

Prescriber New E/M

Today's Chief Complaint/Reason for Visit:

32 yr, M, with a hx of Autism Spectrum Disorder, PTSD, Borderline Personality Disorder referred to establish care for medication management, client of North Bay Regional Center (NBRC).

CC: "Medications" Client is here to establish care for an initial appointment, in person.

History of Present Illness:

HPI: Client reports not taking medications. He says that "housing" issues are causing his symptoms. His symptoms include "anxiety, distress, trauma, negligence, depression."

He moved to an apartment in 2020 in Santa Rosa. He is requesting a "place to move to decompress." The "North Bay Regional Center -they are failing" Currently, he lives alone, "...I can't take care of myself...my health has been declining since Oct." He does not fit in the placements that are offered by Regional Center because other people in the homes (ESBH) are "not as mainstream as I operate...I tend to operate like a neurotypical person would."

"Me and my family try to avoid the regional center" His mother "when my mother was alive" explained to him that "...The only reason why...We don't have the money to pay like in-home support...we just don't kind of money." The regional center paid for his private school growing up. "If we had money we would have left a long time ago."

Before moving to Santa Rosa, he lived in LA County, and he was receiving in-home support services. He says that regional center should have coordinated with north bay regional center to find an in-house support when he was moving to another county, "They could have worked together." Says that the regional center "they keep giving me the support that is not the best...have not found one that best suits my needs because it is not available...aren't designed for people like me... instead lower functioning...they are not neurotypical." He is requesting IHSS to provide him support to "decompress." "This is so critical. Just get this going. To decompress with all the crap." He recently made a complaint against his case manager.

Psych ROS

Mood: "anxious, depress, traumatic distress...things like that" Denies Suicidal Ideation. Routine: "Its hard for me to go out because I don't drive. My anxiety makes it really difficult.

Sleep: "not very many hours, 3-5 or 6 if I get lucky, as little as 2 hours, really anxious"

Fatigue: "yes, my nutrition is off"

Appetite: "2 times, sometimes one 1"

Bipolar/Mania: Denies. TBA further.

Panic: "Really often"

Psychosis: Denies. Says, "I talk to myself since I was 5 years old. It's like I'm talking to voices." Says that for 27 years people try to ask him if he hears AH "shocking it out of me...that is not the case"

PTSD: TBA

OCD: TBA

ADHD: "I can't explain that" TBA-further

Current Substance Use: No hx of substances.

Medical ROS: C/N/V/D/Malaise: Denies.

Current Psych Meds: No current medications. Declines medications. "They think, even, I do better without taking any medications." "I'm not in a good state to process medications."

Father phone call (signed ROI on file)

-PCP noted "He is one of the more unique cases"

-Age 17 tried antipsychotics - "he flipped out" "suicidal ideation"

-zyprexa - "sexual ideation"

-Treated with Depakote for Bipolar Disorder - "for years, has not helped"

-Tried "all kinds of modalities" for therapy "Meds do not help root cause" "There is not drug that is going to fix that"

-On going issues: "delusion, intrusive thoughts, ocd, cannot regulate time clock, keep his apartment clean, he will order meals and leave the garbage"

-No hx of SA. Father has found bottles of tablets in his apartment when he has gone to clean it. He does not take them.

-Current needs: He wants to be listened to. "Ramps up his issue." Needs a reasonable diet, eats candy and fatty food, his teeth are messed up, getting him out, hygiene is bad...wants an apartment to decompress." The Regional Center needs to provide him with a better living situation.

-Father had a restraining order against him a few years ago "I had to back away...accusing me...for revenge...horrible things...that's just him...that does not change... has the best people with the best intentions then don't live up to it...throws them under the bus." The father keeps connected with him via his medical team and staff. Over the last 2 years, says that he has seen "growth...more insight, has a good sense of humor, and tries to use body language." "He does better on his own." He hopes "eventually a flip will switch, not be so manic."

Past History:

PPH

Dx: Autism Spectrum Disorder at age 4-5 confirmed by father. Has received Regional Services since age 4. Per Client: "High functioning Autism, OCD, Stress Disorder, Auditory Processing Disorder, ADD, GAD, Pervasive Development Disorder (PDD), MDD. "

Hospitalizations (Records found):

01/10/24-01/26/24 SJBH: no records available

03/18/24-03/20/24 Aurora: Admitted on 5150 DTS reporting SU with plan to jump off a cliff and stating that he wants to get more help to get into a better program. Dx Bipolar Disorder, GAD, Pervasive Development. Rx gabapentin 100 mg q4 hr prn, Lithium 600 mg BID, Trazadone 50 mg qhs prn. He reported that his caregiver raises her voice, and this makes want to die. He

wanted help to get to the CRU until the regional center could come up with a better long term program. Upon discharge mood and affect “were greatly improved from admission.”

05/05/24-05/08/24 Heritage Oaks in Sacramento

12/22/23-12/29/23 Sutter: Went to the ER endorsing depression with SI with numerous plans. Report has known hx of malingering and manipulative behaviors. He was blaming providers in the county for not providing him with enough services. Dx Unspecified depressive disorder, Borderline Personality DO, Anxiety DO. Rx: Effexor 75 mg, Buspar 10 mg BID, Seroquel 200 mg mg qhs, Depakote 2 mg qhs, Cogentin 1 mg BID. At discharge the patient attempted to sabotage discharge, making an appeal for Medicare to dispute the discharge plan. He requested 5250 and conservatorship. He did not provide a pharmacy to send medications.

02/12/22 St Helena

Suicide attempts: No current records of SA. Per father, no hx of SA.

HI/Violence: Hx of making false accusations against staff, his father. Hx of making complaints of staff, agencies, hospitals.

Provider: [PCP name] OD UCSF Psychiatrist and Autism researcher said that “He is one of the more unique cases” (per father) Telecare (per father)

Other: Tried “all kinds of modalities” for therapy (per father)

Meds Trials:

“Antipsychotics do not work” (per patient). At age 17 tried antipsychotics, “he flipped out” “suicidal ideation” (per father).

Zyprexa “sexual ideation” (per father)

Treated with Depakote for Bipolar Disorder - “for years, has not helped” (per father)

“Meds do not help root cause” (per father)

Medical Hx:

Allergies: strawberries, cranberry, seafood, Albumin, amoxicillin, cefaclor, clindamycin, fluoride, haloperidol, olanzapine, penicillin, risperidone, sulfasalazine, temazepam per Aurora 12/22/23 record.

Dx: Auditory processing disorder. Denies others.

Providers: “Need one”

Hospitalizations: TBA

Surgeries: Denies

Seizures Hx: Denies

Cardiac condition: Denies

Head injury/Neuro: Hx of Falls, had an MRI of head in 2016 - says no findings

Current Meds: No current med.

Family History:

Fx Hx

Full Sister – “Nothing”

Half Brother – “mood disorder”

Father - ADHD

Mother- "Did not have anything." Mother died 2006 per Client.

Social/Substance/Legal History:

SH

Born and Raised in LA County then moved to Santa Rosa 2020. He grew up with mom and father. Has one sister and half-brother from father. "I'm the baby." He does not have a relationship with siblings. He says he never got along with his sister growing up. Says that the two siblings have a relationship who live in South Ca. Has not talked to his siblings in 5 years. His mother died in 2006.

His father is involved in his care. Says he "I'm ok living up here." He does not talk to father very often. Once in a while we talk." Their relationship is "not the best."

Education: Attended private school paid by Regional Center. Graduated from High School in LA County, No college.

Fx Status: Single

Sexual Orientation: Identifies as homosexual

Occupation: Unemployed. Hx of clerical work, also worked in the library. Not interested in working "not right now."

Housing: He has been living in an apartment by himself since 2020. Prev. lived in an apartment in LA County where he had IHSS. He has lived in two ESBH.

Income: SSDI, trust fund from his mother (he explains that the trust fund was for his mother from her parents. But since she died they received the trust)

Legal: Denies. Father noted that he had a restraining order against him

Spirituality: "My late mother was buddhist"

Trauma Hx: "I was sexually abused"

Sub Hx:

Caffeine: "soda"

Tobacco : "no"

Alcohol: "no"

Cannabis: "no"

Opiates: "no"

Sedatives: "no"

Hallucinogen: "no"

Cocaine: "no"

Amphetamines/Stimulants: "no"

Fenyl: "no"

Mental Status Exam:

MSE

Appearance: Clean clothing, some odor, overall acceptable grooming and hygiene although mild, disheveled hair, eye gazing

Behavior/Psychomotor: He was cooperative and accepted speaking in the conference room with the door slightly open with a security guard outside

Speech: Initially his speech was moderate-fast rate, moderate volume, rhythm nl. After he completed his story. His speech decreased in rate, decreased in volume, rhythm nl. Tone was casual.

Mood: “anxious, depress, traumatic distress...things like that”

Affect: blunted, occasional smile

Thought Process: rapid thinking initially then slowed down, mostly coherent, rambling initially

Thought Content: no SI/HI. No hallucinations. No paranoia. Perseverative. Delusion or cognitive distortion or false accusation regarding case manager comments.

Orientation/Cognition: x3, cognitive impaired due to establish autism

Insight: fair-poor

Judgment: fair-poor

Plan:

Plan

-reviewed emergency services, client to use appropriately in need of an emergency

-client currently requests not to start medications. no plan to start medications.

-NP will complete IHSS form

-NP will reach out to new case manager. Will ask to call the client.

-NP will reach out to father of client for further information as needed

-NP will reach out to case manager at NBRC to connect reg. Patient care coordination

-Per client request, a security guard or second person should always be present with the client to avoid accusations.

Revised Medication List

No Medications.