

THE STATE OF TEXAS †

WARRANT FOR ARREST FOR

COUNTY OF TARRANT †

EMERGENCY ADMISSION TO A HOSPITAL

THE STATE OF TEXAS TO ANY PEACE OR HEALTH OFFICER OF THE STATE OF TEXAS:

GREETINGS:

WHEREAS, the Affiant whose signature is affixed to the Affidavit attached hereto, has presented by said Affidavit sufficient facts to show that probable cause exists for the belief that WILLIAM MAVERICK WINSLOW is mentally ill and is likely to cause injury to himself or others if not immediately restrained:

NOW, THEREFORE, you are commanded to seize the person of, WILLIAM MAVERICK WINSLOW who may be physically described as:

AGE: 61 RACE: WHITE SEX: MALE HGT: 6 Ft. 0 in. WGT: EYES: BLUE HAIR: GRAY OR PARTIALLY GRAY

and take said person into custody and transport him/her INSTANTER to JOHN PETER SMITH HOSPITAL and there present said person for admission.

HEREIN FAIL NOT, but of this writ make due return showing how you have executed the same.

NOTICE TO PHYSICIANS: Pursuant to Article 5561h, Tex. Rev. Civ.Stat., the examining physicians are each instructed that prior to examining the proposed patient they shall each inform him or her that any communications to or observations made by the physicians during this or any later examination will be used in a court of law and are not privileged.

GIVEN UNDER MY HAND THIS 15TH DAY OF JUNE, 2022.

6/15/2022 1:53:32 PM



Judge Ralph Swearingin, Jr. signature, JUDGE RALPH SWEARINGIN, JR JUSTICE COURT PRECINCT 1 100 W WEATHERFORD ST ROOM 450 FORT WORTH, TX76196

OFFICER'S RETURN

THE STATE OF TEXAS †

COUNTY OF TARRANT †

Came to hand on the \_\_\_ day of \_\_\_, 20\_\_\_, at \_\_\_ o'clock \_\_.M. and executed in Tarrant County, Texas, by delivering to the within named \_\_\_ at \_\_\_ o'clock \_\_.M. on the \_\_\_ day of \_\_\_, 20\_\_\_, in person a true copy of this Warrant and transporting the said \_\_\_ to \_\_\_ Hospital where I presented said person for admission.

To certify which witness my hand officially.

SHERIFF OF TARRANT COUNTY, TEXAS

By: \_\_\_\_\_ Deputy

- Ayodele Abraham, MD
- Robert Bennett, MD
- Rupinder Bhatia, MD
- Hemant Day, MD
- Anthony Doti, MD

**MILLWOOD HOSPITAL**  
 Behavioral Health and Addiction Treatment  
 WE BELIEVE IN PEOPLE

1011 N. Cooper Street, Arlington, Texas 76011  
 817-261-3121

- Innocentia Eronwu, NP
- Saaghe Fogwe, NP
- Osmunda Jones, NP
- Zaquia Mackey, PA
- McFranklin Ogbonna, NP

WINSLOW, WILLIAM 61  
 000096417 1246861-0014 M  
 522646260 45  
 UNT1 A06/18/22 B08/07/60  
 R. BENNETT IOL Date 6/19/22

**Rx**

① Lisinopril 10mg po qd # 15 tabs  
 ② Pravastatin 40mg po qhs # 15 tabs

Label  [Signature] Non-Ref  DEA No. 8  
 Production Selection Permitted Dispense as Written

- Ayodele Abraham, MD
- Robert Bennett, MD
- Rupinder Bhatia, MD
- Hemant Day, MD
- Anthony Doti, MD

**MILLWOOD HOSPITAL**  
 Behavioral Health and Addiction Treatment  
 WE BELIEVE IN PEOPLE

1011 N. Cooper Street, Arlington, Texas 76011

- Jude Abam, FNP
- Innocentia Eronwu, NP
- Saaghe Fogwe, NP
- Osmunda Jones, NP
- Zaquia Mackey, PA
- McFranklin Ogbonna, NP

WINSLOW, WILLIAM 61  
 000096417 1246861-0014 M  
 For 522646260 45  
 Address UNT1 A06/18/22 B08/07/60  
 R. BENNETT IOL Date 6-23-22

**Rx**

① Mobic 15mg qd # 15 tabs  
 ②

Label  [Signature] Non-Ref  DEA No. 8  
 Production Selection Permitted Dispense as Written

# Millwood Hospital

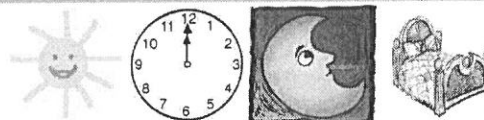
## DISCHARGE MEDICATION SUMMARY FOR PATIENT

Patient Name: WINSLOW, WILLIAM      DOB: 08/07/1960 Room-Bed: 111-B      Admit Date/Time: 6/18/22 16:54

Ht: 0.00cm      Wt: 0.00kg      BMI: 0.00      BSA: 0.00      Regular Pharmacy:

Allergies: NKDA

### Medications to take after Discharge



Medication	Dose	Route	Freq	Morning	Noon	Evening	Bedtime
<b>CARDIOVASCULAR AGENTS</b>							
lisinopril 20 mg TAB (Prinivil) Indication: Hypertension	40 mg	Oral	ONCE A DAY	✓			
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>							
meloxicam 15 mg TAB (Mobic) Indication: ARTHRITIS	15 mg	Oral	ONCE A DAY	✓			

Keep a list of your Medications and update with any changes including non prescription products. Tell all of your physicians about changes at each visit and carry a copy with you at all times in case of an emergency situations. Always take medications according to your physicians instructions. Discard Medications that have expired.

Do NOT Scan to Pharmacy

**ACCT #: 1246861**  
**MR #: 000096417**  
 Admit Date: 6/18/22 16:54  
 Physician: Bennett, Robert, MD  
**DOB: 08/07/1960      AGE: 61 years      SEX: M**

**WINSLOW, WILLIAM**



## meloxicam (oral/injection)

Pronunciation: mel OKS i kam

Brands: Anjeso, Mobic, Qmiiz ODT, Vivlodex

### What is the most important information I should know about meloxicam?

Meloxicam can increase your risk of fatal heart attack or stroke. Do not use this medicine just before or after heart bypass surgery (coronary artery bypass graft, or CABG). Meloxicam may also cause stomach or intestinal bleeding, which can be fatal.

### What is meloxicam?

Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) that is used to treat osteoarthritis or rheumatoid arthritis in adults.

Meloxicam is also used to treat juvenile rheumatoid arthritis in children who are at least 2 years old.

The Anjeso brand of meloxicam is used to treat moderate to severe pain in adults.

Vivlodex is for use only in adults. Qmiiz is for adults and children weighing at least 132 pounds (60 kilograms).

Meloxicam may also be used for purposes not listed in this medication guide.

### What should I discuss with my healthcare provider before taking meloxicam?

Meloxicam can increase your risk of fatal heart attack or stroke, even if you don't have any risk factors. Do not use this medicine just before or after heart bypass surgery (coronary artery bypass graft, or CABG).

Meloxicam may also cause stomach or intestinal bleeding, which can be fatal. These conditions can occur without warning while you are using meloxicam, especially in older adults.



- You should not use meloxicam if you are allergic to it, or if you have ever had an asthma attack or severe allergic reaction after taking aspirin or an NSAID.

You should not take meloxicam disintegrating tablets (Qmiiz ODT) if you have phenylketonuria (PKU). This form of meloxicam contains phenylalanine.

Tell your doctor if you have ever had:

- heart disease, high blood pressure, high cholesterol, diabetes, or if you smoke;
- a heart attack, stroke, or blood clot;
- ulcers or bleeding in your stomach;
- asthma;
- kidney disease (or if you are on dialysis);
- liver disease; or
- fluid retention.

If you are pregnant, you should not take meloxicam unless your doctor tells you to. Taking an NSAID during the last 20 weeks of pregnancy can cause serious heart or kidney problems in the unborn baby and possible complications with your pregnancy.

Meloxicam may cause a delay in ovulation (the release of an egg from an ovary). You should not take meloxicam if you are undergoing fertility treatment, or are otherwise trying to get pregnant.



- It may not be safe to breastfeed while using this medicine. Ask your doctor about any risk.



- Meloxicam is not approved for use by anyone younger than 2 years old.

### How should I take meloxicam?

Follow all directions on your prescription label and read all medication guides. Use the lowest dose that is effective in treating your condition.

Meloxicam oral is taken by mouth.

Meloxicam injection is given as an infusion into a vein. A healthcare provider will give you this injection.

You may take meloxicam oral with or without food.

Attending Physician: Bennett, Robert, MD



- Ask your doctor before using meloxicam if you take an antidepressant. Taking certain antidepressants with an NSAID may cause you to bruise or bleed easily.

Tell your doctor about all your other medicines, especially:

- cyclosporine;
- lithium;
- methotrexate;
- pemetrexed;
- sodium polystyrene sulfonate (Kayexalate);
- a blood thinner (warfarin, Coumadin, Jantoven);
- heart or blood pressure medication, including a diuretic or "water pill"; or
- steroid medicine (such as prednisone).

This list is not complete. Other drugs may affect meloxicam, including prescription and over-the-counter medicines, vitamins, and herbal products. Not all possible drug interactions are listed here.

### Where can I get more information?

Your pharmacist can provide more information about meloxicam.

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Remember, keep this and all other medicines out of the reach of children, never share your medicines with others, and use this medication only for the indication prescribed.

Every effort has been made to ensure that the information provided by Cerner Multum, Inc. ('Multum') is accurate, up-to-date, and complete, but no guarantee is made to that effect. Drug information contained herein may be time sensitive. Multum information has been compiled for use by healthcare practitioners and consumers in the United States and therefore Multum does not warrant that uses outside of the United States are appropriate, unless specifically indicated otherwise. Multum's drug information does not endorse drugs, diagnose patients or recommend therapy. Multum's drug information is an informational resource designed to assist licensed healthcare practitioners in caring for their patients and/or to serve consumers viewing this service as a supplement to, and not a substitute for, the expertise, skill, knowledge and judgment of healthcare practitioners. The absence of a warning for a given drug or drug combination in no way should be construed to indicate that the drug or drug combination is safe, effective or appropriate for any given patient.

Multum does not assume any responsibility for any aspect of healthcare administered with the aid of information Multum provides. The information contained herein is not intended to cover all possible uses, directions, precautions, warnings, drug interactions, allergic reactions, or adverse effects. If you have questions about the drugs you are taking, check with your doctor, nurse or pharmacist.

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- Call your doctor if you are sick with vomiting or diarrhea, or if you are sweating more than usual. You can easily become dehydrated while taking lisinopril. This can lead to very low blood pressure, a serious electrolyte imbalance, or kidney failure.

If you need surgery, tell the surgeon ahead of time that you are using lisinopril.

If you have high blood pressure, keep using this medicine even if you feel well. High blood pressure often has no symptoms. You may need to use blood pressure medicine for the rest of your life.



- Store at room temperature away from moisture and heat. Do not freeze the oral liquid.

### What happens if I miss a dose?

Take the medicine as soon as you can, but skip the missed dose if it is almost time for your next dose. Do not take two doses at one time.

### What happens if I overdose?



- Seek emergency medical attention or call the Poison Help line at 1-800-222-1222.

### What should I avoid while taking lisinopril?



- Drinking alcohol can further lower your blood pressure and may increase certain side effects of lisinopril.

Avoid becoming overheated or dehydrated during exercise, in hot weather, or by not drinking enough fluids. Lisinopril can decrease sweating and you may be more prone to heat stroke.



- Do not use potassium supplements or salt substitutes, unless your doctor has told you to.



- Avoid getting up too fast from a sitting or lying position, or you may feel dizzy.

### What are the possible side effects of lisinopril?



- Get emergency medical help if you have signs of an allergic reaction: hives; severe stomach pain; difficulty breathing; swelling of your face, lips, tongue, or throat. You may be more likely to have an allergic reaction if you are African-American.



- Call your doctor at once if you have:

- a light-headed feeling, like you might pass out;
- fever, sore throat;
- high potassium--nausea, weakness, tingly feeling, chest pain, irregular heartbeats, loss of movement;
- kidney problems--little or no urination, swelling in your feet or ankles, feeling tired or short of breath; or
- liver problems--nausea, upper stomach pain, itching, tired feeling, loss of appetite, dark urine, clay-colored stools, jaundice (yellowing of the skin or eyes).

Common side effects may include:

- headache, dizziness;
- cough; or
- chest pain.

This is not a complete list of side effects and others may occur. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

### What other drugs will affect lisinopril?

Tell your doctor about all your other medicines, especially:

- a diuretic or "water pill";
- lithium;
- gold injections to treat arthritis;



# My Safety Crisis Plan

**Recognize your warning signs and use your coping skills to keep yourself safe and healthy.**

### Triggers and Stressors

(Behaviors, situations and circumstances that put you at emotional risk)

- Irrational / overwhelming thoughts  
 \_\_\_\_\_  
 \_\_\_\_\_  
 - Conflict w/ other  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Warning Signs

(Your behavior signals that show you're growing more and more at risk)

→ yelling/crying  
 → Sweeping  
 → Pacing  
 → Heat racing  
 → Call someone and ask for

### My Coping Skills...

What I can do to be calm and stay safe IN THE MOMENT:

- Breathe / meditate  
 - Listen to music  
 - Speak to trusted family or friend

What can my support person do to help me?

"Get it"

### Things to do... My goals for healthy behavior:

1. Medication Coping
2. After Care Appointments
3. Therapy
4. \_\_\_\_\_

### People to contact...

911  
 Millwood Hospital for emergencies related to this stay: please call 817-261-3121  
 Ask to speak to the House Supervisor  
**National Suicide Prevention Lifeline**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)  
**1-800-273-TALK(8255)**

William Winslow does not have access to:

#### (Patient/Resident)

- Prescription medications for use other than as prescribed
- Weapons
- Lethal medications
- Illegal drugs/alcohol, as applicable
- Other means of self-harm

(Print Name) Ede Ejime verified that these items have been secured/removed from the home.

**Relationship to Patient**  Parent/Guardian  Family Member

Support Person/Friend

In person  by phone on 4/23/22 @ 11:15 (Date)

### Reminders

- Take medications as ordered – do not change the dose or time unless directed by your physician.
- If you experience side effects from your medications – notify your outpatient provider or Primary Care Physician
- For Children/Adolescents – Medication should be kept out of reach and in a secure place
- Keep aftercare appointments as scheduled – take your aftercare plan to your appointment

Patient: AC56-997112 U.S. Army cags 99994

Date: 6/23/22  Received Copy

Support Person: \_\_\_\_\_

Date: \_\_\_\_\_  Received Copy

Staff: [Signature] CPA

Date: 6/23/22 /233

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 R. BENNETT IOI





# Responding to the Warning Signs of Suicide

## Responding to the Warning Signs of Suicide

Professionals across multiple sectors, in addition to behavioral health care, have an important part to play in preventing suicide. This sheet provides information for professionals in caregiving sectors such as health care, social services, and faith-based communities.

As you interact with those around you—whether clients, colleagues, or community members—it is important to be alert to the warning signs of suicide. Listed below are the warning signs as well as the steps you can take if an individual is experiencing them.

### Warning signs that indicate immediate risk

If someone is:

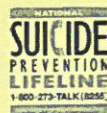
- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Take the following steps right away:

1. Stay with the person (or make sure the person is in a private, secure place with another caring person) until you can get further help.
2. If the danger for self-harm seems imminent, call 911.
3. Otherwise, contact a mental health professional, a hospital emergency department, or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).
4. Provide any relevant information you may have about the person to those who are managing the crisis.
5. Keep in contact with the person after the crisis to provide the support and follow-up that is appropriate to your role.

### Warning signs that indicate serious risk

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too much or too little
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

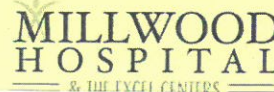


The National Suicide Prevention Lifeline is a 24-hour, toll-free phone line for people in suicidal crisis or emotional distress: 1-800-273-TALK (8255).

Patient Signature: <u>Jack Dugh</u>	Date/Time: <u>6/23/22 1755</u>
Family/Support Person Signature: <u>U.S. Army care 99994</u>	Date/Time: <u>6/23/22 1755</u>
Staff Signature: <u>Jack Dugh</u>	Date/Time: <u>6/23/22 1755</u>



This material was developed thanks to the support of Universal Health Services, Inc. (UHS).



*Jack Dugh 6/23/22*

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MILLWOOD HOSPITAL  
 AFTERCARE/ DISCHARGE PLAN

PART II (TO BE COMPLETED BY SOCIAL SERVICES)

ADMIT DATE: 6/18/22		DISCHARGE DATE: 6/23/22		TIME OF DISCHARGE: 1749	
DISCHARGE STATUS <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AMA <input type="checkbox"/> OTHER:					
DISCHARGE DISPOSITION:					
<input type="checkbox"/> HOME WITH:		<input type="checkbox"/> INPATIENT FACILITY:		<input type="checkbox"/> RESIDENTIAL:	
<input type="checkbox"/> NURSING HOME:		<input type="checkbox"/> SHELTER:		<input type="checkbox"/> GROUP HOME: Edc 214-725-8735	
PATIENT'S ADDRESS: 515 Millwood Dr. Arlington TX 76010			PATIENT'S PHONE NUMBER:		
MODE OF TRANSPORT: <input type="checkbox"/> SELF (private vehicle) <input checked="" type="checkbox"/> FAMILY MEMBER NAME/RELATIONSHIP: GH Provider					
<input type="checkbox"/> AMBULANCE <input type="checkbox"/> BUS <input type="checkbox"/> TAXI <input type="checkbox"/> POLICE/DETENTION STAFF <input type="checkbox"/> FACILITY TRANSPORTATION					
<input type="checkbox"/> OTHER					
FOLLOW-UP APPOINTMENTS					
NAME/FACILITY		ADDRESS		PHONE/ FAX NUMBER	
MD: M.H.M.I.C.		1200 Circle Dr. STE 400B		PHONE: 817-569-4750	
Circle Dr. Clinic		Fort Worth TX 76119		FAX: 817-569-4796	
THERAPIST:				PHONE:	
				FAX:	
PHP/IOP:				PHONE:	
				FAX:	
OTHER:				PHONE:	
				FAX:	
OTHER AFTERCARE SERVICES/REFERRALS					
<input type="checkbox"/> NA: 817-624-9525 AA: 817-332-3533		<input type="checkbox"/> SUPPORT GROUP		<input type="checkbox"/> SCHOOL/EDUCATION	
<input type="checkbox"/> OTHER:		ALCOHOL/SUBSTANCE USE TREATMENT			
		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> PT REFUSED <input type="checkbox"/> REFERRAL MADE TO: N/A			
Copy of Suicide Prevention Handouts given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
TOBACCO CESSATION REFERRAL: <input checked="" type="checkbox"/> N/A- pt has not used tobacco <input type="checkbox"/> referral offered/pt refused					
<input type="checkbox"/> referral to Texas Tobacco Quitline: Call 1-877-937-7848 or Visit <a href="http://www.yesquit.org">www.yesquit.org</a> made Date: N/A Time: N/A					
Other Tobacco Cessation Referral:					
FAMILY INVOLVEMENT Was family meeting held? <input type="checkbox"/> yes, <input type="checkbox"/> no <input type="checkbox"/> N/A Date: /time:					
If no, why not: PT DUE Participants: PT DUE					
For patients being transferred to another inpatient facility – complete the following:					
<input type="checkbox"/> the following elements were discussed with the receiving facility on _____					
1. 24-hour/7-day contact information 2. Contact information for pending studies 3. Plan for follow-up care 4. Site for follow-up care					
PATIENT UNDERSTANDING OF DISCHARGE PLAN					
<input type="checkbox"/> The patient was clinically unstable or the patient/caregiver was unable to comprehend the information					
<input checked="" type="checkbox"/> Patient/Family able to verbalize discharge instructions		<input checked="" type="checkbox"/> Patient/family verbalizes understanding of when/how to seek further treatment		<input type="checkbox"/> Educational materials provided to patient re: SI Prevention	
I have received a copy of my transition record (part 1-5) and authorize a copy of my transition record (part 1-5) to be provided to my aftercare provider listed above for the purpose of ongoing treatment.					
Patient: AC56-997N2		Signature: L.S. Army page 99994		Date: 6/23/22 Time: 1233	
Parent/Guardian(If Applicable):		Signature:		Date: 6/23/22 Time: 1233	
Social Worker/Therapist: R. Bennett		Signature: R. Bennett		Date: 6/23/22 Time: 1233	

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Discharge Date: 10/23/22

AFTERCARE/DISCHARGE PLAN PART I

(To be completed by Physician)

REASON FOR ADMISSION:

aggressive, delusional.

Procedures/Tests Performed During Hospitalization:  None  Lab  X-ray  EKG  Other \_\_\_\_\_

Summary of Results: (results of procedures and tests supporting patients' diagnosis, treatment, or discharge plan: \_\_\_\_\_)

no abnormal findings

There were no procedures/test results of clinical pertinence.

Are there any lab, x-ray, or other study results pending at discharge?  No  Yes

MEDICAL FOLLOW-UP REQUIRED:

24-hour/7-day Contact Information: If I have any questions, I understand I may call Millwood Hospital at 817-261-3121 and request to speak with the nurse supervisor who has access to medical records and other information concerning the inpatient stay including results of studies pending at discharge.

DIET:  Regular  Special diet: \_\_\_\_\_

ACTIVITY RESTRICTIONS: \_\_\_\_\_  None

Tobacco Cessation Medication at Discharge: (check one)

- N/A (patient is not a smoker or smokes less than 1/4 pk per day)
- Patient refused smoking cessation medications at the time of discharge
- OTC or prescription medications for tobacco cessation are recommended and are listed on the discharge medication document

DISCHARGE MEDICATIONS: (see attached Discharge Medication Reconciliation Document)

Long Acting Injection  N/A

Medication:

Dose:

Next Due Date:

DISCHARGE DIAGNOSES

Psychiatric:

Bipolar I Manic-Depressive

Medical:

HTN, Arthritis

PHYSICIAN Signature: Bennett/R Kirk, RN

10/23/22 1810  
DATE TIME

- Shahzad Allawala, MD
- Robert Bennett, MD

- Rupinder Bhatia, MD
- Hemant Day, MD

- Syed Bukhari, MD
- Other, Print Name: \_\_\_\_\_

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