CAUSE NO. 1546111

THE STATE OF TEXAS	§	THE DISTIRCT COURT OF
	§	
V.	§	HARRIS COUNTY, TEXAS
	§	
ANTONIO ARMSTRONG, JR.	§	178TH JUDICIAL DISTRICT

DEFENDANT'S AMENDED RESPONSE TO STATE'S MEMORANDUM OF LAW REGARDING ADMISSION OF ALTERNATE PERPETRATOR EVIDENCE

TO THE HONORABLE JUDGE OF SAID COURT:

ANTONIO ARMSTRONG, JR., Defendant herein, files this his Amended Response to State's Memorandum of Law Regarding Admission of Alternate Perpetrator Evidence, and would show unto the Court the following:

I.

Defendant is accused of Capital Murder. The State of Texas unsuccessfully tried the Defendant in a month-long trial back in March/April 2019. A jury was unable to come to a unanimous verdict and the trial court declared a mistrial on April 26, 2019. The case is set for a pre-trial conference on March 2, 2020, and for jury trial on March 27, 2020.

During the first trial the trial court permitted the Defense to offer evidence of alternate perpetrator evidence. The State suggests, within State's Third Motion in Limine and State's Memorandum of Law Regarding Admission of Alternate Perpetrator Evidence, that the trial court erred in allowing such admission. The Defense filed its Original Response to the State's motions on February 27, 2019. The Defense has since acquired additional psychiatric records of Joshua

Armstrong that further prove the nexus between himself and the murders. The State's position continues to not be supported in fact or law and should be rejected.

II.

This is not the first time that the State has urged the trial court to prevent the Defense from presenting exculpatory evidence with respect to an alternative perpetrator evidence. The State filed a motion in limine to exclude alternative perpetrator evidence during the first trial and in argument cited to the same cases they cite to their February 7, 2020 motion (V R.R. at 186, 194-197). The trial court correctly allowed the Defense to present evidence of Joshua Armstrong as an alternative perpetrator throughout the trial. The State offers no factual or legal reason as to why the trial court's reasoning in the first trial was incorrect. The State's motions should be denied.

III.

The United States Supreme Court has stated, "Whether rooted directly rooted in the Due Process Clause of the Fourteenth Amendment or in the Compulsory Process or Confrontation Clauses of the Sixth Amendment, the Constitution guarantees criminal defendants 'a meaningful opportunity to present a complete defense.'" *Crane v. Kentucky*, 476 U.S. 683, 690 (1986). The Court of Criminal Appeals has noted there are two distinct scenarios in which rulings excluding evidence might rise to the level of a constitutional violation: (1) a state evidentiary rule which categorically and arbitrarily prohibits the defendant from offering otherwise relevant, reliable evidence which is vital to his defense; and (2) a trial court's clearly erroneous ruling excluding otherwise relevant, reliable evidence which "forms such a vital portion of the case that exclusion

effectively precludes the defendant from presenting a defense." *See Potier v. State*, 68 S.W.3d 657, 665 (Tex. Crim. App. 2002).

The State relies upon *Wiley v. State*, 74 S.W.3d 399 (Tex. Crim. App. 2002), and *Dickinson v. State*, 246 S.W.3d 733 (Tex. App. – Houston [14th Dist.] 2007, pet. ref'd), for their assertion that alternative perpetrator evidence should be excluded. However, neither of those two cited cases are analogous to the facts in the Defendant's case. Additionally, a review of the first trial record amply demonstrates that more than mere speculation exists and that a nexus is present in favor of admission.

In *Wiley*, that defendant was convicted of arson of his own restaurant and he complained that the trial court erred in denying him the ability to present excluded portions of a sworn statement of an insurance investigator and testimony by a witness that an alternative perpetrator might have had some involvement in committing the arson. 74 S.W. 3d at 401. Specifically, Wiley wanted to present evidence that he had "throwed" a "black guy" out of the restaurant the Saturday night before the fire and then the same man, identified as Charles "Moose" Thomas, was watching it burn. *Id*. at 403. Wiley's trial prosecutor pointed out that Wiley had previously testified to the grand jury that he did not think that Thomas was capable of setting the fire. *Id*. Wiley also wanted to offer evidence from another witness that Thomas has been in the restaurant the Saturday evening before the fire, that he took off his shirt off, was striking matches, and "acting crazy," and was asked to leave. *Id*.

In *Dickinson*, the defendant was convicted of aggravated robbery and he complained that the trial court erred in preventing him from presenting alternative perpetrator evidence in the form of photographs depicting the similarity of Dickinson and the alternative perpetrator, as well as excluding indictments and judgments showing the alternative perpetrator's convictions for robberies around the time of the offense.

Defendant Antonio Armstrong, Jr.'s case is clearly factually distinguishable from those two cases. The evidence presented in the defendant's first case – even without regard to the additional evidence that the Defense intends to introduce during the impending re-trial – establishes the required nexus. The evidence demonstrates that Joshua Armstrong had the motive, opportunity, and the mental infirmity to commit the murders of his parents.

Joshua Armstrong (hereafter referred to as "Joshua"), oldest son of the decedents, moved out of his parents' house a few weeks before their murders (XVI R.R. at 73; XVII R.R. at 22). Joshua had recently returned from college and family members had observed both physical and behavioral changes in him (XVII R.R. at 23-26, 70). In fact, shortly before the death of Antonio and Dawn Armstrong, Joshua's own sister, Kayra, observed Joshua get into an argument with his parents concerning the subject of him not being the biological son of both parents (XVII R.R. at 23-24). Notably, Joshua began escalating his drug use shortly before the murders (XVII R.R. at 24-25).

Additionally, it is uncontroverted that Joshua could access his parents' house through the garage as he was aware of the keypad code (VIII R.R. at 74-75; XVII at 31). Joshua moved into an apartment that was approximately two to three blocks away, or approximately a drive of about two minutes (VIII R.R. at 77; XI R.R. at 17, 27; XVII R.R. at 22). On the night of the murder Joshua showed up at the scene of the murder, appeared to be high on drugs, and demonstrated odd behavior, such as stating the same phrase repeatedly (VI R.R. at 107; XVII R.R. at 41-42).

Houston Police Department officers interviewed Joshua at the scene (VIII R.R. at 57). Officer Dodson described his demeanor as "a little standoffish" as he wanted to get to his siblings (VIII R.R. at 57-58). The officers then chose to perform a gunshot residue test on his hands on the night of the murder (VI R.R. at 154-155, 219; IX R.R. at 25). Joshua chose not to respond to law

enforcement questioning as his activity between the time of the shooting and the time of the gunshot residue test (XVII R.R. at 12-14). Law enforcement also decided they needed to collect a buccal swab from him on that night (VI R.R. at 154-155, 241; VIII R.R. at 203-204; IX R.R. at 25). Joshua resisted a little before allowing officers to collect this evidence and only did so after Houston Police Department Homicide Detectives spoke with him (VI R.R. at 156). Furthermore, despite taking his grandmother to the hospital Joshua decided not to go into to check on his father - who was still being treated at the time (XVII R.R. at 150-151). Apparently, no one saw Joshua the remainder of the night (early morning) after he dropped his grandmother off at the hospital (XVII R.R. at 151).

Joshua's bizarre behavior continued to manifest itself subsequent to the murders. Kayra observed him to become more violent, hear demonic voices, and begin to use more drugs (XVII R.R. at 47). Joshua also attempted to burn down his grandmother's house (XVII R.R. at 55, 170-171). Additionally, two years after the murders law enforcement and members of the Harris County District Attorney's Office determined it was necessary to seek out Joshua Armstrong's girlfriend to interview her and determine his whereabouts (IX R.R. at 22, 24).

Finally, the trial court excluded additional evidence with respect to the nexus of Joshua Armstrong. Specifically, the trial court sustained the State's objection to the Defendant's motion to admit psychiatric records of Joshua (VIII R.R. at 96-99). These records, previously marked in the first trial as Defense Exhibit 11, reflect that Joshua showed homicidal ideations, suicidal thoughts, paranoia, along with suffering from auditory hallucinations. The trial court also excluded two videos of Joshua that corroborate the psychiatric records which provide further proof that Joshua was suffering from auditory hallucinations and paranoia. Joshua is observed on one of the videos blamed the devil for killing his parents and stated that the devil was inside of him.

One need not speculate or take any far logical jumps to determine the relevance and significance of such evidence. It is also apparent as to why the State would prefer to keep such damning exculpatory evidence away from a jury.

Since the Defendant's February 27th filing of the Original Response to the State's motions the Defense has become in possession of psychiatric records of Joshua Armstrong as provided by Westpark Springs and the Harris Health System. Each set of records is replete with evidence reflecting Joshua's mindset both before and immediately after the murders. However, most critically, contained within the records are notations that Joshua Armstrong, himself, witnessed the murder of his parents. The records from Westpark Springs Hospital has six references to Joshua witnessing his parents being murdered. The relevant pages from the Westpark Springs records have been attached to this document for the court to review. The references are as follows –

1. Page 30, Overall Conclusions, "…Patient experienced watching the murder of both of his parents in 2016"
2. Page 33, Duration, "Since parents murdered 2016 Pt. fearful/giddy"
3. Page 58, Preadmission Evaluation/Management, Past Psych History, "Paranoid schizophrenia, Trauma (Pt saw parents murdered and case is still open)
4. Page 157, Level of Care/Psychosocial Assessment, Crime, "Pt denies but pt lost parents to a murder he witnessed in 2016"
5. Page 163, Level of Care/Psychosocial Assessment, History of trauma or loss, such as abuse, suicide in the family, bereavement, or economic loss, "Saw parents murdered 2016"
6. Page 187, Preadmission Evaluation/Management, Past Psychiatric History, "Paranoid schizophrenia, Trauma (Pt saw parents murdered and case is still open)".

See Defense Exhibit A-F.

Beyond the Westpark Spring records there are additional records from the Harris Health System that demonstrates the nexus of Joshua Armstrong as an alternative perpetrator and contains crucial exculpatory information. For example, Joshua informed medical staff that he has accused "everyone in his family of killing his parents, and is constantly interpreting their statements as a coded message that's a threat to kill him." *See Defense Exhibit G*. Joshua also advised that he believed that his cousin had killed his parents and was threatening to kill him. *See Defense Exhibit G*. Notably, Joshua stated that he has had feelings of paranoia since he was in high school. *See Defense Exhibit G*.

The importance of these records cannot be overstated. Joshua Armstrong admitted to witnessing the murder of his parents. Thus, he places himself inside of the Armstrong residence at the time of their murders. These records also refute one of the State's prior arguments that Joshua's mental issues post-date the murders. Finally, these records provide the clear nexus between Joshua Armstrong and the offense.

Beyond this plethora of evidence, the Defendant intends to offer additional proof that demonstrates the nexus between Joshua Armstrong and the offense. The Defense has provided notice of its intent to call a psychiatrist to further contextualize the psychiatric records for the jury. If the trial court requires any additional proof to demonstrate the nexus, or the admissibility of evidence that would affect such requirement, the Defendant respectfully requests the opportunity to present the additional evidence in a pre-trial hearing.

IV.

Defendant prays that the trial court permit the Defendant to present evidence that Joshua Armstrong as an alternative perpetrator evidence and further prays that the court deny paragraph # 2 of State's Third Motion in Limine with respect to Josh Armstrong.

Respectfully submitted,

/s/ Andrew J. Smith

Andrew J. Smith
SBN: 24048100
attorneyandrewjsmith@gmail.com

Rick Detoto
SBN: 24005020
RickDetoto@aol.com

300 Main Street, 2nd Floor
Houston, Texas 77002
Office: 713-223-0051
Facsimile: 713-223-0877
ATTORNEYS FOR DEFENDANT ANTONIO ARMSTRONG, JR.

CERTIFICATE OF SERVICE

This is to certify that on March 5, 2020, a true and correct copy of the above and foregoing document was served on the Harris County District Attorney's Office, Harris County, Texas, via email and e-file.

/s/ Andrew J. Smith
ANDREW J. SMITH

RICK DETOTO

Defense Exhibit A

There's hope. There's help.

To Be Completed By Treating Therapist For Any Patients Admitted to Facility Services

ARMSTRONG JOSHUA
AGE: 22 DOB:12/14/95
MR# 009237-01 PROG:102
ADM 03/24/18 SEX M
DR RIAZ RAHMAN MD

Additional Information Obtained Since Screening and Level of Care/Psychosocial Assessments

No add'l information reported

Overall Conclusions (Based on review of Screening and Level of Care/Psychosocial Assessments and any additional information obtained, including any history of abuse):

22 year old male with hx of Schizophrenia was xferred from St. Ulrics where he was assessed by Tesfaye. Earlier today he suddenly lunged and attacked his brother. He admitted to using drugs today, wouldn't say what - he was positive for cannabis. He has been off his prescription meds for a while. He sat down in a chair by the door of the intake room. would not move to another chair. Pt was snarling at the staff members taking his picture and looked as if he might lunge at her until assessor called his name. Pt requires to speak and is responding to internal stimuli. Pt experienced watching the murder of both of his parents in 2016.

Anticipated Steps for Discharge (including Resources and Support Needs):

medication compliance
follow up w/ aftercare tx + psychiatrist / therapist
Grief support group
education suicide / ple functioning.

Recommendations for Treatment Plan:

Process Grief & loss
Stabilize current crisis
Attend group 2x daily
Reduction in HI/SI, AVH reduction, reduction in aggressive behavior

COPY

Goals for Treatment (as identified by patient)

1.

2.

3.

Pages 1 through 9 reviewed by and Page 10 completed by Treating Therapist:	Credentials:	Date:	Time:
Sheyone Jordan LPC Intern	LPC Intern	3/25/18	1456

Defense Exhibit B

There's hope. There's help.

Inpatient/PHP Nursing Admission Assessment

ARMSTRONG JOSHUA
AGE: 22 DOB:12/14/95
MR# 009237-01 PROG:102
ADM 03/24/18 SEX M
DR RIAZ RAHMAN MD

Date:	Time Assessment Started:
3/24/18	2350 pm

Patient Information

Patient Name: Joshua Armstrong		Age: 22	Date of Birth: 3/24/18
Psychiatrist/Attending MD: DR. RAHMAN		Legal Status:	☐ Voluntary ☐ Involuntary ☐ Minor

Allergies: (please list reaction)

Seasonal

I have received and reviewed the POA paperwork and it is in the medical record. _________ intitals

Current Clinical Picture/Reason for Hospitalization

Criteria for admission in specific behavioral terms:

Brought to [illegible] [illegible] from [illegible] [illegible] following aggressive behavior toward [illegible] earlier today. Lives [illegible] grandparents [illegible] [illegible] murdered 2016- not med compliant [illegible] Hx Schizophrenia - [illegible] does not engage in [illegible] [illegible] on file [illegible] 2 years ago. Stopped meds after 1 week [illegible] [illegible] [illegible]

Duration of symptoms:

Since parents murdered 2016 [illegible]

Impact on life and functioning:

unable to answer

COPY

Mood labile, [illegible], pacing aggressive to brother [illegible] grandfather

Vitals Signs at Admission

BP:	Resp:	Pulse:	02 Sat:
141/83	16	74	100%
Temp: 99.1	Height: 6'	Weight: 175	BMI: 23.73
Waist Circumference:			

Defense Exhibit C

Patient Name : Joshua Armstrong **DOB :** 12/14/95

PREADMISSION EVALUATION / MANAGEMENT
WESTPARK SPRINGS HOSPITAL

DEMOGRAPHICS AND ENCOUNTER INFORMATION

Patient : Joshua Armstrong
DOB : 12/14/95 Age : 22 Gender : Male
Legal Status : Continue existing legal status per transfer.
Transfer Facility : St. Luke's Sugar Land
Admission Date & Time : 03/24/18 20:09

VITALS

Vitals:
Blood Pressure : 141 / 83 Pulse : 74 Resp : 16 Temp : 99.1 ℉ (37.3 ℃)

CHIEF COMPLAINT

Psychosis/SI/HI

COPY

PHYSICIAN NOTE

Per staff : Pt presents after being brought to hospital by the police with psychotic symptoms such as calling out god's name and the devil, being internally occupied and taking long pauses prior to answering questions, crying sporadically and attempting to harm self and others in the family including trying to light the house on fire and fight with his younger brother.
Per MD :
Above per staff noted. Patient has been medically evaluated and cleared per transferring provider.(dr. othee)
Medical Clearance: Yes

Labs: no critical findings reported., Kidney and Liver functions elevated prior to fluid bolus. Post bolus, Cr still 1.3 - please confirm that pt is medically stable and ok to transfer
Suicidal: +thoughts,+plan
Homicidal: +verbal threats,+aggressive/violent behavior
Hallucination/psychosis: +auditory
Substance abuse: none.
Blood alcohol level: 0(initial)
UDS: +cannabinoids

PAST MEDICAL HISTORY

Deferred/unknown.

ALLERGIES

No Known Drug or Food Allergies

PAST PSYCH HISTORY

Paranoid Schizophrenia, Trauma (pt saw parents murdered and case is still open)

Tobacco Use Screen : Is the patient interested in receiving Tobacco Cessation Medications? Unable to determine smoking status

CERTIFICATION

I certify that the patient meets the medical/psychiatric necessity criteria for admission to inpatient care and the patient's condition could be reasonably expected to improve with this level of care.

Defense Exhibit D

There's hope. There's help.

Level of Care/Psychosocial Assessment

ARMSTRONG JOSHUA
AGE: 22 DOB:12/14/95
MR# 009237-02 PROG:102
ADM 04/07/18 SEX M
DR RIAZ RAHMAN MD

Evaluation of the Patient's Trauma History:

☐ **No lifetime experience/witness of trauma/abuse**

	(Check all that apply) Current	Past (what age)	Secondary Trauma**	Describe
Physical Abuse	pt denies			
Sexual Abuse				
Emotional Abuse				
Neglect		✓		Unable to state when
Exploitation				
Crime	pt denies but pt lost parents to a murder he witnessed in 2016			
Military	pt denies			
Natural Disaster				
Loss	2016			- parents were murdered - pt does not want to talk about it but said
Other				

**Secondary Trauma is a response that comes from caring for another person with trauma. Sometimes called compassion fatigue or burnout.

Has this person ever been a perpetrator of trauma? ☐ Yes ☒ Patient Denies
(if yes, please describe):

" Uh Uhmmm" when asked if it's true.

Are there any issues that need to be reported to CPS or APS? ☐ Yes ☒ No

Case #:_____ Report Completed by:_____ Date:_____

Is there a history of APS/CPS involvement? ☐ Yes ☒ No
If yes, outcome:

pt denies

Is there a current open APS/CPS case? ☐ Yes ☒ No
If yes; caseworker name and number:

Presenting Problems/Somatic Symptoms (Symptoms/Changes Present in the Past Two Weeks)

Problematic areas	Present?	Describe (frequency, intensity, duration, occurrence):
Depressed or sad mood	☐ Yes ☒ No	pt denies. but keeps smirking to self
Loss of energy or interest in activities or school refusal	☐ Yes ☒ No	
Deterioration in hygiene and/or grooming	☐ Yes ☒ No	
Social withdrawal or isolation	☒ Yes ☐ No	the nurse the voices are there more isolated
Difficulties with the ability to parent/or be parented	☒ Yes ☐ No	dropped pt off at hospital
Difficulties with home, school, or work relationships or responsibilities.	☒ Yes ☐ No	
Sleeping Patterns		
Change in number of hours/night	☒ Yes ☐ No	"I sleep" - pt appears currently sleeping/ Ont medicine. tired.
Difficulty falling asleep	☒ Yes ☐ No	
Frequent awakening during the night	☒ Yes ☐ No	toss + turn
Early morning awakenings	☐ Yes ☒ No	
Nightmares/dreams	☒ Yes ☐ No	Unable to state a theme.
Other	☐ Yes ☐ No	

Defense Exhibit E

There's hope. There's help.

Level of Care/Psychosocial Assessment

ARMSTRONG JOSHUA
AGE: 22 DOB:12/14/95
MR# 009237-02 PROG:102
ADM 04/07/18 SEX M
DR RIAZ RAHMAN MD

Patient/Family Expectation of Treatment and Level of Care

IPMW

Summary of Lethal Risk Factors

		Comments
Mental or Emotional Conditions	☒ Yes ☐ No	Schizoaffective D/O Depressive type
Previous suicide or homicidal attempts	☒ Yes ☐ No	less than 1yr ago via MVA
History of trauma or loss, such as abuse, suicide in the family, bereavement, or economic loss	☒ Yes ☐ No	Saw parents murdered 2016
Serious illness	☐ Yes ☒ No	
Alcohol or Drug Abuse	☒ Yes ☐ No	Marijuana
Social Isolation	☒ Yes ☐ No	go to voices
Discharge from inpatient psychiatric care within 1 year	☒ Yes ☐ No	D/C 3/30
Access to lethal means coupled with suicidal or homicidal thoughts	☐ Yes ☒ No	

COPY

Patient Strengths:	1.	physical health
	2.	family support
	3.	accepts care
Patient Challenges:	1.	loss parents & trauma
	2.	psychosis
	3.	

Provisional Diagnoses

List provisional diagnoses (CD, psych, medical) in order of relevance to this assessment.

1. F25.1	Schizoaffective D/O, bipolar type
2.	
3.	

Defense Exhibit F

ALLERGIES
No Known Drug or Food Allergies

PAST PSYCHIATRIC HISTORY
Paranoid Schizophrenia, Trauma (pt saw parents murdered in 2016 and case is still open)

SOCIAL HISTORY
Illicit drug : Episodic , Marijuana (most days)
Occupation : Other:
Marital status : Single

SUB-1 ALCOHOL USE SCREENING
The AUDIT-C Questions for SUB-1 Compliance were completed? None

TOBACCO USE SCREEN :
Is the patient interested in receiving Tobacco Cessation Medications? No, patient refused or uncooperative

DIAGNOSIS
Schizoaffective disorder, Depressive type

PROBLEM

- Significant depression of mood
- Psychotic symptoms
- Impaired social (including family, work, school) performance

INTERVENTION LEGEND

- Group, individual and family psychotherapeutic interventions directed toward improving patient's psychiatric symptoms, behavior and psychosocial adjustment.
- Antidepressant, mood stabilizer, or adjunctive antipsychotic medications to reduce symptoms of patient's mood disorder.
- Antipsychotic, anxiolytic or other sedating medications to reduce patient's anxiety, agitation, or sleeplessness.
- Antipsychotic medications to reduce psychotic symptoms, with aggressive, confused, or self-injurious behavior associated with psychiatric disorder.

CERTIFICATION
I certify that the patient meets the medical/psychiatric necessity criteria for admission to inpatient care and the patient's condition could be reasonably expected to improve with this level of care.

Projected Length of Stay : Defer to attending physician

Based on available information presented to me at this time, preliminarily, patient appears medically stable. After completing this pre-admission, patient will be admitted under the care of assigned attending physician to initiate evaluation and treatment. Recommend comprehensive medical review and complete physical exam to be done within 24 hours (or sooner if signs of clinical deterioration.)

Qingguo Tao, MD Contact phone number : 832-348-7886
This document has been electronically signed by: Qingguo Tao, MD on 04/07/18 at 21:36
Evaluation provided via real-time videoconference on interactive audio and video telecommunications systems.

ARMSTRONG JOSHUA
AGE: 22 DOB:12/14/95
MR# 009237-02 PROG:102
ADM 04/07/18 SEX M
DR RIAZ RAHMAN MD

Defense Exhibit G

Clinical Notes (continued)

Legal Status (on initial evaluation): Voluntary

Vital Signs:
BP 138/88 mmHg | Pulse 61 | Temp(Src) 98.5 °F (36.9 °C) | Resp 18 | SpO2 100%

Chief Complaint: "Both of my parents were murdered"

History of Presenting Illness: Mr. Armstrong is a 21 yo AAM with no psych hx, who presents voluntarily for paranoia. Patient states that in July 2016, both of his parents were murdered in their home. His brother is in custody as a suspect, although he doesn't believe that he is guilty. After their death, patient ran away to San Marcus for months, drinking to blackout regularly and smoking weed. He came back 2 months ago, and started having paranoid ideations that have become worse in the last month. Patient states that at this point he has accused everyone in his family of killing his parents, and is constantly interpreting their statements as a coded message that's a threat to kill him. As an example, his cousin was telling him the plot of the book Pearl, where a fisherman finds a huge pearl and hides it. Patient said that he was sure that though that story, his cousin was telling him, "If you don't take me with you when you get big with music, I will kill you like I did your parents." Patient accused him of that and said that his cousin's "demeanor changed" and that's how he knew that "he was the one." Yesterday, he accused his girlfriend of planning to kill him. He states that he sees the #7, which is good, constantly on TV and in the media

He also describes an incident in junior year of high school, where he felt that a car was chasing him around his neighborhood, which was very disturbing to him.

Patient drinks a case of beer per day (quit on Dec. 14th but had a beer today). He denies history of complicated withdrawal. He initially denied any drug use, but then admitted smoking weed 3 days ago, and smoking daily prior. Denies any other drug use. Denies rehab history.

Patient endorses anhedonia, dysthymia, poor sleep due to being afraid, poor appetite. In regard to suicide, he said, "I wont do it. But I want to do it so that I don't feel like this." He names his family and hopes for the future (wants to open a weed dispensary, write music) to keep him from committing suicide. He describes daily anxiety and need to clean (denies compulsions).

Review of Systems:

Depression: + dysthymia, + anhedonia, + change in appetite, + changes in sleep, + worthlessness/guilt, + suicidal ideation
Psychosis: - auditory hallucinations, - visual hallucinations, + paranoia
Mania: - sustained irritability or euphoria, - grandiosity, - decreased need for sleep
Anxiety: + daily anxiety, + panic attacks

Physical ROS

Eyes	WNL
Ear/Nose/Throat/Mouth	WNL
Cardiovascular	WNL
Respiratory	WNL
Gastrointestinal	WNL
Genitourinary/Reproductive	WNL
Musculoskeletal	WNL
Integumentary (skin/breast)	WNL
Neurologic	WNL
Hematological/Lymphatic	WNL
Immunological	WNL