

ACCT# 32204893
MR# 0597460

SAUNDERS, KEVIN E
DOB: 05/01/56
LAWRENCE SHEIMAN, MD.

01/11/97

cc: Emergency Physicians Billing Service-----sent 01/11/97

This is a very pleasant 40 year old gentleman who presents with a sensation of cardiac palpitations that I believe awakened him from sleep. He has had a history of them in the past but never this bad. They lasted about 3-5 minutes. He also has a sensation of "generally feeling bad".

HISTORY OF PRESENT ILLNESS: He has had numbness and tingling to his hands and feet recently. He has been under some significant stress with a recent DWI and an arrest for an alleged assault on his girlfriend, both of these cases are still pending before the courts. A restraining as a matter of fact had to be rendered against him in regard to his girlfriend. They have subsequently become separated. He has lost knowledge of where she is living at this current time. They had been together approximately two years. He has recently, I think within the last couple of weeks, been placed back on his Prozac and Trazodone had also been added to his regimen by some doctor downtown. I am unsure of the name. He had had use of Prozac several months ago but took it for only a week as he said it interrupted his ability to work and think and concentrate properly.

PAST MEDICAL HISTORY: Negative for diabetes or arteriosclerotic heart disease. He is not hypertensive.

SOCIAL HISTORY: He is a self-employed programmer, says he owns his own company. He is a college graduate, as a matter of fact he wears a Phi Beta Kappa key that he has taken to wearing around his neck quite conspicuously ever since his DWI arrest. He smokes he thinks perhaps too much, certainly at least a pack a day. As mentioned he has had recent run-ins with the law, DWI and this arrest for an alleged assault on his girlfriend.

REVIEW OF SYSTEMS: He complains of occasional sensation of chills. He denies nausea or vomiting. He has been eating okay. He sleeps poorly. He denies specific suicidal ideation but confesses to a history of depression. I do not believe he has ever been admitted here for depressive disorder. He, as mentioned before, smokes but only drinks occasionally. He denies street drugs.

PHYSICAL EXAMINATION

Reveals a very alert, _____ male who makes very poor eye contact.

HEENT: Unremarkable. Pupils are equal, round, and reactive to light and accommodation. Cranial nerves are within normal limits.

CHEST: Clear to auscultation and percussion. There are no rales or rhonchi.

HEART: Reveals a regular rate and rhythm without murmurs. There is no ectopy on either auscultation or on the monitor.

ABDOMEN: Soft. There is a small, right sided scar from a prior lipoma

CAYUGA MEDICAL CENTER AT ITHACA
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EMERGENCY DEPARTMENT REPORT

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removal. His abdomen is otherwise soft and unremarkable.

EXTREMITIES: Reveal good grips, good neurovascular status to his hands and feet. He has strong pulses in his wrists and dorsalis pedis bilaterally.

Electrocardiogram had been performed showing essentially normal electrocardiogram with certainly no evidence of acute changes there, nor any cardiac irregularities. Chest x-ray was accomplished and was perfectly normal. A CBC and ER profile are within normal limits. So to be thorough, a sed rate was done.

MEDICAL DECISION MAKING: I think that the vast bulk of this gentleman's somatic complaints are probably stress related. With his history of depression I think that now he is in a state of agitated depression with substantial denial of the gravity of his problems. Though he is amenable to speaking to our mental health workers now, and I have summoned one of them to come and evaluate him, I doubt very much there is an organic basis for these sensations of palpitations and/or hand numbness. It still remains possible that there is some neurologic cause for this, but I doubt it. As mentioned, mental health evaluator is going to come down and speak with him. He is as I said amenable to this. He demonstrates relatively poor insight as how much stress he has been under or how significant this might be with regard to these somatic complaints and cannot seem to connect the concept of the two of them. His private medical doctor is Dr. Breiman, and if necessary medical consult might be necessary if he is not felt to be a candidate for evaluation at the mental health unit.

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