

## History & Physical

Patient: BLAYK, BONZE ANNE ROSE  
DOB/Age: 05/01/1956 60  
Admission Date: 12/25/16

Account Number: A00082793308  
Medical Record#: M000597460

Provider: Mafuzur Rahman MD

HISTORY AND PHYSICAL:

DATE OF ADMISSION: 12/25/16

IDENTIFYING DATA: Ms. Blayk who also wants to be known as Anne, is a male to female individual who was admitted to the behavioral health unit because of some bizarre behavior. This is her second hospitalization on this unit. The first one was on 04/27/02.

CHIEF COMPLAINT: "I don't believe you are a real psychiatrist, rather a fake psychiatrist, go away."

HISTORY OF PRESENT ILLNESS: This patient with known history of mental illness was admitted because of agitated and angry state while he was yelling at others including staff at the emergency department, accusing them of harassing him. Initially, he was brought from the Sunoco Gas Station due to an altercation with another person and people around him/her felt unsafe and they called 911. Today, I tried to interview him multiple times. At first, he/she was unwilling to go into a room to talk to me. Then, I tried to get him to the comfort room with the help of staff to assess him, he would not get in there. He wanted to go to my office, which I do not have one. Then he became very angry, started pointing his fingers at me and put it on my face and calling me a fake doctor from India and asked me to go away. Staff tried to intervene. He became agitated and very disrespectful to everyone on the hallway. When he saw the security officers coming through the door, he somewhat calmed down, but continued to be agitated and disrespectful. At that point, we decided to postpone the interview and allowed him to go back to his room. From the collaterals mentioned in the original mental health evaluation, we found the same history as mentioned earlier. During that time, he claimed that he was an officer of federal government and some bad guys were hacking his software and were trying to kill him. During the entire time, he was pressured, tangential with flight of ideas. He would not answer any questions pertaining to the history taking.

Other than being homeless and wandering on the streets of Binghamton, no other psychosocial history is available. No family history, medical history, or personal history is obtainable at this time.

### PHYSICAL EXAMINATION

Physical exam was offered. He would not even consider going close to him because he does not believe that I am a doctor and I should go back to where I come from. He does not appear to be in any physical distress. I reviewed his labs as well as vital signs taken this morning. He declined to get his vitals taken.

LABORATORY DATA: Labs included CBC with differential, chemistry, urinalysis, and tox screen. CBC shows a WBC count of 7.3, hemoglobin 16.6, hematocrit 48, MCV 94, platelet count 339. Chemistry shows sodium level of 130, slightly lower than normal; potassium 3.8; chloride 100; carbon dioxide 20; BUN 13; creatinine 1.08; estimated GFR 98 for African American, 76.9 for non African American; glucose 106; hemoglobin A1c 10.2. His fingersticks showed a blood sugar of 374. Urinalysis showed 2+ urine ketones, 1+ blood in the urine, squamous cell epithelium of slightly higher than normal is present, urine glucose 3+. Tox screen showed positive benzodiazepines. Rest of it is unremarkable.

MENTAL STATUS EXAMINATION: This is a healthy appearing, average height male to female wearing a scarf with long hair, poorly groomed with poor personal hygiene. He is pacing and unable to settle down. Alert and oriented to

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time, place and person. Irritable mood with dysphoria. Speech is pressured, tangential with frequent flight of ideas. Illogical. Thought process with delusions of persecution. Would not answer about experiencing any hallucinations. Unable to detect his memory functions because of uncooperative behavior; however, his insight and judgment appears to be impaired. Would not answer question of suicide or homicide; however, he could be a potential for physical violence on the unit.

SUMMARY: This 60-year-old male to female individual with known history of mental illness, currently admitted to the unit in a very disorganized state of mind with psychosis.

DIAGNOSIS: Axis I: Psychotic disorder, not otherwise specified, rule out schizophrenia versus schizoaffective disorder.

PHYSICAL HEALTH DIAGNOSIS: None.

TREATMENT RECOMMENDATIONS: The patient will remain hospitalized for now for his and others' safety. His code status is going to be full. Supportive milieu, individual, and group therapy will be offered. At this time, he is unwilling to take any medications; however, we will consider antipsychotic with or without mood stabilizer to stabilize him. If he continues to refuse, he may need to go to the court for treatment over objection. Also may need to be transferred to one of the state facilities for intermediate to longer term care.

85518/725366516/CPS #: 9283576

<Electronically signed by Mafuzur Rahman MD> 12/26/16 1314

Mafuzur Rahman MD  
Dictated Date/Time: 12/25/16 1644

Transcribed Date/Time 12/25/16 1834

Copy to:

CC: Mafuzur Rahman MD