

**EXHIBIT A**

Petitioner's Letter Requesting Repatriation or Convening of Mixed Medical Commission (April 28, 2017)  
(Pet'r's Letter")

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**VIA USPS & EMAIL**

Hon. James Mattis  
Secretary, U.S. Department of Defense  
c/o U.S. Department of Justice  
Civil Division  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

Rear Admiral Edward B. Cashman  
Commander, Joint Task Force-GTMO  
c/o U.S. Department of Justice  
Civil Division  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

April 28, 2017

**Re: Request for the Repatriation or Examination of Mohammed al-Qahtani**

Dear Secretary Mattis:

Mohammed al-Qahtani, who has been assigned Internment Serial Number (ISN) 063, has been held at the U.S. Naval Base at Guantánamo Bay, Cuba for over 15 years, since February 2002. In 2009, Susan J. Crawford, then-Convening Authority for the military commissions, found that Mr. al-Qahtani’s treatment during his captivity met the legal definition of torture.<sup>1</sup> An independent psychiatrist, Dr. Emily Keram, has diagnosed Mr. al-Qahtani with post-traumatic stress disorder (PTSD), schizophrenia, moderate to severe major depression, along with a host of psychotic, mood, and cognitive disorders and physical conditions, some of which she deemed pre-existing.<sup>2</sup>

Through undersigned counsel, Mr. al-Qahtani now requests repatriation to the Kingdom of Saudi Arabia on account of his gravely diminished health, in accordance with controlling domestic law—Army Regulation 190-8—and those portions of the international agreement that it incorporates, the Geneva Convention Relative to the Treatment of Prisoners of War.<sup>3</sup> We ask

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<sup>1</sup> Bob Woodward, *Guantanamo Detainee Was Tortured, Says Official Overseeing Military Trials*, WASH. POST, Jan. 14, 2009, <http://www.washingtonpost.com/wp-dyn/content/article/2009/01/13/AR2009011303372.html>.

<sup>2</sup> Report of Dr. Emily M. Keram, MD, evaluating Mohammed al-Qahtani, at 3-9 (June 5, 2016) [*hereinafter* Keram Report] (publicly available at [http://www.prs.mil/Portals/60/Documents/ISN063/160606\\_U\\_ISN063\\_DETAINEE\\_SUBMISSION\\_PUBLIC2.pdf](http://www.prs.mil/Portals/60/Documents/ISN063/160606_U_ISN063_DETAINEE_SUBMISSION_PUBLIC2.pdf)).

<sup>3</sup> See Dep’t of the Army, Army Reg. 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees, and Other Detainees, ch. 3, §12(a) (Oct. 1, 1997) (*hereinafter* “Army Regulation 190-8”) (“Sick and wounded prisoners will be processed and their eligibility determined for repatriation or accommodation in a neutral third country... according to the procedures set forth...”); Geneva Convention Relative to the Treatment of Prisoners of War, art. 109-110, Aug. 12, 1949, 6 U.S.T. 3316, 75 U.N.T.S. 135 (*hereinafter* “Third Geneva Convention”) (obligating the repatriation of those who are “[w]ounded and sick who, according to medical opinion, are not likely to recover within one year, whose condition requires treatment and whose medical and physical fitness seems to have been gravely diminished”).

that you forward the entirety of this letter to all other appropriate parties within the Department of Defense and to any relevant government agencies and we respectfully request a prompt written response.

We urge the U.S. government to initiate Mr. al-Qahtani's repatriation to the Kingdom of Saudi Arabia based on Dr. Keram's diagnosis and prognosis.<sup>4</sup> Alternatively, if the U.S. government wishes to seek further confirmation of Dr. Keram's findings, we request that a Mixed Medical Commission evaluate Mr. al-Qahtani to confirm that his illness and prognosis satisfy the criteria for repatriation.<sup>5</sup>

Mr. al-Qahtani is entitled to the benefits and protections granted to enemy prisoners of war under Army Regulation 190-8. As an "other detainee" who has never been classified under any alternative legal status by a competent authority, Mr. al-Qahtani is entitled to the benefits and protections granted to enemy prisoners of war under Army Regulation 190-8.<sup>6</sup> The U.S. government's designation of Mr. al-Qahtani as an "enemy combatant," a classification not recognized in Army Regulation 190-8, does not preclude him from being treated as an enemy prisoner of war.<sup>7</sup> As a federal district court noted in *Aamer v. Obama*, 58 F. Supp. 3d 16, 25 (D.D.C. 2014), the United States "put[s] more weight on 'enemy combatant' than the term can bear."<sup>8</sup> Accordingly, Mr. al-Qahtani qualifies as an "other detainee" and is due the protections and privileges that enemy prisoners of war receive under Army Regulation 190-8.

Prisoners like Mr. al-Qahtani who are, or are being treated as, enemy prisoners of war are "eligible for direct repatriation" if they are ill or injured and their "conditions have become chronic to the extent that prognosis appears to preclude recovery in spite of treatment within 1 year from inception of disease or date of injury."<sup>9</sup> Dr. Keram's medical diagnosis and prognosis indicate that Mr. al-Qahtani is eligible for direct repatriation under this standard.

After spending almost 40 hours evaluating his health, Dr. Keram found that Mr. al-Qahtani has developed post-traumatic stress disorder (PTSD) while in U.S. custody.<sup>10</sup> This

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<sup>4</sup> Commanding officers may complete a Certificate of Direct Repatriation to relieve the Mixed Medical Commission of the need to visit EPW patients who are eligible for direct repatriation. See Army Regulation 190-8 at ch. 3, §12(k)(2).

<sup>5</sup> See *id.* at ch. 3, §12(c), (h).

<sup>6</sup> See *Aamer v. Obama*, 58 F. Supp. 3d 16, 22 (D.D.C. 2014) ("Persons in the custody of the U.S. Armed Forces who have not been classified as an [enemy prisoner of war] ..., [retained personnel] ..., or [civilian internee] ... shall be treated as [enemy prisoners of war] until a legal status is ascertained by competent authority" (citing Army Regulation 190-8, ch.3, §1-6(e)(10), Glossary, Section II-Terms)).

<sup>7</sup> See *Al Warafi v. Obama (Al Warafi II)*, 716 F.3d 627, 627-29 (D.C. Circ. 2013)(petitioner was similarly deemed an "enemy combatant" and court nonetheless considered whether he qualified as a medic under Army Regulation 190-8); see also *Aamer*, 58 F. Supp. 3d at 25("If Respondents are correct that an 'enemy combatant' designation removes Guantanamo detainees from the coverage of Army Regulation 190-8, there would have been no need for the Al Warafi II court to conduct such an analysis.").

<sup>8</sup> The District Court also noted that the Obama Administration jettisoned the term "enemy combatant" years ago, "which raises questions concerning Respondents' current reliance on it." *Aamer*, 58 F. Supp. 3d at 25 (citing Del Quentin Wilber & Peter Finn, *U.S. retires 'Enemy Combatant,' Keeps Broad Rights to Detain*, Wash. Post, Mar. 14, 2009, at A6).

<sup>9</sup> *Aamer*, 58 F. Supp. 3d at 22 (citing Army Regulation 190-8 at ch. 3, §12(l)).

<sup>10</sup> Keram Report, *supra* note 2 at 7-8. While preparing this report, Dr. Keram spent many more hours interviewing members of Mr. al-Qahtani's family and reviewing various case-related and medical materials.

diagnosis further exacerbates his pre-existing psychiatric diagnoses of schizophrenia, moderate-to-severe major depression, and traumatic brain injury.<sup>11</sup> Although his lack of regular medical care at Guantánamo has made it impossible to pinpoint the exact point in time when Mr. al-Qahtani's chronic PTSD began, it is clear that he has been suffering from PTSD and other ailments for years.<sup>12</sup> Mr. al-Qahtani's prognosis requires a holistic treatment plan that will likely span multiple years, if not his lifetime.<sup>13</sup> Thus, Mr. al-Qahtani is eligible for immediate transfer to treatment in an in-patient setting in Saudi Arabia because his illness has become so chronic that recovery, even with optimal circumstances and care, is precluded within one year.

If the U.S. government is unwilling to authorize Mr. al-Qahtani's repatriation to the Kingdom of Saudi Arabia based on Dr. Keram's findings and Mr. al-Qahtani's present medical records alone, Mr. al-Qahtani requests a Mixed Medical Commission examination to verify his eligibility for repatriation to the Kingdom of Saudi Arabia. Such a Commission is available to those, like Mr. al-Qahtani, who have applied for repatriation.<sup>14</sup> As a U.S. federal district court has detailed, Army Regulation 190-8 provides that a Mixed Medical Commission will determine whether a detainee suffers from an illness or injury that satisfies the criteria for repatriation. If the Mixed Medical Commission determines that a detained individual should be repatriated, the United States should carry out that decision as soon as possible.<sup>15</sup> Throughout the process, Army Regulation 190-8 requires that the relevant U.S. parties will arrange all administrative details to assist, facilitate, and expedite the Mixed Medical Commission to the fullest extent.<sup>16</sup>

Army Regulation 190-8, contemplating an international armed conflict between two warring nations, sets forth parameters for a Mixed Medical Commission. In accordance with these parameters, a Mixed Medical Commission is to be comprised of two members from a neutral country and a medical officer of the U.S. Army selected by the Department of the Army Headquarters (HQDA).<sup>17</sup> The "conflict" in the context of which Mr. al-Qahtani's present captivity rose, however, may or may not have been a conventional war between two nations. The Authorization for the Use of Military Force (AUMF), the basis for Mr. al-Qahtani's detention, gave the Executive wide latitude to use military force against "those nations, organizations or persons" who were deemed to have been involved in the September 11<sup>th</sup> attacks.<sup>18</sup> For well over a decade, the AUMF has been used to detain and attack groups and individuals irrespective of national belonging or borders. Because there are no "neutral nations" in this conflict, counsel proposes the appointment of Mr. al-Qahtani's most recent (and only) independent medical examiner, Dr. Keram, as a member of the Mixed Medical Commission alongside another security-cleared civilian U.S. medical expert and an expert from the U.S. military.

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<sup>11</sup> *Id.*

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>14</sup> See Army Regulation 190-8 at ch. 3, §12(c); see also *Aamer*, 58 F. Supp. 3d at 27 (explaining that receiving a Mixed Medical Commission examination is part of the Army Regulation's "regulatory process.").

<sup>15</sup> *Aamer*, 58 F. Supp. 3d at 22 ("If the Mixed Medical Commission, which is comprised of a medical officer of the U.S. military and two physicians from a neutral country, *id.* § 3-12(a)(2), determines that the detained individual should be repatriated, then the United States must 'carry out [that] decision [ ] ... as soon as possible and within 3 months of the time after it receives due notice of the decision[ ],' *id.* § 3-12(f).") (citing Army Regulation 190-8 at ch.3, §12).

<sup>16</sup> See Army Regulation 190-8 at ch. 3, §12(g)

<sup>17</sup> See *id.* at ch.3, §12(a)(2).

<sup>18</sup> Authorization for the Use of Military Force (AUMF), Pub. L. 107-40, 115 Stat. 224 (2001).

Mr. al-Qahtani's chronic illness is exacerbated with each passing day he remains imprisoned. As a chronically sick prisoner whose treatment will likely span his lifetime, Mr. al-Qahtani is both entitled to and eligible for repatriation to the Kingdom of Saudi Arabia under both the Third Geneva Convention and Army Regulation 190-8. We urge the U.S. government to initiate the repatriation process with due speed, or alternatively, we request a Mixed Medical Commission to confirm that Mr. al-Qahtani satisfies the criteria for repatriation.

We thank you for your attention to this urgent matter and look forward to a prompt written response.

Respectfully,

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*Counsel for Petitioner*

**EXHIBIT B**

Respondents' Letter in response to Ex. A, ECF No. 367-1 (June 30, 2017)  
("DOJ Letter")



**U.S. Department of Justice**

Civil Division  
Federal Programs Branch

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June 30, 2017

**VIA ELECTRONIC MAIL**

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Re: *al-Qahtani v. Trump*, No. 05-cv-1971 (D.D.C.)

Dear Counsel:

This letter responds to your letter of April 28, 2017. Through that letter, Petitioner Mohammed al-Qahtani (“Petitioner”) “requests repatriation to the Kingdom of Saudi Arabia on account of his gravely diminished health,” as determined by an “independent psychiatrist.”<sup>1</sup> Letter at 1. In the alternative, if the U.S. government wishes to confirm the findings of his psychiatrist, Petitioner “request[s] that a Mixed Medical Commission evaluate [Petitioner] to confirm that his illness and prognosis satisfy the criteria for repatriation.” *Id.* at 2.

The Executive Branch respects the humanitarian principles embodied in medical repatriation provisions of the Third Geneva Convention and takes them into account when determining whether it should continue to detain individuals in the circumstances of the current armed conflict. With respect to Petitioner, the Executive has not determined that the repatriation of Petitioner for the reasons you identified is warranted. As you are aware, Petitioner’s mental health was a factor considered during his Periodic Review Board (“PRB”) reviews. The

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<sup>1</sup> Respondents object to any characterization of Dr. Emily Keram, a physician engaged by Petitioner’s counsel, as an independent expert. *See, e.g.*, Letter at 1.

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PRB has reviewed Petitioner twice, first in an initial review in which a determination was made on July 18, 2016 that Petitioner's detention remains necessary to protect against a continuing significant threat to the security of the United States, *see* Unclassified Summary of Final Determination, [http://www.prs.mil/Portals/60/Documents/ISN063/160718\\_U\\_ISN063\\_FINAL\\_DETERMINATION\\_PUBLIC.pdf](http://www.prs.mil/Portals/60/Documents/ISN063/160718_U_ISN063_FINAL_DETERMINATION_PUBLIC.pdf), and a second time in a file review, *see* Memorandum for Record (Feb. 22, 2017), [http://www.prs.mil/Portals/60/Documents/ISN063/FileReview/170118\\_U\\_ISN63\\_FINAL\\_DETERMINATION\\_PUBLIC\\_V1.pdf](http://www.prs.mil/Portals/60/Documents/ISN063/FileReview/170118_U_ISN63_FINAL_DETERMINATION_PUBLIC_V1.pdf) (PRB determining on file review that "no significant question is raised as to whether the detainee's continued detention is warranted"). In addition, Respondents disagree with Dr. Keram's ultimate medical finding that Petitioner "cannot receive effective treatment for his current mental health conditions while he remains in US custody at GTMO or elsewhere."<sup>2</sup>

Furthermore, in light of the nature of the conflict in which Petitioner has been detained and the nature of the armed forces of which Petitioner was part, Petitioner does not qualify as an "enemy prisoner of war" ("EPW") and, accordingly, is not entitled to the protections afforded by those provisions of the Geneva Convention that call for the appointment of a Mixed Medical Commission.<sup>3</sup> *See* Army Regulation 190-8 ("AR 190-8"), Appendix B, Section II – Terms (defining an EPW as a detained person who meets the requirements set forth in Articles 4 and 5 of the Third Geneva Convention, which identify categories of persons entitled to prisoner-of-war status); *see also* Letter at 3 (acknowledging that AR 190-8 "contemplat[es] an international armed conflict between two warring nations" and that the conflict during which Petitioner was detained is not "a conventional war between two nations"). Additionally, Petitioner does not and cannot qualify as an "other detainee" under AR 190-8. *See* AR 190-8, Appendix B, Section II – Terms (defining "other detainee" as a detainee whose legal status has not yet been determined and so qualifies to be treated as an EPW in the interim); *see infra* n.3; *compare* Department of Defense Directive 2310.01E, ¶ 3(a) (Aug. 19, 2014) (Change 1 May 24, 2017) (detainees who "at a minimum" must be afforded the protections described in the directive, including those set forth in Common Article 3) *with id.* ¶ 3(g) (detainees who "enjoy protections and privileges under the law of war beyond the minimum standards of treatment established in this directive"). Accordingly, Petitioner's alternative request for review by a Mixed Medical Commission is not appropriate.

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<sup>2</sup> *See* Letter from Dr. Emily Keram to Ramzi Kassem, June 5, 2016, at 9, [http://www.prs.mil/Portals/60/Documents/ISN063/160606\\_U\\_ISN063\\_DETAINEE\\_SUBMISSION\\_PUBLIC2.pdf](http://www.prs.mil/Portals/60/Documents/ISN063/160606_U_ISN063_DETAINEE_SUBMISSION_PUBLIC2.pdf).

<sup>3</sup> *See* Factual Return (filed via the CISO Oct. 17, 2008) (alleging that Petitioner was part of al-Qaida); *cf.* ISN 63 CSRT Record (determining that Petitioner is an "enemy combatant"). On February 7, 2002, President Bush determined that al-Qaida and Taliban forces do not qualify for protection under Article 4. *See* White House Press Secretary Announcement of President Bush's Determination Re Legal Status of Taliban and Al Qaeda Detainees (Feb. 7, 2002), <http://www.state.gov/s/1/38727.htm>.



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As you are aware, the Executive continues through the PRB process to conduct regular reviews of certain detainees at Guantanamo Bay, including Petitioner, to determine whether continued detention remains necessary to protect against a continuing significant threat to the security of the United States.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn C. Davis". The signature is written in a cursive style and is positioned above the printed name.

Kathryn C. Davis

**EXHIBIT C**

Report of Dr. Emily A. Keram (June 5, 2016)  
("Keram Report")

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June 5, 2016

Ramzi Kassem  
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Long Island City, NY 11101

***Re: Mohammed al-Qahtani***

Dear Professor Kassem:

At your request, I evaluated Mohammed al-Qahtani, an approximately 36-year-old single Saudi Arabian national, who has been detained under the command of Joint Task Force Guantanamo (JTF-GTMO) since February 2002. I met with Mr. al-Qahtani in Camp Echo for approximately 39 hours from 5/22/15 to 5/27/15. Felice Bezri served as translator.

The following report contains my evaluation and opinions regarding Mr. al-Qahtani. I reserve the right to modify these should additional material become available in the future. I will provide a supplemental report should you request additional opinions in the future. This report contains only unclassified information and information that was obtained through independent investigation.

**Qualifications**

I am board certified in Psychiatry and Neurology with sub-specialization board certification in Forensic Psychiatry. I have been in practice for over 20 years. I have treated patients with Posttraumatic Stress Disorder (PTSD) secondary to both combat stress and Prisoner of War confinement, at the US Department of Veterans Affairs Community Based Outpatient Clinic in Santa Rosa, CA for 14 years. I also have expertise in treating mood and psychotic disorders, as well as traumatic brain injury (TBI). I have worked as a clinician and a forensic evaluator in a number of jails and prisons in the Federal Bureau of Prisons, state prisons, and local detention facilities in North Carolina and California. I am familiar with accepted standards of conditions of confinement and provision of medical and mental health services to individuals incarcerated in local, state, and federal confinement facilities in the United States.

I have evaluated several GTMO detainees over the past ten years at the request of the Office of Military Commissions-Defense Counsel, the United States District Court,

**Re: Mohammed al-Qahtani**

District of Columbia, and several habeas attorneys. The following are some of the issues I have evaluated in previous assessments of GTMO detainees:

1. Diagnostic assessment, functional assessment, required treatment, and prognosis
2. Capacity to participate in legal proceedings
3. Whether conditions of interrogation at Bagram and Kandahar Airfields and GTMO were consistent with conditions known to be associated with false confessions
4. Rehabilitative potential
5. Effects of conditions of confinement at GTMO on detainee mental and physical health
6. JTF-GTMO Hunger Strike policy and procedures
7. Joint Medical Group (JMG)-GTMO behavioral health services

With respect to testimony, I have qualified as an expert witness in the States of California and Arizona; U.S. District Courts in California, Washington, North Carolina and the District of Columbia; as well as in the tribunal of the Military Commissions at the U.S. Naval Station Guantanamo Bay, Cuba.

**Reason for referral**

Mr. al-Qahtani was referred for evaluation and opinion of the following issues:

1. Mr. al-Qahtani's psychiatric diagnoses prior to entering the custody of the United States
2. Effect of Mr. al-Qahtani's pre-existing mental illness on his decision-making
3. Effect of Mr. al-Qahtani's pre-existing mental illness on his vulnerability to conditions of confinement and interrogation while in U.S. custody
4. Impact of conditions of confinement and interrogation on the voluntariness, reliability, and credibility of statements Mr. al-Qahtani made to interrogators
5. Mr. al-Qahtani's current psychiatric diagnoses and their causation
6. Mr. al-Qahtani's treatment recommendations and prognosis

**Collateral information**

Collateral information reviewed in this matter was obtained from your office and included the following:

1. Medical and psychiatric records, King Abdul Aziz Hospital in the Holy Capital (Mecca), 5/20/2000 to 5/24/2000.
2. In addition, on May 28, 2016, I spoke with Ahmed al-Qahtani, immediate elder brother of Mohammed al-Qahtani by telephone. Felice Bezri served as translator.

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Medical and behavioral health records from the Joint Medical Group (JMG), JTF-GTMO that were reviewed in this matter will not be discussed in this report.

Classified materials that were reviewed in this matter will not be discussed in this report.

**Non-confidentiality appraisal**

At the outset of the evaluation, I explained to Mr. al-Qahtani that we did not have a physician-patient relationship. I informed him that I had been asked by his counsel to evaluate certain aspects of his mental health. I stated that I would not keep material we discussed confidential.

**Opinions**

The following are my opinions to a reasonable degree of medical probability. Please note that diagnostic criteria for mental illness are taken from the Diagnostic and Statistical Manual, 5<sup>th</sup> edition, of the American Psychiatric Association.

**Mr. al-Qahtani's psychiatric diagnoses prior to entering the custody of the United States**

Mr. al-Qahtani had the following psychiatric diagnoses prior to entering the custody of the United States:

1. Schizophrenia
2. Major depression, recurrent, moderate to severe
3. Rule out mild neurocognitive disorder due to traumatic brain injury (TBI)

***Schizophrenia***

Schizophrenia is a chronic and disabling brain illness that affects the way people think, feel, and perceive the world around them. The diagnostic criteria for schizophrenia include the presence of two or more of the following "active phase" symptoms; delusions (fixed false beliefs); hallucinations (sensory perception in the absence of stimuli, most commonly auditory); disorganized speech; grossly disorganized or catatonic behavior; and negative symptoms (i.e., restricted affect or asociality.) Symptoms impair functioning in major areas and must be continuous for at least six months. Finally, DSM-5 diagnostic criteria for schizophrenia require that other psychotic illnesses, substance use, or general medical conditions have been ruled out as the cause of symptoms.

With respect to his diagnosis of schizophrenia, Mr. al-Qahtani stated he developed psychotic symptoms in childhood. His illness presented with paranoid ideation that worsened in his teens and twenties. His brother recalled episodes of extreme behavioral dyscontrol, citing an example in which the Riyadh police called the family stating that they had found Mr. al-Qahtani naked in a garbage dumpster. Both Mr. al-Qahtani and his brother recall his experiencing auditory hallucinations. His brother recalled an episode in

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which Mr. al-Qahtani threw his new cell phone from a moving car because he believed it was making him “tired.” [I note that both Mr. al-Qahtani and his brother used the word “tired” as a euphemism for periods of time during which Mr. al-Qahtani experienced or exhibited psychotic symptoms.]

In May 2000, Mr. al-Qahtani was hospitalized for an acute psychotic break he experienced while in Mecca. He was treated at the King Abdul Aziz Hospital in the Holy Capital (Mecca). Medical records from this admission show that Mr. al-Qahtani was admitted from 5/20/2000 to 5/24/2000 on a memorandum issued by the al-Aziziya Police Station that described Mr. al-Qahtani as having made attempts to throw himself in the middle of the street. Mr. al-Qahtani was admitted to the men’s psychiatric unit and treated with the antipsychotic Serenase (haloperidol) and the sedative hypnotic Valium (diazepam). Mr. al-Qahtani reported that he wanted to commit suicide. He reported a past history of treatment and was described as delusional during the admission. He was discharged to the care of his father. [Please see attached records.]

Mr. al-Qahtani described a brief period of outpatient treatment in Riyadh following his return home. As he did prior to the admission, he continued to see a “reader,” a traditional healer who used the Koran to exorcise “djins” [spirits or demons] who are believed to cause psychotic symptoms in certain cultures.

***Major depression, recurrent, moderate to severe***

Mr. al-Qahtani developed episodic depression in response to the impact of schizophrenic symptoms on his life’s trajectory. The number and severity of his depressive symptoms support a diagnosis of major depression with recurrent episodes, moderate to severe. The DSM-5 diagnostic criteria for major depression require the presence of five or more symptoms of depression present for at least a two-week period. These symptoms include depressed mood, anhedonia, weight loss, sleep disturbance, psychomotor changes, anergia, worthlessness, impaired concentration, and recurrent thoughts of death. Symptoms must cause significant distress or impairment in functioning. Other causes of mood symptoms must be ruled out to make a diagnosis of major depression. The diagnosis is followed by two specifiers. The first delineates the presence of one or multiple mood episodes. The second specifier indicates the number of symptoms, their severity and their impact on functioning. The specifier “mild” is used when the diagnosis of major depression is made based on the presence of the minimum number of required symptoms and/or when symptoms cause mild distress and impairment in functioning. The specified “severe” is used when the number of symptoms present far exceeds the number required to make the diagnosis and/or when symptoms cause severe distress and impairment in functioning. The specifier “moderate” is used when symptom number and intensity fall in between the mild to severe range.

Mr. al-Qahtani described four to five discrete episodes of major depression beginning in late adolescence and early adulthood. Early episode was precipitated by a significant failure in meeting his expected educational, occupational, or family goals and responsibilities. His more recent episodes were caused by the extreme conditions of his

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confinement and interrogations. Symptoms included “strong depression,” anergia, psychomotor changes, worthlessness, hopelessness, increased difficulty with concentration, and thoughts of death. Mr. al-Qahtani experienced more than the minimum number of symptoms required to make a diagnosis of major depression. Mr. al-Qahtani’s functioning has experienced moderate to severe distress impairment of functioning during episodes of depression.

***Rule out mild neurocognitive disorder due to traumatic brain injury (TBI)***

In medicine, the term “rule out” is used to identify diagnoses that may be present but for which additional information may be necessary to make the diagnosis with certainty. For example, in this instance, neuropsychological testing would be helpful in assessing Mr. al-Qahtani’s cognitive status.

With respect to the rule out diagnosis of mild neurocognitive disorder due to traumatic brain injury (TBI), Mr. al-Qahtani reported a history of several head injuries in motor vehicle accidents (MVA’s). The first TBI occurred when he was approximately eight years old. He was in an MVA in which he was ejected from the vehicle. He experienced a loss of consciousness at the scene. He had a lengthy hospitalization followed by home convalescence before he returned to school.

Mr. al-Qahtani reported severe cognitive decline following the first TBI at eight years old. He developed chronic impairment in concentration, memory, learning and reading. Cognitive impairment negatively affected his academic performance. “It took me six years to finish middle school instead of three.” He did not attend university and was not able to maintain employment.

Mr. al-Qahtani experienced a second MVA while in middle school. He hit his head but did not lose consciousness. He experienced another TBI in high school following an MVA in which he was driving. He suffered a loss of consciousness and was hospitalized for several days.

***Effect of Mr. al-Qahtani’s pre-existing mental illness on his decision-making***

Mr. al-Qahtani’s capacity for independent and voluntary decision-making was severely impaired by his pre-existing psychiatric diagnoses. At a minimum, the disruption in his educational, occupational, and social functioning, coupled with his cognitive impairment, psychotic symptoms, and mood disturbance left him profoundly unlikely to achieve his previous life goals of a career, friendships, marriage, and raising a family. This likely left him profoundly susceptible to manipulation by others who appear to offer meaningful relationships, a sense of belonging, and the opportunity to be a positive contributor.

Depending on the content of hallucinations or delusions he experienced, he may have also developed an irrational understanding of these relationships and contributions and was likely to be impaired in his ability to learn, understand, make decisions, and plan a successful course of action with respect to group activities. His psychological and

***Re: Mohammed al-Qahtani***

cognitive deficits would be recognized by others, leading him to be vulnerable to manipulation and coercion.

**Effect of Mr. al-Qahtani's pre-existing mental illness on his vulnerability to conditions of confinement and interrogation while in U.S. custody**

Included among the conditions of confinement and interrogation to which Mr. al-Qahtani was subjected were periods of solitary confinement, sleep deprivation, extreme temperature and noise exposure, stress positions including short-shackling, forced nudity, body cavity searches, sexual assault and humiliation, beatings, strangling, threats of rendition, and water-boarding. He was not allowed to use the toilet and was forced to urinate on himself repeatedly. Medical and mental health staff members were involved in his interrogations, for example, monitoring his vital signs, administering intravenous fluids, and influencing interrogation approach. This maltreatment took place in various locations, primarily when he was housed in the Brig. Even in the absence of pre-existing psychiatric illness, exposure to severely cruel, degrading, humiliating, and inhumane treatment such as that experienced by Mr. al-Qahtani is known to have profoundly disruptive and long-lasting effects on a person's sense of identity, selfhood, dignity, perception of reality, mood, cognitive functioning, and physiology.

Mr. al-Qahtani's pre-existing psychotic, mood, and cognitive disorders made him particularly vulnerable to disruptions of his sense of self, place, and time due to the conditions of confinement and interrogation he experienced. He described feeling profoundly isolated, hopeless, and helpless. "I can tell you I was all alone in the world. I couldn't find a way to stop the torture. I couldn't find a way to kill myself." Conditions in the Brig and interrogations were particularly difficult. "The intensity I had to kill myself was not the intensity to die, it was the intensity to stop the psychological torture, the horrible pain of solitary confinement...the symptoms of psychological torture were horrific. It was even worse than the effects of the physical torture."

Mr. al-Qahtani experienced psychotic symptoms during solitary confinement and interrogations. He described auditory and visual hallucinations of ghosts. He also frequently heard a bird talking to him from outside the Brig, reassuring him that he was still alive.

Mr. al-Qahtani stated that he found it difficult to find the words to describe the profound destructive effects of solitary confinement. "I need to tell you that solitary confinement has destroyed me. Just to describe it to you in a simple way, I will use simple words but it will mean a lot. Solitary confinement was like a huge mountain that was on top of me. And the pressure on me was so high it squeezed tears out of my eyes." Mr. al-Qahtani stated that he was living outside of time. "I had no sense of it passing, no definition to mark it. I found that I had pooped on myself. I would find myself in hysterics. I was crying and crying and crying. I found myself talking to myself, talking to the interrogators, talking to my family. And then I would feel an internal calmness. I found myself separating myself from myself. The pressure on me was so great." Mr. al-Qahtani described an endless cycle of talking to himself, the interrogators, and his family, then



**Re: Mohammed al-Qahtani**

finding himself crying, then being overcome by a deep stillness, and then finding that he had soiled himself.

**Impact of conditions of confinement and interrogation on the voluntariness, reliability, and credibility of statements Mr. al-Qahtani made to interrogators**

It is well established, both in the field and in academic literature, that the conditions of confinement and interrogation experienced by Mr. al-Qahtani are associated with false confessions. The profound physical and psychological torture Mr. al-Qahtani experienced during interrogations, coupled with his inability to control what was happening to him, led him to conclude that he had only two means of ending his suffering; suicide or compliance. He explained that he was unable to successfully suicide and so decided to provide his interrogators with the information he thought they wanted to hear. Thus, Mr. al-Qahtani's statements were coerced and not voluntary, reliable, or credible.

**Mr. al-Qahtani's current psychiatric diagnoses and their causation**

In addition to Mr. al-Qahtani's pre-existing psychiatric diagnoses, he has developed posttraumatic stress disorder (PTSD) as a result of the severely cruel, degrading, humiliating, and inhumane treatment he experienced during confinement and interrogation while in US custody.

PTSD is a psychiatric disorder caused by experiencing or witnessing a traumatic event that threatens life or physical integrity. Diagnostic criteria define several categories of symptoms. Re-experiencing symptoms include flashbacks, nightmares, and intrusive thoughts, images, or memories. Avoidance symptoms include avoidance of distressing trauma-related thoughts, feelings or external reminders of trauma such as people, places, conversations, etc. Negative alterations in cognitions and mood include traumatic amnesia, negative beliefs and expectations about oneself and the world, distorted blame of self or others, negative trauma-related emotions such as fear, horror, anger, guilt, or shame, anhedonia, feeling alienated from others, and a persistent inability to experience positive emotions. The final category of symptoms involves alterations in arousal and reactivity such as irritability, recklessness, hypervigilance, exaggerated startle response, poor memory, and sleep disturbance. Symptoms must be present for more than one month and cause distress or impairment. Other causes of symptoms must be ruled out.

Mr. al-Qahtani's PTSD symptoms include nightmares, intrusion, attempts to avoid distressing trauma-related thoughts, feelings, and conversations, negative expectations about himself and the world, fear, horror, shame, alienation, and difficulty experiencing positive emotions. He is hypervigilant with an exaggerated startle response. Pre-existing memory disturbance has worsened. Sleep disturbance is often present. These symptoms have been present for years and were present at the time of the current evaluation.

It has long been recognized that many skin disorders have a significant psychosomatic or behavioral component. Skin disorders with a psychophysiological component are classified as psychocutaneous disorders. It is thought that inflammatory and immune-mediated

***Re: Mohammed al-Qahtani***

processes are activated in response to stress and anxiety in predisposed individuals. These processes result in the symptoms of psychocutaneous disorders.

Mr. al-Qahtani suffers from a psychocutaneous disorder thought to be either atopic dermatitis or lichen planus. Atopic dermatitis is produced mainly by scratching and flares with stress though psychoneuroimmunomechanisms. Worsening atopic dermatitis can further stress the patient, who then tends to scratch more and further worsen the dermatitis. Lichen planus, an inflammatory pruritic dermatitis, is often triggered or exacerbated by stress. The intense itching and discoloration with hyperpigmentation that typically occur with lichen planus can further fuel the stress.

Mr. al-Qahtani's cutaneous disorder was present throughout my evaluation. Skin lesions worsened in number and severity when discussing extremely traumatic events. These caused Mr. al-Qahtani obvious physical pain and psychological distress.

Mr. al-Qahtani's symptoms of PTSD are consistent with those exhibited by survivors of torture, cruel treatment, and coercion.

Mr. al-Qahtani experiences profound re-traumatization on exposure to reminders of maltreatment. My interview of him was extremely disruptive to his sense of identity and induced deep feelings of anxiety and shame. He often wept. Over the days of our interview he reported experiencing increase in the intensity and frequency of PTSD symptoms. These symptoms were triggered not only by discussion of the interrogations themselves, but also by discussions of subject matter his interrogators sought. Further exposure to these traumatic reminders should be avoided if possible.

**Mr. al-Qahtani's treatment recommendations and prognosis**

Appropriate treatment of Mr. al-Qahtani's psychiatric diagnoses requires a culturally-informed multi-disciplinary approach. Clinical treatment modalities should include supportive psychotherapy, cognitive-behavioral therapy, skills-based therapy, and psychotropic medication. Ideally this would first be provided in an inpatient setting to allow for a full assessment of his psychological and neurocognitive status and rehabilitation needs. Given his prolonged period of confinement, inpatient or residential treatment will likely be required until Mr. al-Qahtani gains the internal resources necessary to manage the stress of full re-integration into society. Given the nature of his diagnoses of schizophrenia, PTSD, and cognitive impairment, Mr. al-Qahtani will likely require lifelong mental health care.

In addition to clinical treatment, Mr. al-Qahtani requires culturally-informed approaches to understanding and addressing his symptoms. In his culture, symptoms of schizophrenia are thought to be caused by "djins" or spirits. Ridding a person of djins requires that a skilled healer read from the Koran over the affected person. This "reader" also assists in interpreting the person's symptoms in a way that allows them to continue to have a place in the family and society. In the United States, culturally recognized healers are often included in the larger treatment planning for patients with mental illness.

***Re: Mohammed al-Qahtani***

Finally, given the unique role of family in Mr. al-Qahtani's previous episodes of psychiatric illness, it is imperative that his family members actively participate in his treatment. He trusts specific family members who have provided him with care and reassurance in the past. Family members know how to discuss his psychiatric illness with him in a way that supports his recovery. Acceptance of Mr. al-Qahtani back into his family as a loved and valued member will assist in alleviating symptoms such as depression, anxiety, shame, hopelessness, and feelings of alienation and detachment.

It is my opinion that Mr. al-Qahtani would receive effective treatment for his mental health conditions if he were to be repatriated to Saudi Arabia and provided access to medical and mental health care in connection with the Saudi Rehabilitation Program.

It is my opinion that Mr. al-Qahtani cannot receive effective treatment for his current mental health conditions while he remains in US custody at GTMO or elsewhere, despite the best efforts of available and competent clinicians. Several factors preclude effective treatment. These include the inability to develop long-term doctor-patient relationships given the rotation schedule of medical staff, lack of trust in the medical and mental health staff due to previous clinician involvement in interrogations (see page 5 above), lack of culturally-informed treatment modalities, and unavailability of family members to participate in treatment.

Thank you for referring this matter to me for evaluation and report.

Sincerely,

A handwritten signature in black ink, appearing to read "Emily A. Keram, MD". The signature is written in a cursive style with some loops and flourishes.

Emily A. Keram, MD



وزارة الصحة  
 الشؤون الصحية بالعاصمة المقدسة  
 مستشفى الملك عبد العزيز بالعاصمة المقدسة  
 (شئون المرضى)  
 (التقارير الطبية - الحاسب الآلي)

(( تقرير طبي ))

د/الاسم /محمد مانع ال سعلان الفحطاني الجنس / ذكر الجنسية / سعودي ملف طبي / ٦٤٣٧

**تقرير طبي من واقع الملف :-**

بالرجوع لملف المريض تبين انه تنوم لدينا بتاريخ ١٥/٠٢/١٤٢١هـ حيث حضر بموجب مذكرة من شرطة العزيزية إذ كان يعاني من أفكار تشككية وهياج نفسي وقد ادخل القسم واعطي العلاج اللازم وخرج بتاريخ ١٩/٠٢/١٤٢١هـ مع تأكيد تشخيص الاكتئاب الذهاني ولم يراجع المستشفى بعد ذلك .

**الطبيب المعالج**

الدكتور /  
 انور حسين عبيدين

المحترم

سعادة مدير مباحث العاصمة المقدسية

السلام عليكم ورحمة الله وبركاته

إشارة إلى خطاب سعادتكم رقم م/ب/ ١٨٢٨٠ /٢٢ /١٠ /١٤٣٣هـ تجدون التقرير الطبي عن الموضح اسمه بعاليه .

وتقبلوا تحياتي .....

مدير مستشفى الملك عبد العزيز بالعاصمة المقدسة

الدكتور /  
 سامي حسن باقا



الحاسب الآلي

١٩٤٤



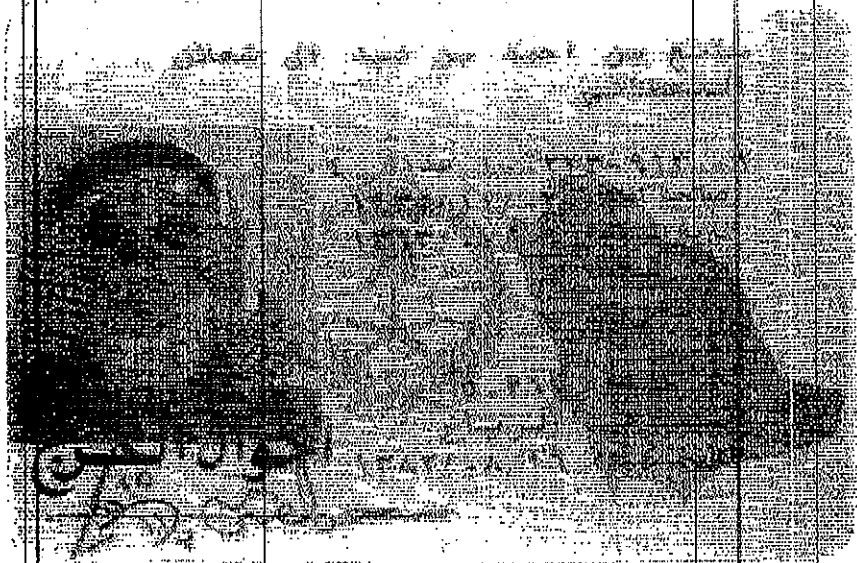
ميدان أحمد الشعلان العقظي

١٩٦١ / ١٩٦٣ / ١٩٦٤

رقم القيد ٤٤٥٦٢

مدرسة الخرج

١٩٦٥ / ١٩٦٩



مبلغ أحمد بن فهد ال سعلان العتيبي

١.٢٢٣٩١٣

١٢٣٥ / ١١ / ٣ ملكه الثانية /

١٣٦٣ / ٧ / ١ تاريخ الميلاد /

مكان الميلاد / الحريث

٥٠٤٦١ رقم الضمان

الرياض /

١٣٨٤ / ٨ / ١٦ تاريخ الميلاد /

٨٩٤٤٤

KINGDOM OF SAUDI ARABIA  
MINISTRY OF HEALTH



Health Care No.: [ ]

Name: *محمد بن عبد الله*

Age: [ ] [ ] Yrs./Month Sex:  M  F

Nationality: *سعودي*

Consultant In-Charge: *عبدالله*

HOSPITAL: *1*

Dept.: Unit: *علاج*

DISCHARGE SUMMARY FORM نموذج ملخص الخروج

Date of Admission: *١٤٣١/٩/١٩* تاريخ الدخول Date of Discharge: *١٤٣١/٩/١٥* تاريخ الخروج

Brief History: ملخص تاريخ الحالة: *تاريخ الدخول: ١٤٣١/٩/١٩ تاريخ الخروج: ١٤٣١/٩/١٥*

*تاريخ الدخول: ١٤٣١/٩/١٩ تاريخ الخروج: ١٤٣١/٩/١٥*  
*بمجرد دخوله المستشفى تم إجراء الفحص البدني والتحاليل المعملية*  
*ووجدت نتائجها كالتالي:*

Physical Examination: نتائج الكشف السريري: *تاريخ الدخول: ١٤٣١/٩/١٩ تاريخ الخروج: ١٤٣١/٩/١٥*  
*وجدت نتائج الفحص البدني كالتالي:*  
*حالة عامة جيدة، وعي كامل، لا يوجد حمى، سعال، أو قيء.*

Laboratory Data: Information Available: نتائج الفحوصات المخبرية: *تاريخ الدخول: ١٤٣١/٩/١٩ تاريخ الخروج: ١٤٣١/٩/١٥*  
*وجدت نتائج التحاليل المعملية كالتالي:*

Laboratory Information Due: الفحوصات المخبرية المتوقع وصول نتائجها: *تاريخ الدخول: ١٤٣١/٩/١٩ تاريخ الخروج: ١٤٣١/٩/١٥*

Main Problem: المرض الرئيسي: *تاريخ الدخول: ١٤٣١/٩/١٩ تاريخ الخروج: ١٤٣١/٩/١٥*

Other Problems/Diagnosis: الأمراض الأخرى والتشخيص: *تاريخ الدخول: ١٤٣١/٩/١٩ تاريخ الخروج: ١٤٣١/٩/١٥*





بسم الله الرحمن الرحيم



المملكة العربية السعودية  
وزارة الداخلية  
الرياض

الرقم: .....  
التاريخ: .....  
المشروعات: .....  
الموضوع: .....

محمد مانع لقطاني

عبد مستقف بالله عبد العزيز العتيق لتفسير

السلام عليكم ورحمة الله وبركاته

المذكور اسمه اعلاه فندم لديكم في قسم لتفسير

عليه تفسيركم لاطاع من حضوره بعد وفاته ليصيب


المطالع على آياته / يوجد المذكور ان قصته حياته

طريفا .. هذا ولتم غيات

مديرية تفسير القرآن

عبد الوهاب  
عبد الوهاب  
مفتي

٥٦٤٤٩

KINGDOM OF SAUDI ARABIA MINISTRY OF HEALTH 	Health Care No.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Name: <u>محمد بن عبد الله العتيق</u>
Age: <input type="checkbox"/> 4 <input type="checkbox"/> 5 Yrs./Month	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Nationality: <u>سعودي</u>	Consultant In-Charge: <u>Dr. [Signature]</u>
HOSPITAL: <u>الرياض</u>	Dept: <u>جراحة العظام</u> Unit: <u>10</u>

**CONSULTATION FORM نموذج استشارة طبية**

To Dr. Dr. [Signature] Designation: & Speciality: \_\_\_\_\_  
 Date of Admission: 16-2-1437  Urgent  Not Urgent

**OBJECT OF CONSULTATION & CLINICAL NOTES (Including Investigations & Findings)**

Pt. admitted as a case of Psychiatric for investigation. Pt. was aggressive, has multiple superficial wounds and one wound has laceration on Rt. Forearm. Patient is suspicious for you kindly follow up and add her resis Tet vac

Provisional Diagnosis / Problems: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Signature: [Signature] Date: \_\_\_\_\_  
 Bleep No.: \_\_\_\_\_ Time: \_\_\_\_\_

**CONSULTANT'S REPORT**

**FINDINGS:**

Patient seen  
 CW stretched in R foot  
 No infection

**RECOMMENDATIONS:**

Q R

[Signature]

اوتيس ميخائل  
 استشاري جراحة العظام

Name of Consultant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

١٦٤٤٤

**KINGDOM OF SAUDI ARABIA  
MINISTRY OF HEALTH**



Health Care No.:

Name: سید محمد عیوب

Age:  4  5 Yrs/Month Sex:  M  F

Nationality: عربی

HOSPITAL: OH

Consultant In-charge: سید محمد

Dept.: ICU Unit: ICU

**ACCIDENT & EMERGENCY FORM**

نموذج الإسعاف والطوارئ

Source:  Home  Ref. From  Other  Medico Legal:  Yes  No

Mode of Arrival:  Ambulance  Wheel Chair  Stretcher  Walk-In  Others Date & Time of Arrival

CLINICAL INFORMATION: Date of Exam.:  Time of Exam.:

Allergies: brought by police

severely excited

small C/P of Rt foot

History: LNMP

**Physical Examination:**

Temp. 3.7 Pulse 88 B.P. 110/7 Resp. Rate: 7

**Problems / Diagnosis:**

on ex chest  
went / del

did - shift

**PLAN**

**Further Investigations:**

Blood Group & Rh

A Acute epat  
عد (٤)

**Treatment:**

iv Valium - 5 mg

**Referred for Consultation To:**

2 amp Serenaz - 5 mg

S R D  
Tellego

**Mode of Disposal:**

Admitted to:  Refer to:  Other (Specify):

Dr.'s Name: سید محمد Sign:  Date: 15 / 2 / 1421 Hospital Stamp

6. PM. رقم ١٢ نموذج

### PHYSICAL EXAMINATION

**General**

Temp : 37.5 Pulse: 88 B.P.: 130/90 R.R.: Weight: Height:  
 Eyes :  
 Lips :  
 Throat : } NAD  
 Breast : Neck : } Larynx

**Mental Status :**

conscious but drowsy

**Cardiovascular :**

S1 + S2 in all 4 areas

No A/R

No Murmur

**Chest Wall :**

Normal Vesicular breathing

No added sounds

**Abdomen :**

Soft lax

No tenderness

No visceromegaly

**Genitalia / Pelvic Examination :**

**Bones & Joints :**

Abnormal over face, Rt + left upper limbs

& cut over RT foot & Rt ankle

**Nervous Systems :**

Gracely, intact

by Dr Tony

A. Acute myeloma?

S.P.O. for evaluation

Seen by DR Tony Abbas.

Physician :

*[Signature]* 15/02/2010

Signature :

HLANEH HADI  
Chief Abdul Aziz Hospital  
Rach Makka

Date :

٨٩ ٤ ٤٤

**KINGDOM OF SAUDI ARABIA  
MINISTRY OF HEALTH**



Health Care No.

Name: محمد العتيق

Age:  4  5 Yrs/Month Sex:  M  F

Nationality: Saudi

Consultant In-Charge: Dr. Al-Sayid

HOSPITAL: 2

Dept.: ..... Unit: .....

**HISTORY & PHYSICAL EXAMINATION FORM نموذج التاريخ المرضي والفحص السريري**

**HISTORY**

Chief Complaints: Pt brought by police at ER as

It was very excited, irritable &

History of Present Illness: has been abusing alcohol

upper limb & cut wound at

Pt had so many done at ER

and admitted at psychiatric

unit by Dr. Saad Al-Bar

Ob/Gyn. History: No Hx available from the pt

Last Menstrual Period: who is downy under the drugs

Past Medical History: effect

Hypertension: effect

Allergies: .....

Steroids: .....

Diabetic Mellitus: No Hx any past illness

Epilepsy: .....

Family History: ex psychiatric illness could

be taken from the pt.

Personal History: .....

.....

Social History: .....

.....

Date	Time	Progress Notes
		<p>یہ زلزلہ تھا، صحت اور طبیعت میں کسی بھی تبدیلی کی نشاندہی نہیں کی جا سکتی۔</p> <p>ادویہ صوبہ کل کے ساتھ ساتھ</p> <p><i>(Signature)</i></p> <p>صرف کل طبیعت میں تبدیلی</p> <p>آپ کی گزارشات اور آراء کو مدنظر رکھ کر</p> <p><i>(Signature)</i></p> <p>اذا کسی بھی تبدیلی یا متاثرہ امور کی اطلاع ملے گی تو</p> <p>میں مطلع کروں گا۔</p> <p><i>(Signature)</i></p>
16-2-21	7:35 AM	<p>Pt. still sleepy under medication - effect, not concentration, give history, the he was recently psychiatric in Alabama and he lives in Alabama and came from Dumas. No family information. Pt. grandchild, not cooperative. No other information.</p>
CPK 1.36		Pt. don't know what was happen
CPK 1.18		Impulse - ? Psychotic, ? Paranoid
CPK 1.18		Pt. in C.S.T.
CPK 1.18		یہ زلزلہ تھا، صحت اور طبیعت میں کسی بھی تبدیلی کی نشاندہی نہیں کی جا سکتی۔ <p>ادویہ صوبہ کل کے ساتھ ساتھ</p> <p><i>(Signature)</i></p> <p>صرف کل طبیعت میں تبدیلی</p> <p>آپ کی گزارشات اور آراء کو مدنظر رکھ کر</p> <p><i>(Signature)</i></p>

KINGDOM OF SAUDI ARABIA  
MINISTRY OF HEALTH



Health Care No. □□□□□□□□□□

Name: عبدالله بن محمد العبدول

Age:  <  5? Yrs/Month      Sex:  M  F

Nationality: السعودية

Consultant In-Charge: .....

Dept.: ..... Unit: .....

HOSPITAL: .....

PROGRESS NOTES FORM      نموذج ملاحظة التطور المرضي

Date	Time	Progress Notes
------	------	----------------

15-2-1421

5:35 PM

P. young age not clean not dressed  
Inpatient conversation, human communication  
attitude, aggression verbally and physical  
preemptive being polite from faint head  
when he was wandering empty and  
try to jump in front of car  
No clear hallucination.

Impression: Paranoia  
? Drug Amphetamine

Plan: Discharge following 1st  
discharge singing in  
Discharge singing in  
Pharmacology  
EBC, CC.

? Toxicologic test Amphetamine  
late

في كل صباح في الصباح  
بعد أن يتناول الدواء  
هو في الصباح في الصباح  
في الصباح في الصباح  
في الصباح في الصباح

منه في الصباح في الصباح  
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منه في الصباح في الصباح

(5) ↓

DATE	TIME	DOCTOR'S ORDERS	DOCTORS SIGNATURE	NURSES SIGNATURE
18-2-62	7:55 AM	<p>Pt. quit, has constant speechless                      during his knowledge about                      without improvement (eye closed)                      during during admission, in previous                      psychiatric illness, and the first                      report he is with like to be discharging                      previous history: he is 3rd grade medical                      school level education                      work as driver in                      Dhahran Military                      hospital                      most married, can be                      divorced.</p> <p>New report: Pt. quit most of the time                      on the bed. sleep and appetite very                      poor - still gaund.</p> <p>Pt. still in psychiatric                      hospital</p>		
19-2-62	7:30 AM	<p>Psychotic</p> <p>Pt. still gaund                      give all name for in fact                      with no previous additional history                      notice (eye closed, in, visible)</p> <p>Institution still gaund.</p>		
<p>Please Write date and time - sing each entry</p>		<p>Valium 10mg i/j 3 times</p>		<p>تمت 3 أيام</p>

Handwritten notes in the left margin, including some illegible scribbles and possibly the number '10'.

Please Write date and time - sing each entry


Form No. 10

تمت 3 أيام

Handwritten notes at the bottom of the page, including 'تمت 3 أيام' and other illegible text.



٨٩٤٤٤

<p><b>KINGDOM OF SAUDI ARABIA MINISTRY OF HEALTH</b></p>  <p><b>HOSPITAL :</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">٨</span></p>	Health Care No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Name: ..... <i>عبدالله العبدالله</i>
	Age: <input checked="" type="checkbox"/> Yrs / <input checked="" type="checkbox"/> Month Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	Nationality: ..... <i>ع</i>
	Consultant In-Charge: ..... <i>الطبيب</i>
Dept.: .....	Unit: .....

**DOCTOR'S ORDER SHEET FORM**

نموذج تعليمات الطبيب

ALLERGIC TO :

DATE	TIME	DOCTOR'S ORDERS	DOCTORS SIGNATURE	NURSES SIGNATURE
<i>17-2-42</i>	<i>7 AM</i>	<p><i>Psychotic</i></p> <p><i>pt still guarded for give information</i></p> <p><i>NSAID report:</i></p> <p><i>quiet, sleep well, hunger</i></p> <p><i>no medication taken</i></p> <p><i>Improvement:</i></p> <p><i>لا يزال المريض متحفظاً في إعطاء المعلومات</i></p> <p><i>لا يأخذ أدوية مسكنة، نومه جيد، شهته جيدة</i></p> <p><i>لا يتناول الأدوية</i></p> <p><i>تحسن:</i></p> <p><i>سكن جيد، نوم جيد، شهته جيدة</i></p> <p><i>لا يتناول الأدوية</i></p>		

DATE	TIME	DOCTOR'S ORDERS	DOCTORS SIGNATURE	NURSES SIGNATURE
١٤٤١/١١/١٩		<p>فدراير طبيب</p> <p>مكتبه - ادارة الامانة</p> <p>الشارع رقم ١١٦ / ١٠١٦٦ / ١٤٤١</p> <p>في ١٤٤١/١٠/١٤</p> <p>الاسم: <del>محمد بن</del> <del>عبدالله</del> <del>القطاني</del></p> <p>أختها اسم <del>عبدالله</del> <del>عبدالله</del> <del>عبدالله</del></p> <p>العمر: ٥٥ - سنة المولود</p>		
١٤٤١/١٠/١٥	١٤:٠٠	<p>كاتبه المولود: ١٤٤١/١٠/١٥</p> <p>في ١٤:٠٠</p> <p>الاسم: <del>محمد بن</del> <del>عبدالله</del> <del>القطاني</del></p> <p>رقم: ١٤٤١/١٠/١٥</p> <p>العنوان: <del>عبدالله</del> <del>عبدالله</del> <del>عبدالله</del></p> <p>العمر: ٥٥ - سنة المولود</p> <p>الاسم: <del>محمد بن</del> <del>عبدالله</del> <del>القطاني</del></p> <p>رقم: ١٤٤١/١٠/١٥</p> <p>العنوان: <del>عبدالله</del> <del>عبدالله</del> <del>عبدالله</del></p> <p>العمر: ٥٥ - سنة المولود</p>		
١٤٤١/١٠/١٥		<p>المريض ادخله في الطوارئ في يومه المذكور في الساعة ١٤:٠٠</p> <p>في ١٤:٠٠</p> <p>الاسم: <del>محمد بن</del> <del>عبدالله</del> <del>القطاني</del></p> <p>رقم: ١٤٤١/١٠/١٥</p> <p>العنوان: <del>عبدالله</del> <del>عبدالله</del> <del>عبدالله</del></p> <p>العمر: ٥٥ - سنة المولود</p> <p>الاسم: <del>محمد بن</del> <del>عبدالله</del> <del>القطاني</del></p> <p>رقم: ١٤٤١/١٠/١٥</p> <p>العنوان: <del>عبدالله</del> <del>عبدالله</del> <del>عبدالله</del></p> <p>العمر: ٥٥ - سنة المولود</p>		

Please Write date and time - sing each entry

Form No. 40

دكتور محمد بن عبدالله القطاني

دكتور محمد بن عبدالله القطاني

دكتور محمد بن عبدالله القطاني

دكتور محمد بن عبدالله القطاني

دكتور محمد بن عبدالله القطاني

نموذج رقم ١٠

KINGDOM OF SAUDI ARABIA  
MINISTRY OF HEALTH



HOSPITAL :

91

Health Care No.

Name: .....

Age:  Yrs/Month Sex:  M  F

Nationality : .....

Consultant In-Charge : .....

Dept. : ..... Unit : .....

DOCTOR'S ORDER SHEET FORM

نموذج تعليمات الطبيب

ALLERGIC TO :

DATE	TIME	DOCTOR'S ORDERS	DOCTORS SIGNATURE	NURSES SIGNATURE
	19-2-1421	Psychiatric		
	3:00 PM	Dr. Fall can give history of Mrs. S. Suggest check for delirium if he cannot give history no further history he don't visit. Prohibit visit.		
		Diagnosis: Psychotic depression ? Paranoid delirium (PI) grandeur		
		Plan: Discharge with family can see on 9.03.17 at 3:00 PM 3 1/2 - 1/2		

Please Write date and time - sing each entry

Page No.



١٩٤٤٤

KINGDOM OF SAUDI ARABIA  
MINISTRY OF HEALTH



Health Care No.:

Name: محمد بن عبد الله

Age:  0 Yrs./Month Sex:  M  F

Nationality: سعودي

Consultant In-Charge: د. محمد بن عبد الله

Dept.: \_\_\_\_\_ Unit: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

NURSES OBSERVATION FORM نموذج ملاحظات التمريض

Nurse Date	Time	Temp.	Puls Rate	Resp Rate	B.P.	Pupils		Level of Consciousness Muscle Tone & Reflex	Cough Reflex	Response to Stimuli		Perception Pulses			Skin Color	Rema- rks	Sign.
						R	L			Verbal	Painful	ORAL	Audio Aural	visual			
10	7:4	37	88		130/80			5				C/10					
17	09	36.8	82		120/70			5				C/13					
20	11	37	84		120/80			5				C/13					
23	13	36.8	86		110/80			5				C/14					
26	15	37	84		110/80			5				C/14					
29	17	37	78		110/80			5				C/11					
32	19	36.8	80		110/80			5				C/11					
35	21	37	82		120/80			5				C/11					
38	23	37	84		120/80			5				C/11					
41	25	36.8	80		110/80			5				C/19					
44	27	37	82		120/80			5				C/19					

SPECIFIC NURSING CARE COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGULAR DRUGS:		Time	</IVC	LA	S/A				
DATE	Drug	قرص	-	3	3				
	Dosage	20	قرص	3	3				
	Route	Frequency							
141	Dr.'s Signature								
DATE	Drug	قرص	-	3	3				
	Dosage	20	قرص	3	3				
	Route	Frequency							
141	Dr.'s Signature								
DATE	Drug								
	Dosage								
	Route	Frequency							
141	Dr.'s Signature		9/19						
DATE	Drug	قرص	-						
	Dosage	20	قرص						
	Route	Frequency							
141	Dr.'s Signature								
DATE	Drug	قرص	-						
	Dosage	20	قرص						
	Route	Frequency							
141	Dr.'s Signature								
DATE	Drug	قرص	-						
	Dosage	20	قرص						
	Route	Frequency							
141	Dr.'s Signature								
DATE	Drug								
	Dosage								
	Route	Frequency							
141	Dr.'s Signature								
DATE	Drug								
	Dosage								
	Route	Frequency							
141	Dr.'s Signature								

REGULAR DRUGS:		Time	4/19	4/19				
141	DATE	Drug						
	Dosage							
	Route	Frequency						
	Dr.'s Signature							
141	DATE	Drug						
	Dosage							
	Route	Frequency						
	Dr.'s Signature							
141	DATE	Drug						
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	Dosage							
	Route	Frequency						
	Dr.'s Signature							
141	DATE	Drug						
	Dosage							
	Route	Frequency						
	Dr.'s Signature							
141	DATE	Drug						
	Dosage							
	Route	Frequency						
	Dr.'s Signature							

Date	Time	Nurses Progress Notes	Signature
4/18	10:30	<p>المريض كما في حالته مستقر و قد تم نقله الى                      العناية الحثيثة بعد تدهور حالته وذلك بعد                      تدهور العتق أثناء الليل                      شامخ كاسريه - عيسى بن احمد عيسى بن احمد                      والعلامة رقم 100</p>	<p>لحم</p>
4/18	10:30	<p>المريض حالته مستقر و قد تم نقله الى                      العناية الحثيثة بعد تدهور حالته وذلك بعد                      تدهور العتق أثناء الليل</p>	<p>لحم</p>
4/18	10:30	<p>المريض كما في حالته مستقر و قد تم نقله الى                      العناية الحثيثة بعد تدهور حالته وذلك بعد                      تدهور العتق أثناء الليل</p>	<p>لحم</p>



٨٩٤٤٤

KINGDOM OF SAUDI ARABIA  
MINISTRY OF HEALTH



Health Care No.:

Name: محمد بن علي

Age: 7 6 Yrs./Month Sex:  M  F

Nationality: كويتي

Consultant In-charge: السيد

Dept.: Unit:

HOSPITAL:

NURSES PROGRESS NOTES FORM (نموذج التطور المرضي (تقريض)

DIAGNOSIS:

Date	Time	Nurses Progress Notes	Signature
٤/١٥	١٧:٤	توضيح جديد، وصل المريض إلى القسم مع الدينور طارده، وادأ اصبحت المريضه تطلب المريضه عليه، وادأ الممرضه سهره للترتيب هبطت عند ادخالها من استراة لطبيب	ك
٤/١٦	١٥:٥	طوال الليل تايم به لسرير وعطش لطعم والصباح المريضه كانت حزينه معها ليلها تا قول صباح يوم جمع الله	ه
٤/١٦	١٦:١	المريضه غير متقاربه مع الممرضه اعطيت اللمه والاسلامه الا سيلا	ك
٤/١٦	١٧:٤	المريضه تاخ بالليل طالبت صاحبه اعطيت اطعمه اللين والاسلام	
٤/١٧	١٧:٤	المريضه تطلب بالخرق اعطت اللامه رجعت الملاك طاه	السيد
٤/١٧	١٦:٣	طوال الوقت به لسرير تايم هاديه اعطت اللين ورفضه لطعم	ه
٤/١٨	١٧:٥	المريضه تاخ مع لسرير طوال الليل صبح وصفت الممرضه تاخ وادأ الممرضه المريضه تاخ وادأ الممرضه	ه

٨٦٤٤٤

KINGDOM OF SAUDI ARABIA  
MINISTRY OF HEALTH



HOSPITAL :

Health Care No :

Name :

Age ٤٥ Yrs / Months

Sex :  M  F

Nationality :

Consulant In Charge :

Dept :

Unit :

LABORATORY REPORT MOUN

أستمارة الفحوصات المخبرية

Please  
and an

Reports on 2nd 3

رقم التسلسل :

Specimen received :

Emergency : yes - No

المملكة العربية السعودية  
وزارة الصحة  
مديرية الشؤون الصحية بالعاصمة المقدسة  
مستشفى  
الختبر

الكيمياء الحيوية  
Biochemistry

العمر :  
الجنس :  
القسم :  
القائمة :

إسم المريض :  
إسم الطبيب :  
التشخيص :  
رقم الملف :  
القسم :  
القائمة :

Diagnosis :

TEST	RESULT	NORMAL RANGE	TEST	RESULT	NORMAL RANGE
FASTING GLU		70-110 mg %	URIC ACID	11.39	3-7 mg %
2-HRIGLU	89		ALBUMIN	5.66	3.4 - 5. gm %
UREA	39	10-50 mg %	Total Protein	8.35	6 - 4 - 8.7 gm %
CREATININE	1.36	0.4-1.2 mg %	CHOLESTEROL	196	100-220 mg %
SODIUM	145	135-152 mEq / l	T-BILIRUBIN	1.00	0.2-1.2 mg %
POTASSIUM	3.9	3.5-5.3 mEq / l	D-BILIRUBIN		0-0.25 mg %
CHLORIDE		95-105 mEq / l	CALCIUM	9.32	8.1-10.4 mg %
CPK	(?)	M-24-195 U / l F-24-170 U / l	INORGANIC PHOSPOROUS		2.7-4.6 mg %
LDH		230-460 U / l	AMYLASE		10-220 U/l
SGOT	39	M-up to 37 U / l F-up to 31 U / l	TRIGLYCERIDE		50-200 mg %
SGPT	35	M-up to 40 U / l F-up to 31 U / l	LITHIUM		0.5-1.5 mmOl
ALKALINE PHOSPHHTAS	226	98 - 279 U / l	Iron		37 - 185 UG / dl

التوقيع :  
[Signature]



مؤسسة الجائزة للمقاولات  
جوال : ٠٥٥٥٠٠٦٨٨ - ٠٥٥٥٢٢٥٨٤ - ت : ٥٣٧١١٧٩

نموذج رقم (٦٧)

بطاقة حركة مريض  
إستقبال ، دخول ، خروج



المملكة العربية السعودية  
وزارة الصحة  
لجنة الإحصاء والمعلومات بالحج

المنطقة: مكة المكرمة ..... (الإستقبال)

رقم طيلة المريض: ٨٩٤٤٤ رقم تسلسل المريض: ٨٢٧٨ تاريخ الوصول: ١٤٣٥ / ٩ / ١٤ هـ

ساعة الوصول: ١٥ صباحاً  مساءً

وسيلة الوصول: إسعاف  شرطة  مرتجل  أخرى  محال

نوع الحالة: ذكر  أنثى  الكارثة  العمر التقريبي: سنة ٤٥ شهر

نوع الإصابة: حادث  مرضي  اعتداء  أخرى  رقم اللوحة:

مكان الإلتقاط:

الإسم: محمد بن عبد العزيز العتيبي

الجنسية:

رقم جواز السفر:

مصدره: رقم الحاسب:

رقم وزارة الصحة:

رقم مكتب الطوارئ:

رقم الهاتف:

تاريخه: ١ / ١

مقيم  غير مقيم  حاج  غير حاج

(الدخول)

Provisional Diagnosis:  التشخيص المبدئي: الرمز:

General Condition:  حالة المريض العامة:

نتيجة الفحص:

أدخل المستشفى قسم:  الرمز:

اسم الطبيب:  Doctor in-charge:

Signature:  توقيع:

DISCHARGE-SUMMARY تقرير الخروج

تاريخ الخروج: ١ / ١ هـ ١٤٤٠ القسم: الساعة: صباحاً  مساءً

التشخيص النهائي: الرمز:

نوع الخروج:  تمس  بناء على الطلب  هروب  إحالة  وفاة

(Referral)  (Death)  (Escape)  (Disch. Against Méd. Adv.)  (Recovered & Disch.)

معلومات الإحالة: المنطقة:  المستشفى:

سبب الإحالة: Cause of Referral:

التوقيع:  توقيع:

بطاقة حركة مريض  
إستقبال، دخول، خروج



المملكة العربية السعودية  
وزارة الصحة  
لجنة الإحصاء والمعلومات بالحج

المنطقة: ..... مستشفى: (الإستقبال) .....  
 رقم طيلة المريض: ٨٥٤٤٤ رقم تسلسل المريض: ٨٢٧٨ تاريخ الوصول: ١٤٣٥/٩/١٤ هـ  
 ساعة الوصول: صباحا  مساء   
 وسيلة الوصول:  إسعاف  ميوطة  من قبل  استوى  محال  سيار  
 نوع الحالة:  ذكرا  أنثى  الكارثة  الإ ..... العمر التقريبي: سنة ١٥ شهر .....  
 نوع الإصابة:  حادث  مريض على اعتدائهم  أخرى  سارق رقم اللوحة .....  
 مكان الإلتقاط: .....  
 الاسم: .....  
 الجنسية: .....  
 رقم جواز السفر: ..... تاريخه: ١٤ / ١ / ٨٥  
 مصدره: رقم الحاسب: ..... حاج  غير حاج  مقيم  غير مقيم

(الدخول) Provisional Diagnosis: التشخيص المبدئي: الرمز .....  
 General Condition: حالة المريض العامة: .....  
 نتيجة الفحص: .....  
 ادخل المستشفى قسم: الرمز: .....  
 Signature: ..... Doctor In-charge: ..... اسم الطبيب: .....  
 توقيع: .....

DISCHARGE SUMMARY تقرير الخروج

تاريخ الخروج: ١٤ / ١ / ١٤ هـ القسم: الساعة: صباحا  مساء   
 التشخيص النهائي: الرمز: .....  
 نوع الخروج:  تمس  بناء على الطلب  هروب  إحالة  وفاة   
 (Referral) (Death) (Escape) (Disch. Against Med. Adv.) (Recovered & Disch.)  
 معلومات الإحالة: المنطقة: المستشفى: .....  
 سبب الإحالة: .....  
 الطبيب: .....  
 توقيع: .....

تاريخ قبول موظف الإحصاء

تاريخ قبول طبيب القسم

تاريخ قبول طبيب القسم

KINGDOM OF SAUDI ARABIA  
MINISTRY OF HEALTH



Health Care No.:

الرقم الصحي

Name:  الاسم

Age:  Yrs./Month  
العمر شهر/سنة

Sex:  M  F  
الجنس ذكر أنثى

Nationality:  الجنسية

Consultant In-charge:  الاستشاري المسئول

HOSPITAL /PHC

Dept.:  القسم Unit:  الوحدة

REFERRAL FORM نموذج تحويل

TO DR:  DEPT.:

DESIGNATION:  HOSPITAL /PHC

FROM DR:  DEPT.:

DESIGNATION:  HOSPITAL /PHC

CLINICAL HISTORY:

PHYSICAL EXAMINATION:

INVESTIGATIONS:

PROBLEMS/DIAGNOSIS:

TREATMENT/PROCEDURES DONE SO FAR:

PATIENTS CONDITION:  Stable  Critical  Conscious  Unconscious

REASON FOR REFERRAL:

- Consultation  Admission  Treatment  
 Further Investigation:  Others (Specify)

TRANSPORTATION:  Ambulance  Helicopter  Air  Other


ESCORT:  None  Doctor  Nurse  Relative  Other

DOCUMENTS SENT:  Med. Report  Lab. Result  X-ray  Other

Dr.'s Name:  Sig.:  Date: / / Hospital's Stamp  
PHC's Stamp

Date & Time Received:

Received By:  Designation:  Signature:

<p><b>KINGDOM OF SAUDI ARABIA</b> <b>MINISTRY OF HEALTH</b></p> 	<p>Health Care No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>الرقم الصحي</p> <p>Name: <u>محمد نزيه القويان</u> الاسم</p> <p>Age: <input type="text"/> <input type="text"/> Yrs./Month      Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F العمر      شهر/سنة      الجنس      ذكر      أنثى</p> <p>Nationality: <u>سوري</u> الجنسية</p> <p>Consultant In-charge: <u>د. محمد عبد الله</u> الاستشاري المسؤول</p> <p>HOSPITAL /PHC: <u>ل / ك / ن</u></p> <p>Dept.: <u>الطوارئ / وفور ميديسين</u> Unit: <u>القسم</u> الرحلة:</p>
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**REFERRAL FORM**      نموذج تحويل

TO DR.: .....	DEPT.: .....
DESIGNATION: .....	HOSPITAL /PHC .....
FROM DR.: .....	DEPT.: .....
DESIGNATION: .....	HOSPITAL /PHC .....

CLINICAL HISTORY: تجربته جيد فذكره شرطه الفيزيائية رقم ١٩٩١/٩٩١  
من تاريخ ١٥/١٠/٢٠١٤  
و كبد رطب/سعد حسوسم القويان

PHYSICAL EXAMINATION: .....

العين كبد رطب/سعد حسوسم القويان  
والسنتواينيا غير زائدة له به حبة صفية  
والسنتواينيا غير زائدة له به حبة صفية

INVESTIGATIONS: .....

و ادخل من السنتواينيا غير زائدة له به حبة صفية

PROBLEMS/DIAGNOSIS: .....

حساسية  
حساسية  
حساسية

TREATMENT/PROCEDURES DONE SO FAR: .....

١٥/١٠/٢٠١٤  
٦٥٤

PATIENTS CONDITION:     Stable     Critical     Conscious     Unconscious

REASON FOR REFERRAL:

Consultation       Admission       Treatment

Further Investigation:       Others (Specify) .....

TRANSPORTATION:  Ambulance     Helicopter     Air     Other .....

ESCORT:  None     Doctor     Nurse     Relative     Other .....

DOCUMENTS. SENT:  Med. Report     Lab. Result     X-ray     Other .....

Dr.'s Name: ..... Sig.: ..... Date: / /      Hospital's Stamp  
 PHC's Stamp

Date & Time Received: .....

Received By: ..... Designation: ..... Signature: .....

KINGDOM OF SAUDI ARABIA  
MINISTRY OF HEALTH



Health Care No.:

Name: زيد بن محمد

Age:  9  0 Yrs./Month Sex:  M  F

Nationality: سعودي

Consultant In-Charge: \_\_\_\_\_

Dept.: \_\_\_\_\_ Unit: \_\_\_\_\_

HOSPITAL: 19

ADMISSION AND DISCHARGE FORM استمارة الدخول والخروج

Place of Birth مكان الميلاد Marital Status الحالة الاجتماعية

Occupation المهنة Religion الديانة

Address & Tel. No. العنوان ورقم الهاتف

Relative's Name اسم اقرب شخص

Address & Tel. No. العنوان ورقم الهاتف

Source of Referral:  Others  A/E  O.P.  Others Hosp مستشفى آخر

Journal Trans. التحويل الداخلي

Unit الوحدة Date of Admission تاريخ الدخول

Time of Admission وقت الدخول

Complaint and Provisional Diagnosis: حالة مرضية

I. C. D. No.

Final Diagnosis:

Secondary Diagnosis:

Surgical Operation:

Other Procedures:

Anaesthesia:  General  Local  Spinal  Others

Date of Discharge تاريخ الخروج Time of Discharge وقت الخروج Duration of Stay مدة البقاء

Condition on Discharge:  Cured  Improved  Referred  AMA  Dead within 48 hours  Dead after 48 hours  Others

CAUSE OF DEATH: سبب الوفاة

Direct Cause: السبب المباشر

Anticident Cause (A): السبب الغير مباشر (أ)

Anticident Cause (B): السبب الغير مباشر (ب)

IN-CASE OF ACCIDENT في حالة الحوادث

Type of Injury: نوع الاصابة

Location: مكان الحادث Date: التاريخ

Maternity Information:  Normal Delivery  Live Birth  Twin  Male

Abnormal Delivery  Fetal Death  Abortion  Female

Attend. Physician: \_\_\_\_\_ Unit Head: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

يتم تعبئة عند الدخول

يتم تعبئة عند الخروج

يتم تعبئة عند الخروج

KINGDOM OF SAUDI ARABIA  
MINISTRY OF HEALTH



HOSPITAL :

Health Care No.

Name:

Age:   Yrs/Month Sex:  M  F

Nationality : .....

Consultant In-Charge : .....

Dept. : ..... Unit : .....

GENERAL CONSENTS

إقرارات عامة

I, .....  
the undersigned consent to my admission to the hospital and to all examinations, test and treatments recommended by the physician including emergency, operation and procedures if required.

أقر أنا الموقع أدناه .....  
بأنني أوافق على الدخول إلى المستشفى وإجراء كافة الفحوصات والتحاليل والعلاجات التي يوصي بها الطبيب وكذلك إجراء أي عملية جراحية إن تطلب ذلك.

I, the undersigned declare that :

I authorized the performance of any emergency operation which maybe deemed necessary by the treating specialists, in accordance with (my condition / (the condition of the patient). I take full responsibility for all the consequences of the operation and anaesthesia. I also agree to provide whatever blood deemed necessary for the patient.

أقر أنا الموقع أدناه / ولي أمر المريض الموضح إسمه أعلاه - بأنني قد أذنت ووافقت على إجراء العملية الجراحية التي يقررها الأخصائي المعالج لي - للمريض - حسب ما تستدعيه حالتي - حالته - متحملاً بذلك كافة المسئولية عن النتائج والمضاعفات التي قد تترتب على إجراء العملية الجراحية أو التخدير حسب الأصول الطبية المتعارف عليها، كما أقر أيضاً بأنني أفهمت من إدارة المستشفى بأن التعليمات تنص على مسئوليتي بتوفير الدم اللازم للمريض في حالة عدم توفره في بنك الدم.

I, also declare that I don't carry any valuable or money during stay in the hospital. Accordingly, no claim for lost property will be made against the hospital.

كما أقر بأنني لا أحمل أي متاع أو مصاغ أو نقود وعليه فإن المستشفى غير مسئول عن فقدان أي شيء.

Patient Or Guardian's Signature: .....

Date : / / Time : .....

توقيع المريض أو ولي الأمر .....

التاريخ : / / الوقت : .....

I. the undersigned refuse admission to the Hospital and all examinations, tests, and treatments that are recommended by the physicians.

Patient or Guardian's Signature .....

Date : / / Time : .....

أقر أنا الموقع أدناه : .....  
بأنني أرفض الدخول إلى المستشفى لإجراء الفحوصات والعلاج رغم ما أوضحه لي الطبيب من حاجتي للدخول وإنني أتحمّل نتيجة ذلك.

توقيع المريض أو ولي الأمر .....

التاريخ : / / الوقت : .....

This is to certify that I, .....  
getting discharged against the advice of the attending physician. I acknowledge that I have been informed of the risks involved and hereby release the attending physician and the hospital from all responsibility for any consequences which may result from such discharge.

أقر أنا الموقع أدناه : .....  
أنني قد خرجت من المستشفى بناء على طلبي على الرغم من نصيحة الطبيب المعالج وما أوضحه لي عن حالتي وحاجتي للبقاء بالمستشفى. لذا فإنني لا أحمل الطبيب المعالج أو المستشفى أية مسئولية عن النتائج التي قد تترتب على ذلك.

Patient or Guardian's Signature .....

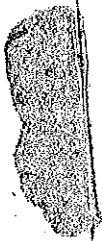
Date : / / Time : .....

توقيع المريض أو ولي الأمر .....

التاريخ : / / الوقت : .....



135  
2/15



بوري زائيد القوساني

الفحص رقم 135

Callone ID: 15/02/21 Test no.: 009

Whole blood data:

WBC	19.1	THSD/CU	MM
RBC	4.92	HILL/CU	MM
HGB	13.5	GRAMS/DL	
HCT	41.9	%	
PCV	93.9	PENTOLITERS	
MCH	30.5	PICO GRAMS	
MCHC	32.5	GRAMS/DL	
PLI	174	THSD/CU	MM
LYM	27.3	%	
LYM	7.7	THSD/SU	MM

Verify results.

135

**EXHIBIT D**

Supplemental Declaration of Emily A. Keram, MD (July 12, 2016)  
("Keram Supplemental Decl.")

**SUPPLEMENTAL DECLARATION OF EMILY A. KERAM, MD**  
**REGARDING MOHMAMMED AL-QAHTANI**


Pursuant to 28 U.S.C. § 1746, I certify that the following is true and correct to the best of my knowledge:

1. My name is Emily A. Keram.
2. I am a medical doctor and am board certified in psychiatry and neurology with sub-specialization board certification in forensic psychiatry. I have been in practice for over 20 years. I have treated patients with Posttraumatic Stress Disorder (PTSD) secondary to both combat stress and Prisoner of War confinement, at the U.S. Department of Veterans Affairs Community Based Outpatient Clinic in Santa Rosa, CA for 16 years. I also have expertise treating patients with schizophrenia.
3. I have previously provided the Periodic Review Board with a written report dated June 5, 2016 and stemming from my evaluation of Mohammed al-Qahtani and related information. I also testified before the Period Review Board on June 16, 2016 during Mr. al-Qahtani's hearing. I respectfully offer this declaration to supplement my report and testimony.
4. Despite the availability of competent clinicians at Guantánamo, Mr. al-Qahtani cannot receive effective treatment from them and would not achieve therapeutic benefit from treatment there or in any other U.S. custodial setting.
5. It is impossible for Mr. al-Qahtani to form an effective doctor-patient relationship with clinician members of the Joint Medical Group (JMG). Mr. al-Qahtani's chronic symptoms of PTSD are the result of his confinement and the torture he suffered during interrogations at Guantánamo. Detention and medical personnel were involved in his confinement and interrogations. It is not realistic to believe that Mr. al-Qahtani would be able to benefit from treatment provided by clinicians whom he associates with the cause of his suffering.
6. Mr. al-Qahtani requires multi-modal treatment for his symptoms of PTSD and schizophrenia. Medication, although helpful in improving the frequency and intensity of some of his symptoms, is not sufficient to provide meaningful relief from his suffering. It may be possible to convince Mr. al-Qahtani to accept medication from JMG clinicians whom he does not trust, or from other visiting doctors. However, at best, medication would provide modest PTSD symptom improvement without fully addressing their underlying causes. It is also highly likely that Mr. al-Qahtani will continue to experience episodic worsening of symptoms as his indefinite detention continues. As a result, medications would likely need to be increased over time and would only be considered palliative. An effective, multi-disciplinary approach, away from the location in which PTSD-related trauma occurred and which involves his family, is necessary for him to repair the rending of his sense of self, dignity, and humanity. This rending underpins his underlying symptoms of depression, anxiety, and existential crisis.

7. As noted above, Mr. al-Qahtani does not trust medical personnel as a result of their involvement in his interrogations. This mistrust has generalized beyond JMG clinicians. I am aware that Mr. al-Qahtani would not meet with the original mental health expert retained by the defense. He was initially resistant to meet with me as well. Defense counsel and Mr. al-Qahtani have explained that his fear of meeting with defense mental health experts was based on JMG clinicians' participation in his torture.
8. During my testimony, the Board asked what current protective factors are in place that argue against the possibility of Mr. al-Qahtani engaging in future violence. I replied that Mr. al-Qahtani eschews violence and has accepted the limitations in occupational and social functioning imposed by his psychiatric illnesses. I also noted that from the perspective of a forensic psychiatric Violence Risk Assessment, Mr. al-Qahtani's psychiatric diagnoses do not place him at risk for future violence.
9. I would like to add another factor that further decreases Mr. al-Qahtani's risk for future violence. Protecting one's family honor is an individual duty whose primacy cannot be underestimated in Saudi culture. Mr. al-Qahtani is well aware of the shame that any sort of proscribed behavior on his part would bring to his family. His need to protect his family's honor will be a powerful factor in his future decision-making. It is my opinion that, had he known that his previous history could bring shame upon his family, it is highly unlikely that he would have engaged in any such activity.
10. Finally, I authorize the publication by the Periodic Review Secretariat of my testimony during the June 16, 2016 hearing.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 12th day of July, 2016.



EMILY A. KERAM, M.D.  
1160 N. Dutton Avenue, Suite 255  
Santa Rosa, CA 95401

**EXHIBIT E**

Supplemental Declaration of Emily A. Keram, M.D. (Dec. 2, 2016)  
("Keram File Rev. Decl.")

**SUPPLEMENTAL DECLARATION OF EMILY A. KERAM, M.D.**  
**REGARDING MOHMAMMED AL-QAHTANI**

Pursuant to 28 U.S.C. § 1746, I certify that the following is true and correct to the best of my knowledge:

1. My name is Emily A. Keram.
2. I am a medical doctor and am board certified in psychiatry and neurology with sub-specialization board certification in forensic psychiatry. I have been in practice for over 20 years. I have treated patients with Posttraumatic Stress Disorder (PTSD) secondary to both combat stress and Prisoner of War confinement, at the U.S. Department of Veterans Affairs Community Based Outpatient Clinic in Santa Rosa, CA for 16 years. I also have expertise treating patients with schizophrenia.
3. I have previously provided the Periodic Review Board with a written report dated June 5, 2016 and stemming from my evaluation of Mohammed al-Qahtani and related information. I also testified before the Period Review Board on June 16, 2016 during Mr. al-Qahtani's hearing. I respectfully offer this declaration to supplement my report and testimony, and in support of a request for an early second hearing before the Board.
4. I am aware that the Board's July 2016 decision was difficult for Mr. al-Qahtani to process. He initially reacted by withdrawing to his cell, attempting self-harm, and manifesting other forms of discouragement. His reaction was entirely expectable, especially in the context of the following factors:
  - a. The length of his current indefinite detention;
  - b. His strong desire to be reunited with his family;
  - c. The fact that there has been an acceleration in the release of detainees;
  - d. The availability of the Saudi Rehabilitation program; and
  - e. The sincerity of his original statement to the Board.
5. Given that these factors underpinned his hope for a favorable outcome, I believe the implications of his reaction are that he sustained a period of increased depression, hopelessness, and awareness of his lack of control over his life.
6. That Mr. al-Qahtani was able to work through his initial response to the Board's decision likely reflects that he still has some hope that he will eventually be released. He then focused on the content of the Board's explanation of their decision, understood their reasoning, and accepted their recommendations. I believe this was likely an extremely difficult decision for Mr. al-Qahtani to make for the following reasons:
  - a. His mistrust of Joint Medical Group (JMG) personnel; and

- b. Exposure to JMG personnel is a likely reminder of being tortured given their participation in his interrogation. This means he likely experiences some increase in PTSD symptoms of intrusion (unwanted and painful thoughts, memories, and images of torture and other trauma), nightmares, anxiety, depression, insomnia, and hypervigilance with exposure to JMG staff.
7. His acceptance of the Board's recommendations is the strongest possible evidence of his resolve and commitment to get well and rejoin his family. The change is so significant that it warrants review of his case now. Factors to assess in the next review would include the following:
  - a. Treatment compliance;
  - b. His treatment team's assessment of his response to treatment; and
  - c. The extent to which he has been able to develop trust in JMG staff, learn that they are different from JMG staff present during his torture, and can accept help from them.
8. It remains my opinion that, despite the availability of competent clinicians at Guantánamo and Mr. al-Qahtani's best efforts, he cannot receive effective treatment from them and would not achieve lasting therapeutic benefit from treatment there or in any other U.S. custodial setting. This is because he remains in the environment in which he was tortured, exposure to this environment causes continued symptoms, and the most effective treatment requires the involvement his family members.
9. It remains my opinion that Mr. al-Qahtani requires multi-modal treatment for his symptoms of PTSD and schizophrenia. Medication, although helpful in improving the frequency and intensity of some of his symptoms, is not sufficient to provide meaningful relief from his suffering. Although Mr. al-Qahtani is taking medication prescribed by JMG clinicians, at best, medication would provide modest PTSD symptom improvement without fully addressing their underlying causes.
10. It remains my opinion that it is also highly likely that Mr. al-Qahtani will continue to experience episodic worsening of symptoms as his indefinite detention continues. As a result, medications would likely need to be increased over time and would only be considered palliative. An effective, multi-disciplinary approach, away from the location in which PTSD-related trauma occurred and which involves his family, is necessary for him to repair the rending of his sense of self, dignity, and humanity. This rending underpins his underlying symptoms of depression, anxiety, and existential crisis.
11. It remains my opinion that there are protective factors in place that argue against the possibility of Mr. al-Qahtani engaging in future violence. These include Mr. al-Qahtani's rejection of violence and his acceptance of the limitations in occupational and social functioning imposed by his psychiatric illnesses. I also remain of the opinion that, from the perspective of a forensic psychiatric Violence Risk Assessment, Mr. al-

Qahtani's psychiatric diagnoses do not place him at risk of engaging in violence in the future.

12. It remains my opinion that Mr. al-Qahtani's desire to uphold his family's honor is an additional factor that further decreases his risk for future violence. Protecting one's family honor is an individual duty whose primacy cannot be underestimated in Saudi culture. Mr. al-Qahtani is well aware of the shame that any sort of proscribed behavior on his part would bring to his family. His need to protect his family's honor will be a powerful factor in his future decision-making. It is my opinion that, had Mr. al-Qahtani known that his previous history could bring shame upon his family, it is highly unlikely that he would have engaged in any such activity.
13. In its decision, the Board noted that a "lack of information prevented the Board from understanding how and to what extent his psychiatric condition contributed to his decisions" in the past. In late-January 2017, I plan to travel to Guantánamo to complete my evaluation of Mr. al-Qahtani. That will enable me to testify again before the Board to address this question during a second hearing.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 2<sup>nd</sup> day of December, 2016.



EMILY A. KERAM, M.D.  
1160 N. Dutton Avenue, Suite 255  
Santa Rosa, CA 95401



**EXHIBIT F**

Letter from Mohammed A. Al-Muttairi, Director-General of Legal Affairs & International Cooperation, Ministry of the Interior, Saudi Arabia to the Periodic Review Board, *Request for transfer of detainee at Guantanamo Bay Detention Center: Mohammed M. Al-Qahtani* (Aug. 16, 2015)

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

..... / الرقم  
..... التاريخ  
..... التوايح



المملكة العربية السعودية  
وزارة الداخلية  
(٢٧٢)

Standing Committee for Transfer of Sentenced Persons

**RE: Request for transfer of detainee at Guantanamo Bay Detention Center:  
Mohammed M. Al-Qahtani**

**To: Periodic Review Board for Mohammed M. Al-Qahtani .**

**Esteemed Periodic Review Board Members,**

We write to affirm that the Government of the Kingdom of Saudi Arabia is willing to receive its detained citizen: Mohammed M. Al-Qahtani in Saudi Arabia should he be approved for transfer.

We take this opportunity to state that for over a decade, the government of Saudi Arabia has provided appropriate security and humane treatment assurances to facilitate the transfer of over 100 detainees from Guantanamo to Saudi Arabia. We hereby affirm the validity of these guarantees and assurances, which include a government-supported rehabilitation and aftercare program. Our country's rehabilitation program is among the most successful in the world, as evidenced by a low recidivism rate and continued repatriation of former detainees from Guantanamo to Saudi Arabia.

If Mr. Al-Qahtani is approved for transfer to Saudi Arabia, we look forward to receiving him in our rehabilitation and aftercare program. We affirm that we will accommodate Mr. Al-Qahtani's rehabilitation and integration into society as we have done for other former Guantanamo detainees.

The Standing Committee for Transfer of Sentenced Persons at the Ministry of Interior of the Kingdom of Saudi Arabia would like to take this opportunity to express to you its deepest respect and appreciation for your kind consideration of this letter.

Yours truly,

*Mohammed A. Al-Muttairi*

**Director-General of Legal Affairs & International Cooperation  
Chairman of the Standing Committee for Transfer of Sentenced Persons  
Ministry Of Interior  
Riyadh, Saudi Arabia**

August 16, 2015

