

OMH-PHI SCREENING/ADMISSION NOTE AND PSYCHIATRIC EVALUATION	Patient's Name "C"/Id. No. Saunders, Kevin 01-51-81
<p style="text-align: center;">(Integrated)</p> Instructions: To be completed by the physician at the time of admission Admitted: 4/4/03	Sex M Date of Birth 5/1/56 Facility/Agency Name Elmira Psychiatric Center Unit/Ward No. ASU - 024
1. ALERTS List risk factors including danger to self/others, (specify degree of risk and targets), physical health conditions/needs, allergies, CPL status, etc.	
The patient is a Track 3 CPL 330.20. He is allergic to Penicillin.	
2. CHIEF COMPLAINT Include sources of information and reliability.	
This 46 year old caucasian male said he is being admitted to Elmira Psychiatric Center because "I need to sleep." He denied having any psychiatric symptoms and was adamant about refusing medications of any kind.	
3. LEGAL STATUS Complete ONLY for admitted patients. Indicate voluntary, involuntary, CPL, etc., and include implications for treatment, as applicable.	
CPL 330.20 Track 3	
4. HISTORY OF PRESENT ILLNESS Include onset of illness and circumstances leading to screening/admission.	
The patient admitted he has been smoking marijuana on a daily basis during the past several weeks. According to Dr. Baker at Cayuga Medical Center, the patient presented himself to the Emergency Room delusional and confused. He had been hallucinating and reportedly running around the neighborhood with no clothes on for 5 hours. He also had loose associations.	
5. SIGNIFICANT HISTORY Consider the following:	
<ul style="list-style-type: none"> ■ Mental Health (Include medications and response; circumstances and frequency of previous hospitalizations; family history; physical/sexual abuse as victim or abuser) ■ Physical Health (Include medications, high risk behaviors for HIV; potential interactions between mental/physical health problems or needs) ■ Alcohol and Drug Use/Abuse (Indicate if further evaluation is needed) ■ Education/Work ■ Developmental/Family ■ Cultural Issues 	
<p>Mental Health: The patient recently had a forensic evaluation at the Elmira Psychiatric Center outpatient department. He was previously involved with the Rochester Forensic system. He has a history of extreme violence toward women. He set fire to a trailer of his previous girl friend. At the time he also had several knives and a meat cleaver in his automobile. The patient has been followed at the Elmira Psychiatric Center outpatient services by Janet Stevens and Dr. Belsare. At the time of his presentation to Cayuga Medical, he has scratched his hand and had been hitting himself. This was confirmed by his friend, Alice, who the patient states is his housemate. The charges that prompted the CPL 330.20 status include burglary second degree, arson third degree, criminal mischief second degree and criminal content first degree. Mr. Saunders has been non-compliant with his order of conditions. He is refusing to take prescribed medication and submit to drug and alcohol testing.</p>	
<p>Physical Health: He has no current medical problems but is allergic to Ampicillin. There are no potential interactions between his mental and physical health problems and medications because the patient is not being prescribed any medication.</p>	
<p>Alcohol and Drug Abuse: The patient admitted he drinks a lot of alcohol but denies being an abuser or having alcohol dependence. He admitted to smoking marijuana on an almost daily basis. He denied using other elicit chemicals.</p>	

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Education/Work History: The patient was tangential and evasive. He claimed to own a computer company which yields \$15,000 a year.

Cultural Issues: The patient was tangential and evasive, refused to answer in a relevant manner.

He refused to answer questions about being a perpetrator or victim of sexual abuse.

Family history: The patient refused to provide any information about his family but denied having a history of familial mental illness or substance abuse. He refused to execute a Health Care Proxy stating he already has one.

6. ADVANCE DIRECTIVES Complete ONLY for admitted patients 18 and older.
If the patient has executed an advance directive, the original or a copy must be included in the clinical record.

The patient has executed a: (check all that apply:)

health care proxy living will and/or

consent for a do-not-resuscitate order

durable or springing power of attorney

The patient has received written information on advance directives
 Yes No

7. MENTAL STATUS

- A. APPEARANCE
- B. ATTITUDE (include cooperation, guardedness, avoidance)
- C. BEHAVIOR (include psychomotor activity, abnormal movements)
- D. SPEECH (include rate, e.g., normal, slow, mute, rapid; quality; and abnormalities, e.g. aphasia, dysarthria)
- E. THOUGHT PROCESSES (include logical and organized, circumstantial, tangential, disorganized, flight of ideas; describe in terms specific to this patient)
- F. THOUGHT CONTENT (include delusions, ideas of reference; describe in terms specific to this patient)
- G. PERCEPTUAL DISORDERS (include hallucinations, illusions; describe in terms specific to this patient)
- H. MOOD/AFFECT (include stability; congruence/incongruence)
- I. IMPULSE CONTROL (include ability to control aggressive, hostile, sexual impulses)
- J. SUICIDAL AND/OR HOMICIDAL BEHAVIOR/IDEATION (Describe in terms specific to this patient)

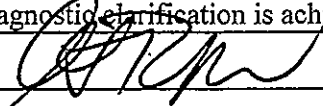
Appearance: The patient is very disheveled and wild appearing.
Attitude is uncooperative and hostile.
Speech was normal in volume but pressured. There was also abundance of speech. Psychomotor activity was increased. He was very fidgety and moved around the chair during the entire interview.
Thought processes were nonsensical, illogical, tangential and evasive. He had flight of ideas.
Thought content - Although he denied ideas of reference and thought broadcasting he had grandiose delusions.
Perceptual Disorders - He denied hallucinations and illusions however, based on his thought processes and behavior he appeared to be responding to internal stimuli.
Impulse control appears to be impaired
Mood is euphoric. Affect was unstable with inappropriate smiling and laughter for no apparent reason.
He denied suicidal and homicidal ideation.

- K. COGNITIVE FUNCTIONING EXAMINATION (Describe any tests used in making the following interpretations)
 - Sensorium/level of consciousness (indicate whether awake, responsive, lethargic, fluctuating)
 - Orientation (indicate time—season, day, month, year, next holiday; place—type, exact name; person)
 - Memory
 - Attention (immediate recall, digit span, serial numbers)
 - Recent Memory (3 objects after 5 minutes)
 - Remote Memory (personal/nonpersonal)
 - Ability to abstract and generalize (include proverbs and similarities)
 - Estimation of Intelligence (indicate above average, average or below average; and how evidenced)
 - Insight/Judgement (include awareness of mental illness and understanding of consequences of actions; describe in terms specific to this patient)

Sensorium - He was alert and responsive.

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<p>Orientation - He was disoriented to place, city, month, date and year. He refused to answer questions about orientation to person in a relevant manner.</p> <p>Memory - Attention span was markedly impaired. He was highly distracted by objects and noises in the environment. Recent memory could not be tested because of his high distractibility and tangential responses. Remote memory could not be tested because of his impaired attention span and high distractibility.</p> <p>Ability to abstract and generalize could not be tested because of his high distractibility and tangential irrelevant responses.</p> <p>Estimation of Intelligence - Average based on his ability to earn \$15,000 per year working with computers.</p> <p>Insight and judgment are markedly impaired. He has no insight into his illness and the danger he poses to others. He adamantly refused to take any medication unless it was marijuana.</p> <p>The patient's judgment could not be tested formally due to his high distractibility and impaired attention span.</p>			
8. ADMITTING DIAGNOSIS <small>Enter a P in front of the principal diagnosis.</small>			
Axis I	Psychotic Disorder NOS Gender Identity Disorder Marijuana Dependence Rule out Hallucinogen Intoxication Rule out Alcohol Abuse Rule out Bipolar Disorder, Manic with Psychotic Features		
AXIS II	Personality Disorder, NOS with Borderline and Narcissistic Features		
AXIS III	Diagnosis Deferred		
AXIS IV Severity of Psychosocial/Environmental Problems			
<input type="checkbox"/> Education	<input type="checkbox"/> Primary Support Group		
<input type="checkbox"/> Occupational	<input type="checkbox"/> Social Environment		
<input type="checkbox"/> Housing	<input type="checkbox"/> Access to health care services		
<input type="checkbox"/> Economics	<input checked="" type="checkbox"/> Interaction with legal system		
<input type="checkbox"/> Other psychosocial/Environmental:			
AXIS V <small>Global Assessment of Functioning (Enter two digit scores from 01-90)</small>			
a. Current GAF Score <u>0</u> <u>3</u> b. Past year GAF score <u>5</u> <u>5</u>			
9. REASON FOR ADMISSION/NON-ADMISSION <small>If patient is not admitted, include information regarding referrals to other programs or services.</small>			
<p>This 46 year old male is being admitted to Elmira Psychiatric Center for continued treatment because he is a danger to himself and to others. He presented to the Emergency Room at Cayuga Medical Center after running through his neighborhood for 5-6 hours without any clothes. It is also reported that he had been scratching his hand and hitting himself. He had also not been compliant with the order of conditions described in his CPL 330.20. His mental status presentation is flamboyant. A diagnosis of Hallucinogen Intoxication is being included. Bipolar Disorder Manic with Psychotic Features should also be ruled out. The patient requires admission to an inpatient psychiatric setting for his own protection and the protection of the community at large.</p>			
10. SUMMARY AND TREATMENT RECOMMENDATIONS <small>Based on the data above, provide a clinical summary including problems, strengths and prognosis with rationale. Note initial treatment goals and recommendations.</small>			
<p>This 46 year old male is in violation of the order of conditions according to CPL 330.20. He is reported to have recently had a forensic hearing in the outpatient services. Currently he is uncooperative and incapable of providing an adequate psychiatric history or cooperating with formal mental status testing due to his impaired</p>			

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<p>attention span, high level of distractibility and what also appears to be his preoccupation and responsiveness to internal stimuli. Prognosis is very poor due to his history of being in violation of the order of conditions according to the CPL 330.20. He also has a history of violent crimes including arson third degree, burglary second degree, criminal mischief second degree and criminal contempt first degree. Initial treatment goals are to obtain toxicology studies to determine if there is intoxication with mind altering substances. Semi-close observation is being ordered because of his history of violence and unpredictable behavior. Lorazepam 1 mg IM q12 hours is being ordered prn for agitation if the patient consents. Additional psychotropic medications are not being ordered because he refused to give consent, repeatedly. When the patient is able to communicate in a logical, coherent, goal directed manner without being distracted, additional information regarding precipitants and other factors which contributed to this decompensation can be obtained. He will be admitted to an inpatient psychiatric setting and monitored to determine his level of dangerousness to himself and to others. Lorazepam 1 mg q 12 hours prn is being ordered for agitation. The patient may require treatment over objection or transfer to a forensic setting for continued treatment. Efforts will be made to convince him that he should comply with prescribed medication once diagnostic clarification is achieved.</p>	
Physician Signature	 Date 4/7/03
Title: April Roberts, DO; Psychiatrist I	

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 and should be kept confidential.
 If you have any questions, please contact
 the person who provided this information.
 Thank you for your cooperation.