Exhibit #1

Name: Goninan, Nathan; SID: 17079611; DOB: 1/8/1986; Date of Evaluation: 10/31/2016

Gender Dysphoria Evaluation
Oregon Department of Corrections
OSCI

PSYCHOSOCIAL HISTORY: The AIC is a 30 year old married (see item #9 below) born as a male, but prefers to think of himself as female. His heritage is Blackfoot Indian/Sicilian. He is currently serving a 60 month sentence for assaulting a peace officer. He was previously seen by K. Imbs QMHP, LPC for an evaluation on 4/20/16. See that report for more details of his upbringing & social history. The patient had a chaotic childhood. He was born in the state of Washington, but moved to Montana where he lived with his mother (a Blackfoot Indian) until about 8 years of age. AIC reports the following history. During his younger years his mother had a brain injury, followed by surgery and was considered to have "mental retardation" after an accident. She also had symptoms of "schizophrenia." For most of his childhood (from infancy to age 11-12) he "shared my toys & my bedroom with my cousins Jessie (a girl) & Kristin for years." He was raised by "Auntie Linda" on the Blackfeet Reservation in Browning Montana. Linda was not a blood relative, but a best friend of his mother and helped his mother recover after her brain surgery. At some point his brother (10 years older) came to live with them and sexually molested Nathan. He preferred not to go into detail. Nathan reports that his brother went to "juvenile jail" for these events. Record review indicates Nathan was locked in a room alone for days at a time by his mother. At some point Nathan went with his mother to Sidney, Ohio.

Then one day they went on a bus to Seattle, WA and arrived on New Year's Day 1/1/2000 at the bus station. His mother went into the bathroom and then disappeared. She'd handed him an envelope before going to the bathroom. He opened it and it had $300 with a note saying to "go to Everett, WA and find your dad at a trailer court." Nathan's father was an alcoholic. Nathan followed these directions and says the first trailer he knocked on was his dad's. He lived with him for 2 ½ weeks, but because of the father's alcoholism and physical violence Nathan left and lived on the streets. Nathan says his dad called him a "faggot" because of his effeminate features. Reports that his father said, "suck my dick" because of telling his father about his desire to be more like a girl. His father was a cook, but drank on the job and so was fired many times.

At around age 14-15 Nathan thought he might be gay. He shared this with his father who called him horrible names. At age 17 he became more involved in the transgendered community in Washington. He "cross-dressed" from age 18-21 when not around family. He disliked the physical changes of puberty. About 2010 he tried to castrate himself, but stopped because of the pain. Nathan lived on the streets and stole things to support himself. He has been incarcerated for the last 9 years.

Current Information: Paroles 9/13/2017 (Earliest Release date). His crimes are Assault II. "I was in Marion Co. Jail and beat up a cellie because he raped his 4 year old daughter. So I beat his head into the door & beat him with a sink fixture." "I thought he was dead & went & got the guard." This occurred 9/15/2007. That is why he is incarcerated in ODOC now. He has crime manslaughter II, in Bellingham WA and has 10 year sentence to follow his current incarceration.

Current BHS diagnoses: He had a past diagnosis of "Unspecified Psychosis." Other diagnoses included ASPD with Borderline Traits, Status post Traumatic Brain Injury (non-penetrating gunshot wound to occiput) in 2006. Current new diagnosis as of August 2016 is PTSD

QUESTIONS RELATING TO GENDER DYSPHORIA:

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1. **When did they first feel that your body was not the same gender as who they feel they are?** "Almost my whole life, even my mom & my grandmother knew." Says he had a lot of female cousins, played with Barbie's and says his mother & grandmother dressed him in female clothes. "Then my brother (10 years older) came to live with us and sexually abused me. (He preferred not to describe this event today.) "They found out in school. The teacher was talking about good/bad touching, so I told the teacher. She reported it. My mom found out." His brother admitted to it and went to juvenile jail until about age 21.

"My dad hated it (female tendencies) a lot. I was in the hospital visiting mother (about age 8). He saw me playing with female toys. Dad saw that I was wearing female underwear & he spanked me. Someone saw this & called CPS." "I went to a foster home for a few days, her name was Montana." He was there about 3 days & then went back to his moms'.

2. **How did they play as a child?** "I played with Barbie's & female toys."

What activities did they enjoy? "Played with my cousin. I shared my toys & my bedroom with my cousins Jessie (girl) & Kristin for years (from infancy to age 11-12)."

Who did they prefer to play with? "Females. I had a couple of male cousins Eric & Matthew & they beat me up. I mostly played with Kristen & Jessie. They used to do make-up on me."

3. **What kind of clothes did they like to wear?** Female clothing.

4. **How did their family/caregivers react to their choices?** "My grandmother, mom & auntie Linda were supportive. My dad, cousins Eric & Matthew were not supportive." Says he got made fun of him at school. "I'd go violent when they did this & attacked." "Got into trouble for fighting."

5. **How did they feel when their body went through puberty?** "I didn't like it too much. I've always kind of been, it is embarrassing. I was disgusted by my sexual parts. I'd seen like older people's and thought mine would be like that. I don't like hair, except on my head."

How do they feel about their body as an adult? "I stress about it all day. I hated being over here because I have to shower with dudes." He reports that the unit he is in now has single showers so that is better. "I've thought about castration. I tried it before, but stopped because it hurt too much." He reports trying it twice. Once at age 19-20. He tried it again in 2009 (in Whatcom County jail, in Bellingham, WA), by tying off "my balls." I used sheet and left it tied off all night." The next morning he woke up and hurt so much & was all swollen & saw the doctor. He had a lot of bruising & used ice & ibuprofen. "Even then I thought I'd tie it off." Says even to today he thinks about cutting himself with a razor blade (to castrate himself). "I get all these magazines about others who are able to get treatment & are cured. It gives me hope. It's like a waking nightmare."

6. **What kind of relationships did they have as a teenager?** "It depends on the person. I've had girlfriends & I've had boyfriends. I've had both. I have 3 kids. Two of my baby's mom was good. My last baby's mom wasn't good." "Had my first kid when I was 15." Had both girlfriends and boyfriends at the same time. He was scared about boyfriends "because of the thing with my dad." He was worried about getting beat up or killed.

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As an adult? "I got arrested at 21." He has been down 9 years. "My last relationship was with Montez (a man). He took hormones too. He was born as a man."

7. **Did they cross-dress prior to coming to prison?** "Yes, growing up as a teenager."

How did they feel when you cross-dressed? "More comfortable. A lot better than when wearing dude's stuff." "I'd wear dresses and do my hair and makeup."

8. **Did they ever live as your preferred gender?** "Yes, when I lived in Bellingham (Ages 18, 19, 20 & 21)."

How did that go? Good because I surrounded myself with other people from the LGBT community. Not many people could tell I want to be a women."

9. **How do they describe your sexual orientation?** "I'm married to a woman who is a lesbian. She accepts me as transgender. I'm more into relationships rather than random sex with people." Says he is legally married to this women who lives in Bellingham, WA. It is like a "friendship marriage." She is from the Lummi Indian tribe.

10. **What kind of recreational activities do they enjoy?** In the community he liked going to parks, "nature stuff", camping & going to movies with friends. Spent a lot of time at a LGBT coffee shop. He has been incarcerated X the last 9 years. "I've spent a lot of time in solitary confinement." He would read a lot. When asked why he was in solitary confinement a lot he said, "I was a dumb ass. I came in here with so much depression & hate...I just made weapons & assaulted people." Hoped he'd be on death row. In 2008 he "came out" to "Ms. Eddie at SRCI." He tried to "come out" twice while incarcerated and said people advised him not to because he could be beat up & picked on. When on mainline he would play basketball. He was in mainline X 11 months at TRCI, 2+ months at OSCI, & 1 ½ years in Federal system. He played basketball, played "Risk" board game, drawing & other arts (makes dream catchers, jewelry, & other arts & crafts). "My room is like an art gallery."

History of Treatment:

1. **Have they been in treatment for gender issues in the community?** "I took birth control (pills) on the streets X 6-8 months." Montez (mentioned above in item #6) got it for him.

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What kind of treatment did that involve (counseling, hormones, surgery)? Only taking birth control pills that he got from a friend. No counseling, prescription hormones or surgery.

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How long where they in treatment? N/A.

2. **If they were in treatment, who was their provider(s).** N/A.
Will they sign a ROI? N/A.

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3. **If they took hormones, where did they get them (prescription, friends, and street/internet sales)?** Got birth control from a friend.

4. **Have they had any gender reassignment surgery?** No.

Desired Treatment:

1. **What would they like to have happen (housing, makeup, clothing, hormones, surgery)?** "I basically want everything, but with a year left I want to be sensible. I'd like canteen & hormones. Surgery – I don't want to go fast. In prison, not now." Because of his short time in the ODOC he doesn't think he could do it.

2. **What do they think would be different if the changes they want happened?** "I'd be like a totally different person. I wouldn't be angry all the time or depressed.....Wearing make-up is superficial, but taking hormones would make me feel like I'm on the road...breast growth, knowing I'm on the path. I would be so much more relieved."

Observations:

How does the person present – do they show feminine or masculine mannerisms, hairstyle, posture? What is their affect – is it consistent with their subjective report? He presents as anxious, yet subdued. His face is covered with self-made tattoos that he has done over many years. He has long hair. Does not cross legs or have other effeminate features during visit. Neutral mannerisms.

Is their presentation consistent with previous chart documentation (if any)? Past charting over the last year does not mention if he appears masculine or feminine except for 5/2/16 charting of K. Imbs. She reported "In general Nathan presented with mannerisms and non-verbal communication congruent with the natal male gender." A number of other charting indicated he was disheveled and unwashed.

What is the person's level of functioning in the institution? How is their sleep, appetite, activity level? Does their subjective report match what is observed by staff? Little information is known about this as the AIC has not been at OSCI very long. The AIC had no complaints in these areas although he states he keeps to himself (confirmed by unit 2 officer). He reports playing basketball & doing artwork. He is working on his GED and takes his last test (math) on 11/17/16. He plans to do correspondence courses in bookkeeping, business management & art. States his attorney for his Federal case recommended a book called "Prisoners Resource Dictionary." Through this book Mr. Goninan found a project called "Letters". This involves writing letters to young people about what prison is like. He sends in the letters to the agency who then use them to help young people stay out of prison.

Goninan takes medication: Escitalopram, diphenhydramine, melatonin, and risperidone for 309.81 Posttraumatic Stress Disorder (current prescriber is R. Herlong PMHNP). He reports fitful sleep, sleeping from 12:00 -6:00 AM with frequent awakenings. His appetite is good. Wt is 223#, Height is 5' 9". He has worked up his endurance and can do 100 consecutive pushups a day in cell. Also does squats. He dislikes the open cells on Unit 2 and says there is an industrial fan outside his cell that is on "24 hours a day" This affects his sleep. He also fears others will walk buy and "grad my feet" when he is asleep. He reports talking with Ms. Gates, QMHP about this. Reports he liked it better when living on MHUI (Unit 3); although the showers on Unit 2 are more private.

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He has had a number of misconduct reports (only one page is listed below) in DOC 400.

W/W Inmate Misconduct

Offender..... 17079611 Goninan, Nathan Robert

Location: OSCI Cell Number: 2-01B Major RV - 2 Years: 8

Max Incarc Date: 5/03/2018 PRD: 09/13/2017 Major RV - 1 Year: 4

Est Stat GT: Est earned time: 43

Est Extra GT:

Opt	Prelim Ord	Case Nbr	Rule #	Description	Hearing Ofcr	Stat
	3/25/2016	1603 A 069	A 26 2.01.01	3 MAJR Stff Asslt	Nofziger, J	FNL
	3/25/2016	1603 A 068	A 26 4.01	2 MAJR Disobed I	Nofziger, J	FNL
	3/25/2016	1603 A 067	A 26 2.45	1 MAJR Body Modific	Nofziger, J	FNL
	10/28/2015	1510 A 088	A 26 4.02	1 MAJR Disobed II	Nofziger, J	FNL
	9/30/2015	1509 A 135	A 34 1.20	2 MAJR Poss Body Md	Atchison, A	FNL
	7/14/2015	1507 N 035	N 25 4.30	1 MAJR Poss Weapon	Deacon, J	FNL

Any record in the chart or DOC 400 of sexual activity or PREA claims while incarcerated? "I Called the PREA Hotline on an officer at OSP because he kept making inappropriate transgender statements (summer of 2016)." Nothing is documented in DOC sources about him being PREA aggressive or vulnerable.

Does the person report or is there evidence of being picked on or ostracized by their peers due to their presentation? "Some people have made comments like a black dude coming over when I was on the phone & saying, 'Are you wearing eyeliner? What are you, a faggot?'" When in BHU at OSP some people would say, "None he" when he went by his preferred name of "Nonnie" ("means beautiful in Blackfoot"). This was a joke implying the he was a "non-he", i.e. not a man.

Assessment: This AIC has a very complicated long history of violent behavior, self-injury (cutting behaviors, self-castration attempt), and recent change of primary diagnosis from Unspecified Psychosis to PTSD while he was housed for a significant period at the Behavioral Health Unit at OSP. He also has character disorder diagnoses listed in his file complicating his assessment. He does not appear at all psychotic today.

If one goes by Diagnostic Criteria for *Gender Dysphoria in Adults* he qualifies based on subjective report. He has had more than 2 of the "A" criteria for over 6 months per his report. He meets criteria for 1, 2, 3, 4, & 5;

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but not clearly for 6. See the 1-6 criteria below (in italics) as per the DSM 5. See previous documentation in the above report for details of his responses.

302.85 Gender Dysphoria in Adolescents or Adults 302.6 (F64.2)

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following indicators:

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics).

2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).

3. A strong desire for the primary and/or secondary sex characteristics of the other gender.

4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).

5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)

6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

REGARDING: CRITERIA "B"

B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

Regarding Criteria B, Today he reports clinically significant distress over negative comments people have made to him relating to playing with female toys, wearing female underwear/makeup, and wanting to fit in with others when he cross dressed. One example is his father calling him horrible names (faggot), spanking him in a public place because he was wearing female underwear & playing with female toys; and Nathan leaving the father's house (as a mid-teen) to live on the street partly because of the father's negative behaviors relating to Nathan's gender preference behaviors. His attempt at self castration because of his gender dysphoria is a significant impairment in functioning.

So in summary N. Goninan meets the criteria for DSM 5 Gender Dysphoria Diagnosis, based on his subjective report.

This evaluation is not intended to be used for any treatment for gender dysphoria.

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Mary McCarthy, MD
OSCI Consulting Psychiatrist

GNC: Jana Russell, BHS Administrator
Claudia Fischer-Rodriguez, BHS Clinical Director
Daryl Ruthven, M.D., Chief Psychiatrist
Steve Shelton, M.D., HS Medical Director

Ex #1

Exhibit #2

ment or pressure to dress in attire associated with their assigned sex. Also in adolescents and adults, preoccupation with cross-gender wishes often interferes with daily activities. Relationship difficulties, including sexual relationship problems, are common, and functioning at school or at work may be impaired. Gender dysphoria, along with atypical gender expression, is associated with high levels of stigmatization, discrimination, and victimization, leading to negative self-concept, increased rates of mental disorder comorbidity, school dropout, and economic marginalization, including unemployment, with attendant social and mental health risks, especially in individuals from resource-poor family backgrounds. In addition, these individuals' access to health services and mental health services may be impeded by structural barriers, such as institutional discomfort or inexperience in working with this patient population.

Differential Diagnosis

Nonconformity to gender roles. Gender dysphoria should be distinguished from simple nonconformity to stereotypical gender role behavior by the strong desire to be of another gender than the assigned one and by the extent and pervasiveness of gender-variant activities and interests. The diagnosis is not meant to merely describe nonconformity to stereotypical gender role behavior (e.g., "tomboyism" in girls, "girly-boy" behavior in boys, occasional cross-dressing in adult men). Given the increased openness of atypical gender expressions by individuals across the entire range of the transgender spectrum, it is important that the clinical diagnosis be limited to those individuals whose distress and impairment meet the specified criteria.

Transvestic disorder. Transvestic disorder occurs in heterosexual (or bisexual) adolescent and adult males (rarely in females) for whom cross-dressing behavior generates sexual excitement and causes distress and/or impairment without drawing their primary gender into question. It is occasionally accompanied by gender dysphoria. An individual with transvestic disorder who also has clinically significant gender dysphoria can be given both diagnoses. In many cases of late-onset gender dysphoria in gynephilic natal males, transvestic behavior with sexual excitement is a precursor.

Body dysmorphic disorder. An individual with body dysmorphic disorder focuses on the alteration or removal of a specific body part because it is perceived as abnormally formed, not because it represents a repudiated assigned gender. When an individual's presentation meets criteria for both gender dysphoria and body dysmorphic disorder, both diagnoses can be given. Individuals wishing to have a healthy limb amputated (termed by some *body integrity identity disorder*) because it makes them feel more "complete" usually do not wish to change gender, but rather desire to live as an amputee or a disabled person.

Schizophrenia and other psychotic disorders. In schizophrenia, there may rarely be delusions of belonging to some other gender. In the absence of psychotic symptoms, insistence by an individual with gender dysphoria that he or she is of some other gender is not considered a delusion. Schizophrenia (or other psychotic disorders) and gender dysphoria may co-occur.

Other clinical presentations. Some individuals with an emasculinization desire who develop an alternative, nonmale/nonfemale gender identity do have a presentation that meets criteria for gender dysphoria. However, some males seek castration and/or penectomy for aesthetic reasons or to remove psychological effects of androgens without changing male identity; in these cases, the criteria for gender dysphoria are not met.

Comorbidity

Clinically referred children with gender dysphoria show elevated levels of emotional and behavioral problems—most commonly, anxiety, disruptive and impulse-control, and depressive disorders. In prepubertal children, increasing age is associated with having more behavioral or emotional problems; this is related to the increasing non-acceptance of gender-variant behavior by others. In older children, gender-variant behavior often leads to peer ostracism, which may lead to more behavioral problems. The prevalence of mental health problems differs among cultures; these differences may also be related to differences in attitudes toward gender variance in children. However, also in some non-Western cultures, anxiety has been found to be relatively common in individuals with gender dysphoria, even in cultures with accepting attitudes toward gender-variant behavior. Autism spectrum disorder is more prevalent in clinically referred children with gender dysphoria than in the general population. Clinically referred adolescents with gender dysphoria appear to have comorbid mental disorders, with anxiety and depressive disorders being the most common. As in children, autism spectrum disorder is more prevalent in clinically referred adolescents with gender dysphoria than in the general population. Clinically referred adults with gender dysphoria may have coexisting mental health problems, most commonly anxiety and depressive disorders.

Other Specified Gender Dysphoria

302.6 (F64.8)

This category applies to presentations in which symptoms characteristic of gender dysphoria that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for gender dysphoria. The other specified gender dysphoria category is used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for gender dysphoria. This is done by recording "other specified gender dysphoria" followed by the specific reason (e.g., "brief gender dysphoria").

An example of a presentation that can be specified using the "other specified" designation is the following:

The current disturbance meets symptom criteria for gender dysphoria, but the duration is less than 6 months.

Unspecified Gender Dysphoria

302.6 (F64.9)

This category applies to presentations in which symptoms characteristic of gender dysphoria that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for gender dysphoria. The unspecified gender dysphoria category is used in situations in which the clinician chooses *not* to specify the reason that the criteria are not met for gender dysphoria, and includes presentations in which there is insufficient information to make a more specific diagnosis.

dysphoria during childhood. Expressions of anatomic dysphoria are more common and salient in adolescents and adults once secondary sex characteristics have developed.

Adolescent and adult natal males with early-onset gender dysphoria are almost always sexually attracted to men (androphilic). Adolescents and adults with late-onset gender dysphoria frequently engage in transvestic behavior with sexual excitement. The majority of these individuals are gynephilic or sexually attracted to other posttransition natal males with late-onset gender dysphoria. A substantial percentage of adult males with late-onset gender dysphoria cohabit with or are married to natal females. After gender transition, many self-identify as lesbian. Among adult natal males with gender dysphoria, the early-onset group seeks out clinical care for hormone treatment and reassignment surgery at an earlier age than does the late-onset group. The late-onset group may have more fluctuations in the degree of gender dysphoria and be more ambivalent about and less likely satisfied after gender reassignment surgery.

In both adolescent and adult natal females, the most common course is the early-onset form of gender dysphoria. The late-onset form is much less common in natal females compared with natal males. As in natal males with gender dysphoria, there may have been a period in which the gender dysphoria desisted and these individuals self-identified as lesbian; however, with recurrence of gender dysphoria, clinical consultation is sought, often with the desire for hormone treatment and reassignment surgery. Parents of natal adolescent females with the late-onset form also report surprise, as no signs of childhood gender dysphoria were evident. Expressions of anatomic dysphoria are much more common and salient in adolescents and adults than in children.

Adolescent and adult natal females with early-onset gender dysphoria are almost always gynephilic. Adolescents and adults with the late-onset form of gender dysphoria are usually androphilic and after gender transition self-identify as gay men. Natal females with the late-onset form do not have co-occurring transvestic behavior with sexual excitement.

Gender dysphoria in association with a disorder of sex development. Most individuals with a disorder of sex development who develop gender dysphoria have already come to medical attention at an early age. For many, starting at birth, issues of gender assignment were raised by physicians and parents. Moreover, as infertility is quite common for this group, physicians are more willing to perform cross-sex hormone treatments and genital surgery before adulthood.

Disorders of sex development in general are frequently associated with gender-atypical behavior starting in early childhood. However, in the majority of cases, this does not lead to gender dysphoria. As individuals with a disorder of sex development become aware of their medical history and condition, many experience uncertainty about their gender, as opposed to developing a firm conviction that they are another gender. However, most do not progress to gender transition. Gender dysphoria and gender transition may vary considerably as a function of a disorder of sex development, its severity, and assigned gender.

Risk and Prognostic Factors

Temperamental. For individuals with gender dysphoria without a disorder of sex development, atypical gender behavior among individuals with early-onset gender dysphoria develops in early preschool age, and it is possible that a high degree of atypicality makes the development of gender dysphoria and its persistence into adolescence and adulthood more likely.

Environmental. Among individuals with gender dysphoria without a disorder of sex development, males with gender dysphoria (in both childhood and adolescence) more commonly have older brothers than do males without the condition. Additional predisposing

factors under consideration, especially in individuals with late-onset gender dysphoria (adolescence, adulthood), include habitual fetishistic transvestism developing into autogynephilia (i.e., sexual arousal associated with the thought or image of oneself as a woman) and other forms of more general social, psychological, or developmental problems.

Genetic and physiological. For individuals with gender dysphoria without a disorder of sex development, some genetic contribution is suggested by evidence for (weak) familiality of transsexualism among nontwin siblings, increased concordance for transsexualism in monozygotic compared with dizygotic same-sex twins, and some degree of heritability of gender dysphoria. As to endocrine findings, no endogenous systemic abnormalities in sex-hormone levels have been found in 46,XY individuals, whereas there appear to be increased androgen levels (in the range found in hirsute women but far below normal male levels) in 46,XX individuals. Overall, current evidence is insufficient to label gender dysphoria without a disorder of sex development as a form of intersexuality limited to the central nervous system.

In gender dysphoria associated with a disorder of sex development, the likelihood of later gender dysphoria is increased if prenatal production and utilization (via receptor sensitivity) of androgens are grossly atypical relative to what is usually seen in individuals with the same assigned gender. Examples include 46,XY individuals with a history of normal male prenatal hormone milieu but inborn nonhormonal genital defects (as in cloacal bladder exstrophy or penile agenesis) and who have been assigned to the female gender. The likelihood of gender dysphoria is further enhanced by additional, prolonged, highly gender-atypical postnatal androgen exposure with somatic virilization as may occur in female-raised and noncastrated 46,XY individuals with 5-alpha reductase-2 deficiency or 17-beta-hydroxysteroid dehydrogenase-3 deficiency or in female-raised 46,XX individuals with classical congenital adrenal hyperplasia with prolonged periods of non-adherence to glucocorticoid replacement therapy. However, the prenatal androgen milieu is more closely related to gendered behavior than to gender identity. Many individuals with disorders of sex development and markedly gender-atypical behavior do not develop gender dysphoria. Thus, gender-atypical behavior by itself should not be interpreted as an indicator of current or future gender dysphoria. There appears to be a higher rate of gender dysphoria and patient-initiated gender change from assigned female to male than from assigned male to female in 46,XY individuals with a disorder of sex development.

Culture-Related Diagnostic Issues

Individuals with gender dysphoria have been reported across many countries and cultures. The equivalent of gender dysphoria has also been reported in individuals living in cultures with institutionalized gender categories other than male or female. It is unclear whether with these individuals the diagnostic criteria for gender dysphoria would be met.

Diagnostic Markers

Individuals with a somatic disorder of sex development show some correlation of final gender identity outcome with the degree of prenatal androgen production and utilization. However, the correlation is not robust enough for the biological factor, where ascertainable, to replace a detailed and comprehensive diagnostic interview evaluation for gender dysphoria.

Functional Consequences of Gender Dysphoria

Preoccupation with cross-gender wishes may develop at all ages after the first 2–3 years of childhood and often interfere with daily activities. In older children, failure to develop age-typical same-sex peer relationships and skills may lead to isolation from peer groups and to distress. Some children may refuse to attend school because of teasing and harass-

rarely, they may state that they find their penis or testes disgusting, that they wish them removed, or that they have, or wish to have, a vagina.

In young adolescents with gender dysphoria, clinical features may resemble those of children or adults with the condition, depending on developmental level. As secondary sex characteristics of young adolescents are not yet fully developed, these individuals may not state dislike of them, but they are concerned about imminent physical changes.

In adults with gender dysphoria, the discrepancy between experienced gender and physical sex characteristics is often, but not always, accompanied by a desire to be rid of primary and/or secondary sex characteristics and/or a strong desire to acquire some primary and/or secondary sex characteristics of the other gender. To varying degrees, adults with gender dysphoria may adopt the behavior, clothing, and mannerisms of the experienced gender. They feel uncomfortable being regarded by others, or functioning in society, as members of their assigned gender. Some adults may have a strong desire to be of a different gender and treated as such, and they may have an inner certainty to feel and respond as the experienced gender without seeking medical treatment to alter body characteristics. They may find other ways to resolve the incongruence between experienced/expressed and assigned gender by partially living in the desired role or by adopting a gender role neither conventionally male nor conventionally female.

Associated Features Supporting Diagnosis

When visible signs of puberty develop, natal boys may shave their legs at the first signs of hair growth. They sometimes bind their genitals to make erections less visible. Girls may bind their breasts, walk with a stoop, or use loose sweaters to make breasts less visible. Increasingly, adolescents request, or may obtain without medical prescription and supervision, hormonal suppressors ("blockers") of gonadal steroids (e.g., gonadotropin-releasing hormone [GnRH] analog, spironolactone). Clinically referred adolescents often want hormone treatment and many also wish for gender reassignment surgery. Adolescents living in an accepting environment may openly express the desire to be and be treated as the experienced gender and dress partly or completely as the experienced gender, have a hairstyle typical of the experienced gender, preferentially seek friendships with peers of the other gender, and/or adopt a new first name consistent with the experienced gender. Older adolescents, when sexually active, usually do not show or allow partners to touch their sexual organs. For adults with an aversion toward their genitals, sexual activity is constrained by the preference that their genitals not be seen or touched by their partners. Some adults may seek hormone treatment (sometimes without medical prescription and supervision) and gender reassignment surgery. Others are satisfied with either hormone treatment or surgery alone.

Adolescents and adults with gender dysphoria before gender reassignment are at increased risk for suicidal ideation, suicide attempts, and suicides. After gender reassignment, adjustment may vary, and suicide risk may persist.

Prevalence

For natal adult males, prevalence ranges from 0.005% to 0.014%, and for natal females, from 0.002% to 0.003%. Since not all adults seeking hormone treatment and surgical reassignment attend specialty clinics, these rates are likely modest underestimates. Sex differences in rate of referrals to specialty clinics vary by age group. In children, sex ratios of natal boys to girls range from 2:1 to 4.5:1. In adolescents, the sex ratio is close to parity; in adults, the sex ratio favors natal males, with ratios ranging from 1:1 to 6.1:1. In two countries, the sex ratio appears to favor natal females (Japan: 2.2:1; Poland: 3.4:1).

Development and Course

Because expression of gender dysphoria varies with age, there are separate criteria sets for children versus adolescents and adults. Criteria for children are defined in a more concrete, behavioral manner than those for adolescents and adults. Many of the core criteria draw on well-documented behavioral gender differences between typically developing boys and girls. Young children are less likely than older children, adolescents, and adults to express extreme and persistent anatomic dysphoria. In adolescents and adults, incongruence between experienced gender and somatic sex is a central feature of the diagnosis. Factors related to distress and impairment also vary with age. A very young child may show signs of distress (e.g., intense crying) only when parents tell the child that he or she is "really" not a member of the other gender but only "desires" to be. Distress may not be manifest in social environments supportive of the child's desire to live in the role of the other gender and may emerge only if the desire is interfered with. In adolescents and adults, distress may manifest because of strong incongruence between experienced gender and somatic sex. Such distress may, however, be mitigated by supportive environments and knowledge that biomedical treatments exist to reduce incongruence. Impairment (e.g., school refusal, development of depression, anxiety, and substance abuse) may be a consequence of gender dysphoria.

Gender dysphoria without a disorder of sex development. For clinic-referred children, onset of cross-gender behaviors is usually between ages 2 and 4 years. This corresponds to the developmental time period in which most typically developing children begin expressing gendered behaviors and interests. For some preschool-age children, both pervasive cross-gender behaviors and the expressed desire to be the other gender may be present, or, more rarely, labeling oneself as a member of the other gender may occur. In some cases, the expressed desire to be the other gender appears later, usually at entry into elementary school. A small minority of children express discomfort with their sexual anatomy or will state the desire to have a sexual anatomy corresponding to the experienced gender ("anatomic dysphoria"). Expressions of anatomic dysphoria become more common as children with gender dysphoria approach and anticipate puberty.

Rates of persistence of gender dysphoria from childhood into adolescence or adulthood vary. In natal males, persistence has ranged from 2.2% to 30%. In natal females, persistence has ranged from 12% to 50%. Persistence of gender dysphoria is modestly correlated with dimensional measures of severity ascertained at the time of a childhood baseline assessment. In one sample of natal males, lower socioeconomic background was also modestly correlated with persistence. It is unclear if particular therapeutic approaches to gender dysphoria in children are related to rates of long-term persistence. Extant follow-up samples consisted of children receiving no formal therapeutic intervention or receiving therapeutic interventions of various types, ranging from active efforts to reduce gender dysphoria to a more neutral, "watchful waiting" approach. It is unclear if children "encouraged" or supported to live socially in the desired gender will show higher rates of persistence, since such children have not yet been followed longitudinally in a systematic manner. For both natal male and female children showing persistence, almost all are sexually attracted to individuals of their natal sex. For natal male children whose gender dysphoria does not persist, the majority are *androphilic* (sexually attracted to males) and often self-identify as gay or homosexual (ranging from 63% to 100%). In natal female children whose gender dysphoria does not persist, the percentage who are *gynephilic* (sexually attracted to females) and self-identify as lesbian is lower (ranging from 32% to 50%).

In both adolescent and adult natal males, there are two broad trajectories for development of gender dysphoria: early onset and late onset. *Early-onset gender dysphoria* starts in childhood and continues into adolescence and adulthood; or, there is an intermittent period in which the gender dysphoria desists and these individuals self-identify as gay or homosexual, followed by recurrence of gender dysphoria. *Late-onset gender dysphoria* occurs around puberty or much later in life. Some of these individuals report having had a desire to be of the other gender in childhood that was not expressed verbally to others. Others do not recall any signs of childhood gender dysphoria. For adolescent males with late-onset gender dysphoria, parents often report surprise because they did not see signs of gender

Gender Dysphoria

Diagnostic Criteria

Gender Dysphoria in Children 302.6 (F64.2)

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least six of the following (one of which must be Criterion A1):

1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
3. A strong preference for cross-gender roles in make-believe play or fantasy play.
4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
5. A strong preference for playmates of the other gender.
6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
7. A strong dislike of one's sexual anatomy.
8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

Specify if:

With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome).

Coding note: Code the disorder of sex development as well as gender dysphoria.

Gender Dysphoria in Adolescents and Adults 302.85 (F64.1)

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome).

Coding note: Code the disorder of sex development as well as gender dysphoria.

Specify if:

Posttransition: The individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen—namely, regular cross-sex hormone treatment or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in a natal male; mastectomy or phalloplasty in a natal female).

Specifiers

The posttransition specifier may be used in the context of continuing treatment procedures that serve to support the new gender assignment.

Diagnostic Features

Individuals with gender dysphoria have a marked incongruence between the gender they have been assigned to (usually at birth, referred to as *natal gender*) and their experienced/expressed gender. This discrepancy is the core component of the diagnosis. There must also be evidence of distress about this incongruence. Experienced gender may include alternative gender identities beyond binary stereotypes. Consequently, the distress is not limited to a desire to simply be of the other gender, but may include a desire to be of an alternative gender, provided that it differs from the individual's assigned gender.

Gender dysphoria manifests itself differently in different age groups. Prepubertal natal girls with gender dysphoria may express the wish to be a boy, assert they are a boy, or assert they will grow up to be a man. They prefer boys' clothing and hairstyles, are often perceived by strangers as boys, and may ask to be called by a boy's name. Usually, they display intense negative reactions to parental attempts to have them wear dresses or other feminine attire. Some may refuse to attend school or social events where such clothes are required. These girls may demonstrate marked cross-gender identification in role-playing, dreams, and fantasies. Contact sports, rough-and-tumble play, traditional boyhood games, and boys as playmates are most often preferred. They show little interest in stereotypically feminine toys (e.g., dolls) or activities (e.g., feminine dress-up or role-play). Occasionally, they refuse to urinate in a sitting position. Some natal girls may express a desire to have a penis or claim to have a penis or that they will grow one when older. They may also state that they do not want to develop breasts or menstruate.

Prepubertal natal boys with gender dysphoria may express the wish to be a girl or assert they are a girl or that they will grow up to be a woman. They have a preference for dressing in girls' or women's clothes or may improvise clothing from available materials (e.g., using towels, aprons, and scarves for long hair or skirts). These children may role-play female figures (e.g., playing "mother") and often are intensely interested in female fantasy figures. Traditional feminine activities, stereotypical games, and pastimes (e.g., "playing house", drawing feminine pictures, watching television or videos of favorite female characters) are most often preferred. Stereotypical female-type dolls (e.g., Barbie) are often favorite toys, and girls are their preferred playmates. They avoid rough-and-tumble play and competitive sports and have little interest in stereotypically masculine toys (e.g., cars, trucks). Some may pretend not to have a penis and insist on sitting to urinate. More

Functional Consequences of Substance/Medication-Induced Sexual Dysfunction

Medication-induced sexual dysfunction may result in medication noncompliance.

Differential Diagnosis

Non-substance/medication-induced sexual dysfunctions. Many mental conditions, such as depressive, bipolar, anxiety, and psychotic disorders, are associated with disturbances of sexual function. Thus, differentiating a substance/medication-induced sexual dysfunction from a manifestation of the underlying mental disorder can be quite difficult. The diagnosis is usually established if a close relationship between substance/medication initiation or discontinuation is observed. A clear diagnosis can be established if the problem occurs after substance/medication initiation, dissipates with substance/medication discontinuation, and recurs with introduction of the same agent. Most substance/medication-induced side effects occur shortly after initiation or discontinuation. Sexual side effects that only occur after chronic use of a substance/medication may be extremely difficult to diagnose with certainty.

Other Specified Sexual Dysfunction

302.79 (F52.8)

This category applies to presentations in which symptoms characteristic of a sexual dysfunction that cause clinically significant distress in the individual predominate but do not meet the full criteria for any of the disorders in the sexual dysfunctions diagnostic class. The other specified sexual dysfunction category is used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for any specific sexual dysfunction. This is done by recording "other specified sexual dysfunction" followed by the specific reason (e.g., "sexual aversion").

Unspecified Sexual Dysfunction

302.70 (F52.9)

This category applies to presentations in which symptoms characteristic of a sexual dysfunction that cause clinically significant distress in the individual predominate but do not meet the full criteria for any of the disorders in the sexual dysfunctions diagnostic class. The unspecified sexual dysfunction category is used in situations in which the clinician chooses *not* to specify the reason that the criteria are not met for a specific sexual dysfunction, and includes presentations for which there is insufficient information to make a more specific diagnosis.

Gender Dysphoria

In this chapter, there is one overarching diagnosis of gender dysphoria, with separate developmentally appropriate criteria sets for children and for adolescents and adults. The area of sex and gender is highly controversial and has led to a proliferation of terms whose meanings vary over time and within and between disciplines. An additional source of confusion is that in English "sex" connotes both male/female and sexuality. This chapter employs constructs and terms as they are widely used by clinicians from various disciplines with specialization in this area. In this chapter, *sex* and *sexual* refer to the biological indicators of male and female (understood in the context of reproductive capacity), such as in sex chromosomes, gonads, sex hormones, and nonambiguous internal and external genitalia. Disorders of sex development denote conditions of inborn somatic deviations of the reproductive tract from the norm and/or discrepancies among the biological indicators of male and female. *Cross-sex* hormone treatment denotes the use of feminizing hormones in an individual assigned male at birth based on traditional biological indicators or the use of masculinizing hormones in an individual assigned female at birth.

The need to introduce the term *gender* arose with the realization that for individuals with conflicting or ambiguous biological indicators of sex (i.e., "intersex"), the lived role in society and/or the identification as male or female could not be uniformly associated with or predicted from the biological indicators and, later, that some individuals develop an identity as female or male at variance with their uniform set of classical biological indicators. Thus, *gender* is used to denote the public (and usually legally recognized) lived role as boy or girl, man or woman, but, in contrast to certain social constructionist theories, biological factors are seen as contributing, in interaction with social and psychological factors, to gender development. *Gender assignment* refers to the initial assignment as male or female. This occurs usually at birth and, thereby, yields the "natal gender." *Gender-atypical* refers to somatic features or behaviors that are not typical (in a statistical sense) of individuals with the same assigned gender in a given society and historical era; for behavior, *gender-nonconforming* is an alternative descriptive term. *Gender reassignment* denotes an official (and usually legal) change of gender. *Gender identity* is a category of social identity and refers to an individual's identification as male, female, or, occasionally, some category other than male or female. *Gender dysphoria* as a general descriptive term refers to an individual's affective/cognitive discontent with the assigned gender but is more specifically defined when used as a diagnostic category. *Transgender* refers to the broad spectrum of individuals who transiently or persistently identify with a gender different from their natal gender. *Transsexual* denotes an individual who seeks, or has undergone, a social transition from male to female or female to male, which in many, but not all, cases also involves a somatic transition by cross-sex hormone treatment and genital surgery (*sex reassignment surgery*).

Gender dysphoria refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and/or surgery are not available. The current term is more descriptive than the previous DSM-IV term *gender identity disorder* and focuses on dysphoria as the clinical problem, not identity per se.

Ex #8 2

Exhibit #3

Behavioral Health Services
Treatment Plan

■ **Crisis Prevention Plan**

NAME: GONINAN, NATHAN

SID #: 17079611

Date Initiated: 11/18/16

Problem Statement:

What I look, sound, and act like when I am having mental health concerns or functioning issues:
"Sometimes I get really quiet or isolate. I start having a lot of thoughts of hurting myself or acting out to get people to listen to me. I start sending a lot of kytes because I get paranoid that no one is hearing me."

Why I want to work on decreasing and managing my symptoms or functioning issues:
"So I can be happier and live the life I want. So I don't feel stressed out and overwhelmed all the time. I just want to feel like myself because I will be able to have a better mood and keep doing well."

When I am not managing my symptoms or functioning this is what happens short-term:
"I start feeling like there is a bomb inside me and start feeling impulsive. I start wondering what the point in doing good is if I feel so uncomfortable with the person I am."

This is what happens long-term:
"I might end up harming myself because I feel like it is the only way to have control over my own body."

Other mental health symptoms or functioning issues I have had in the past:

Signs I know when my mental health or functioning is getting worse:

I know I am not doing well when "I start getting really anxious and paranoid that people aren't hearing my suffering. I start sending a lot of kytes and start having thoughts of harming myself."

Staff would know when I am not doing well when "I send a lot of kytes. I try to tell people I need help, BHS counselor in particular."

I would like staff to know how to help me when I am not doing well, and the help I need is "Reminding myself that it is a process. Holding on to the progress that I have made, like being able to get alternative canteen. Talking to BHS or other transgender peers. Reading books of the struggles others have been through to remind myself that there is hope."

Strengths & Resources:

My strengths and/or supports are "My homeboy chief (peer at the prison), my brother who lives in Ohio, my wife Lucy, my friend Rachel that I write with, some of my friends in the prison."

The skills I know are "I try to do a lot of meditation, read the Hindu bible, weighing pros and cons to manage impulses, I will read books to distract myself."

I am good at "Drawing, writing music and singing, arts and crafts (knitting and dream catchers)."

Crisis Prevention Plan date initiated: 11/18/16

Crisis Prevention Plan date ended: 1/23/16

Ex #3

No Progress (No change in frequency toward goal)
Good Progress (50% increase in frequency toward goal)
Excellent Progress (Goal is being met)

1. Target Behavior (life threatening, obstacles to learning, or quality of life):
I would like to work on the following symptoms or functioning issues...

Feeling depressed and having chronic thoughts of self-harm as a result of feeling trapped in a male body.

Insert dates when increase in symptoms or progress toward goal was reviewed under columns (see above key).	Increase in Symptoms	No Progress	Good Progress	Excellent Progress
Goal: **My long term goal to manage my target symptoms or functioning issues is:** Work on my transition from male to female so I can feel comfortable and complete.				
Methods/Skills (BHS appointments, DBT skills, self-care): ***To reach my long term goal, I need to...*** (Be clear, specific and measurable.) 1. Coming out to those around me, including peers and officers 2. Requesting others to refer to me as "she" instead of "he" 3. Get approved for alternative canteen				

2. Target Behavior (life threatening, obstacles to learning, or quality of life):
I would like to work on the following symptoms or functioning issues...

Not getting stuck in a negative mindset and allowing those emotions to impact how I communicate with others; which sometimes results in impulsive thoughts or behaviors (aggressive in nature toward myself or others).

Insert dates when increase in symptoms or progress toward goal was reviewed under columns (see above key).	Increase in Symptoms	No Progress	Good Progress	Excellent Progress
Goal: **My long term goal to manage my target symptoms or functional issues is:** Be more mindful of how others are perceiving me and how I communicate my feelings/thoughts to others.				
Methods/Skills (BHS appointments, DBT skills, self-care): ***To reach my long term goal, I need to...*** (Be clear, specific and measurable.) 1. If I mess up and do say something mean or act aggressively, I debrief this with BHS counselor. 2. Letting others know when I am in a bad mood beforehand. 3. Weighing pros and cons of acting out physically or verbally.				

NAME:

SID #:

Transition and Level of Care Plan: Maintain myself on mainline at OSCI and continue working with BHS counselor toward my transition from male to female.

Additional Information (Safety Concerns / Boundary Issues):

NOTE:
Page 1 of this document would be used as a Crisis Prevention plan, when necessary:

- Problem Statement
- Other Mental Health Symptoms or Functioning Issues
- Signs I Know When My Mental Health or Functioning is Getting Worse
- Strengths and Resources

Treatment Plan Signatures:

QMHP Signature: ______________________ Date: ______________________

QMHA Signature: ______________________ Date: ______________________

Client Signature: ______________________ Date: ______________________

Dates Reviewed:

Date		Initials (QMHP)		Initials (Client)	
Date		Initials (QMHP)		Initials (Client)	
Date		Initials (QMHP)		Initials (Client)	
Date		Initials (QMHP)		Initials (Client)	
Date		Initials (QMHP)		Initials (Client)	
Date		Initials (QMHP)		Initials (Client)	
Date		Initials (QMHP)		Initials (Client)	
Date		Initials (QMHP)		Initials (Client)	
Date		Initials (QMHP)		Initials (Client)	
Date		Initials (QMHP)		Initials (Client)	

NAME:

SID #:

Ex #3

To: B.H.S. - Christine Gates
From: Nathan Robert Corinan - Nannie
ID#17079611

Date: Nov. 3, 2016

Coming out

Here ~~are~~ is a list of steps Ive tooken on coming out as a transgender woman.

1) came out to my B.H.S. counslor @ CMHP Dana crain in the B.H.U. at C.S.P.

2) Asked for an evaluation for gender dysphoria.

3) wrote to outside agent that help and ~~educ~~ educate people in the L.G.B.T. communittie. for support and to learn to get what I need to be happy.

4) came out to a few people I was class with to see there reaction.

5) came out fully to all ~~those~~ those around me and asked people to call me Nannie or 2 feathers.

6) I waer self made makeup Sometime's. and talk about transgender issue's with other transgender women at O.S.C.I.

my reaction, thaughts, feeling's: So far it's not been to bad, Ive got some negtive feed back by peer's, But I feel a lot of relife at be open about who I really am and not haveing to hide it.

*

obstacles and quality of life, mental issues

1) I become verey deppressed and stressed out and nevey self con about my male body. I have thaught's and feeling of castration and suicid at times because I think of me in this wrong body and how the Oregon D.O.C. won't let me get ~~the~~ meaningful treatment and Im overpowered with hopelessness and hate.

2) O.D.O.C. is slow to evaluate and treat people with gender dysphoria a lot of the staff seem untrained on handeling transgender issue's, All this creats a big part of my deppression and stress.

Ex #3

3) I have some fear of what others might think of me or what they will say or try and do.

My reactions, thoughts, feelings: I've became more open to all thoughts around me and seen many reactions, "good and bad" so I know what to expect more and I'm more comfortable.
I'm still struggeling verey much with my depression and stress and thoughts of self harm, I've tryed meds, meditation and religious support, talking to friends and B.H.S., I draw and write music and poems. But none of this has given me any reliefe. I feel that C.D.C.C. does not care that I'm suffering without treatment and that it's cruel.

* Goals, Treatment, Things I would like to happen *

1) start hormone treatment right away.

2) order from the alternative canteen list.

3) wear women's underclothes.

4) cell up with some one I'm comfortable with that's transgender or from the L.G.B.T. communittie

5) work with B.H.S. - Ms. Gate's on managing my depression and stress.

My reaction's, Thought's, feelings: I feel and know the only way I can start to heal and feel better about my self is to start hormone treatment all the other stuff is supperfishel to me. It's my phy body that creats my mental pain. Even though makeup and womens cloth's will be nice they will not help me in any meaningful way. I want to cell up with another transgender becuz they with be more understanding and accepting of who I am I don't won't someone as a cellythat will think becuz I'm a transgender woman they can treat me badly or think I'll do sexual crap. And I like Ms. Gate's ☺ she's nice and easy to work with!

Ex #3

* Steps I can take to acheer my Goals *

1) Keep working with ms. Gates - B.H.S..

2) Keep working with the A.C.L.U. on geting the treatment I need.

3) Keep expressing my thought, feelings and pain to C.D.O.C. about not geting treatment.

my reactions, Thoughts, feelings: I try my best to maintain. The only thing that steps me from hurting my self or blowing up is the ~~hope~~ hope I will start hormone treatment soon. But it is verey hard to the point that I just want to give up. But Im trying.

Nonnie m. Lotusflower

Nathan R. Garinan #17079611

Date: Nov, 3, 2016

Ex#3

Exhibit #4

Behavioral Health Services Administration
2757 22nd Street, SE
Salem, OR 97302

Dear Ms. Goninan,

You have been given a mental health diagnosis of Gender Dysphoria. This places you in the MH2 category and you will receive case management services scheduled based on your acuity/ level of functioning.

In order to determine your specific mental health treatment needs during incarceration, please respond to the following questions. Your responses will be used to develop your mental health treatment plan based on your diagnosis of Gender Dysphoria and any other diagnosis. This document will be placed in your mental health record. Please **respond on the back** side of this form (or include additional pages if necessary) based on your individual experience, functioning and symptoms.

Send the form to us at the above address when completed or you may give it to your BHS case manager or BHS manager to forward to us. Do not send your response in a kyte as we cannot guarantee your confidentiality. We will confirm receipt when it arrives.

Gender Dysphoria (a mental health diagnosis given to a transgender adult who has clinically significant distress or impairment in important areas of functioning) can be the result of the experience of rejection, poor or limited positive social opportunities, harassment, disrespect, lack of opportunity in areas of housing, education and employment, and the emotional pain related to the experience of being in the wrong gendered body. These experiences can result in anxiety or depression as well as missed life opportunities or poor sense of self or self potential.

Not all people who identify as transgender have this diagnosis. As individuals, some may have a support group of people, skills and adaptations that seem to work well for them.

QUESTIONS:

1. How old were you when you realized you were in the wrong gendered body? Did you tell anyone? What was the response?

Ex #4

2. Do you have family support (birth or chosen family) in the community for your gender identity and expression?
3. Have you lived as your preferred gender? Where, how long? What was your experience?
4. Please explain how you experience your life in the wrong gendered body in prison. What happens during your day? Describe your experience, thoughts and feelings.
5. Are there feminizing or masculinizing products that are helpful to you? How would these improve your well-being and quality of life? Is your state of mind (emotions/thoughts) changed when you use these products? Explain.
6. If you were provided an opportunity to purchase a selection of feminizing or masculinizing products, what would you want? How, when and where would you use them?
7. Some may say you would be attracting attention to yourself and potentially increasing safety concerns. How do you keep yourself safe from unwanted attention? How will you keep yourself safe from unwanted attention while wearing gender appropriate products?
8. Would you report unwanted attention if you had safety concerns? To whom?
9. Do you wish to be provided with your gender identity appropriate under garments?
10. Please rank the following in order of need from 1 – 7 (Number 1 is the most important and Number 7 is the least important)

*Mental Health treatment for gender dysphoria

__1__ **Medication** for clinically significant Depression or Anxiety due to the dysphoria Note I've been on many antidepressants and none have helped Hormones are the answer

*Skill building groups and coaching to support your work on your identified problem target behaviors (behaviors, responses or actions you want to change/improve related to your gender dysphoria)

__1__ **Manage** difficult and uncomfortable interpersonal relationships with ODOC/Inmates/family/society because of my transgender status (DBT Interpersonal relationships)

__1__ **Increase** tolerance to distress (DBT Distress tolerance)

__1__ **Understanding** and management of painful or unhelpful emotions (DBT emotion regulation)

__1__ **Learning** to experience the moment and hearing what it wants to teach us instead of being future or past focused (DBT Mindfulness)

only in a transgender group

*Release planning

__1__ **Release** planning to help you locate services and supports that may be available in your county of release (begins the year before release)

Ex #4

Nonnie

NAME: ~~Nathan~~ Goninan SID: 17079611

Responses:

1. From my first memories I was allway fem and felt my body was wrong and this made me verey uncomfortable. my mother and grandmother were verey e . But my father was hateful and abusive to me for it. At 14 I come to live with my dad and come out to him and it was bad. I fully come out at 15 and lived [redacted] and hung out with a L.G.B.T.Q. group in Bellingham washington and lived fully as a female and took birth controle pills for hormones. That was the best time of my life.

2. I have some verey good friend support and a supportife girl friend and I am working on geting closer to my mother and brother.

3. I dressed in men and womens clothing but from age 18 to 21 I dressed as a female with make up and felt verey comfortable and free. I lived like this in Bellingham washington with my boyfriend Montee. my experience was great. I finelly felt on my way to being whole and I was takeing birth controle for hormones so I could grow brests

4. A big thing for me is not haveing brests and my privet parts I become verey dep and stressed out at haveing a flat chest. At night I look at pictures of women and read books about how trans women got brests and [redacted]. S.R.S. and they no longer felt hopless. The hope of meaningful treatment is what keeps me going. In prison the reaction has been mostly good. I hang with the native's and they are supportive and it helps that there are other trans women in here with me. I dont like shaveing where men can see me [redacted] or being in a open cell front were men can see me dress, shave and so forth

5. A bra and pantys will feel more comfortable its humiliating haveing to wear mens clothing. makeup and womens Hygen make me feel more comfertable and help relieve stress. I feel more human when I can look like a girl.

Ex #4

Nonnie

NAME: ~~Nathan~~ Goninan SID: 17079611

6. I dont have money, But if I could have these thing's. I would want makeup. panty's, bra, female Hygen. womens shoes and clothing everything a femal prisoner can have. I would use them everyday I allready make my own makeup but I fear geting busted by the police for wearing it so I only do my eyes now and then.

7. Im verey open about who I am and have support from the native's But allso I dust do me. I dont push my self on no one and for those that want to know I'll educate them on what transgender is. when it comes to people being disrespectful. I can usely work the problem out. Im strong minded allso. Im fine and do not feel unsafe wearing feminizing products. plus haveing other transwomen around for support helps

8. To Kristine Gates - B.H.S. cr prec

9. verey much so this would be a relife. But I think I should not have to pay for them no one in the womens prison has to pay for there prison panty's and bra. And men don't have to pay for there under wear. I should be provid with the same underwaer and bra's the women get at C.C.C.F.

*

It Allso help's to be called by my true female name - Nonnie marcella Lotusflower

Ex#4

*Connection

1 Optional: **Connecting** you with a group of transgender people throughout the state who may be willing to correspond with you. This is not affiliated with ODOC and you participate at your own risk.

BHS will not engage in discussions with you for the purpose of:

- Challenging your gender identify
- Obtaining hormones (medical)
- Obtaining surgery (medical)
- Cell changes other than moving you to alternative mental health levels of care (group living)
- Adding/removing you from job assignments, classes or programs you have been assigned (other than BHS groups/classes) (correctional counselor)

Ex #4

Exhibit #6

Oregon
Kate Brown, Governor

Department of Corrections
Health Services
2575 Center Street NE
Salem, OR 97301-4667
(503) 378-5593
Fax: (503) 378-5597

December 19, 2016

Nathan Goninan #17079611
Oregon State Correctional Institution
3405 Deer Park Dr. SE
Salem, OR 97310

Dear Ms. Goninan,

I have reviewed the kytes that you sent dated 11/02/16, 11/05/16, 11/06/16 and 12/04/16 on behalf of K. Giscombe, K. Gates, S. Shelton, J. Russell, and C. Fischer-Rodriguez regarding the outcome of your gender dysphoria evaluation on 10/31/16, alternative canteen, a housing move and a request for hormone treatment.

On 11/16/16 I received an evaluation completed by Dr. McCarthy with a diagnosis of gender dysphoria. On 11/21/16 you were sent a letter confirming your diagnosis of gender dysphoria and were asked to respond to questions about your specific mental health needs. On 12/08/16 I sent you a letter confirming that I had received your response back to the questionnaire and that you would be scheduled with an appointment with your QMHP to begin the alternative canteen process. You also have the option of meeting with the PREA Compliance Manager to be measured for women's undergarments. In addition, you were provided a copy of the Gender Dysphoria Treatment Model.

In response to your request for a housing move on 11/05/16 I noted in your housing history that you were moved from Unit 2 -01B to MH37B on 11/22/16 and are now housed on U1-45B.

The approval process for hormone treatment is determined at the GNC TLC meetings on a case-by-case basis. Your request for hormone treatment will be discussed at the GNC TLC meeting in February 2017.

Sincerely,

Claudia Fischer-Rodriguez, LCSW
BHS Clinical Director

Cc: K. Giscombe – BHS Manager - OSCI
K. Gates – QMHP – OSCI
L. Irving, MSM - OSCI
File

Ex #6

Exhibit #5

Health Services
GNC -TLC Committee
2757 22nd Street, SE
Salem, OR 97302

Date: December 8, 2016

Dear Ms. Goninan,

This letter is to let you know that we received your response to our recent questionnaire seeking information on your history and needs as a transgender female.

In addition, ODOC created an alternative canteen process in order to provide you with the opportunity to obtain gender affirming feminizing products such as makeup, hygiene items, under garments, shoes (canteen shoe catalog) and eyeglasses. You have been given access to this alternative canteen based on your response to questions that these products would be helpful for your well-being and quality of life. The list of items will change over time based on availability from the manufacturer.

To initiate this process I have notified the BHS Manager and your assigned QMHP at OSCI to schedule an appointment for you to begin your alternative canteen process. You will be provided with the current canteen list once per month from which to order. You can request to look at the shoe catalog at the commissary if you are interested in purchasing shoes.

You will have scheduled meetings with your assigned QMHP to review how these items have improved your well-being and quality of life and any problems you have encountered.

You have also identified your need for medications, skill building groups, release planning and connecting with other community transgender individuals as important to you.

You will be involved in developing an active treatment plan with your assigned QMHP that includes the mental health treatments that are most needed and important to you during your incarceration. You will identify target behaviors (current actions in which you engage that are problematic for you) related to your diagnoses, determine treatment goals based on these target behaviors, identify healthy replacement skills you can use, and review your progress when you meet with your QMHP.

You will determine with your QMHP if you are having an increase in symptoms and to discuss progress towards your target behaviors.

It will be important for you to understand the treatment model for Gender Dysphoria to empower your participation in your treatment planning.

Ex #5

2016

Behavioral Health Services

GENDER DYSPHORIA TREATMENT MODEL

Treatment for Gender Dysphoria begins with helping you to identify current stressors, problems, and symptoms and learning how to skillfully manage the people and environment inherent in a prison setting. Because of the often harmful social and interpersonal reactions to individuals who identify as transgender, treatment also includes helping you build or maintain self-respect, self-esteem, and a stable identity and includes teaching skills to manage the emotional distress that accompanies being in the wrong gendered body.

Hierarchy of Care

1) Safety: Teaching you alternatives to self-injurious behavior and reducing risk for suicide. Providing case management, crisis prevention, individual and group skills building, mental health housing placements based on your overall level of functioning.

2) Symptoms: Identification and treatment of your symptoms of gender dysphoria such as anxiety and depression that may include medication management.

3) Treatment Planning: Participation in the development of your Treatment Plan with a focus on target behaviors. Scheduled routine appointments (**every month** if you decide to purchase alternative canteen) to discuss your strengths, abilities, and difficulties and to practice DBT and other skills that you have learned in individual or group skills building session if you are a participant.

4) Quality of life issues: Coaching related to expressing your true and authentic self ***safely*** and ***responsibly*** in a prison setting. Practicing strategies to improve your interpersonal communication and decrease risk of physical harm from others.

5) Advocating for yourself in a respectful way in order to move forward with your goals for transition.

Best Regards,

Claudia Fischer-Rodriguez, LCSW
BHS Clinical Director

Cc: K. Giscombe, BHS Institution Manager – OSCI
K. Gates, QMHP - OSCI
File

Alternative Canteen Order Form

Updated 05-12-2016 NWC CC
Soiled, stained or contaminated forms will not be processed.
***You must attach this form to your regular Commissary order form.**

Name: _____ SID# _____
Last First

Block-Unit: _____ Cell# _____ Date: _____

Qty	Feminine Hygiene	Price
	Secret Anti-Perspirant 1.7 oz	$1.89
	Power Up Bloom Anti-Perspirant 2oz.	$2.13
	Olay Lotion, w/ sunscreen SPF 15, 4 oz	$10.75
	Feminie Wash 9oz	$5.72
Qty	**Hair Products**	**Price**
	Foam Rollers-Medium, Large(Circle Size)	$1.62
	Hair Spray, Non-Alcohol 8 oz	$2.15
Qty	**Body Wash**	**Price**
	St Ives Exfoliating Apricot	$3.99

MAKE UP WET-N-WILD

Qty	Eyeliner	Price
	MEGA LAST RETRACTABLE EYELINER BLACK	$1.89
	LIQUID EYELINER INDIGO BLUE	$2.89
	COLOR ICON EYELINER PENCIL OLIVE	$1.35
Qty	**Lipstick/ Lipliner**	**Price**
	LIP LINER BRANDYWINE	$0.99
	LIP LINER CHESTNUT	$0.99
	COLOR ICON LIPLINER WILLOW	$0.99
	SILK FINISH LIPSTICK BREEZE	$0.99
	LIPSTICK SILK PINK ICE	$0.99
	MEGALAST LIP COLOR CHERRY BOMB	$1.89
	LIP GLOSS THRU THE LOOKING GLASS	$2.89
	LIP GLOSS THIS TOO SHALL BE GLASS	$2.89
	MEGA LIP STAIN RED-DY OR NOT	$2.89
	LIQUID LIP POCKET FULL OF ROSES	$2.89
	LIP GLOSS CLEAR	$1.93
Qty	**Lighter Complexion Foundation / Powder**	**Price**
	COVERALL CREAM FOUNDATION LIGHT	$3.69
	COVERALL CREAM FOUNDATION LIGHT MEDIUM	$3.69
	COVERALL CREAM FOUNDATION MEDIUM	$3.69
	COVERALL PRESSED POWDER LIGHT	$3.45
	COVERALL PRESSED POWDER LIGHT/MEDIUM	$3.45
	COVERALL PRESSED POWDER MEDIUM	$3.45
	COVER STICK LIGHT	$2.39
	COVER STICK MEDIUM	$2.39
	BRONZER POWDER RESERVE YOUR CABANA	$4.49
	BRONZER POWDER TICKET TO BRAZIL	$4.49
Qty	**Generic Sports Bra (Circle Size)**	**Price**
	34 (9634) 36 (9636)	$10.89
	38 (9638) 40 (9640)	
	42 (9642) 44 (9644)	
	46 (9646) 48 (9648)	
Qty	**Champion Max Sports Bra (Circle Size)**	**Price**
	34 C 34 D 34DD 36C	$44.99
	36D 36DD 38C 38D	
	38DD 40C 40D 40DD	
	40DDD 42C 42D 42DD 42DDD	

Qty	Underwear (Circle Size)						Price
	Pastel	6	7	8	9	10	$7.10
	White	5	11	12	13	14	$6.80
Qty	**Women's Socks**						**Price**
	Champion Womens Hi Perf Ankle Socks 3PK						$10.39
	Hanes No Show Socks 6/PK						$20.75
Qty	**Mascara**						**Price**
	MEGAPROTEIN MASCARA BLACK						$2.39
	MEGAIMPACT MASCARA BLACK						$3.69
	MEGAVOLUME MASCARA BLACK						$3.69
Qty	**Eye Shadow**						**Price**
	EYESHADOW TUNNEL VISION 5 SHADES						$3.69
	EYESHADOW PETAL PUSHER 8 SHADES						$4.69
	EYESHADOW COMFORT ZONE 8 SHADES						$4.69
Qty	**Darker Complexion Foundation / Powder**						**Price**
	BR UNDER EYE CONCEALER LIGHT/MEDIUM						$5.59
	BR UNDER EYE CONCEALER MEDIUM						$5.59
	BR UNDER EYE CONCEALER MED/DARK						$5.59
	BR TRU COMPLEXION CREAM CAFE						$5.59
	BR TRU COMPLEXION CREAM CHOCOLATE						$5.59
	BR TRU COMPLEXION CREAM HONEY AMBER						$5.59
	BR TRU COMPLEXION CREAM BROWN SUGAR						$5.59
	BR TRU COMPLEXION CREAM COFFEE GLAZE						$5.59
Qty	**Blush / Illuminating Powder**						**Price**
	MEGA GLO STRIKE/ROSE POWDER						$3.69
	MEGA GLO CATWALK POWDER						$3.69
	BLUSH MELLOW WINE						$2.52

PRICES, ITEMS and SIZES ARE SUBJECT TO CHANGE AT ANYTIME. PLEASE ALLOW 2-3 WEEKS FOR DELIVERY.

The packages of underwear cannot be opened and tried on then returned for a different size or credit.

The Bras cannot be tried on and returned for a different size or credit.

Updated 9/01/16 MH

Ex #5

Hair Salon Order Form

Fill out and attach completed CD-28
All products can be purchased on 1 CD-28.

*Medium Inmates:
Please put your Hair Design Order Forms in the Kite box.
DO NOT put them in the Canteen box.

*Minimum Inmates:
Please put your Hair Design Order Forms in the Education box.
THANK YOU!

Inmate Name (Print): _____
(Last) (First) (M)

Unit/Bunk#: _____ SID#: _____

THIS BOX FOR STAFF USE ONLY!

Total # of Products Purchased: _____

_____ $ _____ _____
Date Total Initial

After your order is filled, you will be receiving this copy back for your personal records.

Spending Limits
Level 1 = $25.00
Level 2 = $50.00
Level 3 = $75.00
Bi-Monthly Spending Periods are as follows: Jan/Feb, Mar/Apr, May/Jun, Jul/Aug, Sep/Oct, Nov/Dec

Have a Nice Day!

*You're only allowed 2 of each Product in your possession at all times.
Hair Accessories: you're only allowed 1 of each in your possession at all times.

Paul Mitchell
_____ Smoothing Shampoo - 10.14oz $9.00
_____ Smoothing Conditioner - 10.14oz $12.00
_____ Moisture Shampoo - 10.14oz $9.00
_____ Moisture Conditioner - 6.8oz $10.00
_____ Color Care Shampoo - 10.14oz $9.00
_____ Color Care Conditioner - 10.14oz $9.00
_____ Extra Body Shampoo - 10.14oz $9.00
_____ Extra Body Conditioner - 10.14oz $9.00
_____ Original Leave-In Conditioner - 10.14oz $9.00

Generic
_____ Hydrating Shampoo - 16oz $8.00
_____ Conditioning Balm - 16oz $8.00
_____ Tea Tree Shampoo - 16oz $8.00

Hair Products
_____ Sexy Hard Hold Gel - 5.1oz $15.00
_____ Paul Mitchell Hardwired Spiking Glue - 2.5oz $13.00
_____ Hold It! Hair Gel - 7oz $6.00
_____ Hold It! Hair Putty - 4oz $8.00
_____ Gloss Drops - 3oz $3.00
_____ Argan Oil - 3.4oz $10.00
_____ Queen Helene Cholesterol - 15oz $4.00
_____ BB Max Strength Super Gro - 6oz $6.00
_____ African Pride Olive Miracle - 6oz $6.00
_____ Proclaim Coconut Hair & Scalp Conditioner - 12oz $4.00
_____ Motions Hair Lotion - 12oz $6.00

Hair Accessories
_____ Vent Brush $3.00
_____ Bristle Brush $3.00
_____ Round Brush $3.00
_____ Wide Tooth Comb $3.00

Facial Products
_____ Cotton Rounds $3.00
_____ Makeup Applicators (25 Pack) $2.00
_____ Contour Brush $1.00
_____ Liner Brush $1.00
_____ QH Oatmeal & Honey Scrub - 6oz $5.00
_____ QH Cocoa Butter Scrub - 6oz $5.00
_____ Masque - 4oz $6.00
_____ Facial Cleanser - 7oz $6.00
Circle Your Choice:
Balanced (oily) or Gentle (dry)
_____ Toner/Tonic Water - 8oz $6.00
Circle Your Choice:
Balanced (oily) or Gentle (dry)
_____ Luminous Moisture Drench - 4oz $6.00
_____ Retinol Face Cream/SPF 20 - 2.25oz $15.00
_____ Vita-C Facial Moisturizer/SPF 15 - 4oz $12.00

Body Products Circle Your Choice
_____ O.p.i - Lotion - 6.6oz $5.00
Cranberry
Jasmine Gingerlily
_____ Pomegranate Mangosteen Creme - 6oz $6.00
_____ Super Star Cocoa Butter Cream - 16oz $6.00

Ex #5

Complete Every Side

NWC Commissary - CCCF Women's Products

Updated 5-15-2014 NWC SK

This form is for ordering women's products only

You must attach this form to your regular Commissary order form

Name: _____ SID# _____

Last First

Block-Unit: _____ Cell# _____ Date: _____

Qty	Feminine Hygiene	Price
	Secret Anti-Perspirant 1.7 oz	$1.89
	Power Up Bloom Anti-Perspirant 2oz.	$2.13
	Massengill Douche 6 oz 2pk	$2.60
	Olay Lotion, w/ sunscreen SPF 15, 4 oz	$10.75
	PantiLiners - MaxiThins	$1.29
	Tampon, Reg. Tampax 20ct.	$4.29
	Tampon, Super Tampax 10ct	$3.29
	Feminie Wash 12 oz	$5.72
Qty	**Hair Products**	**Price**
	Sunbeam 1875 Watt Hair Dryer	$17.50
	Large Cosmetic Bag Clear	$3.29
	Sunbeam 3/4" Curling Iron	$7.50
	Revlon 1" Curling Iron	$22.85
	Revlon 1 1/2" Flat Iron	$22.45
	Foam Rollers-Medium, Large(Circle Size)	$2.09
	Hair Spray, Non-Alcohol 8 oz	$2.15
Qty	**Women's Undergarments**	**Price**
	Hanes Her Way Panties (Circle Size)	
	(6) 7 8	$6.80
	9 10 11 12 13 14	
	Sports Bra (Circle Size)	
	34 (9634) 36 (9636)	
	38 (9638) 40 (9640)	$10.89
	42 (9642) 44 (9644)	
	46 (9646) 48 (9648)	

Qty	Make-up	Price
	A-35 Non Stop Liquid Mocha	$1.00
	CG 117 Cheekers Blush	$1.00
	Cosmetic Sponges	$2.19
Qty	**Body Wash - While Supplies Last**	**Price**
	St Ives Exfoliating Apricot	$3.99
Qty	**Holiday Item - Limitied Qty's**	**Price**
	Pomegranate&Mango Bodywash 18oz	$5.25
Qty	**Misc. Items**	**Price**
	Acrylic Mirror	$1.25
	Emery Boards	$0.59
Qty	**HANES MEN'S BOXER**	**Price**
	Once Opened Not Refundable	
	Men's Boxers 4pk. (Circle Size)	
	(Sm. 28"-30") (Med. 32"-34")	$19.26
	(Lrg. 36"38") (XL 40"-42")	
Qty	**PLAYERS MENS BOXERS**	**Price**
	Once Opened Not Refundable	
	Men's Boxers 2pk. (Circle Size)	
	(2XL 46"-48") (3XL 50"-52")	$12.86
	(4XL 54"-56") (5XL 58"-60")	
	(6XL 62"-34") (7XL 66"-68")	

COMMISSARY IS STILL LOOKING FOR AN APPROVED VENDOR FOR LIQUID FOUNDATION

NOTICE:
PRICES ARE SUBJECT TO CHANGE AT ANY TIME

☼ = New Item

DISC = DISCONTINUED

Complete South Sides

NWC Commissary - CCCF Women's Products

Updated 5-15-2014 NWC SK

This form is for ordering women's products only

You must attach this form to your regular Commissary order form

Name: _____ SID# _____

Last First

Block-Unit: _____ Cell# _____ Date: _____

Qty	Feminine Hygiene	Price
	Secret Anti-Perspirant 1.7 oz	$1.89
	Power Up Bloom Anti-Perspirant 2oz.	$2.13
	Massengill Douche 6 oz 2pk	$2.60
	Olay Lotion, w/ sunscreen SPF 15, 4 oz	$10.75
	PantiLiners - MaxiThins	$1.29
	Tampon, Reg. Tampax 20ct.	$4.29
	Tampon, Super Tampax 10ct	$3.29
	Feminie Wash 12 oz	$5.72
Qty	**Hair Products**	**Price**
	Sunbeam 1875 Watt Hair Dryer	$17.50
	Large Cosmetic Bag Clear	$3.29
	Sunbeam 3/4" Curling Iron	$7.50
	Revlon 1" Curling Iron	$22.85
	Revlon 1 1/2" Flat Iron	$22.45
	Foam Rollers-Medium, Large(Circle Size)	$2.09
	Hair Spray, Non-Alcohol 8 oz	$2.15
Qty	**Women's Undergarments**	**Price**
	Hanes Her Way Panties (Circle Size) (6) 7 8 9 10 11 12 13 14	$6.80
	Sports Bra (Circle Size) 34 (9634) 36 (9636) 38 (9638) 40 (9640) 42 (9642) 44 (9644) 46 (9646) 48 (9648)	$10.89

Qty	Make-up	Price
	A-35 Non Stop Liquid Mocha	$1.00
	CG 117 Cheekers Blush	$1.00
	Cosmetic Sponges	$2.19
Qty	**Body Wash - While Supplies Last**	**Price**
	St Ives Exfoliating Apricot	$3.99
Qty	**Holiday Item - Limitied Qty's**	**Price**
	Pomegranate&Mango Bodywash 18oz	$5.25
Qty	**Misc. Items**	**Price**
	Acrylic Mirror	$1.25
	Emery Boards	$0.59
Qty	**HANES MEN'S BOXER**	**Price**
	Once Opened Not Refundable	
	Men's Boxers 4pk. (Circle Size) (Sm. 28"-30") (Med. 32"-34") (Lrg. 36"38") (XL 40"-42")	$19.26
Qty	**PLAYERS MENS BOXERS**	**Price**
	Once Opened Not Refundable	
	Men's Boxers 2pk. (Circle Size) (2XL 46"-48") (3XL 50"-52") (4XL 54"-56") (5XL 58"-60") (6XL 62"-34") (7XL 66"-68")	$12.86

COMMISSARY IS STILL LOOKING FOR AN APPROVED VENDOR FOR LIQUID FOUNDATION

NOTICE:
PRICES ARE SUBJECT TO CHANGE AT ANY TIME

☼ = New Item

DISC = DISCONTINUED

Ex #5

Qty	Auto Eyeliner--- Wet N Wild	Price
	Eye Pencil, Black, Two Pack	$1.93
Qty	Eye Shadow---Wet N Wild	Price
	Eyeshoadow, Brown/Mauve, Three shades	$2.52
Qty	Eye Shadow 9609	Price
	PE405, Foxy Grey/Cargo Blue/ Denim Blue	$0.50
Qty	Mascara---Wet N Wild	Price
	Wet N Wild Volume Mascara, Black	$3.57
Qty	Auto Lipliner---9605	Price
	AL564, Iced Coral	$0.50
	AL565, Pinky	$0.50
	AL566, Rose Brown	$0.50
	AL567, Café	$0.50
	AL568, Cocoa	$0.50
	AL572, Currant	$0.50
Qty	Lipliner---Wet N Wild	Price
	Lip Liner, Fuschia	$0.99
Qty	Lipstick---9608	Price
	306 Expresso	$0.50

Qty	Dual Blushers---9602	Price
	PB847, Cinnamon/Burnt Orange	$0.50
Qty	Mystic Foundation Concealment---9604	Price
	359, Bronze	$0.50
	361, Mahogony	$0.50
	362, Toast	$0.50
Qty	Lip Gloss--UPC	Price
	Wet N Wild Lip Gloss, Clear	$1.93
	LG838 Glossy Lips-Nude Sheer Lip Gloss	$0.50
	LG841 Glossy Lips-Raspberry Tart Sheer Lip Gloss	$0.50
Qty	L.A. Color Liquid Foundation	Price
	Cocoa	$0.50
	Cappuccino	$0.50
	Bronze	$0.50
	Black Walnut	$0.50
	Ebony	$0.50
Qty	Wet N Wild Foundation Cover Stick	Price
	Wet N Wild Foundation Cover Stick Lt	2.52

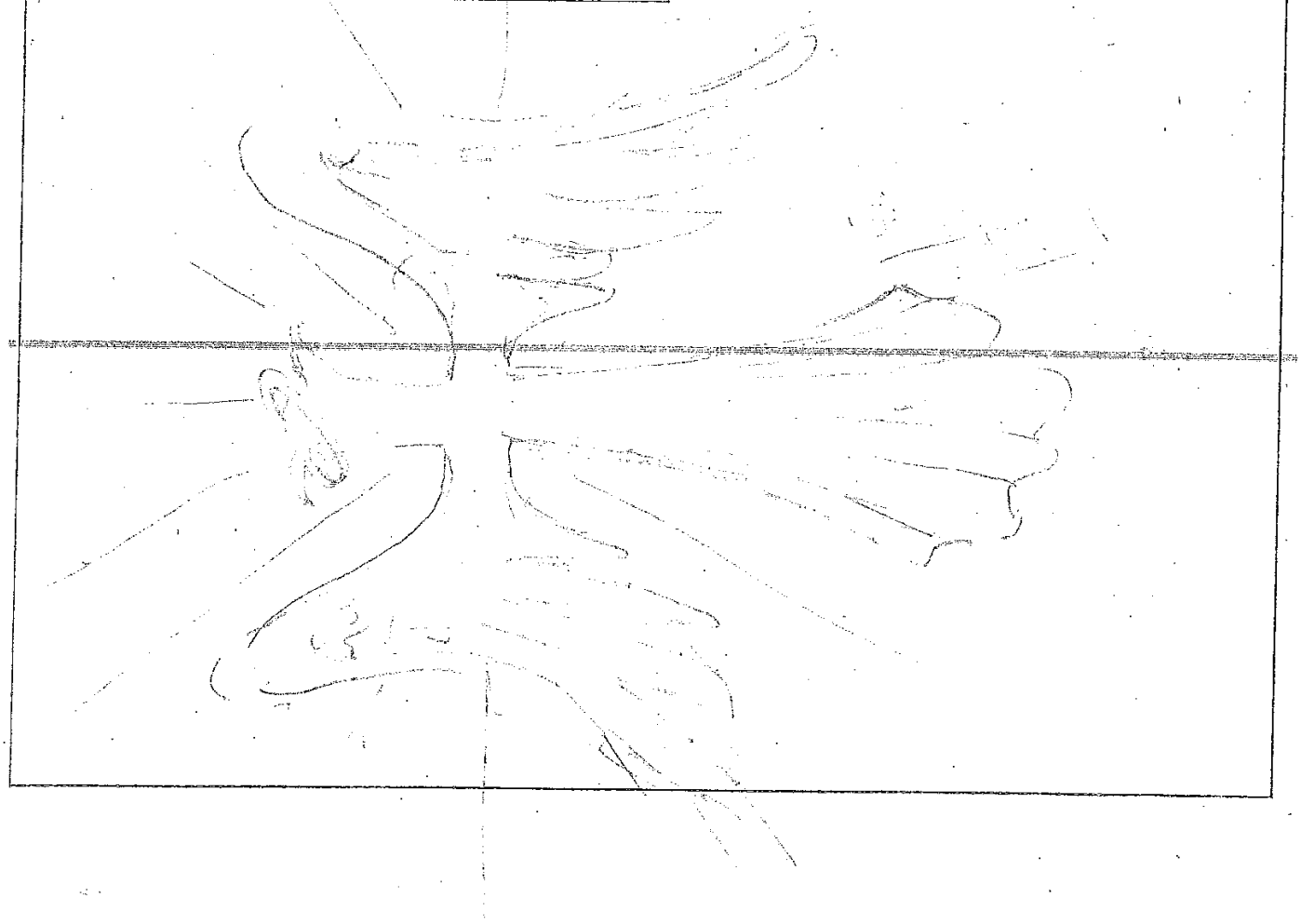

Exhibit #7

04:59:29 p.m. 03-13-2017 | 3 | 503-378-5597

503-378-5597

03:49:37 p.m. 03-13-2017 | 1 | 5033788628

5033788628

04:00:12 p.m. 03-13-2017 3/4

03:52:30 p.m. 03-13-2017 1/2

OREGON DEPARTMENT OF CORRECTIONS
HEALTH REFERRAL OUTSIDE AGENCY

To: Dr. Bird

Appt. Date: 3/13/17 Time: 2:30 pm
Institution: OSCI
Contact Provider: Dr. Shelton
Institution Approval: ☐ N/A ☐ TLC
Phone: 503-373-0168 Fax: 503-378-8628

☐ Stat (Today) ☐ Urgent (1-3 Days) ☐ Priority (4-14 Days) ☐ Routine (<6 Weeks) ☐ Extended (< 12 Weeks)

Diagnosis or Reason for Referral:

Specific Service Requested: Consult

Special Equipment Needed for Transport: ☐ O2 ☐ Wheelchair ☐ Stretcher ☐ Interpreter _____ ☐ Other _____

Data to be sent with patient:

☐ Lab ☐ X-Ray ☐ Chart Note ☐ Dr. Orders ☐ MAR ☐ Other _____

COMMUNITY PROVIDERS- Please write notes to institution Physician on reverse side of this form

SPECIFIC TREATMENTS AUTHORIZED

☐ Emergency Care
☐ Consultation Only
☐ Treatment Only
☐ Consultation and Treatment
☐ Laboratory Diagnostics
☐ Radiographic Diagnostics
☐ Surgery
☐ Special Procedure _____
☐ Other _____

AUTHORIZED / COVERED SERVICES ARE MARKED ABOVE
UNAUTHORIZED TREATMENT MAY NOT BE COVERED

Please send the invoice for today's services to:

Correctional Health Partners
Oregon Department of Corrections
PO Box 13589
Denver, CO 80201-1738

INSURANCE
Name: Goninan, Nathan
SID#: 17079611
DOB: 1/8/86
Group # ODOC

Thank you for your interest in our patient.
If you have any concerns with this patient, please contact us.

Date Form Prepared: _____
Form Prepared By: _____

PLEASE FILL OUT ALL SECTIONS OF THIS FORM COMPLETELY AND ACCURATELY
CD 491H 08/2016

Goninan v ODOC, et al.; 6:17-cv-00197-AC; Nathan Goninan, SID#17079611
ODOC Medical Chart TLC Committee/Outside Referrals; Page 03

Ex #7

PROVIDER'S RETURNING INFORMATION

Diagnosis and Findings:
Gender dysphoria.
persistent >1yr.
realist expectations

Provider's Recommendations / Orders **(Do not mention any specific follow up dates or times to the inmate/patients for security reasons)**:
Estradiol 4mg po daily
spironolactone 200mg po daily.
labs in 1wks: CBC, CMP, testosterone level; Estradiol level

Community Provider's Signature: _____ Date: 3/13/17.

PLEASE REMEMBER TO SEND/ FAX A COPY OF YOUR WRITTEN REPORT TO THE REFERRING ODOC PHYSICIAN

POST CONSULT DOC COMMENT SECTION (Institution Use Only)

○ Community Provider Orders Reviewed by Nursing with ODOC Provider for Urgent Needs:
☐ No Urgent Needs ☐ Urgent Needs, Orders Transcribed

ODOC Nursing Signature: _____ Date: _____ Time: _____

○ Orders Approved

○ Orders Denied

○ To TLC

Comments:

ODOC Provider: _____ Date: _____

CD 491 H Revised 9-2016

Ex #7

Oregon Department Of Corrections
Heath Services Division
Non Formulary Medication Exception Request

Please fill out all entries. Incomplete forms will not be processed.
This order form must be filled out and signed by the Practitioner & Designated Reviewer at Each Institution. The request is valid for the duration of the order.

INSTITUTION:

Medication: Estradiol and Spironolactone

Dx for which med is requested: Transgender Hormone Therapy

Reasons Formulary Medication not used:

These are formulary, This is for MTF transition

Provider Signature: [signature] MD Date:

URGENT NEED: ☐ < 24hrs ☐ < 7 days

Comments: Has been to GNOC-TLC and has been to specialist consult.

Reviewer Signature: Date:

To Med Review Committee: ☐ yes ☐ no

Would you like to see this added to the formulary? ☐ yes ☐ no

Medication Review Committee Comments:

Approved.

Approved: ☐ yes For 6 months ☐ no ☒ Keep on Person

Signatures: Date

[signature] MD

Inmate Name
Goninan, Nathan
Sid #
17079611

Ex #7

503-378-5597

03:59:20 p.m. 03-13-2017 1 /4

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: DATE & TIME INST. DNS ☐

#

ALLERGIES:

SEND DUPLICATE TO PHARMACY

NAME: DATE & TIME INST. DNS ☐

#

ALLERGIES:

SEND DUPLICATE TO PHARMACY

NAME: DATE & TIME INST. DNS ☐

#

ALLERGIES:

SEND DUPLICATE TO PHARMACY

NAME: Goninan, Nathan DATE & TIME 3/13/2017 INST. OSCI DNS ☐

17079611

Noted 3/18/17

✓ Estradiol 4mg PO Daily x 6 months

✓ Spironolactone 100mg PO BID x 6 months.

✓ Labs in 6-8 weeks: CMP, CBC, Estradiol Level, Total Testosterone Level.

ALLERGIES:

Stan Sherman MD

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours

Ex #7

Transgender TLC

Oregon Department of Corrections
THERAPEUTIC LEVEL OF CARE

TO: Clinical Medical Director Date: 5-12-17

FROM: Chief Medical Officer _____

INSTITUTION NAME: _____

SUBJECT: Prior Authorization for Medical/Surgical Procedure or Treatment

Release Date: _____

Diagnosis: MtF on est. hspism. 45t 45 Test 91

Level: _____

How long has the patient had this diagnosis? _____

Treatment Proposed: Patient wants higher dose estrogen

Factors for consideration, discuss as appropriate.

1. Urgency of need vs. time of sentence left.
2. Overall necessity, re: morbidity, mortality and functional disability.
3. Pre-exisiting condition prior to incarceration.
4. Risk/Benefit
5. Cost/Benefit
6. Alternatives

Scaned & Emailed 5/12/17 @ 1530 JBm

Committee Comments and Recommendation: _____

_____ Committee Signature

_____ Committee Signature

_____ Committee Signature

GONINAN, NATHAN R
17079611
DOB- 1-08-1986

CD 1282 H (11/93)

Ex #7

OREGON DEPARTMENT OF CORRECTIONS -HEALTH SERVICES- CARE ORDER

NAME (L.F.MI): Goninan, Nathan | SID# 17079611 | INST: OSCI

DATE: 4/13/17
TIME: 11A
RN NOTES

RPh NOTES

Rx
CPS x 2

GONINAN, NATHAN ROBER' SID: 17079611
DIPHENHYDRAMINE^~ 50MG CAP (BENADRY
TAKE 3 CAPSULES ORALLY AT
BEDTIME - CONTROL BY STAFF
START: 04/13/17 STOP: 10/09/17

CBC, CMP, TSH, Comp. lipid panel
next week

Signature: HEALONG

GONINAN, NATHAN ROBER' SID: 17079611
DIPHENHYDRAMINE^~ 50MG CAP (BENADRY
DC'ED MED - 4224777

Allergies: CDN, PCN

START: 03/28/17 DC Date: 04/13/2017

Formulary Pending TLC Protocol Release route: retain orig. in record> dup. to Pharmacy

OREGON DEPARTMENT OF CORRECTIONS -HEALTH SERVICES- CARE ORDER

NAME (L.F.MI): Goninan, Nathan | SID# 17079611 | INST: OSCI

DATE: 4-12-17
TIME:
RN NOTES

RPh NOTES

Rx C.P.I. now Spironolactone
T. Buf

GONINAN, NATHAN ROBER' SID: 17079611
SPIRONOLACTONE (GEN ALDACTONE) 100M
TAKE 1 TABLET ORALLY ONCE DAILY
(-OK IN CELL-) - SELF CARRY EARNED
START: 04/12/17 STOP: 10/09/17

Signature:

Allergies: CDN, PCN

send✓:

Formulary Pending TLC Protocol Release route: retain orig. in record> dup. to Pharmacy

OREGON DEPARTMENT OF CORRECTIONS -HEALTH SERVICES- CARE ORDER

NAME (L.F.MI): Goninan, Nathan | SID# 17079611 | INST: OSCI

DATE: 3/28/17
TIME: 11 AM
RN NOTES

RPh NOTES

Rx
CPS x 2

GONINAN, NATHAN ROBER' SID: 17079611
DIPHENHYDRAMINE^~ 50MG CAP (BENADRY
TAKE 1 TO 2 CAPSULES ORALLY AT
BEDTIME IF NEEDED - CONTROL BY STAFF
START: 03/28/17 STOP: 09/23/17

GONINAN, NATHAN ROBER' SID: 17079611
LAMOTRIGINE^~(GEN LAMICTAL) 100MG TAE
DC'ED MED - 4220899
START: 03/09/17 DC Date: 03/28/2017

Signature: HEALONG

Allergies: CDN, PCN

send✓:

Formulary Pending TLC Protocol Release route: retain orig. in record> dup. to Pharmacy

Ex #7

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Goninan, Nathan DATE & TIME INST. DNS ☐

\# 17079611

ALLERGIES: PCN, CDN

SEND DUPLICATE TO PHARMACY

NAME: Goninan, Nathan DATE & TIME 5-12-17 INST. DNS ☐

\# 17079611

Transgender TLC

Noted 5

T. Bue

ALLERGIES: PCN, CDN

SEND DUPLICATE TO PHARMACY

NAME: Goninan, Nathan DATE & TIME 5-5-17 INST. OSCI DNS ☐

\# 17079611 ch. Rev. lab re: hormones

indebt white Velcro shoes

1030 5-5-17

T. Bust

ALLERGIES: PCN, CDN

SEND DUPLICATE TO PHARMACY

NAME: Goninan, Nathan DATE & TIME 4-21-17 1315 INST. OSCI DNS ☐

\# 17079611 Cpo: Spironolact 100 po → 100 bid

Add to labs drawn today: estradiol + total testosterone

R/t ~2 wks re labs

4-21-17

T. Bust

GONINAN, NATHAN ROBER' SID: 17079611
SPIRONOLACTONE (GEN ALDACTONE) 100M
DC'ED MED - 4227867-
START: 04/12/17 DC Date: 04/21/2017

GONINAN, NATHAN ROBER' SID: 17079611
SPIRONOLACTONE (GEN ALDACTONE) 100M
TAKE 1 TABLET ORALLY TWICE DAILY
- CONTROL BY STAFF
START: 04/21/17 STOP: 04/15/18

ALLERGIES: PCN, CDN

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/93)

Ex#7

Drug: ESTRADIOL~(GEN. ESTRACE) 2MG TAB

GENERIC NAME: Estradiol Oral Tablets (ES tra DYE ol)

WARNING: Estrogens may raise the chance of uterine cancer. Progestins may lower this chance. A warning sign for cancer of the uterus is vaginal bleeding. Report any vaginal bleeding to the doctor. Do not use estrogens to prevent heart disease or dementia. Using estrogens may raise the chances of having a heart attack, a stroke, breast cancer, a blood clot, or dementia. Use estrogens with or without progestin for the shortest time needed at the lowest useful dose. COMMON USES: It is used to put off soft, brittle bones (osteoporosis) in women after change of life. It is used to prevent or lower the signs of the change of life (menopause). It is used to add estrogen to the body when the ovaries have been taken out or do not work the right way. Rarely, it is used to treat breast or prostate cancers. It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to estradiol or any other part of this drug. TELL YOUR DOCTOR: If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. TELL YOUR DOCTOR: If you have ever had a very bad or life-threatening reaction called angioedema. Signs may be swelling of the hands, face, lips, eyes, tongue, or throat; trouble breathing; trouble swallowing; unusual hoarseness. TELL YOUR DOCTOR: If you have had any of these health problems: Bleeding disorder, blood clots, a higher risk of having a blood clot, breast cancer, liver problems or liver tumor, heart attack, stroke, or a tumor where estrogen makes it grow. TELL YOUR DOCTOR: If you have eyesight problems like loss of eyesight from blood vessel problems in the eye. TELL YOUR DOCTOR: If you have thickening of the endometrium (lining of the uterus). TELL YOUR DOCTOR: If you have unexplained vaginal bleeding. TELL YOUR DOCTOR: If you are pregnant or may be pregnant. Do not take this drug if you are pregnant. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Take this drug at the same time of day. There may be days when you will not take this drug. Take with or without food. Take with food if it causes an upset stomach. HOW DO I STORE AND/OR THROW OUT THIS DRUG? Store at room temperature. Store in a dry place. Do not store in a bathroom. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Check with your pharmacist about how to throw out unused drugs. WHAT DO I DO IF I MISS A DOSE? Use a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not use 2 doses or extra doses.

CAUTIONS: Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists. This drug may raise the chance of blood clots, a stroke, or a heart attack. Talk with the doctor. Talk with your doctor if you will need to be still for long periods of time like long trips, bedrest after surgery, or illness. Not moving for long periods may raise your chance of blood clots. If you are allergic to tartrazine, talk with your doctor. Some products have tartrazine. If you have high blood sugar (diabetes), you will need to watch your blood sugar closely. High blood pressure has happened with drugs like this one. Have your blood pressure checked as you have been told by your doctor. Have blood work checked as you have been told by the doctor. Talk with the doctor. Have a bone density test as you have been told by your doctor. Talk with your doctor. Be sure to have regular breast exams and gynecology check-ups. Your doctor will tell you how often to have these. You will also need to do breast self-exams as your doctor has told you. Talk with your doctor. This drug may cause dark patches of skin on your face. Avoid sun, sunlamps, and tanning beds. Use sunscreen and wear clothing and eyewear that protects you from the sun. This drug may affect certain lab tests. Tell all of your health care providers and lab workers that you take this drug. Do not smoke. Smoking raises the chance of heart disease. Talk with your doctor. Limit your drinking of alcohol. If you drink grapefruit juice or eat grapefruit often, talk with your doctor. This drug works best when used with calcium/vitamin D and weight-bearing workouts like walking or PT (physical therapy). Follow the diet and workout plan that your doctor told you about. This drug may affect growth in children and teens in some cases. They may need regular growth checks. Talk with the doctor. If you are 65 or older, use this drug with care. You could have more side effects. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

Ex#7

POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY? WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes. Chest pain or pressure. Shortness of breath. Coughing up blood. Swelling, warmth, numbness, change of color, or pain in a leg or arm. Very bad headache. Very bad dizziness or passing out. Weakness on 1 side of the body, trouble speaking or thinking, change in balance, drooping on one side of the face, or blurred eyesight. Very upset stomach or throwing up. Very bad belly pain. Back pain. Bulging eyes. Change in how contact lenses feel in the eyes. Loss of eyesight. Change in eyesight. A lump in the breast, breast soreness, or nipple discharge. Breast pain. Vaginal itching or discharge. Vaginal bleeding that is not normal. Low mood (depression). Mood changes. Memory problems or loss. Fever. Not able to pass urine or change in how much urine is passed. Pain when passing urine. Swelling. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away: Headache. Hair loss. Upset stomach or throwing up. Cramps. Bloating. Enlarged breasts. Breast soreness. Vaginal bleeding or spotting. Painful periods. These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects at http://www.fda.gov/medwatch.

OVERDOSE: If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

ADDITIONAL INFORMATION: If your symptoms or health problems do not get better or if they become worse, call your doctor. Do not share your drugs with others and do not take anyone else's drugs. Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor. Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins. Some drugs may have another patient information leaflet. Check with your pharmacist. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.

Ex #7

Drug: SPIRONOLACTONE (GEN ALDACTONE) 100MG TAB

GENERIC NAME: Spironolactone (speer on oh LAK tone)

WARNING: Spironolactone has caused tumors in animals. These studies used larger than normal doses for a long time. Use this drug as you have been told. Do not use this drug for other health problems. COMMON USES: It is used to get rid of extra fluid. It is used to raise potassium stores in the body. It is used to treat heart failure (weak heart). It is used to treat high blood pressure. It is used to treat some people with high aldosterone levels. It is used to treat some kidney problems. It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to spironolactone or any other part of this drug. TELL YOUR DOCTOR: If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. TELL YOUR DOCTOR: If you have any of these health problems: Addison's disease, high potassium levels, or kidney disease. TELL YOUR DOCTOR: If you are not able to pass urine. TELL YOUR DOCTOR: If you are taking any of these drugs: Amiloride, eplerenone, or triamterene. TELL YOUR DOCTOR: If you are breast-feeding. Do not breast-feed while you take this drug. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Take with or without food. Take with food if it causes an upset stomach. To gain the most benefit, do not miss doses. Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well. This drug may cause you to pass urine more often. To keep from having sleep problems, try to take before 6 pm. HOW DO I STORE AND/OR THROW OUT THIS DRUG? Store at room temperature. Store in a dry place. Do not store in a bathroom. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Check with your pharmacist about how to throw out unused drugs. WHAT DO I DO IF I MISS A DOSE? Take a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses.

CAUTIONS: Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists. Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you. Have your blood pressure checked often. Talk with your doctor. Have blood work checked as you have been told by the doctor. Talk with the doctor. This drug may affect certain lab tests. Tell all of your health care providers and lab workers that you take this drug. If you are on a low-salt or salt-free diet, talk with your doctor. Sometimes elements (potassium) in the blood may be raised with this drug. This can be deadly if it is not treated. The chance is greatest in people with high blood sugar (diabetes), kidney disease, very bad illness, and/or in older adults. Your doctor will follow you closely to change the dose to match your body's needs. If you are taking a salt substitute that has potassium, potassium-sparing diuretics, or potassium, talk with your doctor. Talk with your doctor before you drink alcohol or use other drugs and natural products that slow your actions. This drug may affect how much of some other drugs are in your body. If you are taking other drugs, talk with your doctor. You may need to have your blood work checked more closely while taking this drug with your other drugs. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant.

Ex #7

POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY? WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of fluid and electrolyte problems like mood changes, confusion, muscle pain or weakness, a heartbeat that does not feel normal, very bad dizziness or passing out, fast heartbeat, more thirst, seizures, feeling very tired or weak, not hungry, unable to pass urine or change in the amount of urine produced, dry mouth, dry eyes, or very bad upset stomach or throwing up. Signs of kidney problems like unable to pass urine, change in how much urine is passed, blood in the urine, or a big weight gain. Signs of a very bad skin reaction (Stevens-Johnson syndrome/toxic epidermal necrolysis) like red, swollen, blistered, or peeling skin (with or without fever); red or irritated eyes; or sores in your mouth, throat, nose, or eyes. Very bad dizziness or passing out. Feeling confused. Change in balance. Change in sex ability. Fever or chills. Sore throat. Any unexplained bruising or bleeding. Black, tarry, or bloody stools. Throwing up blood or throw up that looks like coffee grounds. A burning, numbness, or tingling feeling that is not normal. Slow heartbeat. Period (menstrual) changes. Breast pain. For males, enlarged breasts. Very bad and sometimes deadly liver problems have happened with this drug. Call your doctor right away if you have signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away: Loose stools (diarrhea). Feeling sleepy. Dizziness. Headache. Upset stomach or throwing up. Stomach cramps. Hair loss. These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects at http://www.fda.gov/medwatch.

OVERDOSE: If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

ADDITIONAL INFORMATION: If your symptoms or health problems do not get better or if they become worse, call your doctor. Do not share your drugs with others and do not take anyone else's drugs. Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor. Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins. Some drugs may have another patient information leaflet. Check with your pharmacist. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.

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Ex#7