	Schedule

HOSPITALIZATIONS

SURGICAL PROCEDURES

Date	Reason/Diagnosis	Date	Surgery

INJURIES- MINOR OR MAJOR

MENTAL HEALTH OR PSYCH PROBLEMS

Date	Injury	Date	Diagnosis	Treatment

EPSDT	2	2	4	6	9	12	15	18	2	3	4	5	6	8	10	12	14	16	18
	w	m	m	m	m	m	m	m	yr	yr	yr	yr	yr	yr	yr	yr	yr	yr	yr
DATE DONE																			

NAM: _____

1/15/98

Adult Physical Assessment

Patient Name: [Redacted]

Date of Birth: [Redacted]

Height: 50 1/4

Pulse: 88

Weight: 62

Respirations: 20

Temperature: 97.4

Blood Pressure: 92/50

Allergies: [None]

Present Meds: [None]

Reason for Visit (subjective):

CC: 11 yr Epsdt

Interval History:

Had chicken pox

Pertinent Physical Findings:

Vision 20/20 BILAT

Hearing Normal

S: P here for EPSDT

System	Normal	Abnormal	Not Examined	Refer	Comments (required for any referral)
Skin:		✓			scabies almost resolved
HEENT:	✓				
Nodes:	✓				
Heart:	✓				
Lungs:	✓				
Abdomen:	✓				
Extremities:	✓				
Spine/Neuro:	✓				
GU/Reproductive:	✓				

Assessment Findings:

scabies almost resolved

Plan of Action:

OK for school

Re-Visit Plan:

1 yr

[Signature]

Signature

1/15/98

Date of examination

9 - 11 Years

Name: [Redacted] Date of visit: 1/35/98
 Age in years: [Redacted] Grade: [Redacted]

KEY: Addressed/WNL Abnormal/See Comments Not Addressed

Interval History **Key Family Checks (Continued)** **Temperament**

- | | | |
|--|---|--|
| 1. Concerns <input checked="" type="checkbox"/> | 22. Family interactions <input checked="" type="checkbox"/> | 48. Describe child's mood/affect
Hyperactive |
| 2. Illnesses <input checked="" type="checkbox"/> | 23. Sibling problems <input checked="" type="checkbox"/> | Lazy |
| 3. Accidents <input checked="" type="checkbox"/> | 24. After school care <input checked="" type="checkbox"/> No | grades improved |
| 4. Physical activity <input checked="" type="checkbox"/> | 25. Tobacco use; alcohol/drug abuse <input checked="" type="checkbox"/> | |
| 5. Problem habits <input checked="" type="checkbox"/> | | |
| 6. Menses <input checked="" type="checkbox"/> | Physical Examination <input checked="" type="checkbox"/> | Assessment <input checked="" type="checkbox"/> |
| 7. Sleeping <input checked="" type="checkbox"/> | 26. WT 62.10 % <input checked="" type="checkbox"/> | 49. <u>Healthy</u> |
| 8. Other <input type="checkbox"/> | 27. HT 50 1/2 < 5 % <input checked="" type="checkbox"/> | |
| | 28. BP 92/54 % <input checked="" type="checkbox"/> | |
| | 29. Temp 97.4 <input checked="" type="checkbox"/> | |
| | 30. Skin <input checked="" type="checkbox"/> | |
| | 31. Nodes <input checked="" type="checkbox"/> | Screening/Immunizations <input checked="" type="checkbox"/> |
| | 32. Head <input checked="" type="checkbox"/> | 50. Remain alert for vision and hearing problems <input checked="" type="checkbox"/> |
| | 33. Eyes <input checked="" type="checkbox"/> | Plan/Anticipatory Guidance <input checked="" type="checkbox"/> |
| | 34. Fundi <input checked="" type="checkbox"/> | 51. Plan _____ |
| | 35. Ears <input checked="" type="checkbox"/> | 52. Read daily <input checked="" type="checkbox"/> |
| | 36. Nose <input checked="" type="checkbox"/> | 53. Physical/sexual abuse concerns <input checked="" type="checkbox"/> |
| | 37. Oropharynx <input checked="" type="checkbox"/> | 54. Sex education <input checked="" type="checkbox"/> |
| | 38. Teeth-gums <input checked="" type="checkbox"/> | 55. TV monitoring, alert to deceptive ads <input checked="" type="checkbox"/> |
| | 39. Neck <input checked="" type="checkbox"/> | 56. Nutrition advice, snacks, breakfast qd <input checked="" type="checkbox"/> |
| | 40. Lungs <input checked="" type="checkbox"/> | 57. Safety: bike, car, guns, outdoor, water <input checked="" type="checkbox"/> |
| | 41. Heart <input checked="" type="checkbox"/> | 58. Dental hygiene, exams <input checked="" type="checkbox"/> |
| | 42. Abdomen <input checked="" type="checkbox"/> | 59. Exercise, regular bedtimes <input checked="" type="checkbox"/> |
| | 43. Genitalia <input checked="" type="checkbox"/> | 60. Parenting: rules, respect, communication <input checked="" type="checkbox"/> |
| | 44. Tanner stage _____ <input checked="" type="checkbox"/> | 61. Home responsibilities, allowance <input checked="" type="checkbox"/> |
| | 45. Back/scoliosis <input checked="" type="checkbox"/> | |
| | 46. Musculoskeletal <input checked="" type="checkbox"/> | |
| | 47. Neuro <input checked="" type="checkbox"/> | |

Nutrition

9. Diet
 10. Body image
 11. Eating habits
 12. Favorite foods

Development

13. Behavior
 14. Best friend
 15. Group activities
 16. Hobbies/sports
 17. Peer interaction
 18. School work

Family Checks

19. Marital changes Parents separate
 20. Recent move 6/97
 21. Work changes

Detail all abnormal findings below. Use reference numbers.

5. Take awhile to do things Mother ask.
 12. lau lau
 16. basketball
 27. mother < 5' - prepubertal

Physician signature: [Signature] RTO in: 1 years See written progress note

6110-97 BP 98/54 Wt 59 Ht 49" P-112
HepB 3rd Dose 0.5mg given IM LA - (Swallow Pill)

1/12/98 Spt Res rash

O: scabrous rash on abd

A: Scabies

P: chitrea

W.D. Kuehl



BOYS: 2 TO 18 YEARS' PHYSICAL GROWTH NCHS PERCENTILES

Name [REDACTED]

Record #

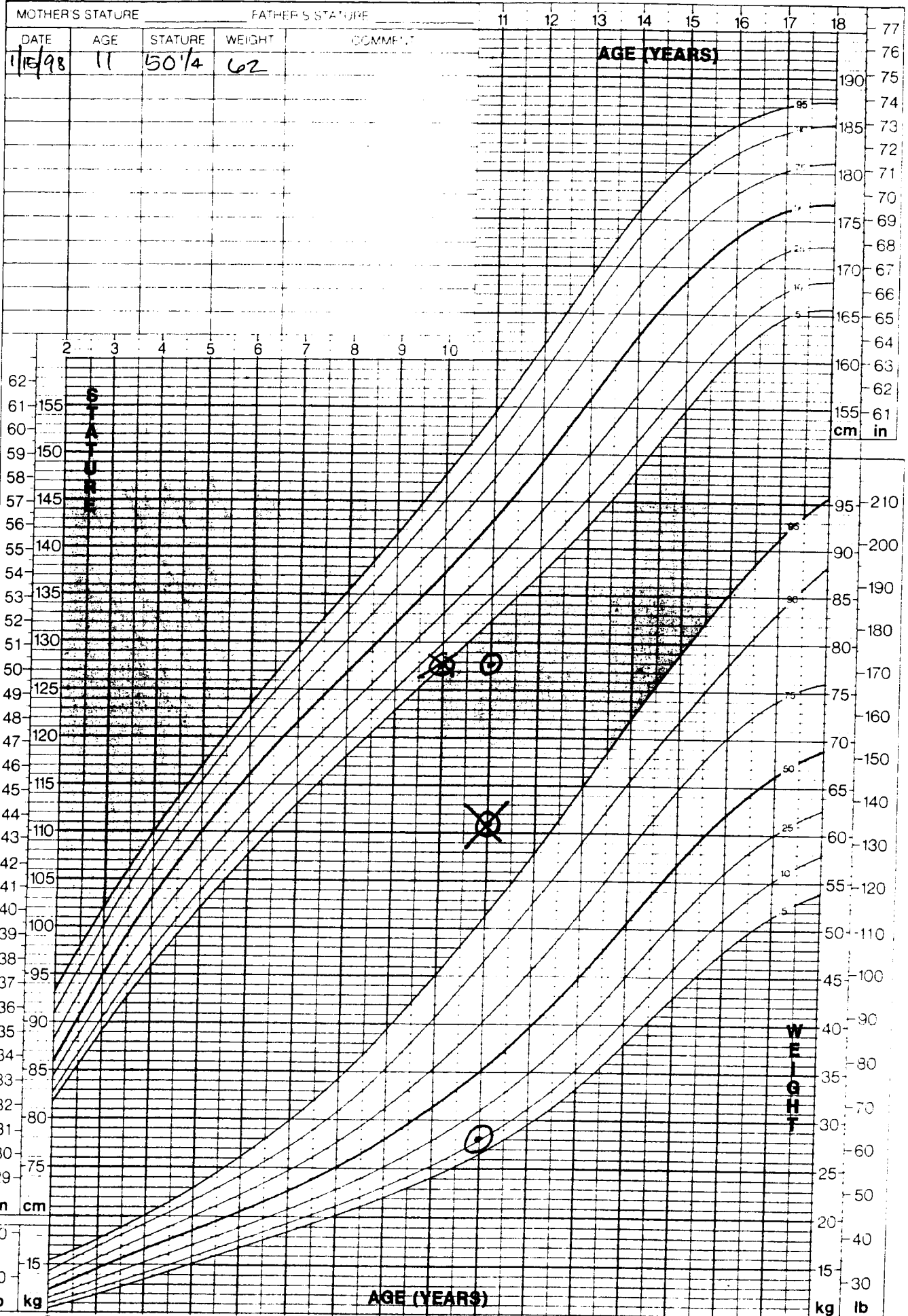
ROSS
LABORATORIES

PediaLyte

... helps restore
... and minerals lost
... and vomiting

PediaSure

... complete nutritional
... designed for
... 1 to 10 years old



Roche AL, Mustard WJ, et al. *Physical Growth and Development of Children: Statistics Percentiles*. AM J Clin Nutr 32:607-629, 1979. Data from the National Center for Health Statistics (NCHS), Hyattsville, Maryland.
© 1982 Ross Products Division, Abbott Laboratories

DATE: 1/15/98

AUDIOSCOPE SCREENING RESULTS

20dBHL

25dBHL

40dB HL

Patient



Tested by

[Signature]

Y = Response

N = No response

	500	1000	2000	4000
Right Ear	Y	Y	Y	Y
Left Ear	Y	Y	Y	Y

Frequency (Hz)

PUPIL'S HEALTH RECORD

Name [REDACTED] (Last) [REDACTED] (First) [REDACTED] (Middle Initial)
 Address [REDACTED]
 Sex [REDACTED] Birth Date [REDACTED]
 Health Insurance HMSA - Quest

School (Pre-School) _____
 (Elementary) _____
 (Intermediate) _____
 (High) _____

PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE

Date	Nutrition	Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Blood Pressure	Orthopedic			SIGNIFICANT FINDINGS AND RECOMMENDATIONS Elaborate back of card if necessary. If none, so state.	NAME AND SIGNATURE (Print Name on Dash Line)
													Posture	Scoliosis	Extremities		
3/20/94	normal																<i>[Signature]</i>
1/15/98	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		<i>[Signature]</i>

SIGNIFICANT HISTORY		IMMUNIZATION DATES (Month, Day, Year Required)						SURVEYS		
Allergy (Type)	Date	Hib	DTP	HepB	DT	Td	Polio	MMR	Year	mm
		8/15/88	3/10/87	12/10/96	/ /	/ /	3/10/87	5/10/88		
			5/12/87	1/10/97	/ /	/ /	5/12/87	9/9/92		
			7/23/87	4/10/97	/ /	/ /	5/10/88	/ /		
			5/10/88	/ /	/ /	/ /	2/9/92	/ /		
				/ /	/ /	/ /		/ /		
				/ /	/ /	/ /		/ /		
				/ /	/ /	/ /		/ /		
				/ /	/ /	/ /		/ /		
				/ /	/ /	/ /		/ /		
				/ /	/ /	/ /		/ /		
				/ /	/ /	/ /		/ /		

SCHOOL DATA

Date	Grade	Ht.	Wt.	VISION TESTING				DENTAL		HEARING TESTING				
				R.	L.	Code	Comments	Code	Comments	R.	L.	Code	Date	Comments
3/20/94	3	42 1/4	50	20	20	9				N	N	N	3/94	
1/15/98	5	50 1/2	62							N	N		1/15/98	



STATE OF HAWAII

DEPARTMENT OF EDUCATION
KAUMANA SCHOOL
1710 KAUMANA DRIVE
HILO, HAWAII 96720

FAX COVER SHEET

Date

PHONE NUMBER
TO REACH ME:

2/25/98

To

FAX NUMBER

[Redacted]

From KAUMANA ELEMENTARY SCHOOL

FAX NUMBER

(808) 974-4192

Number of pages (including cover sheet) is []

NOTE: For long distance charges Principal's signature required.

(Signature)

Subject/Message

Per your request —
Did you get to see the [Redacted]?

NAME: Last **[REDACTED]** M
 Address: **[REDACTED]**
 F-104 NISHIMOTO
 Father/Guardian: 3719301489
 Mother/Guardian:

Sex: _____ Birthdate: _____ Home Phone: _____
 Teacher's Name: _____ Grade/Room No.: _____
 Place of Work: _____ Bus. Phone: _____
 Place of Work: _____ Bus. Phone: _____

KAUMANA ELEMENTARY **DAILY ATTENDANCE RECORD 1997 - 1998**

FIRST QUARTER 41					SECOND QUARTER 45					THIRD QUARTER 43					FOURTH QUARTER 44									
Week of	M	T	W	T	F	Week of	M	T	W	T	F	Week of	M	T	W	T	F	Week of	M	T	W	T	F	
Sept. 1-5			E			Nov. 3-7						Jan. 26-30	X					Apr. 6-10						
8-12						10-14						Feb. 2-6						13-17						
15-19						17-21						9-13						20-24						
22-26						24-28						16-20						Apr. 27-May 1						
Sept. 29-Oct. 3						Dec. 1-5						23-27						4-8						
6-10						8-12						Mar. 2-6						11-15						
13-17						15-19						9-13						18-22						
20-24						22-26						16-20						25-29						
27-31						Dec. 29-Jan. 2						23-27						June 1-5						
Aug. 28 - First day for Teachers						5-9						Mar. 30 - Apr. 3						8-12						
Sept. 2 - First day for Students						12-16												June 9 - Last day for students						
Oct. 20-24 - Teacher's Institute Day						19-23												June 10 - Last day for teachers						
DAYS PRESENT	40					DAYS PRESENT	45					DAYS PRESENT						DAYS PRESENT						
DAYS ABSENT	1					DAYS ABSENT	0					DAYS ABSENT						DAYS ABSENT						
DAYS TARDY	0					DAYS TARDY	0					DAYS TARDY						DAYS TARDY						

1st Sem. - 86 Days 2nd Sem. - 87 Days 3rd Qtr. - 41 Days 4th Qtr. - 44 Days
 2nd Qtr. - 45 Days 3rd Qtr. - 43 Days 4th Qtr. - 44 Days

LEGEND: I - Absent T - Tardy R - Truant D - Dismissed S - Suspended (Regular) C - Suspended (Crisis) F - Fix the initial entry N - Negate a previous entry E - First day the student attends school for the current school year after the first day of school L - Released from school; last day of attendance for a student who withdraws before the last day of the school year

NAME: **[REDACTED]** MM
 Address: **[REDACTED]**
 E-3 SERAIN
 Father: 3719501172
 Mother/Guardian:

Sex: _____ Birthdate: _____ Home Phone: _____
 Teacher's Name: _____ Grade/Room No.: _____
 Place of Work: _____ Bus. Phone: _____
 Place of Work: _____ Bus. Phone: _____

KAUMANA ELEMENTARY **DAILY ATTENDANCE RECORD 1997 - 1998**

FIRST QUARTER 41					SECOND QUARTER 45					THIRD QUARTER 43					FOURTH QUARTER 44									
Week of	M	T	W	T	F	Week of	M	T	W	T	F	Week of	M	T	W	T	F	Week of	M	T	W	T	F	
Sept. 1-5			E			Nov. 3-7						Jan. 26-30	X					Apr. 6-10						
8-12						10-14						Feb. 2-6						13-17						
15-19						17-21						9-13						20-24						
22-26						24-28						16-20						Apr. 27-May 1						
Sept. 29-Oct. 3						Dec. 1-5						23-27						4-8						
6-10						8-12						Mar. 2-6						11-15						
13-17						15-19						9-13						18-22						
20-24						22-26						16-20						25-29						
27-31						Dec. 29-Jan. 2						23-27						June 1-5						
Aug. 28 - First day for Teachers						5-9						Mar. 30 - Apr. 3						8-12						
Sept. 2 - First day for Students						12-16												June 9 - Last day for students						
Oct. 20-24 - Teacher's Institute Day						19-23												June 10 - Last day for teachers						
DAYS PRESENT	39					DAYS PRESENT	45					DAYS PRESENT						DAYS PRESENT						
DAYS ABSENT	2					DAYS ABSENT	0					DAYS ABSENT						DAYS ABSENT						
DAYS TARDY	0					DAYS TARDY	0					DAYS TARDY						DAYS TARDY						

1st Sem. - 86 Days 2nd Sem. - 87 Days 3rd Qtr. - 41 Days 4th Qtr. - 44 Days
 2nd Qtr. - 45 Days 3rd Qtr. - 43 Days 4th Qtr. - 44 Days

LEGEND: I - Absent T - Tardy R - Truant D - Dismissed S - Suspended (Regular) C - Suspended (Crisis) F - Fix the initial entry N - Negate a previous entry E - First day the student attends school for the current school year after the first day of school L - Released from school; last day of attendance for a student who withdraws before the last day of the school year

TEACHER'S COMMENTS:

First Quarter
 Best Teacher
 Confused

Second Quarter

Third Quarter

Fourth Quarter

PROGRESS IN CLASSWORK	1	2	3	4	Year Grade
READING					
Reading grade level	5	5			
Uses word attack skills effectively	V	V			
Reads well orally	V	V			
Reads with understanding	V	V			
Other:					
WRITING					
Expresses ideas clearly using appropriate English	5	5			
Writes creatively	V	V			
Applies punctuation and capitalization skills	V	V			
Writes legibly	V	V			
Is correctly	V	V			
Other:					
SPEAKING					
Uses suitable vocabulary	5	5			
Expresses ideas effectively using appropriate English	V	V			
Other:					
LISTENING					
Listens for information	5	5			
Follows directions and instructions	V	V			
Other:					
SOCIAL STUDIES					
Understands basic facts and concepts	5	5			
Participates in discussions/activities	V	V			
Other:					
SCIENCE					
Understands the physical and biological environment	5	5			
Investigates ideas to solve problems	V	V			
Other:					
MATHEMATICS					
Mathematics grade level	5	5			
Understands number concepts	V	V			
Understands number operations	V	V			
Understands geometric concepts	V	V			
Applies mathematics concepts and skills	V	V			
Uses problem-solving strategies in solving problems	V	V			
Other:					

PROGRESS IN CLASSWORK	1	2	3	4	Year Grade
PHYSICAL EDUCATION					
Participates in physical activities	5	5			
Is learning P.E. concepts, skills and processes	V	V			
Other:					
ART					
Participates in art activities	5	5			
Is learning art concepts, skills and processes	V	V			
Other:					
MUSIC					
Participates in music activities	5	5			
Is learning music concepts, skills and processes	V	V			
Other:					
HEALTH					
Understands and applies health concepts	6	5			
Demonstrates awareness of safety rules and regulations	V	V			
Other:					
OTHER AREAS Spelling	5	5			
PERSONAL & SOCIAL ATTITUDES					
Is developing self-confidence	5	5			
Uses suggestions and corrections effectively	V	V			
Respects rights and opinions of others	V	V			
Participates effectively within a group	V	V			
Shows respect for property	V	V			
Shows respect for authority	V	V			
Other:					
WORK HABITS					
Does homework	5	5			
Works in an organized and orderly manner	V	V			
Assumes and carries out responsibilities	V	V			
Makes appropriate use of time and materials	V	V			
Demonstrates perseverance	V	V			
ATTENDANCE					
Days Present	39	45			
Days Absent	2	6			
Times Tardy	0	0			

TEACHER'S COMMENTS:

First Quarter
Parent Conference

Second Quarter
GPA = 2.6

Third Quarter

Fourth Quarter

PROGRESS IN CLASSWORK	1	2	3	4	Year Grade
READING					
Reading grade level	C	C+			
Uses word attack skills effectively	L				
Reads well orally	V	V			
Reads with understanding	V	V			
Other:					
WRITING					
Expresses ideas clearly using appropriate English	C+B				
Writes creatively	V	V			
Applies punctuation and capitalization skills	V	V			
Writes legibly	V	V			
Writes correctly	B	C+			
Other:					
SPEAKING					
Uses suitable vocabulary	S	S+			
Expresses ideas effectively using appropriate English	V	V+			
Other:					
LISTENING					
Listens for information	S	S			
Follows directions and instructions	V	V			
Other:					
SOCIAL STUDIES					
Understands basic facts and concepts	A-B				
Participates in discussions/activities	V	V			
Other:					
SCIENCE					
Understands the physical and biological environment	C+B				
Investigates ideas to solve problems	V	V			
Other:					
MATHEMATICS					
Mathematics grade level	B	C			
Understands number concepts	L				
Understands number operations	V	V			
Understands geometric concepts	V	V			
Applies mathematics concepts and skills	V	V			
Uses problem-solving strategies in solving problems	V	V			
Other:					

PROGRESS IN CLASSWORK	1	2	3	4	Year Grade
PHYSICAL EDUCATION					
Participates in physical activities	E	E			
Is learning P.E. concepts, skills and processes	+	+			
Other:					
ART					
Participates in art activities	S+	S+			
Is learning art concepts, skills and processes	V	V			
Other:					
MUSIC					
Participates in music activities	S	S			
Is learning music concepts, skills and processes	V	V			
Other:					
HEALTH					
Understands and applies health concepts	S+	S+			
Demonstrates awareness of safety rules and regulations	V+	V+			
Other:					
OTHER AREAS					
PERSONAL & SOCIAL ATTITUDES					
Is developing self-confidence	S	S+			
Uses suggestions and corrections effectively	V	V			
Respects rights and opinions of others	V+	V+			
Participates effectively within a group	V	V+			
Shows respect for property	V	+			
Shows respect for authority	V+	+			
Other:					
WORK HABITS					
Does homework	S	S			
Works in an organized and orderly manner	V-	V-			
Assumes and carries out responsibilities	V	V			
Makes appropriate use of time and materials	V	V			
Demonstrates perseverance	V	V			

ATTENDANCE	1	2	3	4
Days Present	40	45		
Days Absent	1	0		
Times Tardy	0	0		

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

I, Taylor M. Kama (Asst), hereby give my permission to
(1) Name of applicant/recipient/legal guardian

Alternative to Violence, to give the following information
(2) Individual/agency or organization

in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.

The information to be reviewed/released is limited to the following:

(3) Date of referral
Date of completion / progress in services
Recommendations for care

This information is to be used for Assessment DHS/CPS
(4) State purpose

(5) Check one of the following:

This consent is good until April 9/98 (not to exceed 90 days from date signed); OR
(6) month/day/year

FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. _____

Makana X 1-9-98
(7) Signature of applicant/recipient/legal guardian Date

P.O. Box 10142, Hilo, HI 96721 [Redacted]
(8) Address of applicant/recipient Social Security No. or Birthdate of Applicant/Recipient

Fax

To: ATV

From: [REDACTED] (CPS)

Fax: 961-3202

Pages: 2

Phone: 969-7798

Date: 02/26/98

Re: _____

- Urgent For Review Please Comment Please Reply Please Recycle

• **WARNING:** This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone, and return the original to us at the above address.

HAWAII COUNTY POLICE DEPARTMENT
JUVENILE AID SECTION
LIEUTENANT RONALD NAKAMICHI
PHONE: 961-2327

FEBRUARY 5, 1998
F-48921

MEDIA RELEASE CORRECTION

Big Island police are looking for a six-year-old boy who has been missing from his parent's custody in Hilo since September 1997. He is Peter Kema Jr.

Peter is described as being of Filipino and Hawaiian descent; being about four feet tall; weighing between 45 and 50 pounds; and having black hair cut short except for the top front and back of the neck; and having brown eyes.

The boy was last seen by his mother in mid August 1997 when he accompanied his father to Honolulu. Peter's father last saw the boy in Honolulu in mid September 1997 when he turned custody of the child over to a relative known to him only as "Aunty Rose" -- whom he thought was named "Rose Makuakane" -- of a Halawa address on Oahu. The father said he left his son with the woman at her lei stand at A'ala Park in downtown Honolulu.

Neither Peter nor "Rose" have been seen since.

Anyone with information about the whereabouts of Peter or Rose is asked to call Detective Glenn Nojiri of the Juvenile Aid Section at 961-2327 or the police emergency telephone number at 935-3311.

Those who wish to remain anonymous may call Crime Stoppers
DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
at 961-8300 in Hilo or 329-8181 in Kona.

#

MAR 0 4 1998

EH INTAKE/ASSESSMENT UNIT
HILO, HI 96720



THE MEDIA
RELEASE &
PHOTO.

Nojiri

HAWAII COUNTY POLICE DEPARTMENT
JUVENILE AID SECTION
LIEUTENANT RONALD NAKAMICHI
PHONE: 961-2327

FEBRUARY 5, 1998
F-48921

M E D I A R E L E A S E

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Those who wish to remain anonymous may call Crime Stoppers at 961-8300 in Hilo or 329-8181 in Kona.

#

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

MAR 0 4 1998

EH INTAKE/ASSESSMENT UNIT
HILO, HI 96720



CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

I, Jaylin Maureen Kama, hereby give my permission to Bay Medical Clinic to give the following information

(1) Name of applicant/recipient/legal guardian (AOL)

(2) Individual/agency or organization

in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.

The information to be reviewed/released is limited to the following:

(3) Medical information date in last 2 years. Medical problems fractures, sprains, cuts & (acute care) shots - up to date? lost med from med problem

This information is to be used for DHS/CPS Assessment

(4) State purpose

(5) Check one of the following:

This consent is good until April 9/98 (not to exceed 90 days from date signed); OR

(6) month/day/year

FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. _____

Jmaizema 1/19/98

(7) Signature of applicant/recipient/legal guardian

Date

P.O. Box 10742, Hilo, HI 96721 [Redacted]

(8) Address of applicant/recipient

Social Security No. or Birthdate of Applicant/Recipient

Complete two (2) copies:

Original - Individual/agency, Copy - Case record

Fax

To: Bay Clinic From: [REDACTED] (CPS)
Fax: 969-4795 Pages: 3
Phone: 969-1427 Date: 02/25/98
Re: _____

- Urgent For Review Please Comment Please Reply Please Recycle

● **WARNING:** This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone, and return the original to us at the above address.

INFORMATION AND REFERRAL FORM
(For Communication between Units)

Jaylin Kema

Case Name

County Code

CRSS # 10786
Category and Case Number

TO:

536/01
Unit

Jaylin Kema
Name of Person

From:

EHVA Unit 36/
Unit

Niihau St, Lot 24, Nanawale Estates
Address

P.O. Box 10742, Hilo, HI 96721
Address

1. State request or information to be provided Report accepted for physical abuse to Peter Jr. by his father.

2. Financial status

a. To be completed by IM Unit:

1) Family is receiving \$ _____ monthly, effective _____

2) Family ineligible for financial assistance. Effective _____

Reason: Closed Suspended Because _____

Resources exceed standard of assistance by \$ _____.

3) For families/individuals receiving GA or ineligible for financial assistance.

a) Person never received assistance in a federal category

b) Person last received assistance: _____ during _____
Federal Category Month Year

b. To be completed by Service Unit for Food Stamp purposes. (Use additional sheets if necessary)

1) Family receiving \$ _____ for _____
Amount Service cost item
effective _____
Month Year

2) Family receiving \$ _____ for _____
Amount Service cost item
effective _____
Month Year

3) Family receiving \$ _____ for _____
Amount Service cost item
effective _____
Month Year

3. Reply needed

Reply not needed

[Redacted signature area]

7/11/01

State of Hawaii
Department of Human Services
FAMILY AND ADULT SERVICES DIVISION

INFORMATION AND REFERRAL FORM
(For Communication between Units)

Jaylin Kenia

Case Name

County Code

Category and Case Number

TO:

536/01

Same

Unit

Name of Person

From:

EIC

Box 10742

Unit

Address

Hilo 96721

Address

1. State request or information to be provided CPS referral rec'd alleging physical abuse of Peter jr. by his father, Peter Sr.

2. Financial status

a. To be completed by IM Unit:

- 1) Family is receiving \$ _____ monthly, effective _____
- 2) Family ineligible for financial assistance. Effective _____
- Reason: Closed Suspended Because _____

Resources exceed standard of assistance by \$ _____

3) For families/individuals receiving GA or ineligible for financial assistance.

a) Person never received assistance in a federal category

b) Person last received assistance: _____ during _____

Federal Category Month Year

b. To be completed by Service Unit for Food Stamp purposes. (Use additional sheets if necessary)

1) Family receiving \$ _____ for _____

Amount Service cost item

effective _____

Month Year

2) Family receiving \$ _____ for _____

Amount Service cost item

effective _____

Month Year

3) Family receiving \$ _____ for _____

Amount Service cost item

effective _____

Month Year

3. Reply needed

Reply not needed

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

Prints

I, Jaylin M. Kema / Peter J. Kema, hereby give my permission to
(1) Name of applicant/recipient/legal guardian

Christopher Kot Borthel PhD to give the following information
(2) Individual/agency or organization

in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.

The information to be reviewed/released is limited to the following:

(3) referral and date
diagnosis
process of treatment
recommendation

This information is to be used for DHS assessment
of services recommended
(4) State purpose

(5) Check one of the following:

This consent is good until _____ (not to exceed 90 days from date signed); OR
(6) month/day/year

FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. _____

J. Kema Peter J. Kema S
(7) Signature of applicant/recipient/legal guardian

2/6/98
Date

P.O. Bx 10742, Hilo HI 96721
(8) Address of applicant/recipient

Social Security No. or Birthdate of Applicant/Recipient

Complete two (2) copies:
Original - Individual/agency, Copy - Case record

Handwritten text at the top of the page, possibly a title or header.

70 + 128
Handwritten text in a circular stamp or seal.

Main body of handwritten text, appearing to be a list or series of entries.

MEMORANDUM/ROUTE FORM

State of Hawaii
Department of Human Services

To:

From:

Date:

Subject:

REMARKS: 9:50 A.M.

9/3 elx

[Redacted]

re: DR's (RPT)

+ left msg. since not home -

Sign in app. 9/3/01

SPR [Redacted]

APP [Redacted]

[Redacted]

[Redacted]

1/1/01

- Approval
- Comments
- Discussion
- Information
- Action
- See me
- Signature
- Circulate
- Return
- File

DHS-0614 (7/87)