Reviewed by SGJ
Revised & Approved for use 3 Oct 88

INFORMATION
FOR
SANITY BOARD EVALUEES

You have been directed, by order of a military judge or the Court Martial Convening Authority, to undergo a formal Sanity Board evaluation, under the provisions of Rules for Courts Martial 706 of the Uniform Code of Military Justice. This document is to inform you of the nature of such examinations, and to advise you on the special confidentiality issues and privileges accorded to you under the UCMJ while undergoing this evaluation.

JUSTIFICATION FOR SANITY BOARDS: Under the provisions of RCM 706, a Court Martial Convening Authority or Military Judge may order an inquiry into the mental capacity or mental responsibility of the accused. This may be done when it appears to any commander who considers the disposition of charges, or to any investigating officer, trial counsel, defense counsel, Military Judge or member serving on the Court, that the accused lacked mental responsibility for an offense charged, or may lack capacity to stand trial.

PURPOSE OF EVALUATION: The examination is designed to respond to the specific doubts expressed by the individual ordering the Board, to provide a full evaluation summary to your defense counsel, and to provide specific responses to each of the following questions:

1) At the time of the alleged criminal conduct did the accused have a mental disease or defect?

2) What is the clinical psychiatric diagnosis?

3) Was the accused, at the time of the alleged criminal conduct and as a result of such mental disease or defect, unable to appreciate the nature and quality or wrongfulness of the accused's conduct?

4) Does the accused, at this time, have sufficient mental capacity to understand the courtmartial proceedings and to conduct or cooperate inteligently in the defense?

CONFIDENTIALITY: Your rights are carefully guarded during a Sanity Board Evaluation. RCM 706, in general, prohibits release of the full report of the board to individuals except for release to medical personnel for medical treatment; the commanding officer of the accused, if he requests it, and those persons authorized by the convening authority before referral of charges and the military judge after the referral of charges. Your defense counsel is authorized to receive the **full report**. If you have questions regarding confidentiality, please contact your defense counsel.

BOARD MEMBERS: Santiy Boards *require* only one member. At Wilford Hall, Sanity Boards are usually composed of at least one Board Certified Psychiatrist, one Licensed Psychologist, and one other medical or psychological member. Board members will identify themselves to you.

BOARD REPORTS: Two reports are prepared by each Sanity Board.

1) The **full report** of the board, which includes information about your history, ability to cooperate with your defense, *etc.* is provided to your defense attorney, and upon request to your commanding officer.

2) A statement consisting only of the board's ultimate conclusions as to all questions specified in the order is submitted to the officer ordering the examination, your commanding officer, the investigating officer (if any), and to all counsel in the case, as well as to the convening authority and, after referral of charges to the military judge.

WHAT YOU CAN EXPECT: Each Sanity Board Evaluation is different. However, you can expect some standard procedures.

1) Your evaluator, a psychiatrist, psychologist, or resident under the supervision of a psychiatrist or psychologist will talk with you about what has happened. He or she will discuss your view of the events which led up to your being charged.

2) The evaluator will talk with you about some of your personal history. In addition, he or she will talk with you about your lawyer, and how you are getting along. He/she will probably discuss any experiences you have had with civilian or military police or other investigative agencies...especially if you were interviewed about alleged offenses by them.

3) Your evaluator will examine all military records provided to the Board (*e.g.* charges and specifications, witness' statements, APRs or medical history.

4) The evaluator may request you that you complete some **medical tests**. If you are unclear on the purpose of any tests required, or their legitimate uses we recommend you discuss your questions with the evaluator and/or consult with your Defense Counsel for authoritative information.

5) Your evaluator will ask you to complete a series of **psychological tests**. The tests will be interpreted by a psychologist. The psychologist will explain the nature and purpose of psychological tests before asking you to complete them, and will advise you on how to obtain feedback on any such tests.

YOUR RIGHTS DURING AN EVALUATION:

1) You have a right to an evaluation which is scientific, objective, and professional.

2) You have a right to discuss the results of any psychological tests with the psychologist who interpreted them. Time limitations during sanity boards often make this difficult. But, the psychologist will make every attempt to discuss the test results with you during your stay at ~~Wilford Hall~~ DYESS AFB CLINIC.

3) Statements made by you to members of the board are treated, in general, like statements made to your own defense attorney. They generally cannot be used in evidence **unless introduced by your own defense counsel.** Likewise, the full report of the board may generally be introduced as evidence in court only by your defense counsel.

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IF YOU HAVE QUESTIONS REGARDING THE BASIC NATURE OR PURPOSE OF A SANITY BOARD, PLEASE DISCUSS THEM WITH THE EVALUATOR AT ANY TIME DURING THE EXAM. IF YOU HAVE CONCERNS REGARDING PARTICIPATION IN THIS EXAMINATION, WE ENCOURAGE YOU TO CONTACT YOUR DEFENSE ATTORNEY IMMEDIATELY, BEFORE BEGINNING THE EXAM, OR AT ANY TIME DURING THE EXAMINATION.

WE RECOMMEND AGAINST DISCUSSION OF YOUR BOARD WITH ANYONE OUTSIDE OF YOUR DEFENSE ATTORNEY AND MEMBERS OF YOUR SANITY BOARD.

INDICATE YOUR READING AND UNDERSTANDING OF THESE PROCEDURES AND RIGHTS BY YOUR INITIALS AND SIGNATURE IN THE APPROPRIATE SPACES BELOW.

GS (initials)

I **do / do not** wish to exercise my right to consult with an attorney prior to participating in this evaluation.

JPB (initials)

(I do) / do not wish to voluntarily participate in this examination, including the completion of psychological tests deemed appropriate by the examiner.

Staff/Resident Comments:

Evaluee Signature

15 JUNE 2011
Date

Resident/Staff Signature

15 JUN 11
Date

JONATHAN P. GORHAM, PsyD, Capt, USAF, BSC
Mental Health Flight Commander

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DEPARTMENT OF THE AIR FORCE
7TH MEDICAL OPERATIONS SQUADRON (ACC)
697 LOUISIANA DRIVE
DYESS AIR FORCE BASE, TEXAS 79607-1367

MENTAL HEALTH CLINIC

QUALITY ASSURANCE SCREENER

(CIRCLE ONE)

YES (NO) Do you have any other insurance other than Tri-Care (i.e., 3rd party insurance)?

YES (NO) Are you scheduled to deploy as a PRIMARY/ALTERNATE? (if YES, circle which)?

YES (NO) Are you on PRP status?

YES (N/A) If you are on PRP status, did you first see the 7 MDG PRP Monitor for access?

(YES) NO Do you have a Top Secret Security Clearance?

(YES) NO Are you on Flying status?

Please legibly print/sign your name and date below.

PRINTED NAME	SIGNATURE	DATE
PATRICK T BURKE		15 JUN 11

GREGORY J. WILLIAMS, Capt, USAF, MC
Chief, Psychiatric Services

DYESS AFB MENTAL HEALTH CLINIC CLIENT INFORMATION SHEET

Clients are often unsure of what to expect from a mental health service. We encourage you to consider the following points regarding mental health care and to discuss them with your provider if you wish. You can expect the attention, respect, and best professional care of your provider. Your provider will treat you as a responsible individual and will expect you to take an active part in your treatment. You should also expect to take part in treatment decisions. You should understand the goals and direction therapy is taking, and if you do not understand, you should ask. Before initiating a professional evaluation or treatment relationship with a provider, we want you to know the limitations on your privacy. Federal law and military regulations govern the privacy of information you discuss with a mental health care provider. Some kinds of information may be released without your permission. If you do not understand your privacy in this setting, discuss it with your provider before beginning an evaluation or treatment.

Disclosure Policy: Most information related to treatment is not releasable without your written consent. Excluded from consent are such activities as quality assurance reviews by other mental health professionals, collection of information for medical research, and official authorized military investigations. Release or disclosure to anyone else generally requires your written consent. Limitations are listed below.

- LIMITATIONS FOR NON-ACTIVE DUTY

Child/Spouse Abuse: Providers must report child abuse, suspected child abuse or child neglect, and incidents of spouse abuse or other family violence to military agencies and/or local child protective authorities.

Serious Criminal Offenses: State and Federal laws require disclosure of some serious crimes, threat, or intent to commit such crimes by clients. Such crimes include homicide, intent to commit acts of violence, and sex offenses.

Suicide: Providers have a legal and ethical obligation to assist in the prevention of suicide. To this end, providers may consult with other providers. They may also consult the legal authorities in cases where the individual is no longer cooperative in maintaining their own safety and legal avenues are needed to prevent death.

- LIMITATIONS FOR ACTIVE DUTY (NOTE: Includes all non-active duty exceptions listed above: Child/Spouse Abuse, Serious Criminal Offenses, and Suicide):

Access to Records by Commanders: Commanders with a justifiable military need to know may obtain the minimum necessary information without the member's authorization. Such information includes, but may not be limited to: duty restrictions, medical conditions which warrant medical evaluation boards, conditions which affect reliability for PRP or FLY duties, suicide attempts or serious intent, inpatient hospitalization, and some duty impairing conditions warranting administrative discharge. Normally the commander will receive the information via the first sergeant for enlisted members.

Drug and Alcohol Abuse: IAW AFI 44-121 para 3.9 military providers must report drug/alcohol abuse in active duty members to the ADAPT Program and commanders. OSI is contacted for drug abuse cases.

UCMJ Actions: Although there is a very limited psychotherapist-patient privilege that may prevent your communications with your provider from being used against you in UCMJ actions, you should not assume that your communications will be protected. The Area Defense Counsel (ADC) can provide further information on the limited protection the privilege affords you and you may discuss the matter with the ADC before speaking with a provider.

Medical Evaluation Boards: Some chronic conditions or duty limiting conditions not expected to fully remit after a maximum of 12 months will be referred to a medical evaluation board.

Voluntary Contact with Your Unit: Your mental health provider may discuss with you the beneficial effects of involving your command either to inform command that there were no concerns or to provide recommendations to support you. Commanders and First Sergeants are a tremendous asset in addressing scheduling issues to allow you to pursue help and assist in finding resources to address many work/family issues. Unless your mental health provider receives information specified above where they are mandated to contact your command, your provider will need to obtain your consent prior to any communication with your unit's leadership.

(sheet continued)

Transfer of Mental Health Information to Gaining Base upon PCS:
In accordance with AFI 44-210, it may be necessary to forward a summary of your treatment at Dyess to the MHC at your gaining base.

Limited Privilege Suicide Prevention Program (LPSPP):
The LPSPP provides a greater degree of confidentiality when an active duty member is under criminal investigation and is at an increased risk for suicide. The program is governed by AFI 44-109. Your provider can answer specific questions you may have.

Air Force Active Duty Members Who Elect to Receive Civilian Medical (Including Mental health) Care:
The following information is quoted from AFI 44-102 par. 12-93d(1,3) for your guidance in seeking mental health services from civilian providers.

When an Air Force member receives civilian medical care at his or her own expense, the individual must notify the servicing MTF patient affairs office within 3 days of care. The individual must provide information on the nature of the ailment or illness, the treatment received or recommended, and the identity of drugs or other medications prescribed. This information may then be used to conduct further treatment or examinations to determine the member's fitness for continued duty performance...the individual must arrange for a summary of treatment to be sent to the servicing MTF for permanent retention in the health record.

Records of Your Care: Every client visit to the MHC is documented in the outpatient medical record (OPR). Only entries necessary for quality care are made in the OPR. These notes are kept to a minimum to maintain your privacy. We try to balance your reasonable expectations of privacy against a possible need for information during current and future care. The more detailed notes, necessary for your individual care, are maintained in a mental health record. The mental health record is stored in the MHC under lock and key. Upon PCS, a summary of your care and/or your mental health record will be forwarded to the Mental Health Clinic at your gaining base if you are still engaged in care with mental health at the time of PCS.

Contacting Patients: MHC staff is often required to contact patients to schedule, reschedule, or cancel clinic appointments. Such contact is usually made via phone; however, due to the nature of the AF, patients are often unreachable, making the phone an ineffective method of correspondence. MHC requests permission to contact you via e-mail or home phone should the need arise, or should your provider wish to request or provide you with information.

E-MAIL:

_____ MHC Staff/Provider MAY contact me via e-mail at my dyess.mil email address

_____ MHC Staff/Provider MAY NOT contact me via e-mail

PHONE:

_____ If necessary, MHC staff/Provider MAY contact my *home/ cell phone* and leave a message

_____ MHC/Provider MAY NOT contact my *phone* and leave a message

ALTERNATIVE MEANS (other phone # or email addresses)_____

I have read and understand the above policies. I understand that I have a right to have any of the above policies explained further to me and that a copy of this information sheet will be given to me at my request. I DO DO NOT (please circle your response) consent to be evaluated.

Signature: [signature] *Date:* 15 JUN 11

This form is affected by the Privacy Act of 1974. Use Blanket PAS-DD Form 2005

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/ beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR	SSN OF MEMBER OR SPONSOR	DATE
[signature]	625-20-8883	15 JUN 11

DD FORM 2005, FEB 76 (EG) PREVIOUS EDITION IS OBSOLETE. USAPPC V1.00

MENTAL HEALTH FLIGHT PATIENT QUESTIONNAIRE

In order to better serve you, please take a few moments to fill out the following information. Please be sure that you have read the Privacy Act form and the Clinic Privacy Policy before completing the information below. Thank you!

Date: 15 JAN 11

Name: PATRICK B. RACE	Sponsor's SSN: 425-20-[illegible]8	
Date of Birth: 5/8/85	Gender: ☒ Male ☐ Female	Race/Ethnicity: Caucasian
Age: 26	Religion/Spiritual Affiliation:	
Address: 125 Broadmoor St Tuscola, TX 79562	Home Phone: 325 232-7075	
	Work Phone: 696-7494	

Marital Status: Married

If separated, pending divorce, divorced, or widowed, how long?

Please list any children and their ages:

Branch of Service: USAF	Flying Status: YES
Status: ACTIVE	PRP: NO
Sponsor's rank/Pay Grade: O-3	SOC: [illegible]
Date of Separation: n/a	[illegible]

Date of Entry into the military: 6/26/2005	Time on Station: 2 yrs
Current Height: 5 Ft 10 In Weight: 195 lbs	Highest Level of Education: Bachelor's
Occupational area/AFSC: 11B2A	Unit: 9 BS
Commanding Officer: LTC Miller	First Sergeant: MSgt Skelton

What is the reason that you came to see us at this time?

Legal

How long has this been a problem for you?

9 months

Are you here voluntarily or did someone suggest you come? ☐ Self Referral ☒ Referred by: Capt Dorse-Pascual

Are you currently thinking about suicide? ☐ YES ☒ NO

Have you ever attempted suicide? ☐ YES ☒ NO (If yes, when)

Do you currently have thoughts or urges to hurt anybody else? ☐ YES ☒ NO

JONATHAN P. GORHAM, PsyD, Capt, USAF, BSC
Mental Health Flight Commander

Do you have weapons in your home? ☒ YES ☐ NO

Have you ever sought treatment for a psychological/emotional difficulty before? ☐ YES ☒ NO

Approximate Date(s) and nature of problem(s)

N/A

Have you ever or are you now being seen in the Substance Abuse Program? ☐ YES ☒ NO

Have you ever been hospitalized for a psychological/emotional problem? ☐ YES ☒ NO (If yes, when)

Patient Health Questionnaire

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

Name Patrick Burke Age 26 Sex: ☐ Female ☒ Male Today's Date 15 June

1. During the last 4 weeks, how much have you been bothered by any of the following problems?	Not bothered	Bothered a little	Bothered a lot
a. Stomach pain	☒	☐	☐
b. Back pain	☒	☐	☐
c. Pain in your arms, legs, or joints (knees, hips, etc.)	☒	☐	☐
d. Menstrual cramps or other problems with your periods	☒	☐	☐
e. Pain or problems during sexual intercourse	☒	☐	☐
f. Headaches	☒	☐	☐
g. Chest pain	☒	☐	☐
h. Dizziness	☒	☐	☐
i. Fainting spells	☒	☐	☐
j. Feeling your heart pound or race	☒	☐	☐
k. Shortness of breath	☒	☐	☐
l. Constipation, loose bowels, or diarrhea	☒	☐	☐
m. Nausea, gas, or indigestion	☒	☐	☐

2. Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	☒	☐	☐	☐
b. Feeling down, depressed, or hopeless	☒	☐	☐	☐
c. Trouble falling or staying asleep, or sleeping too much	☒	☐	☐	☐
d. Feeling tired or having little energy	☒	☐	☐	☐
e. Poor appetite or overeating	☒	☐	☐	☐
f. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	☒	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television	☒	☐	☐	☐
h. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	☒	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way	☒	☐	☐	☐

FOR OFFICE CODING: Som Dis if at least three of #1a-m are "a lot" and lack an adequate biol explanation.
Maj Dep Syn if answers to #2a or b and five or more of #2a-i are at least "More than half the days" (count #2i if present at all).
Other Dep Syn if #2a or b and two, three, or four of #2a-i are at least "More than half the days" (count #2i if present at all).

3. Questions about anxiety.

		NO	YES
a.	In the last 4 weeks, have you had an anxiety attack — suddenly feeling fear or panic?.....	☒	☐

If you checked "NO", go to question #5.

b.	Has this ever happened before?.....	☐	☐
c.	Do some of these attacks come suddenly out of the blue — that is, in situations where you don't expect to be nervous or uncomfortable?.....	☐	☐
d.	Do these attacks bother you a lot or are you worried about having another attack?.....	☐	☐

4. Think about your last bad anxiety attack.

		NO	YES
a.	Were you short of breath?.....	☐	☐
b.	Did your heart race, pound, or skip?.....	☐	☐
c.	Did you have chest pain or pressure?.....	☐	☐
d.	Did you sweat?.....	☐	☐
e.	Did you feel as if you were choking?.....	☐	☐
f.	Did you have hot flashes or chills?.....	☐	☐
g.	Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?.....	☐	☐
h.	Did you feel dizzy, unsteady, or faint?.....	☐	☐
i.	Did you have tingling or numbness in parts of your body?...	☐	☐
j.	Did you tremble or shake?.....	☐	☐
k.	Were you afraid you were dying?.....	☐	☐

5. Over the last 4 weeks, how often have you been bothered by any of the following problems?

		Not at all	Several days	More than half the days
a.	Feeling nervous, anxious, on edge, or worrying a lot about different things.....	☒	☐	☐

If you checked "Not at all", go to question #6.

b.	Feeling restless so that it is hard to sit still.....	☐	☐	☐
c.	Getting tired very easily.....	☐	☐	☐
d.	Muscle tension, aches, or soreness.....	☐	☐	☐
e.	Trouble falling asleep or staying asleep.....	☐	☐	☐
f.	Trouble concentrating on things, such as reading a book or watching TV.....	☐	☐	☐
g.	Becoming easily annoyed or irritable.....	☐	☐	☐

FOR OFFICE CODING: Pan Syn if all of #3a-d are 'YES' and four or more of #4a-k are 'YES'.
Other Anx Syn if #5a and answers to three or more of #5b-g are "More than half the days".

6. Questions about eating:

	NO	YES
a. Do you often feel that you can't control what or how much you eat?.....	☒	☐
b. Do you often eat, within any 2-hour period, what most people would regard as an unusually large amount of food?.....	☒	☐

If you checked 'NO' to either #a or #b, go to question #9.

c. Has this been as often, on average, as twice a week for the last 3 months?.....	☐	☐

7. In the last 3 months have you often done any of the following in order to avoid gaining weight?

	NO	YES
a. Made yourself vomit?.....	☐	☐
b. Took more than twice the recommended dose of laxatives?	☐	☐
c. Fasted — not eaten anything at all for at least 24 hours?.....	☐	☐
d. Exercised for more than an hour specifically to avoid gaining weight after binge eating?.....	☐	☐

8. If you checked 'YES' to any of these ways of avoiding gaining weight, were [illegible], on average, as twice a week?..... NO ☐ YES ☐

9. Do you ever drink alcohol (including beer or wine)?..... NO ☐ YES ☒

If you checked "NO" go to question #11.

10. Have any of the following happened to you more than once in the last 6 months?

	NO	YES
a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health.....	☒	☐
b. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities.....	☒	☐
c. You missed or were late for work, school, or other activities because you were drinking or hung over.....	☒	☐
d. You had a problem getting along with other people while you were drinking.....	☒	☐
e. You drove a car after having several drinks or after drinking too much.....	☒	☐

11. If you checked off any problems on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☒	☐	☐	☐

FOR OFFICE CODING: But Ner if #6a,b, and c and #8 are all 'YES'; Bin Eat Dis the same but #8 either 'NO' or left blank.
Alc Abu if any of #10a-e is 'YES'.