Alta Bates Summit - Ashby Campus
Health Information Management
2450 Ashby Ave, Room 1118
Berkeley, CA 94705
Phone: (510) 204-1440
Fax: (510) 841-8818

5/13/2024

Vincent B Ho
1902 40th Ave., Apt. 3
Oakland, CA 94601

**RE: Request to inspect, copy or obtain a copy of medical records**
**Release ID: 995509330**
**Patient: Vincent B Ho [50553672], 11/6/1968**

Dear Requester,

We have received your request for medical records.

Enclosed you will find the following items:

- **Medical Records sent via EMAIL**

Should you have any questions, you may contact or write us at the phone number and/or address listed above. Please send correspondence “Attention: Release of Information”.

Our goal is to protect our patient's privacy rights while providing them the best possible service. Thank you for your patience with the processing of your request.

Sincerely,

Health Information Management

## Patient

### Release Authorization

| | | | |
|---|---|---|---|
| Type: | Signed Authorization | | |
| Effective Date: | | Expiration Date: | |
| Received By: | Perez, Janelle | Received Date: | 5/10/2024 9:25 AM |

Scan on 5/10/2024 0925 by Perez, Janelle: PATIENT ACCESS (below)

Sutter Health

RECEIVED
MAY 10 2024
PATIENT LABEL
BY:

50553672 | 9955509330

**AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION** Page 1 of 2

**Are you the Patient?**

☑ Yes ☐ No, I'm the patient's legal/personal representative*

**Note: If you're not the patient, you may be asked to provide supporting documentation to verify that you are authorized to make this request on behalf of the patient.*

**Patient Information**

| | | | |
|---|---|---|---|
| Patient Name: | VINCENT B HO | Date of Birth: | 11/6/1968 |
| Address, City, State, ZIP: | 1902 40th Ave #3 Oakland CA 94601 | | |
| Patient Phone: | (510) 241-9449 | Email: | hbv@tsoft.com |

**Who do you want to request records from?**

| | | | |
|---|---|---|---|
| Healthcare Provider or Facility Name: | Alta Bates Summit Medical Center - Ashby/Herrick Campus | | |
| Address, City, State, ZIP: | 2450 Ashby Ave. Room 1118 Berkeley, CA 94705 | | |
| Phone: | (510) 204-1446 | Fax: | (510) 841-8818 |

**Where do you want the records sent to?** *Note: We can release information only to who you authorize.*

☑ **Check this box if records are being sent to the patient only. No further action in this section needed.**

| | | | |
|---|---|---|---|
| Recipient Name: | | | |
| Recipient Address, City, State, ZIP: | | | |
| Recipient Phone: | | Recipient Fax or Email: | |

**What is the reason for requesting records?**

☐ I'm moving and/or switching doctors ☐ Getting a second opinion ☐ Seeing a Specialist
☐ Military Enlistment ☑ Personal Use ☑ Other reason: Court

**What treatment dates of service are you looking for?**

Specify an approximate* date range – Start: ___/___/2019 to End: ___/___/2019
**Date range doesn't have to be exact. Enter dates to the best of your ability.*

**What types of records would you like?** *Note: Some records may only be available on paper or PDF.*

☐ Clinic/Doctor's Office Visit Notes – ALL Providers ***OR*** ☑ Following Specific Provider(s) ONLY:

☐ Hospital Records ☐ Immunizations ☐ Lab Test Results ☐ Radiology Reports (CT, MRI, X-ray, etc.)
☐ Operative Reports/Procedure Notes ☐ Physical/Occupational/Speech Therapy Records
☐ Home Health Records (Sutter Care at Home) ☑ Other (Please specify) Psychiatric

**Please describe the specific records you're requesting to help us respond more completely to your request. (Example: related to a condition or surgery, specific lab tests, all available records, etc.)**

Stay at Herrick's outpatient Adult PHP (?)

**Do we have permission to release the following protected information* that may be contained in your records? Please check all that apply below. **Additional authorization may be required.***

☐ HIV Test Results ☐ Substance Use/Drug Abuse Records
☑ Mental Health Records ☐ Genetic Testing Results

SH-0009 (06.18.2020)

1000 HIM ROI AUTHORIZATION

## Patient (continued)

Sutter Health

PATIENT LABEL

**AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION** Page 2 of 2

**Is there a deadline for this request?**

*By law we have up to 15 days to fulfill your request. However, if you have an urgent need for an upcoming appointment, please let us know. We will do our best to honor your deadline.*

☑ Yes, I have a deadline. Date needed: 5/15/24 ☐ No, just as soon as possible.

**How would you like us to release the records? *Must select one (1) option ONLY***

☐ Patient Portal (My Health Online) ☑ Email (encrypted) ☐ Email (unencrypted)*
☐ Fax (50-page limit) ☐ CD (encrypted) by Mail ☐ CD (encrypted) by In-Person Pickup
Per Page Fees May Apply: ☐ Paper by Mail ☐ Paper by In-Person Pickup
For Additional Fee: ☐ USB flash drive (encrypted) by Mail ☐ USB flash drive (encrypted) by In-Person Pickup
**Sending information by unencrypted email increases the risk of being read by an unauthorized third party.*

**Expiration Date**

This authorization shall become effective immediately and remain in effect for one (1) year from the date signed below unless specified here*: _____
**Optional Expiration Date (must be at least 15 days in the future from Today's date to be valid)*

**Your Rights Under the Law**

- I may refuse to sign this authorization and my refusal will not affect my ability to obtain treatment or payment.
- I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and mailed to this address:
  - Sutter Shared Services, Attn: Release of Information, P.O. Box 619091, Roseville, CA 95661
- My revocation will be effective upon receipt, but will have no impact on uses or disclosures made while my authorization was valid.
- I have the right to receive a copy of this authorization.
- I may inspect and obtain copy of my health information for which I am authorizing the use or disclosure for as long as the information is maintained by the affiliate(s) listed above.
- The location(s) listed above will not receive compensation for the use or disclosure of my health information.
- I understand that California law prohibits the recipients of my health information from making further disclosure of my health information unless the recipient obtains another authorization from me or unless the disclosure is required or permitted by law. This protection does not extend to recipients outside the state of California.

**SIGNATURE AND DATE** *(As required by law)*

SIGNATURE: _____ Date: 5/9/24 Time: 1335
(Patient or Legal/Personal Representative*)

*If signed by someone other than the patient, print name and specify relationship to the patient:

Name: _____ Relationship: _____

**NOTE:** To request **Billing Records** or **Radiology Images,** visit https://www.sutterhealth.org/for-patients/request-medical-record and click on the appropriate link.

SH-0009 (08.18.2020)

**10/28/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 10/28/2019 1740**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Monday, October 28, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Last day today and will have K treatment this afternoon. Mood remains generally more stable and improved. Reviewing diagnosis and medications, which he seems to be taking appropriately. Discussing gains and ongoing challenges. Sleep and eating behaviors more regular. Has been engaged in grp and found it very helpful. Denies SI.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**

**10/28/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

## 10/28/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)

**BH Pert Pkt Notes (continued)**

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • adalimumab (HUMIRA) 40mg/0.8mL Kit | Administer 40 mg subcutaneously every other week | | |
| • diazepam (VALIUM) 2mg Tab | Take 2-4 mg by mouth twice daily as needed for Anxiety/Restlessness | | |
| • lamoTRIgine (LAMICTAL) 200mg Tab | Take 200 mg by mouth daily at bedtime | | |
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton | | |

| | | | |
|---|---|---|---|
| | scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP - graduate 10/28/19
#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 200 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont Diazepam 2 mg as standing and additional 2 mg as PRN at this time.
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point
#Ketamine infusions PRN - next 10/28/19

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Psoriasis:
#Humira

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 38 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 10/29/19 0829

**10/23/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 10/23/2019 2234**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Wednesday, October 23, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Continues to appear improved and generally more stable. Engaged in grp. Feels he will be ready for discharge next week. Provided with letter requesting restoring right to possess firearms as this is apparently necessary for job at riflery range. No SI. No core manic symptoms. Sleep generally good and more regular. Taking and tolerating all meds. Engaged in grp and finds it helpful.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**

**10/23/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
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**Recent Labs**

| Lab | 08/16/19 1200 |
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| PLT | **141 L** |

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| ALT | 31 |
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A1c 4.8

TGL 115
LDL 110

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Reviewed
Discussed A/E's

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|---|---|---|---|
| | scheduled dose if needed)) | | |
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| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
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| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
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No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

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*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 200 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont Diazepam 2 mg as standing and additional 2 mg as PRN at this time.
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point
#Ok to continue outpatient ketamine infusions at his insistence. I do not think it would be appropriate for this to interfere with IOP attendance

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Psoriasis:
#Humira

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT

Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 10/23/19 2235

**10/21/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 10/21/2019 1800**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Monday, October 21, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Continues generally stable. Benefits from taking meds on schedule regardless of level of sedation or arousal. Feels satisfied with current meds and ready to discharge soon. Requesting letter allowing for him to possess/handle firearms so he can return to work at rifelry range. It appears reasonable and that he would not constitute a risk.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness

**10/21/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 |
|---|---|

| | |
|---|---|
| | 1200 |
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • adalimumab (HUMIRA) 40mg/0.8mL Kit | Administer 40 mg subcutaneously every other week | | |
| • diazepam (VALIUM) 2mg Tab | Take 2-4 mg by mouth twice daily as needed for Anxiety/Restlessness | | |
| • lamoTRIgine (LAMICTAL) 200mg Tab | Take 200 mg by mouth daily at bedtime | | |
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |

**10/21/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | | | |
|---|---|---|---|
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

**10/21/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 200 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont Diazepam 2 mg as standing and additional 2 mg as PRN at this time.
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point
#Ok to continue outpatient ketamine infusions at his insistence. I do not think it would be appropriate for this to interfere with IOP attendance

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Psoriasis:
#Humira

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 38 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

**10/21/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 10/21/19 1804

**10/16/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 10/16/2019 2010**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Wednesday, October 16, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Overall more stable as he has been more regualr with medicaiton times and compliance, more regular with meals. No recent manic symptoms. Sleep good. Possibly trending somewhat depressed. Discussing illness of roommate and course at seminary. Engaged in group and we discuss discharge later this month.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness

**10/16/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 |
|---|---|

**10/16/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | |
|---|---|
| | 1200 |
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • adalimumab (HUMIRA) 40mg/0.8mL Kit | Administer 40 mg subcutaneously every other week | | |
| • diazepam (VALIUM) 2mg Tab | Take 2-4 mg by mouth twice daily as needed for Anxiety/Restlessness | | |
| • lamoTRIgine (LAMICTAL) 200mg Tab | Take 200 mg by mouth daily at bedtime | | |
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |

**10/16/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | | | |
|---|---|---|---|
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 200 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont Diazepam 2 mg as standing and additional 2 mg as PRN at this time.
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point
#Ok to continue outpatient ketamine infusions at his insistence. I do not think it would be appropriate for this to interfere with IOP attendance

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Psoriasis:
#Humira

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

**10/16/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 10/16/19 2011

**10/11/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 10/11/2019 1904**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Friday, October 11, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Recently less stable. Periods ore depressed and possibly hypomanic. Sleep has been ver disorganized and meal intake has been poor. Upon further review it seems he has been quite irregular with meds, sleeping through doses or taking them at inappropraite times, or doing such this as taking ambien instead of seroquel. Feels 10 mg ambien with seroquel is excessive - encouraged to take just 5 mg. Advised to set alarm for doses as well as meals and mood and sleep regulation will likely follow. Mood fair at this time. Engaged in his seminary course. Multiple other therapy/doctor appointments that conflict with IOP. Denies SI. Engaged in grp and finds it helpful overall.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**10/11/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • adalimumab (HUMIRA) 40mg/0.8mL Kit | Administer 40 mg subcutaneously every other week | | |
| • diazepam (VALIUM) 2mg Tab | Take 2-4 mg by mouth twice daily as needed for Anxiety/Restlessness | | |
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| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia | | |

| | | | |
|---|---|---|---|
| | (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 200 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont Diazepam 2 mg as standing and additional 2 mg as PRN at this time.
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point
#Ok to continue outpatient ketamine infusions at his insistence. I do not think it would be appropriate for this to interfere with IOP attendance

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Psoriasis:
#Humira

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 38 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT

DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 10/11/19 1907

**10/02/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 10/2/2019 1710**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Wednesday, October 2, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Overall has been more stable. Engaged in grp and looking forward to class this evening. Has multiple other health appointments. Denies SI or core manic symptoms. Sleep and appetite good. Engaging well at home, essentially avoiding topic of roommate's cancer, "the elephant in the room." Taking and tolerating all meds. Complaining of urinary pain for which he took pyridium in the past and will restart.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**

**10/02/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**10/02/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • diazepam (VALIUM) 2mg Tab | Take 2-4 mg by mouth twice daily as needed for Anxiety/Restlessness | | |
| • lamoTRIgine (LAMICTAL) 200mg Tab | Take 200 mg by mouth daily at bedtime | | |
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by | | |

**10/02/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | | | |
|---|---|---|---|
| | mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 200 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont Diazepam 2 mg as standing and additional 2 mg as PRN at this time.
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point
#Ok to continue outpatient ketamine infusions at his insistence. I do not think it would be appropriate for this to interfere with IOP attendance

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Psoriasis:
#Humira

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression

mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 10/03/19 0814

**09/30/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 9/30/2019 1412**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Monday, September 30, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Overall seeming to trend somewhat depressed. Slept excessively over the weekend, which causes him to miss AM medication doses. Discussing seeking external facors (alarm, roommate to wake him up) to prevent his from sleeping through the day. Will have ketamine, to which he is very committed, on 10/28. Engaged in program and finds it helpful. Denies recurrence of SI or core manic symptoms. Taking and tolerating all meds.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath

NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

## 09/30/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)

**BH Pert Pkt Notes (continued)**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • diazepam (VALIUM) 2mg Tab | Take 2-4 mg by mouth twice daily as needed for Anxiety/Restlessness | | |
| • lamoTRIgine (LAMICTAL) 200mg Tab | Take 200 mg by mouth daily at bedtime | | |
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as | | |

**09/30/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | | | |
|---|---|---|---|
| | needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:

#ADHD PHP/IOP
#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 200 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont Diazepam 2 mg as standing and additional 2 mg as PRN at this time.
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point
#Ok to continue outpatient ketamine infusions at his insistence. I do not think it would be appropriate for this to interfere with IOP attendance

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

_____

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 38 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 09/30/19 1414

**09/27/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 9/27/2019 1754**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Friday, September 27, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Somewhat more labile recently. Increased lamictal last week as we discussed. Felt somewhat elevated Monday, then more depressed and then perhaps somewhat elevated again. Sleep more disrupted. Did not try ambien for unclear reasons. Engaged in his class and appears to be doing work. Also engaged in grp and finds it helpful. Fixates on ketamine and frustratiuon that he may have to wait a month for infusions, asking for other referrals. Seems he might benefit from some additonal diazepam PRN and will change dosing from 2.5 mg BID to 2-4 mg BID PRN with plan to take take 2 mg as standing and additional 2 mg as PRN at this time. Denies SI. No core manic symptoms evident.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**09/27/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • lamoTRIgine (LAMICTAL) 200mg Tab | Take 200 mg by mouth daily at bedtime | | |
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg | Take 1 Tab by mouth | 1 Tab | 0 |

| | | | |
|---|---|---|---|
| TABS Tab | twice daily as needed | | |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth three times daily as needed for Anxiety/Restlessness (Patient taking differently: Take 2.5 mg by mouth twice daily ) | 1 Tab | 0 |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*

*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 200 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
**#Diazepam: change dosing from 2.5 mg BID to 2-4 mg BID PRN wioth plan to take take 2 mg as standing and additional 2 mg as PRN at this time.**
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point
#Ok to continue outpatient ketamine infusions at his insistence. I do not think it would be appropriate for this to interfere with IOP attendance

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 38 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT

DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 09/27/19 2232

**09/20/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 9/20/2019 1923**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Friday, September 20, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Continues to report feeing more depressed. Struggled with his class on Wednesday. Stating he feels need to go to emergency room though goals of that not clear. Denies SI. Struggling with health news of roommate. Taking diazepam in divided dose as we discussed. We discuss increasing lamictal as next step, which he would like to pursue, esp as VPA will reduce LTG levels.. Asks about restarting ketamine infusions, whioch would be reasonable on a day he does not attend IOP. Engaged in grp and finds it helpful.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**

**09/20/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

## 09/20/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)

**BH Pert Pkt Notes (continued)**

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth | 1 Tab | 0 |

| | | | |
|---|---|---|---|
| | three times daily as needed for Anxiety/Restlessness (Patient taking differently: Take 2.5 mg by mouth twice daily ) | | |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • lamoTRIgine (LAMICTAL) 150mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
**#Incr lamictal to 200 mg bedtime**
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont valium 2.5 mg BID standing instead of 5 mg as PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
mood instability

self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 09/21/19 0926

**09/18/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 9/18/2019 1940**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Wednesday, September 18, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Somewhat more depressed over alst 2 days. Learned of roommate/caregiver's cancer recurrence, which is clearly contributory. Denies SI though feels more vaguely functionally impaired. Has not been taking valium as regularly and felt much better after he did take a dose last night. We discuss plan for now to take 2.5 mg BID standing rather than 5 mg PRN. Otherwise Taking and tolerating all meds. Has seminary class today; has been engaged in studying. Engaged in IOP, finds it helpful.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**

GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

## 09/18/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)

**BH Pert Pkt Notes (continued)**

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth | 1 Tab | 0 |

| | | | |
|---|---|---|---|
| | three times daily as needed for Anxiety/Restlessness | | |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • lamoTRIgine (LAMICTAL) 150mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:

#ADHD PHP/IOP
#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 150 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
**#Take valium 2.5 mg BID standing instead of 5 mg as PRN**
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions

Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 09/19/19 0936

**09/16/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 9/16/2019 1629**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Monday, September 16, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Continues similar, much more stable and improved. Engaged mostly in studying for his seminary course. "A tinge of depression" though we discuss that some affective range is to be expected. No severe depressive or any manic symptoms. Has been taking diazepam less frequently. Sleep and appetite good.  Engaged in grp and finds it helpful.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness

**09/16/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 |
|---|---|

| | |
|---|---|
| | 1200 |
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth three times daily as needed for | 1 Tab | 0 |

**09/16/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | | | |
|---|---|---|---|
| | Anxiety/Restlessness | | |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • lamoTRIgine (LAMICTAL) 150mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy

**09/16/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 150 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

_____

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan

Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 09/16/19 1630

**09/13/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 9/13/2019 1504**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Friday, September 13, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Progressing, feeling more stable. "A hint of depression." Was able to return to class at Seminary. This will occur on Wednesdays. No manic features. No SI. Taking and tolerating all meds. Has been taking valium daily and reminded to limit to PRN use. Engaged in grp and finds it helpful.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness

**09/13/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 |
|---|---|

| | |
|---|---|
| | 1200 |
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth three times daily as needed for | 1 Tab | 0 |

| | | | |
|---|---|---|---|
| | Anxiety/Restlessness | | |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • lamoTRIgine (LAMICTAL) 150mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today's visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy

**09/13/2019 - INTENSIVE OUTPATIENT MORNING in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 150 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

_____

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan

Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 09/13/19 1507

**09/11/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 9/11/2019 1647**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Wednesday, September 11, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Generally similar, feels improved though still presents as rather depressed. Engaged in grp and finds it helpful Taking and tolerating all meds. Though asks for them to be reviewed again. Seems to be using PRNs appropriately. Continues to fall asleep early after taking seroquel and sleeping well. No manic activation. Denies recurrence of SI. Discussing plan for step down to IOP

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness

PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 |
|---|---|

| | |
|---|---|
| | 1200 |
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth three times daily as needed for | 1 Tab | 0 |

**09/11/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | | | |
|---|---|---|---|
| | Anxiety/Restlessness | | |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • lamoTRIgine (LAMICTAL) 150mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy

**09/11/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 150 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

_____

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan

Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 09/11/19 1649

**09/06/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 9/6/2019 1416**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Friday, September 6, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Continues generally more stable. Felt slightly more depressed yesterday afternoon. Continues going to sleep early and sleeping well. Taking diazepam once daily. Appetite fair  Denies SI. No manic symptoms. Engaged in grp and finds it helpful.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|

| | |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth three times daily as needed for Anxiety/Restlessness | 1 Tab | 0 |

| | | | |
|---|---|---|---|
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • lamoTRIgine (LAMICTAL) 150mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy
#Cont seroquel 300 mg bedtime

**09/06/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 150 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

_____

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

**09/06/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 09/06/19 1418

**09/04/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 9/4/2019 1527**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Wednesday, September 4, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Continues feeling more stable. Trending somewhat depressed though much better tahn prior to hospitalization. Taking and tolerating all meds. Taking seroquel early in evening and going to bed early, not requiring ambien and generally PRN use is minimal. Engaged in grp and finds it helpful. Appetite fair. . Denies SI.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath

NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

**09/04/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth three times daily as | 1 Tab | 0 |

| | | | |
|---|---|---|---|
| | needed for Anxiety/Restlessness | | |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • lamoTRIgine (LAMICTAL) 150mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP

**09/04/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 150 mg bedtime
#Cont Paxil 40 mg bedtime
#Cont Depakote ER 1000 mg bedtime
#Cont Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

_____

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing

Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 09/04/19 1528

**09/03/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 9/3/2019 1250**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Tuesday, September 3, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Overall feeling more stable. Somewhat depressed over weekend but not as low as before and feeling better today. Taking and tolerating all meds. Falling asleep early and not needing ambien. No core manic symptoms. Engage in grp and finds it helpful. Again requiring some review of his medications, their purposes and dosing. Denies SI.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness

**09/03/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 |
|---|---|

| | |
|---|---|
| | 1200 |
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth three times daily as needed for | 1 Tab | 0 |

**09/03/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | | | |
|---|---|---|---|
| | Anxiety/Restlessness | | |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • lamoTRIgine (LAMICTAL) 150mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today's visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy

**09/03/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 150 mg bedtime
#Paxil 40 mg bedtime
#Depakote ER 1000 mg bedtime
#Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

_____

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan

Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 09/04/19 0745

**08/30/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 8/30/2019 1520**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Friday, August 30, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
States he had a 3 hour "dpression" yesterday, cannot identify trigger. In spite of this we attempt to better identify behavioral strategies to respond to these mood shifts. Otherwise continues imrpved overall. Taking and tolerating all meds. Some trouble sleeping. Eating well Engaged in group, finds it very helpful but emotionally exhausting. Denies SI.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness

PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 |
|---|---|

**08/30/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | |
|---|---|
| | 1200 |
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • [START ON 9/1/2019] buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth three times daily as | 1 Tab | 0 |

**08/30/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | | | |
|---|---|---|---|
| | needed for Anxiety/Restlessness | | |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
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I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP

#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Cont ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 150 mg bedtime
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Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

_____

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
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self-harm/suicidal ideation
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social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing

Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 08/30/19 1522

**08/29/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program**

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 8/29/2019 1431**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Thursday, August 29, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Requests to meet again today for further medication clarification. Seems somehow not to have received med list I gave him yesterday. Not yet started ambien. Went to be early last night and slept well, felt exhausted from program. Mood continues relatively stable. Again discussing primary use of propranolol rather than cogentin for akathisia. Discussing challenges with roommate having had money stolen.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
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SUICIDAL IDEATION: Denies at this time
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INSIGHT: Fair
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ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness

**08/29/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
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No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 |
|---|---|

| | |
|---|---|
| | 1200 |
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
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| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • [START ON 9/1/2019] buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth three times daily as | 1 Tab | 0 |

**08/29/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | | | |
|---|---|---|---|
| | needed for Anxiety/Restlessness | | |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • lamoTRIgine (LAMICTAL) 150mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP

**08/29/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

#Individual and group therapy
#Cont seroquel 300 mg bedtime
#Start ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 150 mg bedtime
#Paxil 40 mg bedtime
#Depakote ER i1000 mg bedtime
#Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

_____

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing

Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 08/29/19 1434

## 08/28/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 8/28/2019 1004**

### Current Outpatient Medications

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • [START ON 9/1/2019] buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth three times daily as needed for Anxiety/Restlessness | 1 Tab | 0 |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • lamoTRIgine (LAMICTAL) 150mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

Electronically signed by Arnold, Eric B, MD at 08/28/19 1005

**08/28/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

**Arnold, Eric B, MD at 8/28/2019 1444**

**PSYCHIATRY PHP/IOP PROGRESS NOTE**
Wednesday, August 28, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**TREATMENT:** E&M with psychotherapy

**INTERIM HISTORY:**
Overall mood improvement and relative stability maintained. Difficulty initiating sleep recently in spite of all meds. We discuss trial fo ambien if not able to sleep 1-1.5 hrs after seroquel dose. Otherwise engaged in grp. Appetite good. No further SI. Some akathisia for which he takes cogentin. Advised to take extra PRN propranolol instead.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**
5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Social worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |

**08/28/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | |
|---|---|
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

A1c 4.8

TGL 115
LDL 110

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • propranolol (INDERAL) 10mg Tab | Take 10 mg by mouth twice daily as needed (akathisia (take in addition ton scheduled dose if needed)) | | |
| • zolpidem (AMBIEN) 10mg Tab | Take 5-10 mg by mouth at bedtime as needed for Insomnia | | |
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • [START ON 9/1/2019] buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth three times daily as needed for Anxiety/Restlessness | 1 Tab | 0 |

**08/28/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

| | | | |
|---|---|---|---|
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • lamoTRIgine (LAMICTAL) 150mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**DIAGNOSIS / PROBLEM LIST AND ASSESSMENT:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#ADHD PHP/IOP
#Individual and group therapy
#Cont seroquel 300 mg bedtime

**08/28/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program (continued)**

**BH Pert Pkt Notes (continued)**

#Start ambien 5-10 mg PRN insomnia/still awake 1-1.5 hrs after seroquel
#Cont lamictal 150 mg bedtime
#Paxil 40 mg bedtime
#Depakote ER i1000 mg bedtime
#Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID PRN EPS
#Cont propranolol 10 mg BID
#Additional propanolol 10 mg BID PRN akathisia
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**RECERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 38 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
DBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation
extreme anxiety/panic
social conflict/stressors

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

_____

**Eric B Arnold, MD**

Electronically signed by Arnold, Eric B, MD at 08/28/19 1450

**08/27/2019 - PARTIAL HOSPITALIZATION PSYCH in ABSMC Partial Hospitalization Program**

**BH H&P Notes**

**08/27/2019**

**H&P by Arnold, Eric B, MD at 8/27/2019 1237**

**PSYCHIATRY PHP/IOP ADMISSION NOTE**
Tuesday, August 27, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitted inpatient 8/16/19-8/26/19 with severe depression and SI, transitioned to PHP.

**HPI:**

Prior to 8/16/19 admission:

Mr. Ho reports he was fairly stable on medications and intermittent ketamine treatments. He states he started TMS instead of ketamine in June 2019 with some benefit, though perceived memory deficits as well. He was hospitalized at JGP 7/3/19 in a mixed state and reports being taken off all his prior except lamictal 25 mg nightly. Since seroquel has been restarted and lamictal re-increased, but he has been descending deeper and deeper into depression SI with onset 3 weeks ago, near constant over last 72 hrs. Has plans to shoot self or jump from window, though acknowledges these are not actionable. Believes it would be prudent to restart paxil and depakote, in addition to seroquel and lamictal, on which combination he was most stable in the past. No core manic symptoms or psychotic features evident.

8/16/19-8/26/19 hospital course:

Quite depressed upon admissions. Medications that had been previously effective restarted and titrated with seroquel 300 mg nightly, VPA 1000 mg nightly, paxil to 40 mg nightly and lamictal t0 150 mg nightly. Valium was utilized for anxiety and muscle spasms. Butrans patch for pelvic floor pain continued. Mematine also continued for his memory, though true indication for this not entirely clear. Mood generally improved, SI relaibly resolved. Completed 2 PHP transition days.

Since 8/19/19 discharge:
Transitioned home without insight. Taking and tolerating all meds. Some trouble falling asleep then trouble arousing this AM. Denies SI and mood generally more stable though still trending somewhat depressed. Appetite fair.

**PAST PSYCHIATRIC HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

**CHEMICAL DEPENDENCY HISTORY:**
Denies

**FAMILY PSYCHIATRIC OR CHEMICAL DEPENDENCY HISTORY:**
Uncle with schizophrenia, mother with anxiety, sister with eating disorder

**SOCIAL HISTORY:**
Lives with roommate. Has supportive family and friends. On SSDI.

**MEDICAL HISTORY:**
Fibromyalgia
Psoriasis
Chronic Pelvic Pain Syndrome

**CURRENT MEDICATIONS:**

**Current Outpatient Medications**

| Medication | Sig | Dispense | Refill |
|---|---|---|---|
| • benztropine (COGENTIN) 1mg TABS Tab | Take 1 Tab by mouth twice daily as needed | 1 Tab | 0 |
| • [START ON 9/1/2019] buprenorphine (BUTRANS) 5mcg/hr | 2 Patches to affected area(s) every 7 days | 1 Patch | 0 |
| • diazepam (VALIUM) 5mg Tab | Take 1 Tab by mouth three times daily as needed for Anxiety/Restlessness | 1 Tab | 0 |
| • divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab | Take 4 Tabs by mouth daily at bedtime | 1 Tab | 0 |
| • [START ON 8/28/2019] ergocalciferol (VITAMIN D-2) 50,000 units Cap | Take 1 Cap by mouth every wednesday | 1 Cap | 0 |
| • lactulose (ENULOSE) 10g/15mL Oral Soln | Take 15 mL by mouth twice daily | 1 mL | 0 |
| • lamoTRIgine (LAMICTAL) 150mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • magnesium citrate (CITROMA) SOLN Oral Soln | Take 148 mL by mouth daily | 1 mL | 0 |
| • memantine (NAMENDA) 5mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • PARoxetine HCl (PAXIL) 40mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |
| • propranolol (INDERAL) 10mg Tab | Take 1 Tab by mouth twice daily | 1 Tab | 0 |
| • QUEtiapine (SEROQUEL) 300mg Tab | Take 1 Tab by mouth daily at bedtime | 1 Tab | 0 |

No current facility-administered medications for this encounter.

Review of patient's allergies indicates no known allergies.

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today's visit.

**REVIEW OF SYSTEMS:**
**ROS - Review of Systems (13):**
GENERAL: negative for:, fever, chills, nightsweats, excessive thirst and excessive urination
HEENT: negative for:, headache and sore throat
NECK - negative for:, pain, stiffness
CHEST: negative for: and chest wall pain
PULMONARY: negative for:, cough and shortness of breath
CARDIAC: negative for:, chest pain, short of breath and palpitations
ABDOMEN/GI: negative for: and n/v/d/c/h/m/h
GU: negative for: and dysuria
NEURO: negative for:, disorientation and focal weakness
MUSCULOSKELETAL: negative for:, joint pain, swelling and stiffness
EXTREMITIES: negative for:, swelling and pain
SKIN: negative for:, itching and rash
ALLG/IMMUN: negative for:, rhinitis and itching
HEME/LYMPH: negative for:, unusual bleeding and unusual bruising
ENDO: negative for:, hypothyroid and hyperthyroid
PSYCH: as per HPI
ROS

**MENTAL STATUS EXAMINATION:**
APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**Physician Suicide Risk Assessment and Attestation**

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Low**

5. Current thoughts of suicide, intent, plan: **Low**
6. History of self-harm, especially in hospital or other healthcare facility: **Mod**

Estimated imminent suicide risk: **Low**
Estimated chronic suicide risk: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

**ADDITIONAL STUDIES:**

**No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.**
**No results for input(s): NA, K, CL, CO2, CA, BUN, CREATININE, GLU, MG in the last 72 hours.**
No results for input(s): TBILI, AST, ALP, ALB, PHOS in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**SCREENING MEASURES:**
BMI normal at Body Mass Index is 21.01 kg/m2. (Normal weight, BMI 19-25)
From wt 128 lbs(58kg) and ht 5' 5.5"(1.66m) on 8/16/19.
Associated plan:
- nutritional counseling

Alcohol use:
Single question screening: How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65) or more drinks in a day? (response positive if ≥2) negative

Tobacco use:
negative

**Pain Assessment**

Pain Rating 5: Rest
Pain Rating 5: Activity
Comfort/Acceptable Pain Level: none
Pain Body Location - Side: Pelvic
Pain Body Location - Orientation: NA
Pain Body Location Pelvic
Pain Radiation to none
Pain Frequency Daily
Pain Quality Sharp
Pain Onset: Chronic
Factors That Aggravate Pain anxiety
Factors That Relieve Pain medication
Pain Management Intervention(s): pain management intervention provided on-site, medication

**DIAGNOSTIC IMPRESSIONS:**

50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer

medications. Admitted 8/16/19-8/26/19 with SI and transitioned to PHP.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**

Psychiatric:
#Admit to PHP
#Group and individual therapy
#Cont seroquel 300 mg bedtime
#Cont lamictal 150 mg bedtime
#Paxil 40 mg bedtime
#Depakote ER i1000 mg bedtime
#Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID as PRN
#Cont propranolol 10 mg BID
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose and Mg Citrate for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**CERTIFICATION:** I certify that continued partial hospitalization and/or outpatient services are medically necessary to improve and/or maintain the patient's condition and functional level and thus prevent relapse and hospitalization.

Eric B Arnold, MD

Total time spent: 60 min

Electronically signed by Arnold, Eric B, MD at 09/06/19 1751

**08/16/2019 - Admission (Discharged) in ABSMC Psych 4EA ADULT**

**BH Discharge Summary**

**08/26/2019**

**Discharge Summary by Arnold, Eric B, MD at 8/26/2019 1115**

## BH MH IP DISCHARGE SUMMARY

Admit Date: 8/16/19
Discharge Date: 8/26/19

### FINAL DIAGNOSES:

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

### CHIEF COMPLAINT:
50 year-old M with bipolar I and chronic pain admitting with severe depression and SI.

### HPI:
Mr. Ho reports he was fairly stable on medications and intermittent ketamine treatments. He states he started TMS instead of ketamine in June 2019 with some benefit, though perceived memory deficits as well. He was hospitalized at JGP 7/3/19 in a mixed state and reports being taken off all his prior except lamictal 25 mg nightly. Since seroquel has been restarted and lamictal re-increased, but he has been descending deeper and deeper into depression SI with onset 3 weeks ago, near constant over last 72 hrs. Has plans to shoot self or jump from window, though acknowledges these are not actionable. Believes it would be prudent to restart paxil and depakote, in addition to seroquel and lamictal, on which combination he was most stable in the past. No core manic symptoms or psychotic features evident.

### PAST PSYCHIATRIC HISTORY:
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

### CHEMICAL DEPENDENCY HISTORY:
Denies

### FAMILY PSYCHIATRIC OR CHEMICAL DEPENDENCY HISTORY:
Uncle with schizophrenia, mother with anxiety, sister with eating disorder

### SOCIAL HISTORY:
Lives with roommate. Has supportive family and friends. On SSDI.

### MEDICAL HISTORY:
Fibromyalgia
Psoriasis

Chronic Pelvic Pain Syndrome

Review of patient's allergies indicates no known allergies.

**MENTAL STATUS EXAMINATION AT ADMISSION:**
APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Yes, no intent, recent plans to
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**SIGNIFICANT LABORATORY FINDINGS:**

**Recent Labs**

| Lab | 08/19/19 0620 |
|---|---|
| WBC | 4.7 |
| HGB | 14.0 |
| HCT | 43.5 |
| PLT | **120 L** |

**Recent Labs**

| Lab | 08/19/19 0620 |
|---|---|
| NA | 139 |
| K | 4.1 |
| CL | 106 |
| CO2 | 29 |
| BUN | 19 |
| CREATININE | 1.00 |
| GLU | 78 |
| CA | 9.1 |

**Recent Labs**

| Lab | 08/19/19 0620 |
|---|---|
| TBILI | 0.8 |

| | |
|---|---|
| AST | 18 |
| ALT | 29 |
| ALP | 90 |
| ALB | 4.1 |

.

**Recent Labs**

| Lab | 08/19/19 0620 |
|---|---|
| TSH | 2.15 |

A1c 4.8

TGL 115
LDL 110

**TREATMENT RENDERED:** Group Therapy, Pharmacotherapy, Individual Psychotherapy, Milieu Therapy, Occupational Therapy

**HOSPITAL COURSE:**

Quite depressed upon admissions. Medications that had been previously effective restarted and titrated with seroquel 300 mg nightly, VPA 1000 mg nightly, paxil to 40 mg nightly and lamictal t0 150 mg nightly. Valium was utilized for anxiety and muscle spasms. Butrans patch for pelvic floor pain continued. Mematine also continued for his memory, though true indication for this not entirely clear. Mood generally improved, SI relaibly resolved. Completed 2 PHP transition days.

**COMPLICATIONS:** None

**CONSULTATIONS:** Internal Medicine

**MENTAL STATUS AT DISCHARGE:**
APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: less depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**PSYCHOTHERAPY ON DAY OF DISCHARGE:**
*PSYCHOTHERAPY TYPE: Supportive*

**08/16/2019 - Admission (Discharged) in ABSMC Psych 4EA ADULT (continued)**

**BH Discharge Summary (continued)**

*Cognitive*
*Behavioral*
DURATION: 40 min
Response: receptive, engaged

**RISK ASSESSMENT:**
Imminent risk for suicide: low. Mitigated sufficiently by lack of SI, engagement in treatmnet at high level of care, social supports and future orientation.
Imminent risk for violence: low.

**CONDITION ON DISCHARGE:** improved

**AFTERCARE PLAN:**
PHP

**MEDICATIONS ON DISCHARGE:**
Current Discharge Medication List

**Home Medication Instructions**

Ho, Vincent B
HAR:303840680
Printed on:08/26/19 1115

| Medication Information | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **benztropine (COGENTIN) 1mg TABS Tab**<br>**Take 1 Tab by mouth twice daily as needed** | | | | | | | | |
| **buprenorphine (BUTRANS) 5mcg/hr**<br>**2 Patches to affected area(s) every 7 days** | | | | | | | | |
| **diazepam (VALIUM) 5mg Tab**<br>**Take 1 Tab by mouth three times daily as needed for Anxiety/Restlessness** | | | | | | | | |
| **divalproex 24Hr-ER (DEPAKOTE ER) 250mg Tab**<br>**Take 4 Tabs by mouth daily at bedtime** | | | | | | | | |
| **ergocalciferol (VITAMIN D-2) 50,000 units Cap**<br>**Take 1 Cap by mouth every wednesday** | | | | | | | | |
| **lactulose (ENULOSE) 10g/15mL Oral Soln**<br>**Take 15 mL by mouth twice daily** | | | | | | | | |
| **lamoTRIgine (LAMICTAL) 150mg Tab**<br>**Take 1 Tab by mouth daily at bedtime** | | | | | | | | |
| **magnesium citrate (CITROMA) SOLN Oral Soln**<br>**Take 148 mL by mouth daily** | | | | | | | | |
| **memantine (NAMENDA) 5mg Tab**<br>**Take 1 Tab by mouth twice daily** | | | | | | | | |

**08/16/2019 - Admission (Discharged) in ABSMC Psych 4EA ADULT (continued)**

**BH Discharge Summary (continued)**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **PARoxetine HCl (PAXIL) 40mg Tab**<br>**Take 1 Tab by mouth daily at bedtime** | | | | | | | | |
| **propranolol (INDERAL) 10mg Tab**<br>**Take 1 Tab by mouth twice daily** | | | | | | | | |
| **QUEtiapine (SEROQUEL) 300mg Tab**<br>**Take 1 Tab by mouth daily at bedtime** | | | | | | | | |

**JUSTIFICATION FOR MULTIPLE ANTIPSYCHOTICS:**
NA

Eric B Arnold, MD

Electronically signed by Arnold, Eric B, MD at 08/26/19 1512

**BH H&P Notes**

**08/17/2019**

**H&P by Arnold, Eric B, MD at 8/17/2019 1444**

**PSYCHIATRY INPATIENT ADMISSION NOTE**
Saturday, August 17, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitting with severe depression and SI.

**HPI:**
Mr. Ho reports he was fairly stable on medications and intermittent ketamine treatments. He states he started TMS instead of ketamine in June 2019 with some benefit, though perceived memory deficits as well. He was hospitalized at JGP 7/3/19 in a mixed state and reports being taken off all his prior except lamictal 25 mg nightly. Since seroquel has been restarted and lamictal re-increased, but he has been descending deeper and deeper into depression SI with onset 3 weeks ago, near constant over last 72 hrs. Has plans to shoot self or jump from window, though acknowledges these are not actionable. Believes it would be prudent to restart paxil and depakote, in addition to seroquel and lamictal, on which combination he was most stable in the past. No core manic symptoms or psychotic features evident.

**PAST PSYCHIATRIC HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers

and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

**CHEMICAL DEPENDENCY HISTORY:**
Denies

**FAMILY PSYCHIATRIC OR CHEMICAL DEPENDENCY HISTORY:**
Uncle with schizophrenia, mother with anxiety, sister with eating disorder

**SOCIAL HISTORY:**
Lives with roommate. Has supportive family and friends. On SSDI.

**MEDICAL HISTORY:**
Fibromyalgia
Psoriasis
Chronic Pelvic Pain Syndrome

Review of patient's allergies indicates no known allergies.

**Current Facility-Administered Medications**

| Medication | Dose | Route | Frequency | Provider | Last Rate | Last Dose |
|---|---|---|---|---|---|---|
| • benztropine (COGENTIN) Tab 1 mg | 1 mg | Oral | BID | Arnold, Eric B, MD | | 1 mg at 08/17/19 1434 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | |
| • divalproex 24Hr-ER (DEPAKOTE ER) Tab 500 mg | 500 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | |
| • lamoTRIgine (laMICtal) Tab 125 mg | 125 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | |
| • memantine (NAMENDA) Tab 5 mg | 5 mg | Oral | BID | Arnold, Eric B, MD | | 5 mg at 08/17/19 1435 |
| • PARoxetine HCl (PAXIL) Tab 20 mg | 20 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | |
| • propranolol (INDERAL) Tab 10 mg | 10 mg | Oral | BID | Arnold, Eric B, MD | | |
| • acetaminophen (TYLENOL) Tab 325 mg | 325 mg | Oral | Q4H PRN | Arnold, Eric B, MD | | |
| • aluminum/magnesium hydroxide/simethi | 30 mL | Oral | Q4H PRN | Arnold, Eric B, MD | | |

| | | | | | |
|---|---|---|---|---|---|
| | cone (MYLANTA) Oral Susp 30 mL | | | | |
| • | ibuprofen (MOTRIN) Tab 400 mg | 400 mg | Oral | Q6H PRN | Arnold, Eric B, MD |
| • | magnesium hydroxide (MILK OF MAGNESIA/MOM) Oral Susp 30 mL | 30 mL | Oral | BEDTIME PRN | Arnold, Eric B, MD |
| • | QUEtiapine (SEROquel) Tab 300 mg | 300 mg | Oral | Q BEDTIME | Arnold, Eric B, MD |

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today's visit.

**REVIEW OF SYSTEMS:**
**ROS - Review of Systems (13):**
GENERAL: negative for:, fever, chills, nightsweats, excessive thirst and excessive urination
HEENT: negative for:, headache and sore throat
NECK - negative for:, pain, stiffness
CHEST: negative for: and chest wall pain
PULMONARY: negative for:, cough and shortness of breath
CARDIAC: negative for:, chest pain, short of breath and palpitations
ABDOMEN/GI: negative for: and n/v/d/c/h/m/h
GU: negative for: and dysuria
NEURO: negative for:, disorientation and focal weakness
MUSCULOSKELETAL: negative for:, joint pain, swelling and stiffness
EXTREMITIES: negative for:, swelling and pain
SKIN: negative for:, itching and rash
ALLG/IMMUN: negative for:, rhinitis and itching
HEME/LYMPH: negative for:, unusual bleeding and unusual bruising
ENDO: negative for:, hypothyroid and hyperthyroid
PSYCH: as per HPI

ROS

**VITALS:**

| | 08/17/19 0700 |
|---|---|
| BP: | 122/90 |
| Pulse: | 92 |
| Resp: | 16 |
| Temp: | 98.2 °F (36.8 °C) |
| SpO2: | 100% |

**MENTAL STATUS EXAMINATION:**
APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Yes, no intent, recent plans to
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**Physician Suicide Risk Assessment and Attestation**

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Mod**
5. Current thoughts of suicide, intent, plan: **Mod**
6. History of self-harm, especially in hospital or other healthcare facility: **Low**

Estimated suicide risk in hospital: **Low**
Estimated suicide risk if discharged: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

Nursing Suicide Assessment Reviewed in Doc Flowsheet: **Yes**
Nursing Notes Reviewed: **Yes**
My assessment was discussed with RN: **Yes**

Suicide Precautions: **No**

**In addition, physician must review/place order for suicide precautions and level of observation.**

**ADDITIONAL STUDIES:**

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| CA | 9.4 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALP | 111 |
| ALB | 4.6 |

No results for input(s): TSH in the last 72 hours.

**SCREENING MEASURES:**
BMI normal at Body Mass Index is 20.65 kg/m2. (Normal weight, BMI 19-25)
Associated plan:
- nutritional counseling

PHQ-9: positive at 18

Alcohol use:
Single question screening: How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65) or more drinks in a day? (response positive if ≥2) negative

Tobacco use:
negative

Care plan reviewed: yes

Medicare initial certification done: yes

**DIAGNOSTIC IMPRESSIONS:**
50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admits with SI.

*Bipolar I, current episode depressed F31.4*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**PLAN:**
Admit to Inpatient Psychiatry Unit
Assessment of Impulsiveness
Monitoring for Suicide Risk
Screening Labs as Ordered
Pharmacologic Evaluation
Family Evaluation and Therapy
Evaluation of Social Functioning
Group Therapy
Milieu Therapy
CONSULT TO INTERNAL MEDICINE

Mood:
#Group and individual therapy
#Cont seroquel 300 mg bedtime
Re-increase lamictal to prior stable dose 125 mg bedtime
#Restart paxil 20 mg bedtime and intend to titrate to prior stable dose 40 mg bedtime
#Restart depakote ER 500 mg bedtime with intent to increase to priro stable dose 1000 mg bedtime
#Cont cogentin 1 mg BID, though I am not certain this is necessary - consider trial of reduction
#Cont propranolol 10 mg BID - presumably for anxiety
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not cerutain this is truly indicated at this point

Pain:
#Apparently on 10 mcg butrans patch. Confirm when last one placed
#Valium 5 mg night apparently primarily for pain

F/u labs

Convert to voluntary status

Eric B Arnold, MD

90792

Total time spent: 80 min.

**BH H&P Notes (continued)**

Electronically signed by Arnold, Eric B, MD at 08/17/19 1501

**BH Consults**

**Consults by Gong, Alice J, MD at 8/17/2019 0747**

Consult Orders
1. Consult To Internal Medicine: [1088855888] ordered by Arnold, Eric B, MD at 08/16/19 1740

Sutter East Bay Medical Group
Affiliated with the Sutter East Bay Medical Foundation

**HOSPITALIST CONSULT**

Alice J Gong, MD

8/17/2019

**PRIMARY MEDICAL DOCTOR:** No PCP

**REASON FOR CONSULT: Chronic pelvic pain, medical consultation**

**REQUESTING PHYSICIAN: Dr. Arnold**

**ASSESSMENT AND PLAN**

Vincent B Ho is a 50 year old male with Bipolar disorder, general anxiety disorder, fibromyalgia, HTN, psoriasis on Humira, chronic pelvic pain due to pelvic floor dysfunction, who is admitted to Herrick on 5150 Hold for suicidal ideations.

#. Essential HTN: controlled
- cont outpt propranolol

#. Psoriasis: Pt receives Humira injections every 2 weeks, outpt f/u

#. Leukopenia: May be due to Humira. No signs or sx of infection.
- F/u HIV

#. Chronic thrombocytopenia: May be due to Humira. No e/o liver cirrhosis or splenomegaly from CT A/P in 2016.
- F/u HIV and Hep B/C

#. Chronic pelvic pain: Per pt, due to pelvic floor dysfunction.

- cont valium as needed
- pain control

#. Fibromyalgia: outpt f/u

#. Bipolar disorder / GAD: management per Psychiatry

See Orders.

Thank you for this interesting consult and the opportunity to care for this patient.

Total Time spent 60 minutes with >50% time spent coordinating care.

**HISTORY**

**HISTORY OF PRESENT ILLNESS: (4+ elements)**

Vincent B Ho is a 50 year old male with Bipolar disorder, general anxiety disorder, fibromyalgia, psoriasis on Humira, chronic pelvic pain due to pelvic floor dysfunction, who is admitted to Herrick on 5150 Hold for suicidal ideations.

Pt was recently hospitalized at John George. He reports losing approx 30lbs while since he was hospitalized. He reported that he was put on a full liquid diet for unclear reasons. He also reports that he had a poor appetite and did not eat very much because the food was "subpar. " He is currently eating well, sometimes double portions. He has gained about 5 lbs at Herrick. He is concerned about his significant weight loss.

Pt reports having chronic pelvic pain due to pelvic floor dysfunction for which he takes diazepam. He currently has 7/10 pain that is tolerable.

**REVIEW OF SYSTEMS: (10+ elements)**
**Constitutional:** see above  weight loss
**ENT:** no sore throat or rhinorrhea
**Respiratory:** no cough or shortness of breath
**Cardiovascular:** no chest pain or palpitations
**Gastrointestinal:** no abdominal pain, nausea, vomiting, or diarrhea
**Genitourinary:** no dysuria or hematuria
**Integumentary:** no rash or skin breakdown
**Musculoskeletal:** no joint pains or muscle aches
**Neurologic:** no numbness, tingling or weakness
**Psychiatric:** see above
**Hematologic:** no abnormal bleeding or bruising

**PAST MEDICAL HISTORY:**

**Medical History**

| Diagnosis | Date | Comment | Source |
|---|---|---|---|

| Diagnosis | Date | Comment | Source |
|---|---|---|---|
| Unspecified mental or behavioral problem | | depression/bipolar | Provider |

**PAST SURGICAL HISTORY:**

**Past Surgical History:**

| Procedure | Laterality | Date |
|---|---|---|
| • HX APPENDECTOMY | | |
| • HX TRANSURETHRAL RESECTION/DESTRUCTION PROS | | 2004 |

**FAMILY HISTORY:**

**Family History**

Family history unknown: Yes

**SOCIAL HISTORY:**

Social History
Socioeconomic History
Marital status: Single
Spouse name: Not on file
Number of children: Not on file
Years of education: Not on file
Highest education level: Not on file
Occupational History
Employer: DISABLED
Tobacco Use
Smoking status: Never Smoker
Substance and Sexual Activity
Alcohol use: No
Drug use: No

reports that he does not drink alcohol., reports that he has never smoked. He does not have any smokeless tobacco history on file., reports that he does not use drugs.

**CURRENT ALLERGIES:** Review of patient's allergies indicates no known allergies.

**CURRENT MEDS:**

**Prior to Admission Medications**

| Prescriptions | Last Dose | Informant | Patient Reported? | Taking? |
|---|---|---|---|---|
| **HYDROcodone/acetaminophen (NORCO 10) 10mg/325mg Tab**<br>Sig: Take 1 Tab by mouth every 24 hours as needed for Pain. | Not Taking at Unknown time | | Yes | No |
| **LamoTRIgine (LAMICTAL PO)**<br>Sig: Take by mouth | Past Week at Unknown time | | Yes | Yes |
| **OLANZapine ODT (ZYPREXA ZYDIS) 5mg Solutab** | Not Taking at | | No | No |

| | | | |
|---|---|---|---|
| | Unknown time | | |
| Sig: Take 1 Tab by mouth daily as needed (aigtation/panic). | | | |
| **QUEtiapine (SEROQUEL) 100mg Tab** | 8/15/2019 at Unknown time | No | Yes |
| Sig: Take 1 Tab by mouth at bedtime as needed for Insomnia. | | | |
| **benztropine (COGENTIN) 1mg TABS Tab** | 8/15/2019 at Unknown time | No | Yes |
| Sig: Take 1 Tab by mouth daily at bedtime | | | |
| **buprenorphine (BUTRANS) 10mcg/hr Topical Patch** | Past Week at Unknown time | Yes | Yes |
| Sig: 1 Patch to affected area(s) every 7 days. | | | |
| **buprenorphine SL (SUBUTEX) 2mg** | Not Taking at Unknown time | Yes | No |
| Sig: Apply/place 2 mg under the tongue every 6 hours as needed. Not to exceed two dosages/ 24 hour<br>Indications: Chronic Pelvic Pain Syndrome, Fibromyalgia Syndrome | | | |
| **divalproex 12Hr-DR (DEPAKOTE) 250mg Tab** | Not Taking at Unknown time | No | No |
| Sig: Take 5 Tabs by mouth twice daily | | | |
| **ergocalciferol (VITAMIN D-2) 50,000 units Cap** | | No | No |
| Sig: Take 1 Cap by mouth every 7 days. | | | |
| **methotrexate 5mg Tab** | Not Taking at Unknown time | Yes | No |
| Sig: Take 1 Tab by mouth every 7 days. | | | |
| **methotrexate 7.5mg Tab** | Not Taking at Unknown time | Yes | No |
| Sig: Take 1 Tab by mouth every 7 days. | | | |
| **phenazopyridine (PYRIDIUM) 200mg Tab** | Not Taking at Unknown time | Yes | No |
| Sig: Take 200 mg by mouth three times daily as needed for urinary pain. | | | |
| **Facility-Administered Medications: None** | | | |

**IMMUNIZATIONS:**

There is no immunization history on file for this patient.

**PHYSICAL EXAM**
**(8+ systems)**

BP 145/92 | Pulse 75 | Temp (Src) 98.5 °F (36.9 °C) (Oral) | Resp 16 | Ht 1.664 m (5' 5.5") | Wt 57.2 kg (126 lb) | SpO2 100%
Temp (36hrs), Avg:98.5 °F (36.9 °C), Min:98.3 °F (36.8 °C), Max:98.6 °F (37 °C)
Systolic (36hrs), Avg:137 , Min:128 , Max:145
Diastolic (36hrs), Avg:88, Min:85, Max:92
SAT(36)@
No intake or output data in the 24 hours ending 08/17/19 0700
Body Mass Index is 20.65 kg/m2. (Normal weight, BMI 19-25) Wt Readings from Last 3 Encounters:
08/16/19 : 57.2 kg (126 lb)
06/03/19 : 66.7 kg (147 lb)
08/17/16 : 59.2 kg (130 lb 9.6 oz)

**CONSTITUTIONAL:** no acute distress
**PSYCHIATRIC:** alert, oriented to person, place and time, Fair historian
**HEAD:** normocephalic
**EYES:** conjunctiva normal appearing
**ENT:** normal hearing
**CHEST/BREAST:** chest wall normal to inspection
**CARDIOVASCULAR:** regular rate and rhythm, no murmur
**RESPIRATORY:** normal respiratory effort, clear to auscultation
**GASTROINTESTINAL:** normoactive bowel sounds, soft, nontender to palpation
**SKIN:** no significant rashes or skin lesions noted
**NEUROLOGIC:** speech clear without obvious aphasia, no tremors

**Old Records Reviewed and Ordered**

**LABS & IMAGING**

**LABS:**
**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

No results for input(s): PT, INR in the last 24 hours.
**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

No results found for: LACTATE

No results for input(s): TROPI, CK, CKMB, CKMBP in the last 24 hours.
No results found for: NTBNP
LAST TSH:

**TSH (uIU/mL)**

| Date | Value |
|---|---|
| 08/09/2016 | 0.67 |

**Lab Results**

| Lab | Value | Date/Time |
|---|---|---|
| A1CP | 5.1 | 08/12/2016 10:15 AM |

No results for input(s): GLUCAP in the last 72 hours.

**Lab Results**

| Lab | Value | Date/Time |
|---|---|---|
| CHOL | 185 | 08/12/2016 10:15 AM |
| LDL | 87 | 08/12/2016 10:15 AM |
| HDL | 60 | 08/12/2016 10:15 AM |
| TRIG | 190 | 08/12/2016 10:15 AM |

No results for input(s): PH, PCO2, PO2, HCO3, O2SAT in the last 72 hours.

Invalid input(s): UA

Urinalysis:
No results for input(s): UACOLOR, UAPP, UASG, UAPH, UALEUK, UANIT, UAPRO, UAGLU, UKET, UAURO, UABIL, UABLD, UAWBC, UARBC in the last 24 hours.

**IMAGING:**

**Radiology Results** (Last 72 hours)
None

**ADDITIONAL STUDIES:**

**Cardiac Results** (Last 72 hours)
None

Alice J Gong, MD

**BH Consults (continued)**

Electronically signed by Gong, Alice J, MD at 08/17/19 1302

**BH Pert Pkt Notes**

**Progress Notes**

**Arnold, Eric B, MD at 8/17/2019 1352**

**INITIAL CERTIFICATION FOR MEDICARE**

Date: 8/16/2019

I certify that the inpatient psychiatric hospital admission was medically necessary for psychiatric treatment which would necessarily be expected to improve the patient's condition.

I estimate 3-5 days of hospitalization is necessary for proper treatment of the patient. My plans for post-hospital care for this patient are outpatient care.

Eric B Arnold, MD

Electronically signed by Arnold, Eric B, MD at 08/17/19 1353

**Arnold, Eric B, MD at 8/18/2019 1126**

**PSYCHIATRY INPATIENT PROGRESS NOTE**
Sunday, August 18, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitting with severe depression and SI.

**TREATMENT:** hospital care and psychotherapy + E&M

**INTERIM HISTORY:**
Feels actually worse in terms of mood as well as anxiety today. SI present but perhaps less salient. Describes vague diffuse chest pain, which he states is manifestation of his depression.We discuss possible role of wellbutrin. States this gave him constipation in the past, though I would not expect it to be as constipating and many of his other meds. Also states he is due for new butrans patch today. Sleep somewhat poor and appetite minimal this AM. VS stable, mildly tachycardic.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out

window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**VITAL SIGNS:**

BP 121/87 | Pulse 107 | Temp (Src) 97.8 °F (36.6 °C) (Oral) | Resp 18 | Ht 1.664 m (5' 5.5") | Wt 57.2 kg (126 lb) | SpO2 99%
Wt Readings from Last 3 Encounters:
08/16/19 : 57.2 kg (126 lb)
06/03/19 : 66.7 kg (147 lb)
08/17/16 : 59.2 kg (130 lb 9.6 oz)

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Yes, no intent, recent plans to
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

**Physician Suicide Risk Assessment and Attestation**

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Mod**
5. Current thoughts of suicide, intent, plan: **Mod**

6. History of self-harm, especially in hospital or other healthcare facility: **Low**

Estimated suicide risk in hospital: **Low**
Estimated suicide risk if discharged: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

Nursing Suicide Assessment Reviewed in Doc Flowsheet: **Yes**
Nursing Notes Reviewed: **Yes**
My assessment was discussed with RN: **Yes**

Suicide Precautions: **No**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Nurse
Social Worker

**DIAGNOSTIC STUDIES:**

Reviewed

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| | |
|---|---|
| Lab | 08/16/19 1200 |
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Facility-Administered Medications**

| Medication | Dose | Route | Frequency | Provider | Last Rate | Last Dose |
|---|---|---|---|---|---|---|
| • benztropine (COGENTIN) Tab 1 mg | 1 mg | Oral | BID PRN | Arnold, Eric B, MD | | |
| • buprenorphine (BUTRANS) 5mcg/hr 2 Patch | 2 Patch | Transdermal | Q7 DAYS | Arnold, Eric B, MD | | 2 Patch at 08/18/19 1030 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | BID PRN | Arnold, Eric B, MD | | |
| • divalproex 24Hr-ER (DEPAKOTE ER) Tab 1,000 mg | 1,000 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | |
| • lactulose (ENULOSE) Oral Soln 15 mL | 15 mL | Oral | BID | Arnold, Eric B, MD | | 15 mL at 08/18/19 1033 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 5 mg at 08/17/19 2032 |
| • lamoTRIgine (laMICtal) Tab 125 mg | 125 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 125 mg at 08/17/19 2033 |
| • memantine (NAMENDA) Tab 5 mg | 5 mg | Oral | BID | Arnold, Eric B, MD | | 5 mg at 08/17/19 1435 |
| • PARoxetine HCl (PAXIL) Tab 20 | 20 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 20 mg at |

| | | | | | |
|---|---|---|---|---|---|
| mg | | | | | 08/17/19 2033 |
| • propranolol (INDERAL) Tab 10 mg | 10 mg | Oral | BID | Arnold, Eric B, MD | 10 mg at 08/18/19 0830 |
| • acetaminophen (TYLENOL) Tab 325 mg | 325 mg | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • aluminum/magnesium hydroxide/simethicone (MYLANTA) Oral Susp 30 mL | 30 mL | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • ibuprofen (MOTRIN) Tab 400 mg | 400 mg | Oral | Q6H PRN | Arnold, Eric B, MD | |
| • magnesium hydroxide (MILK OF MAGNESIA/MOM) Oral Susp 30 mL | 30 mL | Oral | BEDTIME PRN | Arnold, Eric B, MD | |
| • QUEtiapine (SEROquel) Tab 300 mg | 300 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 300 mg at 08/17/19 2150 |

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**SECLUSION/RESTRAINT:**
None

**DIAGNOSIS / PROBLEM LIST:**
50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admits with SI.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**ASSESSMENT AND REASON FOR CONTINUED HOSPITALIZATION:**
Continues to require acute inpatient care for safety and stabilization.

**PLAN:**

**PSYCHIATRIC**:
#Indiv, grp and milieu therapy
#Cont seroquel 300 mg bedtime
#Cont Re-increased lamictal to prior stable dose 125 mg bedtime
#Cont restarted paxil 20 mg bedtime and intend to titrate to prior stable dose 40 mg bedtime
#Incr depakote ER to prior stable dose 1000 mg bedtime
#Valium 5 mg BID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID as PRN
#Cont propranolol 10 mg BID - presumably for anxiety
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not cerutain this is truly indicated at this point

**MEDICAL**:
Follow up labs/imaging
Recommendations as per medicine consult

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. LActulose for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**LEGAL STATUS**: Voluntary

**DISPOSITION**:
Home when stable

**ELOS**: 3-5d

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**PSYCHOTHERAPY NOTE**
Psychotherapy time: 38 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

**Eric B Arnold, MD**

99233
90836

Electronically signed by Arnold, Eric B, MD at 08/18/19 1139

**Arnold, Eric B, MD at 8/19/2019 0852**

**PSYCHIATRY INPATIENT PROGRESS NOTE**
Monday, August 19, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitting with severe depression and SI.

**TREATMENT:** hospital care and psychotherapy + E&M

**INTERIM HISTORY:**
Seen this AM. Somewhat withdrawn, still quite depressed though perhaps somewhat better than yesterday. Was quite hopeless. Feels getting butrans patch and PRN valium have been helpful.Inquiring about increasing paxil, which we will do soon. Significant hopelessness but no explicit SI. Sleep fair, appetite limited. Taking and tolerating all meds. VS stable.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**VITAL SIGNS:**

BP 137/81 | Pulse 94 | Temp (Src) 98.3 °F (36.8 °C) (Oral) | Resp 18 | Ht 1.664 m (5' 5.5") | Wt 57.2 kg (126 lb) | SpO2 99%
Wt Readings from Last 3 Encounters:
08/16/19 : 57.2 kg (126 lb)
06/03/19 : 66.7 kg (147 lb)
08/17/16 : 59.2 kg (130 lb 9.6 oz)

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Mod**
5. Current thoughts of suicide, intent, plan: **Mod**
6. History of self-harm, especially in hospital or other healthcare facility: **Low**

Estimated suicide risk in hospital: **Low**
Estimated suicide risk if discharged: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

Nursing Suicide Assessment Reviewed in Doc Flowsheet: **Yes**
Nursing Notes Reviewed: **Yes**
My assessment was discussed with RN: **Yes**

Suicide Precautions: **No**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Nurse
Social Worker

**DIAGNOSTIC STUDIES:**

Reviewed

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| WBC | **3.1 L** |
| HGB | 14.6 |
| HCT | 45.4 |
| PLT | **141 L** |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| NA | 138 |
| K | 4.4 |
| CL | 104 |
| CO2 | 30 |
| BUN | 19 |
| CREATININE | 1.10 |
| GLU | 95 |
| CA | 9.4 |

**Recent Labs**

| Lab | 08/16/19 1200 |
|---|---|
| TBILI | 0.9 |
| AST | 16 |
| ALT | 31 |
| ALP | 111 |
| ALB | 4.6 |

No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Facility-Administered Medications**

| Medication | Dose | Route | Frequency | Provider | Last Rate | Last Dose |
|---|---|---|---|---|---|---|
| • benztropine (COGENTIN) Tab 1 mg | 1 mg | Oral | BID PRN | Arnold, Eric B, MD | | |
| • buprenorphine (BUTRANS) 5mcg/hr 2 Patch | 2 Patch | Transdermal | Q7 DAYS | Arnold, Eric B, MD | | 2 Patch at 08/18/19 1030 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | BID PRN | Arnold, Eric B, MD | | 5 mg at 08/18/19 1857 |
| • divalproex 24Hr-ER (DEPAKOTE ER) Tab 1,000 mg | 1,000 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 1,000 mg at 08/18/19 2052 |
| • [START ON 8/21/2019] | 50,000 Units | Oral | Q Wed | Arnold, Eric B, MD | | |

**08/16/2019 - Admission (Discharged) in ABSMC Psych 4EA ADULT (continued)**

**BH Pert Pkt Notes (continued)**

| | | | | | |
|---|---|---|---|---|---|
| ergocalciferol (vitamin D-2) Cap 50,000 Units | | | | | |
| • lactulose (ENULOSE) Oral Soln 15 mL | 15 mL | Oral | BID | Arnold, Eric B, MD | 15 mL at 08/18/19 2051 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 5 mg at 08/18/19 2053 |
| • lamoTRIgine (laMICtal) Tab 125 mg | 125 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 125 mg at 08/18/19 2052 |
| • memantine (NAMENDA) Tab 5 mg | 5 mg | Oral | BID | Arnold, Eric B, MD | 5 mg at 08/18/19 2200 |
| • PARoxetine HCl (PAXIL) Tab 20 mg | 20 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 20 mg at 08/18/19 2052 |
| • propranolol (INDERAL) Tab 10 mg | 10 mg | Oral | BID | Arnold, Eric B, MD | 10 mg at 08/18/19 2053 |
| • acetaminophen (TYLENOL) Tab 325 mg | 325 mg | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • aluminum/magnesium hydroxide/simethicone (MYLANTA) Oral Susp 30 mL | 30 mL | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • ibuprofen (MOTRIN) Tab 400 mg | 400 mg | Oral | Q6H PRN | Arnold, Eric B, MD | |
| • magnesium hydroxide (MILK OF MAGNESIA/MOM) Oral Susp 30 mL | 30 mL | Oral | BEDTIME PRN | Arnold, Eric B, MD | |
| • QUEtiapine (SEROquel) Tab 300 mg | 300 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 300 mg at 08/18/19 2052 |

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today's visit.

**SECLUSION/RESTRAINT:**
None

**DIAGNOSIS / PROBLEM LIST:**
50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admits with SI.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**ASSESSMENT AND REASON FOR CONTINUED HOSPITALIZATION:**
Continues to require acute inpatient care for safety and stabilization.

**PLAN:**

**PSYCHIATRIC**:
#Indiv, grp and milieu therapy
#Cont seroquel 300 mg bedtime
#Cont Re-increased lamictal to prior stable dose 125 mg bedtime
#Cont restarted paxil 20 mg bedtime and intend to titrate to prior stable dose 40 mg bedtime on 8/20
#Depakote ER increased to prior stable dose 1000 mg bedtime on 8/18
#Valium 5 mg BID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID as PRN
#Cont propranolol 10 mg BID - presumably for anxiety
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not cerutain this is truly indicated at this point

**MEDICAL**:
Follow up labs/imaging
Recommendations as per medicine consult

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. LActulose for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**LEGAL STATUS**: Voluntary

**DISPOSITION**:
Home when stable

**ELOS**: 2-4d

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

**Eric B Arnold, MD**

99233

90833

Electronically signed by Arnold, Eric B, MD at 08/19/19 0855

**Arnold, Eric B, MD at 8/20/2019 2132**

**PSYCHIATRY INPATIENT PROGRESS NOTE**
Tuesday, August 20, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitting with severe depression and SI.

**TREATMENT:** hospital care and psychotherapy + E&M

**INTERIM HISTORY:**
Seen this AM. Continues very depressed though perhaps somewhat better this AM, though quite variable throughout day. Insists valium is most helpful for him though able to acknowledge that frequent valium dosing will not be a viable plan moving forward. Sleep and appetite somewhat improved. SI present at times but mostly passive. Would like to go to PHP if possible but not yet feeling ready. Otherwise Taking and tolerating all meds. VS stable.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**VITAL SIGNS:**

BP 124/82 | Pulse 82 | Temp (Src) 97.9 °F (36.6 °C) (Oral) | Resp 16 | Ht 1.664 m (5' 5.5") | Wt 57.2 kg (126 lb) | SpO2 99%
Wt Readings from Last 3 Encounters:
08/16/19 : 57.2 kg (126 lb)
06/03/19 : 66.7 kg (147 lb)
08/17/16 : 59.2 kg (130 lb 9.6 oz)

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: depressed

THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Mod**
5. Current thoughts of suicide, intent, plan: **Mod**
6. History of self-harm, especially in hospital or other healthcare facility: **Low**

Estimated suicide risk in hospital: **Low**
Estimated suicide risk if discharged: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

Nursing Suicide Assessment Reviewed in Doc Flowsheet: **Yes**
Nursing Notes Reviewed: **Yes**
My assessment was discussed with RN: **Yes**

Suicide Precautions: **No**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Nurse
Social Worker

**DIAGNOSTIC STUDIES:**

Reviewed

**Recent Labs**

| Lab | 08/19/19 0620 |
|---|---|
| WBC | 4.7 |
| HGB | 14.0 |
| HCT | 43.5 |
| PLT | **120 L** |

**Recent Labs**

| Lab | 08/19/19 0620 |
|---|---|
| NA | 139 |
| K | 4.1 |
| CL | 106 |
| CO2 | 29 |
| BUN | 19 |
| CREATININE | 1.00 |
| GLU | 78 |
| CA | 9.1 |

**Recent Labs**

| Lab | 08/19/19 0620 |
|---|---|
| TBILI | 0.8 |
| AST | 18 |
| ALT | 29 |
| ALP | 90 |
| ALB | 4.1 |

No results for input(s): GLUCAP in the last 72 hours.

**Recent Labs**

| Lab | 08/19/19 0620 |
|---|---|
| TSH | 2.15 |

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Facility-Administered Medications**

| Medication | Dose | Route | Frequency | Provider | Last | Last |
|---|---|---|---|---|---|---|

**08/16/2019 - Admission (Discharged) in ABSMC Psych 4EA ADULT (continued)**

**BH Pert Pkt Notes (continued)**

| | | | | | Rate | Dose |
|---|---|---|---|---|---|---|
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | TID PRN | Arnold, Eric B, MD | | 5 mg at 08/20/19 1729 |
| • magnesium citrate (CITROMA) oral soln 148 mL | 148 mL | Oral | DAILY | Arnold, Eric B, MD | | 148 mL at 08/20/19 1339 |
| • PARoxetine HCl (PAXIL) Tab 40 mg | 40 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 40 mg at 08/20/19 2059 |
| • benztropine (COGENTIN) Tab 1 mg | 1 mg | Oral | BID PRN | Arnold, Eric B, MD | | |
| • buprenorphine (BUTRANS) 5mcg/hr 2 Patch | 2 Patch | Transdermal | Q7 DAYS | Arnold, Eric B, MD | | 2 Patch at 08/18/19 1030 |
| • divalproex 24Hr-ER (DEPAKOTE ER) Tab 1,000 mg | 1,000 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 1,000 mg at 08/20/19 2059 |
| • [START ON 8/21/2019] ergocalciferol (vitamin D-2) Cap 50,000 Units | 50,000 Units | Oral | Q Wed | Arnold, Eric B, MD | | |
| • lactulose (ENULOSE) Oral Soln 15 mL | 15 mL | Oral | BID | Arnold, Eric B, MD | | 15 mL at 08/20/19 2058 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 5 mg at 08/20/19 2100 |
| • lamoTRIgine (laMICtal) Tab 125 mg | 125 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 125 mg at 08/20/19 2059 |
| • memantine (NAMENDA) Tab 5 mg | 5 mg | Oral | BID | Arnold, Eric B, MD | | 5 mg at 08/20/19 2059 |
| • propranolol (INDERAL) Tab 10 mg | 10 mg | Oral | BID | Arnold, Eric B, MD | | 10 mg at 08/20/19 2059 |
| • acetaminophen (TYLENOL) Tab 325 mg | 325 mg | Oral | Q4H PRN | Arnold, Eric B, MD | | |
| • aluminum/magnes | 30 mL | Oral | Q4H PRN | Arnold, Eric B, | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| ium hydroxide/simethicone (MYLANTA) Oral Susp 30 mL | | | | MD | | |
| • ibuprofen (MOTRIN) Tab 400 mg | 400 mg | Oral | Q6H PRN | Arnold, Eric B, MD | | |
| • magnesium hydroxide (MILK OF MAGNESIA/MOM) Oral Susp 30 mL | 30 mL | Oral | BEDTIME PRN | Arnold, Eric B, MD | | |
| • QUEtiapine (SEROquel) Tab 300 mg | 300 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 300 mg at 08/20/19 2059 |

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today's visit.

**SECLUSION/RESTRAINT:**
None

**DIAGNOSIS / PROBLEM LIST:**
50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admits with SI.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**ASSESSMENT AND REASON FOR CONTINUED HOSPITALIZATION:**
Continues to require acute inpatient care for safety and stabilization.

**PLAN:**

**PSYCHIATRIC**:
#Indiv, grp and milieu therapy
#Cont seroquel 300 mg bedtime

#Cont Re-increased lamictal to prior stable dose 125 mg bedtime
#Incr paxil to 40 mg bedtime
#Depakote ER increased to prior stable dose 1000 mg bedtime on 8/18
#Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID as PRN
#Cont propranolol 10 mg BID - presumably for anxiety
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not cerutain this is truly indicated at this point

**MEDICAL**:
Follow up labs/imaging
Recommendations as per medicine consult

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. LActulose for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**LEGAL STATUS**: Voluntary

**DISPOSITION**:
Home when stable

**ELOS**: 2-4d

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
Supportive

PROBLEM: depression

mood instability
self-harm/suicidal ideation

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

**Eric B Arnold, MD**

99233
90833

Electronically signed by Arnold, Eric B, MD at 08/20/19 2135

**Arnold, Eric B, MD at 8/21/2019 1910**

**PSYCHIATRY INPATIENT PROGRESS NOTE**
Wednesday, August 21, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitting with severe depression and SI.

**TREATMENT:** hospital care and psychotherapy + E&M

**INTERIM HISTORY:**
Seen this afternoon.Reports mood better in AM after more depressed yesterday. Then mood plummeted in afternoon. Finds valium helpful though recognizes frequent use of this not viable as intervention. Motivated for PHP though fearful of being discharged too early. Quite hiopeless at times with some passive SI, none active and denies at current. Taking and tolerating all meds. Sleep and appetite fair.. VS stable.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and

maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**VITAL SIGNS:**

BP 116/83 | Pulse 76 | Temp (Src) 98.1 °F (36.7 °C) (Oral) | Resp 18 | Ht 1.664 m (5' 5.5") | Wt 58.2 kg (128 lb 3.2 oz) | SpO2 100%
Wt Readings from Last 3 Encounters:
08/21/19 : 58.2 kg (128 lb 3.2 oz)
06/03/19 : 66.7 kg (147 lb)
08/17/16 : 59.2 kg (130 lb 9.6 oz)

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

**Physician Suicide Risk Assessment and Attestation**

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Mod**

**08/16/2019 - Admission (Discharged) in ABSMC Psych 4EA ADULT (continued)**

**BH Pert Pkt Notes (continued)**

5. Current thoughts of suicide, intent, plan: **Mod**
6. History of self-harm, especially in hospital or other healthcare facility: **Low**

Estimated suicide risk in hospital: **Low**
Estimated suicide risk if discharged: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

Nursing Suicide Assessment Reviewed in Doc Flowsheet: **Yes**
Nursing Notes Reviewed: **Yes**
My assessment was discussed with RN: **Yes**

Suicide Precautions: **No**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Nurse
Social Worker

**DIAGNOSTIC STUDIES:**

Reviewed

**Recent Labs**

| Lab | 08/19/19 0620 |
|---|---|
| WBC | 4.7 |
| HGB | 14.0 |
| HCT | 43.5 |
| PLT | **120 L** |

**Recent Labs**

| Lab | 08/19/19 0620 |
|---|---|
| NA | 139 |
| K | 4.1 |
| CL | 106 |
| CO2 | 29 |
| BUN | 19 |
| CREATININE | 1.00 |
| GLU | 78 |
| CA | 9.1 |

**Recent Labs**

| Lab | 08/19/19 0620 |
|---|---|
| TBILI | 0.8 |
| AST | 18 |
| ALT | 29 |
| ALP | 90 |
| ALB | 4.1 |

No results for input(s): GLUCAP in the last 72 hours.

**Recent Labs**

| Lab | 08/19/19 0620 |
|---|---|
| TSH | 2.15 |

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Facility-Administered Medications**

| Medication | Dose | Route | Frequency | Provider | Last Rate | Last Dose |
|---|---|---|---|---|---|---|
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | TID PRN | Arnold, Eric B, MD | | 5 mg at 08/21/19 1404 |
| • magnesium citrate (CITROMA) oral soln 148 mL | 148 mL | Oral | DAILY | Arnold, Eric B, MD | | 148 mL at 08/21/19 0822 |
| • PARoxetine HCl (PAXIL) Tab 40 mg | 40 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 40 mg at 08/20/19 2059 |
| • benztropine (COGENTIN) Tab 1 mg | 1 mg | Oral | BID PRN | Arnold, Eric B, MD | | |
| • buprenorphine (BUTRANS) 5mcg/hr 2 Patch | 2 Patch | Transdermal | Q7 DAYS | Arnold, Eric B, MD | | 2 Patch at 08/18/19 1030 |
| • divalproex 24Hr-ER (DEPAKOTE ER) Tab 1,000 mg | 1,000 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 1,000 mg at 08/20/19 2059 |
| • ergocalciferol (vitamin D-2) Cap | 50,000 Units | Oral | Q Wed | Arnold, Eric B, MD | | 50,000 Units at |

**08/16/2019 - Admission (Discharged) in ABSMC Psych 4EA ADULT (continued)**

**BH Pert Pkt Notes (continued)**

| | | | | | |
|---|---|---|---|---|---|
| 50,000 Units | | | | | 08/21/19 0918 |
| • lactulose (ENULOSE) Oral Soln 15 mL | 15 mL | Oral | BID | Arnold, Eric B, MD | 15 mL at 08/21/19 0822 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 5 mg at 08/20/19 2100 |
| • lamoTRIgine (laMICtal) Tab 125 mg | 125 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 125 mg at 08/20/19 2059 |
| • memantine (NAMENDA) Tab 5 mg | 5 mg | Oral | BID | Arnold, Eric B, MD | 5 mg at 08/21/19 0822 |
| • propranolol (INDERAL) Tab 10 mg | 10 mg | Oral | BID | Arnold, Eric B, MD | 10 mg at 08/21/19 0822 |
| • acetaminophen (TYLENOL) Tab 325 mg | 325 mg | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • aluminum/magnesium hydroxide/simethicone (MYLANTA) Oral Susp 30 mL | 30 mL | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • ibuprofen (MOTRIN) Tab 400 mg | 400 mg | Oral | Q6H PRN | Arnold, Eric B, MD | |
| • magnesium hydroxide (MILK OF MAGNESIA/MOM) Oral Susp 30 mL | 30 mL | Oral | BEDTIME PRN | Arnold, Eric B, MD | |
| • QUEtiapine (SEROquel) Tab 300 mg | 300 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 300 mg at 08/20/19 2059 |

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**SECLUSION/RESTRAINT:**
None

**DIAGNOSIS / PROBLEM LIST:**
50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admits with SI.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**ASSESSMENT AND REASON FOR CONTINUED HOSPITALIZATION:**
Continues to require acute inpatient care for safety and stabilization.

**PLAN:**

**PSYCHIATRIC**:
#Indiv, grp and milieu therapy
#Cont seroquel 300 mg bedtime
#Cont Re-increased lamictal to prior stable dose 125 mg bedtime
#Paxil 40 mg bedtime increased 8/20
#Depakote ER increased to prior stable dose 1000 mg bedtime on 8/18
#Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID as PRN
#Cont propranolol 10 mg BID - presumably for anxiety
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

**MEDICAL**:
Follow up labs/imaging
Recommendations as per medicine consult

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**LEGAL STATUS**: Voluntary

**DISPOSITION**:
PHP referral

**ELOS**: 2-4d

_____

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

**Eric B Arnold, MD**

99233
90833

Electronically signed by Arnold, Eric B, MD at 08/21/19 1912

**Arnold, Eric B, MD at 8/22/2019 2151**

**PSYCHIATRY INPATIENT PROGRESS NOTE**
Thursday, August 22, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitting with severe depression and SI.

**TREATMENT:** hospital care and psychotherapy + E&M

**INTERIM HISTORY:**
Seen this afternoon. States mood was worse yesterday, better today. Reluctant to ever suggest mood may be improving and frames any improvement as risk of manic emergence, therefore feels discharge too soon would be problematic. Transition day in PHP tomorrow but will plan to stay through weekend as he does not feel he can be sufficiently stable or safe to leave tomorrow. Enjoyed visit with professor from seminary. Denies explicit SI. Able to go without PRN valium today. Otherwise Taking and tolerating all meds. Sleep and appetite fair. VS stable.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**VITAL SIGNS:**

BP 115/64 | Pulse 86 | Temp (Src) 98.7 °F (37.1 °C) (Oral) | Resp 17 | Ht 1.664 m (5' 5.5") | Wt 58.2 kg (128 lb 3.2 oz) | SpO2 99%
Wt Readings from Last 3 Encounters:
08/21/19 : 58.2 kg (128 lb 3.2 oz)
06/03/19 : 66.7 kg (147 lb)
08/17/16 : 59.2 kg (130 lb 9.6 oz)

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time

HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Mod**
5. Current thoughts of suicide, intent, plan: **Mod**
6. History of self-harm, especially in hospital or other healthcare facility: **Low**

Estimated suicide risk in hospital: **Low**
Estimated suicide risk if discharged: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

Nursing Suicide Assessment Reviewed in Doc Flowsheet: **Yes**
Nursing Notes Reviewed: **Yes**
My assessment was discussed with RN: **Yes**

Suicide Precautions: **No**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Nurse
Social Worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Facility-Administered Medications**

| Medication | Dose | Route | Frequency | Provider | Last Rate | Last Dose |
|---|---|---|---|---|---|---|
| • divalproex 24Hr-ER (DEPAKOTE ER) Tab 1,000 mg | 1,000 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 1,000 mg at 08/22/19 2121 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | TID PRN | Arnold, Eric B, MD | | 5 mg at 08/21/19 1404 |
| • magnesium citrate (CITROMA) oral soln 148 mL | 148 mL | Oral | DAILY | Arnold, Eric B, MD | | 148 mL at 08/22/19 0906 |
| • PARoxetine HCl (PAXIL) Tab 40 mg | 40 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 40 mg at 08/22/19 2120 |
| • benztropine (COGENTIN) Tab 1 mg | 1 mg | Oral | BID PRN | Arnold, Eric B, MD | | |
| • buprenorphine (BUTRANS) 5mcg/hr 2 Patch | 2 Patch | Transdermal | Q7 DAYS | Arnold, Eric B, MD | | 2 Patch at 08/18/19 1030 |
| • ergocalciferol (vitamin D-2) Cap 50,000 Units | 50,000 Units | Oral | Q Wed | Arnold, Eric B, MD | | 50,000 Units at 08/21/19 0918 |
| • lactulose (ENULOSE) Oral Soln 15 mL | 15 mL | Oral | BID | Arnold, Eric B, MD | | 15 mL at 08/22/19 2120 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 5 mg at 08/22/19 2121 |

**08/16/2019 - Admission (Discharged) in ABSMC Psych 4EA ADULT (continued)**

**BH Pert Pkt Notes (continued)**

| | | | | | |
|---|---|---|---|---|---|
| • lamoTRIgine (laMICtal) Tab 125 mg | 125 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 125 mg at 08/22/19 2120 |
| • memantine (NAMENDA) Tab 5 mg | 5 mg | Oral | BID | Arnold, Eric B, MD | 5 mg at 08/22/19 2121 |
| • propranolol (INDERAL) Tab 10 mg | 10 mg | Oral | BID | Arnold, Eric B, MD | 10 mg at 08/22/19 2121 |
| • acetaminophen (TYLENOL) Tab 325 mg | 325 mg | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • aluminum/magnesium hydroxide/simethicone (MYLANTA) Oral Susp 30 mL | 30 mL | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • ibuprofen (MOTRIN) Tab 400 mg | 400 mg | Oral | Q6H PRN | Arnold, Eric B, MD | |
| • magnesium hydroxide (MILK OF MAGNESIA/MOM) Oral Susp 30 mL | 30 mL | Oral | BEDTIME PRN | Arnold, Eric B, MD | |
| • QUEtiapine (SEROquel) Tab 300 mg | 300 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 300 mg at 08/21/19 2127 |

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**SECLUSION/RESTRAINT:**
None

**DIAGNOSIS / PROBLEM LIST:**
50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admits with SI.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*

*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**ASSESSMENT AND REASON FOR CONTINUED HOSPITALIZATION:**
Continues to require acute inpatient care for safety and stabilization.

**PLAN:**

**PSYCHIATRIC**:
#Indiv, grp and milieu therapy
#Cont seroquel 300 mg bedtime
#Cont Re-increased lamictal to prior stable dose 125 mg bedtime
#Paxil 40 mg bedtime increased 8/20
#Depakote ER increased to prior stable dose 1000 mg bedtime on 8/18
#Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID as PRN
#Cont propranolol 10 mg BID - presumably for anxiety
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

**MEDICAL**:
Follow up labs/imaging
Recommendations as per medicine consult

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**LEGAL STATUS**: Voluntary

**DISPOSITION**:
PHP referral. Transition day 8/23, possible 2nd transition day 8/26

**ELOS**: 2-4d

_____

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

**Eric B Arnold, MD**

99233
90833

Electronically signed by Arnold, Eric B, MD at 08/22/19 2156

**Arnold, Eric B, MD at 8/23/2019 1834**

**PSYCHIATRY INPATIENT PROGRESS NOTE**
Friday, August 23, 2019

**CHIEF COMPLAINT:**
50 year-old M with bipolar I and chronic pain admitting with severe depression and SI.

**TREATMENT:** hospital care and psychotherapy + E&M

**INTERIM HISTORY:**
PHP transition day today. Seemed to go well. Still fearful of discharge, that he is not stable. "I had a depression for a couple hours at 1 today," belief that he will emerge as hypomanic tomorrow. Encouraged to step back somewhat and recognize he is less depressed more stable and functional. He is now able to read, which he had not been able to do since June. Sleep and appetite improved. Denies SI. Taking and tolerating all meds. VS stable.

**PAST, FAMILY AND SOCIAL HISTORY:**
Multiple prior hospitalizations and many medication trials including multiple antidepressants, mood stabilizers and antipsychotics. Recent benefit from ketamine,also from TMS though caused cognitive side-effects and maybe worsened mood lability. No suicide attempts though states he was stopped in act of jumping out window in 2016.

Lives with roommate. Has supportive family and friends. On SSDI.

**VITAL SIGNS:**

BP 117/71 | Pulse 83 | Temp (Src) 97.7 °F (36.5 °C) (Oral) | Resp 16 | Ht 1.664 m (5' 5.5") | Wt 58.2 kg (128 lb 3.2 oz) | SpO2 98%
Wt Readings from Last 3 Encounters:
08/21/19 : 58.2 kg (128 lb 3.2 oz)
06/03/19 : 66.7 kg (147 lb)
08/17/16 : 59.2 kg (130 lb 9.6 oz)

**MENTAL STATUS EXAM:**

APPEARANCE/BEHAVIOR: seated, somewhat unkempt, polite and engaged
SPEECH: nml rate, vol, tone
AFFECT: somewhat dysthymic and restricted
MOOD: depressed
THOUGHT FORM: generally linear and goal-directed
THOUGHT CONTENT: Decreased hopeless ruminations. No delusions/PI/AVH
SUICIDAL IDEATION: Denies at this time
HOMICIDAL/ASSAULTIVE IDEATION: No
INSIGHT: Fair
JUDGMENT: Fair
ORIENTATION: Fully oriented
COGNITIVE FUNCTION: Grossly intact. Attentive. Appropriate memory and fund of knowldege
MOTOR: WNL. No abnormal movements. Gait steady and unremarkable

**REVIEW OF SYSTEMS:**
GENERAL: negative for:, fever, chills, nightsweats, chest pain or shortness of breath
NEURO: negative for:, disorientation, sensory loss or focal weakness
PSYCH: as per HPI

## Physician Suicide Risk Assessment and Attestation

1. Emotional and/or physical pain: **Mod**
2. Withdrawal /inability to talk about feelings/ lack of participation: **Low**
3. Current stress/losses/difficult life situation: **Low**
4. Hopelessness/inability to think the future could be bright: **Mod**
5. Current thoughts of suicide, intent, plan: **Mod**
6. History of self-harm, especially in hospital or other healthcare facility: **Low**

Estimated suicide risk in hospital: **Low**
Estimated suicide risk if discharged: **Mod**

**In reaching this opinion, I have considered the risks including the above, as well as protective factors.**

Nursing Suicide Assessment Reviewed in Doc Flowsheet: **Yes**
Nursing Notes Reviewed: **Yes**
My assessment was discussed with RN: **Yes**

Suicide Precautions: **No**

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Nurse
Social Worker

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Facility-Administered Medications**

| Medication | Dose | Route | Frequency | Provider | Last Rate | Last Dose |
|---|---|---|---|---|---|---|
| • divalproex 24Hr-ER (DEPAKOTE ER) Tab 1,000 mg | 1,000 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 1,000 mg at 08/22/19 2121 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | TID PRN | Arnold, Eric B, MD | | 5 mg at 08/23/19 1234 |
| • magnesium citrate (CITROMA) oral soln 148 mL | 148 mL | Oral | DAILY | Arnold, Eric B, MD | | 148 mL at 08/23/19 0840 |
| • PARoxetine HCl (PAXIL) Tab 40 mg | 40 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 40 mg at 08/22/19 2120 |
| • benztropine (COGENTIN) Tab 1 mg | 1 mg | Oral | BID PRN | Arnold, Eric B, MD | | |
| • buprenorphine (BUTRANS) 5mcg/hr 2 Patch | 2 Patch | Transdermal | Q7 DAYS | Arnold, Eric B, MD | | 2 Patch at 08/18/19 1030 |
| • ergocalciferol (vitamin D-2) Cap 50,000 Units | 50,000 Units | Oral | Q Wed | Arnold, Eric B, MD | | 50,000 Units at 08/21/19 0918 |
| • lactulose (ENULOSE) Oral Soln 15 mL | 15 mL | Oral | BID | Arnold, Eric B, MD | | 15 mL at 08/23/19 0841 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 5 mg at 08/22/19 2121 |
| • lamoTRIgine (laMICtal) Tab 125 mg | 125 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 125 mg at 08/22/19 2120 |
| • memantine (NAMENDA) Tab 5 mg | 5 mg | Oral | BID | Arnold, Eric B, MD | | 5 mg at 08/23/19 0840 |
| • propranolol (INDERAL) Tab | 10 mg | Oral | BID | Arnold, Eric B, MD | | 10 mg at |

| | | | | | |
|---|---|---|---|---|---|
| 10 mg | | | | | 08/23/19 0840 |
| • acetaminophen (TYLENOL) Tab 325 mg | 325 mg | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • aluminum/magnesium hydroxide/simethicone (MYLANTA) Oral Susp 30 mL | 30 mL | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • ibuprofen (MOTRIN) Tab 400 mg | 400 mg | Oral | Q6H PRN | Arnold, Eric B, MD | |
| • magnesium hydroxide (MILK OF MAGNESIA/MOM) Oral Susp 30 mL | 30 mL | Oral | BEDTIME PRN | Arnold, Eric B, MD | |
| • QUEtiapine (SEROquel) Tab 300 mg | 300 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 300 mg at 08/22/19 2154 |

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**SECLUSION/RESTRAINT:**
None

**DIAGNOSIS / PROBLEM LIST:**
50 year-old M with bipolar I and chronic pain, recently more depressed after recent mixed episode and being on fewer medications. Admits with SI.

*Bipolar I, current episode depressed F31.4*
*R/o personality disorder with borderline and dependent traits*
*Fibromyalgia*
*Psoriasis*
*Chronic Pelvic Pain Syndrome*
*Vitamin D deficiency*

**ASSESSMENT AND REASON FOR CONTINUED HOSPITALIZATION:**
Continues to require acute inpatient care for safety and stabilization.

**PLAN:**

**PSYCHIATRIC**:
#Indiv, grp and milieu therapy
#Cont seroquel 300 mg bedtime
#Cont Re-increased lamictal to prior stable dose 125 mg bedtime
#Paxil 40 mg bedtime increased 8/20
#Depakote ER increased to prior stable dose 1000 mg bedtime on 8/18
#Valium 5 mg TID PRN
#Consider wellbutrin
#Cont cogentin 1 mg BID as PRN
#Cont propranolol 10 mg BID - presumably for anxiety
#Cont memantine 5 mg BID, which he believes helps his memory, though I am not certain this is truly indicated at this point

**MEDICAL**:
Follow up labs/imaging
Recommendations as per medicine consult

Pain:
#Apply 10 mcg butrans patch 8/18, q 7 d. Lactulose for bowel regimen
#Valium 5 mg night apparently primarily for pain

Vit D def:
#D-2 50,000 units Q Wed

**LEGAL STATUS**: Voluntary

**DISPOSITION**:
PHP referral. Transition day 8/23, possible 2nd transition day 8/26 vrs discharge 8/26 and admit same day to PHP

**ELOS**: 2-4d

---

**PSYCHOTHERAPY NOTE**
Psychotherapy time: 18 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
Supportive

PROBLEM: depression
mood instability
self-harm/suicidal ideation

INTERVENTION: Explore and challenge cognitive distortions
Increase awareness of emotional states/reality testing
Increase insight into illness and treatment plan
Improve treatment alliance

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Acknowledges intellectual understanding but emotionally struggles
Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach
Work to reinforce insights/concepts/skills

**Eric B Arnold, MD**

99233
90833

Electronically signed by Arnold, Eric B, MD at 08/23/19 1836

**Trautner, Rick Jeffrey, MD at 8/24/2019 1027**

**PSYCHIATRY INPATIENT PROGRESS NOTE**
Saturday, August 24, 2019

**CHIEF COMPLAINT:** depression

**TREATMENT:** psychotherapy + E&M

**INTERIM HISTORY:**
50 yo male covered for Dr. Arnold. States he is doing OK and anticipating transition to PHP. Mildly odd and intrusive in session. States professors visited him and felt reassured. Denies new probs or med s/e. Getting along well on unit.

**PAST, FAMILY AND SOCIAL HISTORY:** unchanged

**VITAL SIGNS:**

BP 130/83 | Pulse 80 | Temp (Src) 97.9 °F (36.6 °C) (Oral) | Resp 16 | Ht 1.664 m (5' 5.5") | Wt 58.2 kg (128 lb 3.2 oz) | SpO2 100%
Wt Readings from Last 3 Encounters:
08/21/19 : 58.2 kg (128 lb 3.2 oz)
06/03/19 : 66.7 kg (147 lb)
08/17/16 : 59.2 kg (130 lb 9.6 oz)

**MENTAL STATUS EXAM:**

**General Appearance:** appropriate.
**Muscle Strength and Tone:** No abnormalities noted
**Gait & Station**: Gait: unassisted and stable
**Mental Status Examination:**
**Orientation:**Fully oriented
**Speech:** normal rhythm and rate
**Language:** English speaking and WNL
**Affect:**: Restricted
**Mood:** anxious
**Suicidal ideation**: No
**Homicidal Ideation**: No
**Thought Process**: Tangential
**Thought Content:** concrete
**Attention & Concentration:** Impaired;
**Recent & Remote Memory:** recent memory intact and remote memory intact;
**Fund of Knowledge:** Appropriate;
**Judgment & Insight**:
- Judgement: Limited
- Insight: Limited

**REVIEW OF SYSTEMS:**
GENERAL: DENIES:, fever, chills, change in weight, weakness, fatigue, sweats, heat or cold intolerance
NEURO: DENIES: , fainting, dizziness, blackouts, paralysis, numbness, tingling, tremors, loss of memory, nervousness, speech disorders, unsteadiness of gait, loss of consciousness, disorientation, muscle weakness
PSYCH: DENIES: , hearing voices, seeing things that are not there. See interim history.

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Nurse
Social Worker
Occupational Therapy

MD

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.
No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Facility-Administered Medications**

| Medication | Dose | Route | Frequency | Provider | Last Rate | Last Dose |
|---|---|---|---|---|---|---|
| • divalproex 24Hr-ER (DEPAKOTE ER) Tab 1,000 mg | 1,000 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 1,000 mg at 08/23/19 2016 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | TID PRN | Arnold, Eric B, MD | | 5 mg at 08/23/19 1234 |
| • magnesium citrate (CITROMA) oral soln 148 mL | 148 mL | Oral | DAILY | Arnold, Eric B, MD | | 148 mL at 08/24/19 0852 |
| • PARoxetine HCl (PAXIL) Tab 40 mg | 40 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 40 mg at 08/23/19 2016 |
| • benztropine (COGENTIN) Tab 1 mg | 1 mg | Oral | BID PRN | Arnold, Eric B, MD | | |
| • buprenorphine (BUTRANS) 5mcg/hr 2 Patch | 2 Patch | Transdermal | Q7 DAYS | Arnold, Eric B, MD | | 2 Patch at 08/18/19 1030 |
| • ergocalciferol (vitamin D-2) Cap 50,000 Units | 50,000 Units | Oral | Q Wed | Arnold, Eric B, MD | | 50,000 Units at 08/21/19 0918 |
| • lactulose (ENULOSE) Oral Soln 15 mL | 15 mL | Oral | BID | Arnold, Eric B, MD | | 15 mL at 08/24/1 |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | 9 0852 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 5 mg at 08/23/19 2016 |
| • lamoTRIgine (laMICtal) Tab 125 mg | 125 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 125 mg at 08/23/19 2017 |
| • memantine (NAMENDA) Tab 5 mg | 5 mg | Oral | BID | Arnold, Eric B, MD | 5 mg at 08/24/19 0853 |
| • propranolol (INDERAL) Tab 10 mg | 10 mg | Oral | BID | Arnold, Eric B, MD | 10 mg at 08/24/19 0853 |
| • acetaminophen (TYLENOL) Tab 325 mg | 325 mg | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • aluminum/magnesium hydroxide/simethicone (MYLANTA) Oral Susp 30 mL | 30 mL | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • ibuprofen (MOTRIN) Tab 400 mg | 400 mg | Oral | Q6H PRN | Arnold, Eric B, MD | |
| • magnesium hydroxide (MILK OF MAGNESIA/MOM) Oral Susp 30 mL | 30 mL | Oral | BEDTIME PRN | Arnold, Eric B, MD | |
| • QUEtiapine (SEROquel) Tab 300 mg | 300 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 300 mg at 08/23/19 2152 |

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**SECLUSION/RESTRAINT:**
None

**DIAGNOSIS / PROBLEM LIST:**

**08/16/2019 - Admission (Discharged) in ABSMC Psych 4EA ADULT (continued)**

**BH Pert Pkt Notes (continued)**

**Active Hospital Problems**

| Diagnosis | Date Noted |
|---|---|
| • Bipolar affective disorder (CMS/HCC) [F31.9] | |
| • Leukopenia [D72.819] | |
| • Thrombocytopenia (CMS/HCC) [D69.6] | |
| • Depressive disorder [F32.9] | 08/16/2019 |

**Resolved Hospital Problems**
No resolved problems to display.

**ASSESSMENT AND REASON FOR CONTINUED HOSPITALIZATION:**
Cont mildly unstable but approaching discharge readiness. Tolerating meds well.

**PLAN:**

**PSYCHIATRIC**:
#Indiv, grp and milieu therapy
Cont tx plan

**MEDICAL**:
Follow up labs/imaging
Recommendations as per medicine consult

**LEGAL STATUS**: Voluntary

**DISPOSITION**:
TBD

**ELOS**: 2d

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**PSYCHOTHERAPY NOTE**
Psychotherapy time: 20 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
Supportive

PROBLEM: depression
mood instability

INTERVENTION: Explore and challenge cognitive distortions
Increase insight into illness and treatment plan

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts
Receptive to intervention
Demonstrates improved skills

PLAN:
Continue current psychotherapeutic treatment approach

NARRATIVE: Process gains in treatment and prepare for transition out of hosp

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**Rick Jeffrey Trautner, MD**

99233 Time spent: 35 min.
90833 Time spent: 20 min.

Electronically signed by Trautner, Rick Jeffrey, MD at 08/24/19 1032

**Trautner, Rick Jeffrey, MD at 8/25/2019 0838**

**PSYCHIATRY INPATIENT PROGRESS NOTE**
Sunday, August 25, 2019

**CHIEF COMPLAINT:** deopression

**TREATMENT:** psychotherapy + E&M

**INTERIM HISTORY:**
States he is feeling a little better. Still a bit flat. Cont somewhat inappropriate, intrusive on unit. Looking forward to visit from professor today. Denies new probs or med s/e. Slept OK. Denies any new probs.

**PAST, FAMILY AND SOCIAL HISTORY:** unchanged

**VITAL SIGNS:**

BP 111/75 | Pulse 77 | Temp (Src) 97.8 °F (36.6 °C) (Oral) | Resp 16 | Ht 1.664 m (5' 5.5") | Wt 58.2 kg (128 lb 3.2 oz) | SpO2 98%

Wt Readings from Last 3 Encounters:
08/21/19 : 58.2 kg (128 lb 3.2 oz)
06/03/19 : 66.7 kg (147 lb)
08/17/16 : 59.2 kg (130 lb 9.6 oz)

**MENTAL STATUS EXAM:**

**General Appearance:** alert and intrusive.
**Muscle Strength and Tone:** No abnormalities noted
**Gait & Station**: Gait: unassisted and stable
**Mental Status Examination:**
**Orientation:**Fully oriented
**Speech:** normal rhythm and rate
**Language:** English speaking and WNL
**Affect:**: Restricted
**Mood:** depressed
**Suicidal ideation**: No
**Homicidal Ideation**: No
**Thought Process**: Tangential
**Thought Content:** paucity and concrete
**Attention & Concentration:** Impaired;
**Recent & Remote Memory:** recent memory intact and remote memory intact;
**Fund of Knowledge:** Appropriate;
**Judgment & Insight**:
- Judgement: Limited
- Insight: Limited

**REVIEW OF SYSTEMS:**
GENERAL: DENIES:, fever, chills, change in weight, weakness, fatigue, sweats, heat or cold intolerance
NEURO: DENIES: , fainting, dizziness, blackouts, paralysis, numbness, tingling, tremors, loss of memory, nervousness, speech disorders, unsteadiness of gait, loss of consciousness, disorientation, muscle weakness
PSYCH: DENIES: , hearing voices, seeing things that are not there. See interim history.

**ADDITIONAL DATA REVIEWED:**
I have reviewed all pertinent notes, lab and imaging studies since last encounter.

**COORDINATION OF CARE:**
Coordination activities since last encounter: Nurse
Social Worker
Occupational Therapy

**DIAGNOSTIC STUDIES:**

Reviewed

No results for input(s): WBC, HGB, HCT, PLT in the last 72 hours.
No results for input(s): NA, K, CL, CO2, BUN, CREATININE, GLU, CA, MG, PHOS in the last 72 hours.

No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): GLUCAP in the last 72 hours.
No results for input(s): TSH in the last 72 hours.

**MEDICATIONS:**
Reviewed
Discussed A/E's

**Current Facility-Administered Medications**

| Medication | Dose | Route | Frequency | Provider | Last Rate | Last Dose |
|---|---|---|---|---|---|---|
| • divalproex 24Hr-ER (DEPAKOTE ER) Tab 1,000 mg | 1,000 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 1,000 mg at 08/24/19 2155 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | TID PRN | Arnold, Eric B, MD | | 5 mg at 08/23/19 1234 |
| • magnesium citrate (CITROMA) oral soln 148 mL | 148 mL | Oral | DAILY | Arnold, Eric B, MD | | 148 mL at 08/24/19 0852 |
| • PARoxetine HCl (PAXIL) Tab 40 mg | 40 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 40 mg at 08/24/19 2157 |
| • benztropine (COGENTIN) Tab 1 mg | 1 mg | Oral | BID PRN | Arnold, Eric B, MD | | |
| • buprenorphine (BUTRANS) 5mcg/hr 2 Patch | 2 Patch | Transdermal | Q7 DAYS | Arnold, Eric B, MD | | 2 Patch at 08/18/19 1030 |
| • ergocalciferol (vitamin D-2) Cap 50,000 Units | 50,000 Units | Oral | Q Wed | Arnold, Eric B, MD | | 50,000 Units at 08/21/19 0918 |
| • lactulose (ENULOSE) Oral Soln 15 mL | 15 mL | Oral | BID | Arnold, Eric B, MD | | 15 mL at 08/24/19 2154 |
| • diazepam (VALIUM) Tab 5 mg | 5 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 5 mg at 08/24/19 2156 |
| • lamoTRIgine (laMICtal) Tab 125 mg | 125 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | | 125 mg at 08/24/19 2156 |

**08/16/2019 - Admission (Discharged) in ABSMC Psych 4EA ADULT (continued)**

**BH Pert Pkt Notes (continued)**

| | | | | | |
|---|---|---|---|---|---|
| • memantine (NAMENDA) Tab 5 mg | 5 mg | Oral | BID | Arnold, Eric B, MD | 5 mg at 08/24/19 2157 |
| • propranolol (INDERAL) Tab 10 mg | 10 mg | Oral | BID | Arnold, Eric B, MD | 10 mg at 08/24/19 2155 |
| • acetaminophen (TYLENOL) Tab 325 mg | 325 mg | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • aluminum/magnesium hydroxide/simethicone (MYLANTA) Oral Susp 30 mL | 30 mL | Oral | Q4H PRN | Arnold, Eric B, MD | |
| • ibuprofen (MOTRIN) Tab 400 mg | 400 mg | Oral | Q6H PRN | Arnold, Eric B, MD | |
| • magnesium hydroxide (MILK OF MAGNESIA/MOM) Oral Susp 30 mL | 30 mL | Oral | BEDTIME PRN | Arnold, Eric B, MD | |
| • QUEtiapine (SEROquel) Tab 300 mg | 300 mg | Oral | Q BEDTIME | Arnold, Eric B, MD | 300 mg at 08/24/19 2156 |

I have reviewed and documented all current prescriptions, over-the-counter medications, herbals, vitamins, minerals and dietary supplements as of today’s visit.

**SECLUSION/RESTRAINT:**
None

**DIAGNOSIS / PROBLEM LIST:**

**Active Hospital Problems**

| Diagnosis | Date Noted |
|---|---|
| • Bipolar affective disorder (CMS/HCC) [F31.9] | |
| • Leukopenia [D72.819] | |
| • Thrombocytopenia (CMS/HCC) [D69.6] | |
| • Depressive disorder [F32.9] | 08/16/2019 |

**Resolved Hospital Problems**

No resolved problems to display.

**ASSESSMENT AND REASON FOR CONTINUED HOSPITALIZATION:**
Cont to gradually stabilize but with persistent syx. Tolerating meds well.

**PLAN:**

**PSYCHIATRIC**:
#Indiv, grp and milieu therapy
Cont current meds and tx plan

**MEDICAL**:
Follow up labs/imaging
Recommendations as per medicine consult

**LEGAL STATUS**: Voluntary

**DISPOSITION**:
TBD

**ELOS**: 2d

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**PSYCHOTHERAPY NOTE**
Psychotherapy time: 20 min

Patient was assessed as appropriate for psychotherapy with potential to benefit from evidence based modalities. Psychotherapy is provided in conjunction with and in addition to E/M evaluation in order to reduce symptomatology and improve adherence with psychopharmacologic interventions.

**PSYCHOTHERAPY:**
PSYCHOTHERAPY TYPE: CBT
Supportive

PROBLEM: depression
mood instability

INTERVENTION: Explore and challenge cognitive distortions
Increase insight into illness and treatment plan

RESPONSE: Continues to struggle with strongly held schemas/interpersonal conflicts

## 08/16/2019 - Admission (Discharged) in ABSMC Psych 4EA ADULT (continued)

**BH Pert Pkt Notes (continued)**

Receptive to intervention

PLAN:
Continue current psychotherapeutic treatment approach

NARRATIVE: Reinforce progress, begin to prepare for transition to LLOC

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**Rick Jeffrey Trautner, MD**

99232 Time spent: 20 min.
90833 Time spent: 20 min.

Electronically signed by Trautner, Rick Jeffrey, MD at 08/25/19 0842

**Labs**

**LAB CHEMISTRY**

**COMPREHENSIVE METABOLIC PANEL W GFR [1089161027] (Abnormal)** Resulted: 08/19/19 0919, Result status: Final result

Ordering provider: Arnold, Eric B, MD 08/16/19 2211 Resulting lab: ALTA BATES MEDICAL CENTER

**Specimen Information**

| Type | Source | Collected On |
|---|---|---|
| Serum | Blood | 08/19/19 0620 |

**Components**

| Component | Value | Reference Range | Flag | Lab |
|---|---|---|---|---|
| Sodium | 139 | 136 - 145 mmol/L | — | PA218 |
| Potassium | 4.1 | 3.5 - 5.1 mmol/L | — | PA218 |
| Chloride | 106 | 98 - 107 mmol/L | — | PA218 |
| CO2 (Bicarbonate) | 29 | 21 - 32 mmol/L | — | PA218 |
| Anion Gap | 8.1 | 10 - 20 mmol/L | L | PA218 |
| Glucose | 78 | 70 - 99 mg/dL | — | PA218 |
| BUN | 19 | 6 - 25 mg/dL | — | PA218 |
| Creatinine<br>Comment: IDMS-traceable method | 1.00 | 0.50 - 1.30 mg/dL | — | PA218 |
| eGFR-Other Legacy | 87 | >60 See Cmnt | — | PA218 |
| eGFR-African American Legacy<br>Comment:<br>Units: mL/min/1.73 m2. Estimated glomerular filtration rate values are calculated using the CKD-EPI equation | 101 | >60 See Cmnt | — | PA218 |
| Calcium | 9.1 | 8.2 - 10.2 mg/dL | — | PA218 |
| Total Protein | 8.0 | 6.4 - 8.2 g/dL | — | PA218 |
| Albumin | 4.1 | 3.2 - 4.7 g/dL | — | PA218 |
| Total Bilirubin | 0.8 | 0.1 - 1.3 mg/dL | — | PA218 |
| Alkaline Phosphatase | 90 | 26 - 137 U/L | — | PA218 |
| AST | 18 | 0 - 37 U/L | — | PA218 |

**Labs (continued)**

| | | | | |
|---|---|---|---|---|
| ALT | 29 | 0 - 60 U/L | — | PA218 |
| Ionized Calcium Calc | 0.96 | 0.88 - 1.05 mmol/L | — | PA218 |
| Osmolality Calc,Serum | 279 | 275 - 290 mOsm/kg | — | PA218 |

**THYROID SCREEN (TSH) W/ REFLEX FREE T4 [1089161028]**

Resulted: 08/19/19 0929, Result status: Edited Result - FINAL

Ordering provider: Arnold, Eric B, MD 08/16/19 2211 Resulting lab: ALTA BATES MEDICAL CENTER

**Specimen Information**

| Type | Source | Collected On |
|---|---|---|
| Serum | Blood | 08/19/19 0620 |

**Components**

| Component | Value | Reference Range | Flag | Lab |
|---|---|---|---|---|
| TSH | 2.15 | 0.34 - 4.82 uIU/mL | — | PA218 |

**LIPID PROFILE [1089161029] (Abnormal)**

Resulted: 08/19/19 0919, Result status: Final result

Ordering provider: Arnold, Eric B, MD 08/16/19 2211 Resulting lab: ALTA BATES MEDICAL CENTER

**Specimen Information**

| Type | Source | Collected On |
|---|---|---|
| Serum | Blood | 08/19/19 0620 |

**Components**

| Component | Value | Reference Range | Flag | Lab |
|---|---|---|---|---|
| Total cholesterol | 202 | <200 mg/dL | H | PA218 |
| Comment: Reference Range, Cholesterol, Total Desirable: <200 mg/dL Borderline: 200-239 mg/dL High: > 239 mg/dl | | | | |
| Triglyceride | 115 | <150 mg/dL | — | PA218 |
| HDL cholesterol | 69 | >40 mg/dL | — | PA218 |
| LDL Calculated | 110 | <100 mg/dL | H | PA218 |
| VLDL (Calculated) | 23 | 7 - 32 mg/dL | — | PA218 |

**HEMOGLOBIN A1C [1089161030]**

Resulted: 08/20/19 0016, Result status: Final result

Ordering provider: Arnold, Eric B, MD 08/16/19 2211 Resulting lab: SUTTER HEALTH SHARED LABORATORY

**Specimen Information**

| Type | Source | Collected On |
|---|---|---|
| Blood | Blood | 08/19/19 0620 |

**Components**

| Component | Value | Reference Range | Flag | Lab |
|---|---|---|---|---|
| Hemoglobin A1c | 4.8 | 4.0 - 5.6 % | — | LV1 |
| Average Glucose | 91 | mg/dL | — | LV1 |

Comment:

Hemoglobin A1c
5.7-6.4% Increased Risk of diabetes mellitus
> or = 6.5% Consistent with diabetes mellitus

ADA Therapeutic goal <7% HbA1c
Additional action suggested >8% HbA1c

**Labs (continued)**

Immediate action suggested >10% HbA1c

Estimated average glucose is calculated using the equation eAG = (28.7 x HbA1c) - 46.7

| %Hb A1c | Estimated Average Glucose(eAG)mg/dL |
|---|---|
| 5 | 97 |
| 6 | 126 |
| 7 | 154 |
| 8 | 183 |
| 9 | 212 |
| 10 | 240 |
| 11 | 269 |

Method is NGSP certified

References:
1. American Diabetes Association Standards of Medical Care in Diabetes. Diabetes Care 2010 Jan 33:S11-S61
2. Nathan DM et al. Translating the A1c assay into estimated average glucose values. Diabetes Care 2008 A ug 31:1473-1478

**HEPATITIS B CORE ANTIBODY TOTAL [1089161037]** Resulted: 08/19/19 0955, Result status: Final result

Ordering provider: Gong, Alice J, MD 08/17/19 1259 Resulting lab: ALTA BATES MEDICAL CENTER

**Specimen Information**

| Type | Source | Collected On |
|---|---|---|
| Serum | Blood | 08/19/19 0620 |

**Components**

| Component | Value | Reference Range | Flag | Lab |
|---|---|---|---|---|
| Hepatitis B Core Antibody Total | Non Reactive | Non Reactive | — | PA218 |

**T4, FREE [1089161067]** Resulted: 08/19/19 1009, Result status: Final result

Ordering provider: Arnold, Eric B, MD 08/19/19 0620 Resulting lab: ALTA BATES MEDICAL CENTER

**Specimen Information**

| Type | Source | Collected On |
|---|---|---|
| Serum | — | 08/19/19 0620 |

**Components**

| Component | Value | Reference Range | Flag | Lab |
|---|---|---|---|---|
| Free T4 | 1.12 | 0.70 - 1.48 ng/dL | — | PA218 |

**LAB HEMATOLOGY**

**CBC WITH AUTOMATED DIFFERENTIAL [1089161031] (Abnormal)** Resulted: 08/19/19 0902, Result status: Final result

Ordering provider: Arnold, Eric B, MD 08/16/19 2230 Resulting lab: ALTA BATES MEDICAL CENTER

**Specimen Information**

| Type | Source | Collected On |
|---|---|---|
| Blood | Blood | 08/19/19 0620 |

**Components**

| Component | Value | Reference Range | Flag | Lab |
|---|---|---|---|---|

## 08/16/2019 - Admission (Discharged) in ABSMC Psych 4EA ADULT (continued)

**Labs (continued)**

| | | | | |
|---|---|---|---|---|
| White Blood Cell Count | 4.7 | 4.0 - 11.0 K/uL | — | PA218 |
| Red Blood Cell Count | 4.61 | 4.40 - 6.00 M/uL | — | PA218 |
| Hemoglobin | 14.0 | 13.5 - 18.0 g/dL | — | PA218 |
| Hematocrit | 43.5 | 40.0 - 52.0 % | — | PA218 |
| MCV | 94 | 80 - 100 fL | — | PA218 |
| MCH | 30.4 | 27.0 - 33.0 pg | — | PA218 |
| MCHC | 32.2 | 31.0 - 36.0 g/dL | — | PA218 |
| RDW | 13.1 | <16.4 % | — | PA218 |
| Platelet Count | 120 | 150 - 400 K/uL | L | PA218 |
| Differential Type | Automated | — | — | PA218 |
| Neutrophil % | 32 | % | — | PA218 |
| Lymphocyte % | 56 | % | — | PA218 |
| Monocyte % | 7 | % | — | PA218 |
| Eosinophil % | 4 | % | — | PA218 |
| Basophil % | 1 | % | — | PA218 |
| Abs. Neutrophil | 1.5 | 2.0 - 8.0 K/uL | L | PA218 |
| Abs. Lymphocyte | 2.6 | 1.0 - 5.1 K/uL | — | PA218 |
| Abs. Monocyte | 0.3 | 0.0 - 0.8 K/uL | — | PA218 |
| Abs. Eosinophil | 0.2 | 0.0 - 0.5 K/uL | — | PA218 |
| Abs. Basophil | 0.1 | 0.0 - 0.2 K/uL | — | PA218 |
| NUCLEATED RBC AUTO | 0.0 | 0.0 /100 WBC | — | PA218 |

**LAB IMMUNOSEROLOGY**

**HEPATITIS C ANTIBODY [1089161038]** Resulted: 08/19/19 0955, Result status: Final result

Ordering provider: Gong, Alice J, MD 08/17/19 1259 Resulting lab: ALTA BATES MEDICAL CENTER

**Specimen Information**

| Type | Source | Collected On |
|---|---|---|
| Serum | Blood | 08/19/19 0620 |

**Components**

| Component | Value | Reference Range | Flag | Lab |
|---|---|---|---|---|
| Hepatitis C Antibody | Non Reactive | Non Reactive | — | PA218 |

# End of Report