

STATE OF ILLINOIS

UNITED STATES OF AMERICA

COUNTY OF DU PAGE

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

Thomas Fernandez

Plaintiff,

v.

MEIER CLINICS OF ILLINOIS P C

Defendant,

2022LA001051

Case Number

File Stamp Here

EXHIBIT COVER SHEET

Local Court Rules 5.06 and 5.09

EXHIBIT NAME: Fraudulent Medical Records 1**TITLE OF DOCUMENT THIS EXHIBIT BELONGS WITH:****Document File Date: 05-02-2023***(The file date of the document this exhibit belongs with)***EXHIBIT FILED ON BEHALF OF: Thomas C Fernandez***(Case Party Name)*

Submitted by: Thomas C Fernandez

Name: Thomas C Fernandez ☒ Pro Se

DuPage Attorney Number: _____

Attorney for: _____

Address: 480 Roosevelt Rd Suite 203City/State/Zip: West Chicago, IL 60185Telephone Number: 6306494467Email: securetcmail@gmail.com

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Phone: (630)653-1717
Fax: (630)653-7926
FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/1/2022

Cognition
Attention Span and Concentration:
difficulty

Orientation to Time, Place, and Person:
Ox3; alert

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:

anxious

Affect:

anxious

Emotional State Comments:

congruent

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/1/2022

Judgment and Insight
Judgment: appears intact
Insight: appears intact
Judgment and Insight Comments:

Thought Processes

linear
No hallucinations. Patient doesn't not present as delusional
Thought Processes Comments:
Patient denies si/hl. No hallucinations present. Patient does not present as delusional

Risk Assessment:
Patient denies si/hl. No plan or intent noted. He does not appear to be hiding or withholding information as best as I can ascertain.
Risk Assessment Comments:

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Meier Initial/Follow Up - 3/1/2022

Axis I:

F90.0 ATTN-DEFT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE

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FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/1/2022

Axis II:
Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder (?brief if limited to 2020 episode)
Adderall 20mg bid
Risk/benefits of treatment discussed and pt. consents. Supportive therapy.
Appreciates therapist here but may look for one who is older.
>50% of face to face time spent in counseling/coordination of care
RTC 1-2 months

Endnotes

(1) Visit Date 3/1/2022 Continued:

...goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional EtOH, h/o used to cope during high stress work but no problem moderating and no sequelae.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
phone call - 3/22/2022

ILPMP shows appropriate and less frequent than monthly fills for the most part.

Pt. called to apologize for family calling me in the fall and his phone call a few months ago when he learned about divorce initiation. I do not see these as "his fault" and appreciated him trying to mend things and navigate his life moving forward since divorce finalized.

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LEE, STEVE, MD
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FERNANDEZ, THOMAS C - DOB: 3/1/1983
phone call - 3/28/2022

LEE, STEVE, MD
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WHEATON, IL 60187-4631

FERNANDEZ, THOMAS C - DOB: 3/1/1983
phone call - 4/3/2022

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Fax: (630) 653-7926

Pt has been sending lengthy emotional pleading emails to me as well as parents and ex-wife. He is trying to make sense of how his marriage devolved last year and is hoping that everyone get back together as his treatment support team. I phoned him for 20 minutes. He is having mood swings, panic attacks and feels like he is a different person before, during and after the divorce. There are things he doesn't remember last year. He expressed no threats to himself or others.
Plan : Abilify 1 then 2mg qd to stabilize mood and address any psychotic/though disorder tendency that may be present. Also Ativan 1mg twice daily as needed reintroduction for panic and anxiety. Risk/benefits reviewed and pt. consents. He is also to consider the PHP, our clinic is a possibility, he was open to his idea. I also advised him that I do not have additional information from last year that would unlock the mystery that he seems to think there is. Also his group emails have not been productive as none of the other recipients have replied, nor would it be appropriate for me to reply to the group. He states that he understands this. He also acknowledges his need for therapy. He should call me directly for any concerns - his next appointment is in 4 days.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/7/2022

Chief Complaint: ADHD
20 min 99213 95

HPI

Did not get Abilify filled, shortly after phone call, felt more stable, was quite distressed over the weekend. Ex-wife did get majority of assets in divorce, they still communicate daily and he sees dogs there. Off work a little, has had panic on the job. Ativan 1mg as needed helpful. Over the winter, ex-wife would call his parents to intervene, mother upset with patient but father seemed to feel that they should not get in the middle of the patient and his wife then, this is per the patient, denies any psychosis/paranoia/suicidal/homicidal threats. He has no firearms, past ones are in possession of his wife and FOID card expired.
No auditory hallucinations since 5/22/2020. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices. Seasonal depression... (Continued: in Endnote 1)

Past Psychiatric History

Med history: Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegretol for migraines; Serquel pm 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Depakote 2022 short trial

h/o therapist Dan Fisher
2013 psych testing by N Persun - indications of bipolar/antisocial/schizotypal/though disorder tendencies. He tested negative on BSDS with me back then and collateral info from his mother at the time was consistent with his report.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D

PCP Vaikundas

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/7/2022

Social History
Married; h/o smoking
Works for father. tax accounting

Family History

mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/7/2022

General Appearance and Behavior

Grooming and Appearance:

somewhat disheveled

Eye Contact:

wnl

Psychomotor Behavior:

a bit antsy

Speech:

a bit shaky

Language

fluent

Cooperation:

cooperative

Attitude:

appropriate

Appearance and Behavior Comments:

appears to have lost weight which he is prone to

Cognition
Attention Span and Concentration:
difficulty

Orientation to Time, Place, and Person:
Ox3; alert

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:

anxious

Affect:

anxious

Emotional State Comments:

congruent

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/7/2022

Judgment and Insight

Judgment:

Fair

Insight:

Fair

Judgment and Insight Comments:

Thought Processes

Linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies si/hi. No hallucinations present. Patient does not present as delusional

Risk Assessment:

Patient denies si/hi. No plan or intent noted. He does not appear to be hiding or withholding information as best as I can ascertain.

Risk Assessment Comments:

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Meier Initial/Follow Up - 4/7/2022

Axis I:

F90.0 ATTN-DEFECT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE

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FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/7/2022

Axis II:
Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder (?brief if limited to 2020 episode)
Adderall 20mg bid. Ativan 1mg twice daily prn. He still needs to find therapist.
Risk/benefits of treatment discussed and pt. consents. Supportive therapy.
Appreciates therapist here but may look for one who is older.
>50% of face to face time spent in counseling/coordination of care
RTC 2 weeks to check in

Endnotes

(1) Visit Date 4/7/2022 Continued:
...history.

Early 2020: mounting paranoia; had tech business idea; motivated/obsessive. started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional EtOH, h/o used to cope during high stress work but no problem moderating and no sequelae.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
No Show - 4/21/2022

Patients 2nd no show. Normally I would charge however he is in a very emotionally vulnerable state.
Therefore I will forgo the charge.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/29/2022

Chief Complaint:
ADHD
22 min 99213 95

HPI

Pt. missed last appointment due to wrong reminder time in his phone. He has been off work almost 4 weeks but just restarted. Adivan used 1x. Adderall helpful. Larger issue: memory is clearer and he is quite distressed with regards to his relationship with ex-wife and parents. He is staying with parents while credit clears up for him to rent on own, he still tried to communicate with ex-wife and salvage that "friendship." He feels his parents and ex-wife "f*****ed" him over. He is resistant to seeing a therapist now seemingly set on his own interpretation of the events of last year. Insurance would not cover PHP. denies any psychosis/paranoia/suicidal/homicidal threats. He has no firearms, past ones are in possession of his wife and FOID card expired. No auditory hallucinations since 5/22/2020. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices. Seasonal depression... (Continued: in Endnote 1)

Past Psychiatric History

Med history: Effexor, Concerta (poor effect), Ritalin, Adderall XR/IR, Tegretol for migraines; Seroquel pm Adivan; tried Klonopin prior, not as effective; trazodone; Zoloft 100mg mental block; Zyprexa, Adderall; Depakote 2022 short trial

h/o therapist Dan Fisher
2013 psych testing by N Persun - indications of bipolar/antisocial/schizotypal/though disorder tendencies. He tested negative on BSSD with me back then and collateral info from his mother at the time was consistent with his report.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D

PCP Vaikundas

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Social History
Married, h/o smoking
Works for father. tax accounting

Family History
mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

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Grooming and Appearance:

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Attitude:

appropriate

Appearance and Behavior Comments:

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Meier Initial/Follow Up - 4/29/2022

Cognition

Attention Span and Concentration:
difficulty

Orientation to Time, Place, and Person:
Ox3; alert

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:

anxious and dysphoric

Affect:

anxious

Emotional State Comments:

congruent

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FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/29/2022

Judgment and Insight

Judgment:

poor to fair

Insight:

poor to fair

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies si/hi. No hallucinations present. Patient does not present as delusional

Risk Assessment:

Patient denies si/hi. No plan or intent noted. He does not appear to be hiding or withholding information as best as I can ascertain.

Risk Assessment Comments:

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Axis I:

F90.0 ATTN-DEFECT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE

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Meier Initial/Follow Up - 4/29/2022

Axis II:
Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder (?brief if limited to 2020 episode)
Adderall 20mg bid. Ativan 1mg twice daily prn.

Risk/benefits of treatment discussed and pt. consents. Supportive therapy.
>50% of face to face time spent in counseling/coordination of care

Strongly recommended therapist. Clearly defined my limited role given his disposition, basically prescribing meds to help retain some basic functionality level. I offered him an open non-threatening opportunity to see if his trust in me is lower but he did not explicitly indicate that.

Prognosis is guarded right now given patient's insistence on navigating these difficult circumstances alone. Also

Endnotes

(1) Visit Date 4/29/2022 Continued:

...changes that I had noted. Did you know that they just added "extreme anxiety" and "malaise" to the long-term adverse effects list for J&J? Right after she got the booster, she went silent for 3 days, canceled the IVF policy and started waging psychological warfare on me in our home. I didn't catch it right away or for a month or two even....I'd love to sit down with you and her and add some context and continuity to her stories. But I'm sure that'll never happen. I discredited myself even considering the idea.

Regarding the vaccine it has come to light that medical professionals have been ordered to not discuss or disclose anything that has to do with adverse reactions, side effects, or new symptoms (like heart failure).....you're a doctor, are you under a gag order, or contract stipulation, that says you cannot discuss the side effects of medications? I always found that interesting.

Do you have any pointers on how I should talk to my ex-wife? It seems your communication with her is how we got to the situation that I'm in. You two always did work well together.

I really enjoyed from March of 2020 onward saying things like "can we lower the doses on the medication, I can't get up in the mornings" or "I can't get up before 1:00 a.m." and "I can't remember anything until 5-6 o'clock at night".

She screamed at me for months, and when I finally responded, she divorced me.....but continued to scream things like "You never contributed" and "All you ever do is sleep till 11:00" and "do you not remember the conversation we just had?", and "you're gaslighting me" and "it's your mental health", except my mental health hadn't changed..... I was so confused for a while there that it took me months to figure out what she was doing.

I had a sense, for a while, that she spent quite a bit of time fabricating her truth and relaying it to everyone around me, even my mom and dad were in the loop. They've got some fabricated truths as well. Did you happen to hear anything about me doing 147 miles an hour in my car, my dad was on a kick about that for some reason? I took a note from Megan's book and spread some misinformation of my own to determine who was in contact and who wasn't. It was purely defensive and not a surprise. What was a surprise was what they were talking about.

I got this sense afterwards as I pieced the story, which I couldn't remember, back together that she had been working the story since at least May of 2021. What's really interesting is it didn't seem to bother me while it was going on, I didn't even notice our marriage was imploding, I wasn't even aware of it....because it wasn't until the vaccine booster. I relate the delay in recognition to being emotionally disconnected from her and myself due to the dulling of emotions from Anti-psychotics, anti-anxiety and depression meds.

She was right, it was my mental health that destroyed our marriage, or maybe it was overmedication, because we seem to be doing better now that I can remember what we've talked about. You're right, I should be more careful with the information I give to people and how I communicate with them, come to think of it, I have been. I can tell you exactly who has been talking to whom, based on one or two little details slipped into a conversation. It's easy for me, because I'm intuitive, introverted, private, quiet, I listen carefully, and mind what I say to people.

Who knows.... everyone has had time to maneuver around our divorce and attempted to shuffle the pieces to make it make sense for themselves.

Enjoy your conversations with my family and my ex-wife, I keep forgetting to have them removed from my medical information.... in writing.... as Meier has requested it be done for years. I guess that's just the trust I have in the people around me. Do you think they've told you the truth? Should I trust them?

I guess we'll never know.

Also the email that was sent to the personal injury law firm had no attachments and the links did not work. Just an observation. I do that as well. I'm observant.

I'm still laughing.

Sorry, not your area, you're not a therapist, and we're sticking to strictly medication conversations at this point...as requested. This will be the ABSOLUTE LAST email that I send that doesn't relate directly to medication. I won't make this mistake again. It really is one hell of a fucking story.

Till next month, thanks again sir.

Chris

My response indicating his case will be terminated due to significant break in treatment alliance:
4/29/2022 9:38pm

Hi Thomas,

I tried to call but I will have to email this time.

My primary message was not that a therapist would help you talk to Megan. That was hardly my intent at all. Rather I think a therapist would be a good sounding board for you. Also, I have had no conversations with her or your parents for over 6 months. From my perspective, Megan and I did not act like a good team as you stated. It was quite the opposite. When things unraveled from the summer of 2021 on, it was odd that she actually went radio silent on me. You would think that if things were decompensating, I would have heard more from her. And talk of vaccines is obviously irrelevant to our discussions. All this to say, I think what is coming to light is your distrust in me. In fact, this morning, I was trying to give you a forum for you to voice that to me. I understand that is not easy to do. But alas it has come to light in your email. I do believe that your building distrust in me is significant enough that we cannot maintain an ongoing workable treatment relationship. In these situations, a letter is sent indicating that your case will be closed with me and three referrals for other treatment centers are given. I will cancel our next appointment and be available for refills and emergencies for the next thirty days. If you can give me a physical address to send the letter to, that would be appreciated. I will also include the three referrals in this email for completeness' sake:

Northwestern Medicine Behavioral Health Services (formerly CDH) - (630) 933-4000
Amrita Health Alexian Brothers Behavioral Health - (855) 383-2224
Linden Oaks Behavioral Health - (630) 305-5027

I wish you the best and hope that you can find a psychiatrist with whom you can have a fresh start with.

Steve Lee, MD
Meier Clinics

In a period of less than a week, my work email junk folder was inundated with over 150 emails from the patient. I ignored the first 90 or so but noticed in the brief previews that they were directed to me with malicious content. The emails since are being kept and have been forwarded to Wheaton Police. I met with an officer 5/17 and he is starting this as an electronic harassment case and he will contact the patient to cease emailing me or else criminal charges will be pursued. He is also to stay away from the clinic and my home or criminal trespass charges will be made. I since have had our IT manager block the emails at the server level and since have not received any. Director of clinic and attorney for the clinic were consulted.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
phone call - 5/19/2022

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I WAS emotionally disconnected and distant due to meds. I also couldn't concentrate to figure out what was going on. I wasn't in tune with the people around me, I still don't believe that I am entirely in tune.....but this might just be normal at this point.

What's in my head is disturbing and I'm sorry for many of the issues we have had. My brain doesn't seem to be what it was the last 3-4 times I have said "I'm overmedicated" and attempted to come off of, or dial the dosages down. I am NOT currently hearing voices, and hope that it was an episodic event and will never happen again.

I do understand if Megan no longer wants a relationship of any kind with me. Yes, Mom and Dad, you definitely contributed to our divorce. I forgive you. Can you find forgiveness for me?

I'll give everyone time for this to sink in.

I WAS OVERMEDICATED! I'M PERSONALLY RESPONSIBLE FOR MANY OF THE ISSUES, INCLUDING VARIOUS PANIC ATTACKS AND THINGS THAT HAVE BEEN SAID. STEPS SHOULD HAVE BEEN TAKEN YEARS AGO TO SWITCH MEDICATIONS TO SOMETHING LESS SIDE-EFFECT HEAVY. I have tried repeatedly to explain this to Dr. Lee.

I hold Dr. Lee responsible for this, and the failure of my marriage, with your help, and am considering drawing a firm legal line in the sand, and stepping over it, with Meier.

I'm trying not to be hasty, but also set a precedent.

Thanks,

Chris

Sent from ProtonMail mobile

----- Original Message -----
On May 5, 2022, 5:26 AM, TCFernandez <TCFernandez@protonmail.com> wrote:

Since you're not going to read anymore emails.....

Remember that time I fell down the stairs in 2020, fractured my leg, and asked to lower the medication? I forgot all about that.

Hey, Dr. Lee, are there other medications without the side effects?

Too late.....I guess it is

Sent from ProtonMail mobile

----- Original Message -----
On May 1, 2022, 7:22 PM, Steve Lee <Slee@MEIERCLINICS.com> wrote:

Hi Thomas,

In the next 30 days if there are any need for refills or emergencies, please call the office. No further emails will be sent or read between us moving forward.

Steve Lee, MD
Meier Clinics

From: TCFernandez <TCFernandez@protonmail.com>
Sent: Sunday, May 1, 2022 7:15 PM
To: Steve Lee <SLee@MEIERCLINICS.com>
Subject: Re: phone call earlier

It's alright I've got the pertinent dates written down.

Sent from ProtonMail mobile

----- Original Message -----
On Apr 29, 2022, 9:38 PM, Steve Lee <SLee@MEIERCLINICS.com> wrote:

Hi Thomas,

I tried to call but I will have to email this time.

My primary message was not that a therapist would help you talk to Megan. That was hardly my intent at all.

Rather I think a therapist would be a good sounding board for

you. Also, I have had no conversations with her or your parents for over 6 months. From my perspective, Megan and I did not act like a good team as you stated. It was quite the opposite. When things

unraveled from the summer of 2021 on, it was odd that she actually went radio silent on me. You would think that if things

were decompensating, I would have heard more from her. And talk of vaccines is obviously irrelevant to our discussions. All this

to say, I think what is coming to light is your distrust in me. In fact, this morning, I was trying to give you a forum for you to voice that

to me. I understand that is not easy to do. But alas it has come to light in your email.

I do believe that your building distrust in me is significant enough that we cannot maintain an ongoing workable treatment

relationship. In these situations, a letter is sent indicating that your case will be closed with me and three referrals for other

treatment centers are given. I will cancel our next appointment and be available for refills and emergencies for the next thirty

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I wish you the best and hope that you can find a psychiatrist with

whom you can have a fresh start with.

Steve Lee, MD

Meier Clinics

From: TCFernandez <TCFernandez@protonmail.com>

Sent: Friday, April 29, 2022 8:48 PM

To: Steve Lee <SLee@MEIERCLINICS.com>

Subject: Re: phone call earlier

I've been laughing my ass off most of the afternoon. Regarding your comment that I should talk with someone about how I talk to Megan. Sadly, it's how she's treated me that is disheartening. She's been malevolent, nefarious, and devious for the better part of 10 months and this is extremely out of character for us. I do not say this lightly, and would never say it to her. With her I keep things on balance and light, these days, mostly I just talk about myself, how I'm feeling, and my love for her.

That sweet, beautiful, gentle, kind and caring little girl had a horrible reaction to the COVID vaccine, and not a single person would listen to the changes that I had noted. Did you know that they just added "extreme anxiety" and "malaise" to the long-term adverse effects list for J&J? Right after she got the booster, she went silent for 3 days, canceled the IVF policy and started waging psychological warfare on me in our home. I didn't catch it right away or for a month or two even.....I'd love to sit down with you and her and add some context and continuity to her stories. But I'm sure that'll never happen. I discredited myself even considering the idea.

Regarding the vaccine it has come to light that medical professionals have been ordered to not discuss or disclose anything that has to do with adverse reactions, side effects, or new symptoms (like heart failure).....you're a doctor, are you under a gag order, or contract stipulation, that says you cannot discuss the side effects of medications? I always found that interesting.

Do you have any pointers on how I should talk to my ex-wife? It seems your communication with her is how we got to the situation that I'm in. You two always did work well together.

I really enjoyed from March of 2020 onward saying things like "can we lower the doses on the medication, I can't get up in the mornings" or "I can't get up before 11:00 a.m." and "I can't remember anything until 5-6 o'clock at night".

She screamed at me for months, and when I finally responded, she divorced me.....but continued to scream things like "You never contributed" and "All you ever do is sleep till 11:00" and "do you not remember the conversation we just had?", and "you're gaslighting me" and "it's your mental health", except my mental health hadn't changed..... I was so confused for a while there that it took me months to figure out what she was doing.

I had a sense, for a while, that she spent quite a bit of time fabricating her truth and relaying it to everyone around me, even my mom and dad were in the loop. They've got some fabricated truths as well. Did you happen to hear anything about me doing 147 miles an hour in my car, my dad was on a kick about that for some reason? I took a note from Megan's book and spread some misinformation of my own to determine who was in contact and who wasn't. It was purely defensive and not a surprise. What was a surprise was what they were talking about.

I got this sense afterwards as I pieced the story, which I couldn't remember, back together that she had been working the story since at least May of 2021. What's really interesting is it didn't seem to bother me while it was going on, I didn't even notice our marriage was imploding. I wasn't even aware of it...because it wasn't until the vaccine booster. I relate the delay in recognition to being emotionally disconnected from her and myself due to the dulling of emotions from Anti-psychotics, anti-anxiety and depression meds.

She was right, it was my mental health that destroyed our marriage, or maybe it was overmedication, because we seem to be doing better now that I can remember what we've talked about. You're right, I should be more careful with the information I give to people and how I communicate with them, come to think of it, I have been. I can tell you exactly who has been talking to whom, based on one or two little details slipped into a conversation. It's easy for me, because I'm intuitive, introverted, private, quiet, I listen carefully, and mind what I say to people.

Who knows... everyone has had time to maneuver around our divorce and attempted to shuffle the pieces to make it make sense for themselves.

Enjoy your conversations with my family and my ex-wife, I keep forgetting to have them removed from my medical information... in writing.... as Meier has requested it be done for years. I guess that's just the trust I have in the people around me. Do you think they've told you the truth? Should I trust them?

I guess we'll never know.

Also the email that was sent to the personal injury law firm had no attachments and the links did not work. Just an observation. I do that as well. I'm observant.

I'm still laughing.

Sorry, not your area, you're not a therapist, and we're sticking to strictly medication conversations at this point...as requested. This will be the ABSOLUTE LAST email that I send that doesn't relate directly to medication. I won't make this mistake again. It really is one hell of a fucking story.

Till next month, thanks again sir.

Chris

Sent from ProtonMail mobile

Please be aware that this email may contain protected and/or Confidential information. If you believe you have received this email in error, Please contact Meier Clinics immediately.

Please be aware that this email may contain protected and/or Confidential information. If you believe you have received this email in error, Please contact Meier Clinics immediately.

Fw: phone call earlier

From: TCFernandez (tcfernandez@protonmail.com)

To: dfernandez53@yahoo.com; gjf310@yahoo.com; mchrisos25@gmail.com

Date: Tuesday, May 10, 2022 at 11:49 PM CDT

Forwarded email chain with Dr. Lee.

First, and as a side note, I'd appreciate less interference in my marriage..... If I ever get married again. I have probably lost my psychiatrist, definitely lost my marriage, lost my ownership share in my home, and have next to no personal property left as it has been donated to Megan to repay her for the money she gave me in the MSA.... which I deserved, but probably shouldn't have taken.

I have been repeatedly ass fucked, and set up. I do not appreciate this at all, Megan. In the future, I'd ask that people listen when I speak, and never again make decisions/recommendations (i.e. hospitalization) for me without asking questions.....even if they potentially violate my privacy. I am almost ALWAYS a defensive player, and our home life had been really bad when Megan decided to divorce me, but Mom and Dad didn't know that.

It took time to fill them in and give them examples of what was going on. I apologize for some of the choices I felt forced to make because I couldn't express verbally what was going on, no one would listen, but I knew it was bad. The decisions I made negatively impacted my relationships.

I'd appreciate open channels of communication the next time you all decide to play games, especially when I'm not feeling well, am overmedicated, have a fever, have a broken hand, and an ear infection. I also would appreciate being given the benefit of the doubt if I ever say that medication is an issue, examples include....."I think I might be overmedicated", or "I can't remember anything", or "I can't get up before 11:00" just to list a few.

Are all liability issues in the family taken care of at this point? Or should I wait another 6 months?

Someone had to get thrown under the bus, and I firmly believe that Megan had a severe reaction to the vaccine and her anxiety level, and unhappiness overwhelmed me. I was unable to cope and communicate with more than one person at a time, or do it clearly...and I was NOT fucking with anyone. I DO understand, now, that you were trying to help, but I felt attacked and also like I was being fucked with. I do NOT appreciate being fucked with. I also OWE some people apologies, Pam, Jim, and Amanda.

At the same time as Megan's issues started, something also happened with my medication levels. I was extremely fucked up, tired of being screamed at, pushed around, and was trying to figure out what had changed in our home. This has all been exhausting.

Let's not do this again.

As a side note, I love all of you, but am seriously considering taking action against Dr. Lee. I have been saying my memory has been fucked for the better part of two years. I was rereading the same chapter in a book, over and over again for months because I couldn't commit to memory what had happened.

Megan is also correct....I have a tendency to focus on the extremely negative events in my life, and they all piled up within the last 11 months. I have a linear line of events from beginning to end and Megan deserves more than 50% of the blame. Feel free to test me, I have extensive notes.

I saw what I saw, I'm sorry I wasn't subtle about expressing what I had seen. I do not like hospitalization, and did NOT ask for help.

I am pretty sure at this point that there's not many people that can help me when I get that beat up, Thanks Dad.

Marcia Shipkowski

From: Steve Lee
Sent: Monday, June 13, 2022 7:52 PM
To: Marcia Shipkowski
Subject: Email 1

Thank you for the recommendation. I'll reach out to him and schedule an appointment.

Sent from ProtonMail mobile

----- Original Message -----

On Jan 26, 2022, 10:49 AM, Steve Lee <Slee@MEIERCLINICS.com> wrote:

Hi Thomas,
Good to hear from you. I actually normally don't refer to specific therapists even in our clinic because in the past they tended to be unsuccessful matches. But I am including a link below to a newer therapist at our clinic. I don't know him personally but I get the impression from the patients that I have that see him that he is quite good. Hope that helps. Otherwise, you can look at the other profiles on our website to see who you intuitively think might be a good match for you.

<https://www.meierclinics.com/directory/matthew-dzikowski/>

Matthew Dzikowski - Meier Clinics

Matthew Dzikowski PsyD, Dr. Dzikowski is a licensed clinical psychologist, who sees adolescents and adults
Clinics office in Wheaton, IL.

www.meierclinics.com

Steve Lee, MD
Meier Clinics

From: TCFernandez <TCFernandez@protonmail.com>
Sent: Wednesday, January 26, 2022 10:24 AM
To: Steve Lee <Slee@MEIERCLINICS.com>
Subject: Therapist recommendation

Marcia Shipkowski

From: Steve Lee
Sent: Monday, June 13, 2022 7:55 PM
To: Marcia Shipkowski
Subject: Email 2

Monday 4/4/2022 6:20PM

Thank you sir, I appreciate you taking a look.
Have a good evening.

Sent from ProtonMail mobile

----- Original Message -----

On Apr 4, 2022, 6:16 PM, Steve Lee <Slee@MEIERCLINICS.com> wrote:

On Sept. 11, 2017, you stopped Seroquel which you were briefly on during a time of marital turmoil when you were living with Megan's parents.

Steve Lee, MD
Meier Clinics

From: TCFernandez <TCFernandez@protonmail.com>
Sent: Monday, April 4, 2022 6:02 PM
To: Steve Lee <Slee@MEIERCLINICS.com>
Subject: Re: Medication Question

How about in the last 6 years, has this happened before?

Sent from ProtonMail mobile

----- Original Message -----

On Apr 4, 2022, 6:00 PM, Steve Lee <Slee@MEIERCLINICS.com> wrote:

It looks like you went off medication just around October 11th,

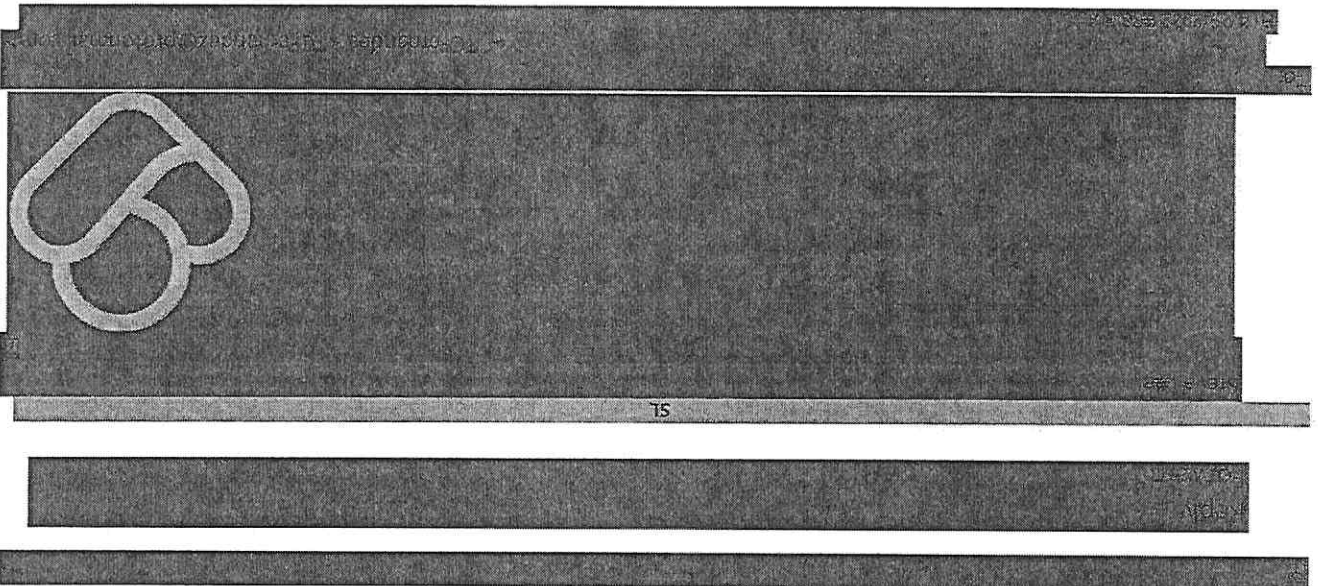
Marcia Shipkowski

From: Steve Lee
Sent: Monday, June 13, 2022 7:59 PM
To: Marcia Shipkowski
Subject: Email 3

5/1/2022 7:22PM

Hi Thomas,
In the next 30 days if there are any need for refills or emergencies, please call the office. No further emails will be sent or read between us moving forward.

Steve Lee, MD
Meier Clinics



Hi Thomas,

I tried to call but I will have to email this time.
My primary message was not that a therapist would help you talk to Megan. That was hardly my intent at all.

Rather I think a therapist would be a good sounding board for you. Also, I have had no conversations with her or your parents for over 6 months. From my perspective, Megan and I did not act like a good team as you stated. It was quite the opposite. When things unraveled from the summer of 2021 on, it was odd that she actually went radio silent on me. You would think that if things were decompensating, I would have heard more from her. And talk of vaccines is obviously irrelevant to our discussions. All this to say, I think what is coming to light is your distrust in me. In fact, this morning, I was trying to give you a forum for you to voice that to me. I understand that is not easy to do. But alas it has come to light in your email.
I do believe that your building distrust in me is significant enough that we cannot maintain an ongoing workable treatment relationship. In these situations, a letter is sent indicating that your

"Exhibit F"
Walgreens Prescription History

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WHEATON, IL 60187-4631
FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/19/2021

General Appearance and Behavior
Grooming and Appearance:

WNL

Eye Contact:

WNL

Psychomotor Behavior:

quite tense

Speech:

tone of frustration throughout

Language

fluent

Cooperation:

cooperative

Attitude:

appropriate

Appearance and Behavior Comments:

Cognition

Attention Span and Concentration:
somewhat slowed

Orientation to Time, Place, and Person:
Ox3; tired

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:

dysphoric

Affect:

dysphoric

Emotional State Comments:

congruent

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/19/2021

Judgment and Insight

Judgment:

may be limited - difficult to fully ascertain with competing opinions from family

Insight:

may be limited as well

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies si/hi. No hallucinations present. Patient does not present as delusional - perhaps some hints of suspicious thinking however all directed at family

Risk Assessment:

Patient denies si/hi. No plan or intent noted

Risk Assessment Comments:

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Meier Initial/Follow Up - 10/19/2021

* * *

Axis I:

F90.0 ATTN-DEFCT HYPERACTIVITY DISORDER, FREEDOM INATTENTIVE TYPE

LEE, STEVE, MD
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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/19/2021

Axis II:
Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder, differential diagnosis : bipolar d/o with psychotic features vs. primary psychotic d/o
At this point, allow time med free to see if mentation improves. But also the reality is that this is not an ideal scenario for me to prescribe meds given very differing views on what is going on with patient and in his home. I strongly encouraged him to reach out to me if his status worsens which he was quite agreeable to do. Also seemed to agree to do.
>50% of face time spent in counseling/coordination of care

Endnotes

(1) Visit Date 10/19/2021 Continued:

...voices; towards end of day. Works 5-6 hours/day. no h/o panic prior to this episode. lost 20 lbs. since onset of this episode has plateaued. Seasonal depression history.

Early 2020: mounting paranoia; had tech business idea; motivated/obsessive. started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional EtOH, h/o used to cope during high stress work but no problem moderating and no sequelae.

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Phone: (630)653-1717
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FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/28/2021

Chief Complaint:
99213 95

ADHD
20 min
s/p psychotic episode

HPI

Off meds 3 weeks, no hint of psychosis/instability. No more AM mental fog so he actually feels better. Not working for now. Focus not great. Helping at parents' house. Did see therapist and hopes to meet him again with wife to sort things out. However they may decide to divorce, pt. feels she sabotaged his relationships with family/friends and misconstrued his current mental state. He seems to be on good terms with his parents again. Sleep is restless. situationally anxious. He appears very lucid/insightful and shows no signs of internal abnormal stimulation. He was very straightforward with his report today. No auditory hallucinations since 5/22/2020. He denies SI/HI. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices; towards end of day. Works 5-6 hours/day. no h/o panic prior to this episode. lost 20 lbs. since onset of this episode has plateaued. Seasonal depression... (Continued: in Endnote 1)

Past Psychiatric History

Med history: Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegretol for migraines; Seroquel pm 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone; Zoloft 100mg mental block; Zyprexa, Adderall Therapist Dan Fisher 630-571-4503
2013 psych testing by N Persun - indications of bipolar/antisocial/schizotypal/thought disorder tendencies. He tested negative on BSDS with me back then and collateral info from his mother at the time was consistent with his report.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
PCP Vaikundas

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/28/2021

Phone: (630) 653-1717
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Social History

Married

Still smoking would like to quit before having a baby. Works for father.

Family History

mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

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FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/28/2021

General Appearance and Behavior

Grooming and Appearance:
WNL

Eye Contact:
WNL

Psychomotor Behavior:

close to normal, appropriately tense at times

Speech:
wml

Language
fluent

Cooperation:
cooperative

Attitude:
appropriate

Appearance and Behavior Comments:

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FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/28/2021

Cognition
Attention Span and Concentration:
difficulty

Orientation to Time, Place, and Person:
Ox3; alert

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:
anxious

Affect:
stable

Emotional State Comments:

congruent

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/28/2021

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Fax: (630) 653-7926

Judgment and Insight

Judgment:

appears intact

Insight:

appears intact

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies si/hi. No hallucinations present. Patient does not present as delusional - perhaps some hints of suspicious thinking however all directed at family

Risk Assessment:

Patient denies si/hi. No plan or intent noted

Risk Assessment Comments:

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meter Initial/Follow Up - 10/28/2021

Phone: (630) 653-1717
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Axis I:

F90.0 ATTN-DEFECT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE

LEE, STEVE, MD
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Phone: (630) 653-1717
Fax: (630) 653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/28/2021

Axis II:

Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder; differential diagnosis : bipolar d/o with psychotic features vs. primary psychotic d/o
Continue therapy, a release of information was signed on Dr. Fisher's end. I am awaiting a critical update from Dr. Fisher to help guide future treatment.
>50% of face to face time spent in counseling/coordination of care
RTC 2 weeks

He is rescinding any release of information to his wife Megan at this point.

Endnotes

(1) Visit Date 10/28/2021 Continued:
...history.

Early 2020: mounting paranoia, had tech business idea; motivated/obsessive. started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional Etoh, h/o used to cope during high stress work but no problem moderating and no sequelae.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
phone call - 11/3/2021

Phone: (630) 653-1717
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Patient's mother reached out in emergency situation. Patient has become acutely more paranoid regarding his family and wife and now this writer conspiring against him. He went out driving last night and had a car breakdown, left the care near a church, and the police took note and checked up on him last night. Patient stated to parents that he had been driving up to 140mph. He also has been showing signs to parents that he is internally stimulated: "Can you hear that?" Misconstrued neighbor's yard work as machinery. Also hearing screaming. He has been verbally aggressive to family. More irrational and states belief that government is out to get him.

Plan: I offered to see patient emergently in my office for evaluation. He absolutely refused to do so when he was told this by his mother. At this point, I advised patient's mother that starting a petition for involuntary admission would help get him transported to the ER for evaluation. I consulted our clinic director and the Warrenville fire department who stated that this would be enough to get him transported to the hospital.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 11/12/2021

Chief Complaint: 99214 95

ADHD
25 min
s/p psychotic episode

HPI

It has become apparent that marital strife has been major trigger for patient. He feels that in July, wife's empathy for him shut off. They have not been able to talk about the issue of getting a new car since his didn't pass emissions. When he is home, she screams at him, he has had to stay with his parents at times. He is in the middle of a 30 day break from her on advisement of therapist. He desires the daily structure of work to help him which I agree will be a healthy distraction from the turmoil at home. He desires to keep stimulant dose lower to avoid tolerance. Again no signs of paranoid/psychosis. No auditory hallucinations since 5/22/2020. He denies SI/HI. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices; towards end of day. Works 5-6 hours/day. no h/o panic prior to this episode. lost 20 lbs. since onset of this episode has plateaued. Seasonal depression... (Continued: in Endnote 1)

Past Psychiatric History

Med history: Effexor, Concerta (poor effect), Ritalin, Adderall XR/IR, Tegretol for migraines; Seroquel prn 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone; Zoloft 100mg mental block; Zyprexa, Adderall Therapist Dan Fisher 630-571-4503
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Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn, Vit D
PCP Vaikundas

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 11/12/2021

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Social History
Married

Still smoking would like to quit before having a baby. Works for father.

Family History

mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
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General Appearance and Behavior

Grooming and Appearance:

WNL

Eye Contact:

WNL

Psychomotor Behavior:

close to normal, appropriately tense at times

Speech:

WNL

Language

fluent

Cooperation:

cooperative

Attitude:

appropriate

Appearance and Behavior Comments:

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FERNANDEZ,THOMAS C - DOB: 3/1/1983
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Cognition
Attention Span and Concentration:
difficulty

Orientation to Time, Place, and Person:
Ox3; alert

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:

anxious

Affect:

dysphoric appropriately to context

Emotional State Comments:

congruent

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 11/12/2021

Judgment and Insight

Judgment:

appears intact

Insight:

appears intact

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

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Risk Assessment:

Patient denies si/hi. No plan or intent noted

Risk Assessment Comments:

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Meier Initial/Follow Up - 11/12/2021

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Axis I:

F90.0 ATTN-DEFT HYPERACTIVITY DISORDER, FREEDOM INATTENTIVE TYPE

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 11/12/2021

Axis II:
Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder (?brief if limited to 2020 episode)
Restart Vyvanse 40mg qd, he plans to keep it at his office at work locked up to avoid conflict with wife.
Continue therapy, a release of information was signed on Dr. Fisher's end. I left him a voice mail to update him
>50% of face to face time spent in counseling/coordination of care
RTC 2 weeks

He is rescinding any release of information to his wife Megan at this point.

Endnotes

(1) Visit Date 11/12/2021 Continued:
...history.

Early 2020: mounting paranoia; had tech business idea; motivated/obsessive. started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional EtOH, h/o used to cope during high stress work but no problem moderating and no sequelae.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
No Show - 11/30/2021

Although this writer cancelled appointments for today due to illness in the family - it is noted that the patient does not have a working phone number. Front desk was not able to leave a voice mail about appointment cancellation. I logged into doxy.me at appointment time for at least 7 minutes and pt. did not show. This may be significant if it is a sign of potential treatment non-adherence during a critical time in treatment.
No charge will be assessed.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 12/21/2021

Chief Complaint:
99214 95 25 min
ADHD

s/p psychotic episode

HPI

Pt. situational anxiety and irritability re: marriage, he tends to vent overly loud to his parents. Ok relationship with friends. Back at home but may move out to condo. Yet to have official session with therapist but does intend to do so. Still no signs of paranoid/psychosis. No auditory hallucinations since 5/22/2020. May have better impulse control over his yelling when on vyvanse, has been off almost a week, ran out. Also does not want to be masked/numbed by other mood medications as he navigates and figures out what is happening in his marriage. Does look forward to a more busy season at work shortly.
He denies SI/HI. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices. Seasonal depression history.
Early 2020: mounting paranoia; had tech business idea;... (Continued: in Endnote 1)

Past Psychiatric History

Med history: Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegretol for migraines; Serquel pm 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone; Zolof 100mg mental block; Zyprexa, Adderall
Therapist Dan Fisher 630-571-4503
2013 psych testing by N Persun - indications of bipolar/antisocial/schizotypal/thought disorder tendencies. He tested negative on BSDS with me back then and collateral info from his mother at the time was consistent with his report.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
PCP Vaikudas

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 12/21/2021

Social History
Married; h/o smoking
Works for father.

Family History
mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 12/21/2021

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General Appearance and Behavior
Grooming and Appearance: WNL
Eye Contact: WNL
Psychomotor Behavior: tense
Speech: somewhat tense tone
Language: fluent
Cooperation: cooperative
Attitude: appropriate
Appearance and Behavior Comments:

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FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 12/21/2021

Cognition

Attention Span and Concentration:
difficulty

Orientation to Time, Place, and Person:
Ox3; alert

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:

anxious

Affect:

dysphoric appropriately to context

Emotional State Comments:

congruent

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 12/21/2021

Judgment and Insight

Judgment:

appears intact

Insight:

appears intact

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies si/hi. No hallucinations present. Patient does not present as delusional - perhaps some hints of suspicious thinking however all directed at family

Risk Assessment:

Patient denies si/hi. No plan or intent noted

Risk Assessment Comments:

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 12/21/2021

* * *

Axis I:

F90.0 ATTN-DEFECT HYPERACTIVITY DISORDER, FREEDOM INATTENTIVE TYPE

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FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 12/21/2021

Axis II:
Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder (?brief if limited to 2020 episode)
Vyvanse 40mg qd.
Risk/benefits of treatment discussed and pt. consents.
Supportive therapy.
Restart therapy - I was able to talk on the phone with Dr. Fisher for collaboration of care.
>50% of face to face time spent in counseling/coordination of care
RTC 1 month

Endnotes

(1) Visit Date 12/21/2021 Continued:

...motivated/obsessive. started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional EtOH, h/o used to cope during high stress work but no problem moderating and no sequelae.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 1/21/2022

Chief Complaint:
99214 95 30 min
ADHD

s/p psychotic episode

HPI

Pt. presented quite distressed today. Served divorce papers. He is questioning what was said between therapist and his wife that may have triggered this. Also he called therapist and reported that he felt disparaged by him. Living in extended stay hotel. Functioning at work. He denies any psychosis/paranoia/suicidal/homicidal threats. He has no firearms, past ones are in possession of his wife and FOID card expired. Ongoing situational anxiety and irritable re: marriage. Still does not want to be masked/numbed by other mood medications as he navigates and figures out what is happening in his marriage.
No auditory hallucinations since 5/22/2020. May have better impulse control over his yelling when on Vyvanse. Tends not to use on weekends. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices. Seasonal depression... (Continued: in Endnote 1)

Past Psychiatric History

Med history: Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegretol for migraines; Serquel pm 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone; Zolof 100mg mental block; Zyprexa, Adderall
Therapist Dan Fisher 630-571-4503
2013 psych testing by N Persun - indications of bipolar/antisocial/schizotypal/thought disorder tendencies. He tested negative on BSSD with me back then and collateral info from his mother at the time was consistent with his report.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
PCP Vaikundas

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Meier Initial/Follow Up - 1/21/2022

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Social History
Married; h/o smoking
Works for father. tax accounting

Family History
mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 1/21/2022

General Appearance and Behavior

Grooming and Appearance:

somewhat disheveled

Eye Contact:

somewhat lessened but not shift

Psychomotor Behavior:

tense

Speech:

somewhat tense tone

Language

fluent

Cooperation:

cooperative

Attitude:

appropriate

Appearance and Behavior Comments:

he appears to be distressed congruent to his situation. I do not see evidence of him being internally stimulated

Cognition

Attention Span and Concentration:

difficulty

Orientation to Time, Place, and Person:

Ox3; alert

Recent Memory:

WNL

Remote Memory:

WNL

Fund of Knowledge:

WNL

Cognition Comments:

Emotional State

Mood:

anxious

Affect:

dysphoric appropriately to context

Emotional State Comments:

congruent

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Meier Initial/Follow Up - 1/21/2022

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Judgment and Insight

Judgment:

appears intact

Insight:

appears intact

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies si/hi. No hallucinations present. Patient does not present as delusional

Risk Assessment:

Patient denies si/hi. No plan or intent noted. He does not appear to be hiding or withholding information as best as I can ascertain.

Risk Assessment Comments:

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 1/21/2022

Axis I:

F90.0 ATTN-DEFECT HYPERACTIVITY DISORDER, FREEDOM INATTENTIVE TYPE

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Meier Initial/Follow Up - 1/21/2022

Axis II:
Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder (?brief if limited to 2020 episode)
Vyvanse 40mg qd.

Risk/benefits of treatment discussed and pt. consents. Supportive therapy.

We did discuss what he may find in my records but that did not seem to be provocative to him. He is requesting records from myself and his therapist. He may try to initiate therapy with a new therapist as it appears his treatment alliance with current one is not optimal.
>50% of face to face time spent in counseling/coordination of care
RTC 3 weeks

Endnotes

(1) Visit Date 1/21/2022 Continued:
...history.

Early 2020: mounting paranoia; had tech business idea; motivated/obsessive. started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional EtOH, h/o used to cope during high stress work but no problem moderating and no sequelae.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
phone call - 1/24/2022

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change Vyvanse to Adderall 20mg bid due to cost issue

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
phone call - 1/31/2022

Oscillates in mood/energy/motivation/confidence. Dragging and then can be overly energized/optimistic.
Getting a fair amount of sleep, insomnia a few times. Also set to see new therapist soon.
plan : trial Depakote ER 250 then 500mg qpm. risk/benefits reviewed and pt consents
will update therapist in our clinic

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FERNANDEZ, THOMAS C - DOB: 3/11/1983
Meier Clinics Initial Assessment - 2/7/2022

Presenting Problem Presenting Difficulties and HPI

The client stated that he was seeking psychotherapeutic support due to difficulties with depressed mood and anxiety, which seemed to begin about 2 years ago and increased within the last several weeks. Information conveyed by the client suggested that he has experienced difficulties with depressive symptoms and anxiety in the past. Depressive difficulties were noted to have a potential seasonal component to ... (Continued: in Endnote 1)

Current Symptoms

Review each symptom and if experiencing it, select the checkbox and how often the symptom occurs during the day.

Symptom How Often Symptom Occurs During the Day

✓	Anxiety	Never
✓	Appetite, Increased	Never
✓	Appetite, Decreased	Never
✓	Compulsions	Never
□	Delusions	
✓	Depressed Mood	Sometimes
□	Dissociation	
✓	Distressing Memories	Sometimes
✓	Easily Distracted	Sometimes
✓	Elevated Mood	Never
✓	Engage in Risky Behaviors	Never
✓	Excessive Energy	Never
✓	Excessive Worry	Sometimes
✓	Fatigue	Sometimes
✓	Feeling Hopeless	Sometimes

✓	Feelings of Emptiness	Sometimes
✓	Flashbacks	Never
✓	Guilt	Never
✓	Hallucinations	Never
✓	Hypervigilance	Never
✓	Impulsivity	Never
✓	Inattention	Sometimes
✓	Irritability	Sometimes
✓	Increased Activity	Sometimes
✓	Increased Need for Sleep	Sometimes
✓	Obsessions	Never
✓	Panic Attacks	Never
✓	Paranoia	Never
✓	Preoccupied with Sex	Never
✓	Racing Thoughts	Never
✓	Talkativeness	Never
✓	Unable to Feel Pleasure	Sometimes
✓	Unable to Fall Asleep	Sometimes
✓	Worthlessness	Sometimes

Other Symptoms (specify)

Psychiatric Exam

Speech ✓ Appropriate with Normal Tone, Rate, and Volume

- ☐ Accent
- ☐ Fast Rate
- ☐ Flat
- ☐ Latency, Decreased
- ☐ Slurred
- ☐ Stuttering
- ☐ Slow Rate
- ☐ Volume, Loud
- ☐ Volume, Soft

Other Speech (specify)

Thought Process ✓ Coherent, Logical, Appropriate

- ☐ Blocked
- ☐ Circumstantial
- ☐ Incoherent
- ☐ Loose Associations
- ☐ Raging
- ☐ Tangential
- ☐ Word Salad
- ☐ Clang Associations
- ☐ Flight of Ideas
- ☐ Magical Thinking

Other Psychomotor Behavior (specify)

Thought Content ✓ Intact

☐ Obsessions/Compulsions

- ☐ Hallucinations
- ☐ Auditory
- ☐ Visual
- ☐ Tactile
- ☐ Gustatory
- ☐ Olfactory

Other Thought Content (specify)

☐ Delusions

- ☐ Bizarre
- ☐ Grandiose
- ☐ Jealousy
- ☐ Nihilistic
- ☐ Persecutory
- ☐ Reference
- ☐ Somatic

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Meier Clinics Initial Assessment - 2/7/2022

Other Abnormal or Psychotic Thoughts (specify)

Judgment/Insight ☒ Appropriate Judgment and Insight

☐ Good ☐ Fair ☐ Poor ☐ Variable

Orientation ☒ Oriented to Person, Place, Date, and Time
☐ Disoriented to Date ☐ Disoriented to Place ☐ Disoriented to Person
and Time

Recent Memory

☒ Good Recall ☐ Poor Recall

Remote Memory

☒ Good Recall ☐ Poor Recall

Attention & Concentration ☒ Adequate

☐ Impaired ☐ Poor Concentration

Other Attention/Concentration (specify)

Variably impaired based on self-report.

Fund of Knowledge ☒ Aware of Past and Current Events
☐ Unaware of Current Events ☐ Unaware of Past History

Other Fund of Knowledge (specify)

Mood

☐ Euthy
☒ Mild Depressed

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Meier Clinics Initial Assessment - 2/7/2022

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Anxious ☒
Irritable ☐

Affect ☐ Appropriate

Flat ☐
Restricted ☐
Incongruent ☐
Labile ☐

Blunted ☐
Tearful ☐
Unable to Assess ☒

Other
Mood/
Affect
(specify)

Eye Contact ☐ Direct
☐ Avoidant
☐ No Contact

Intense ☐
Intermittent ☐

Constitutional ☐ Appropriate Appearance and Grooming
☐ Body Odor
☐ Disheveled
☐ Tattoos

Poorly Groomed ☐

Other Constitutional (specify)

Unable to assess - audio-only teletherapy session.

Gait/Station ☐ Unremarkable

Ataxic ☐
Neuropathic ☐
Shuffling ☐
Unsteady ☐

Other Gait/Station (specify)

Unable to assess - audio-only teletherapy session. No difficulties with gait/station reported.

Psychomotor Behavior ☐ Unremarkable

☒ Agitation
 ☐ Tremors
 ☐ Hand Wringing

☐ Retardation
 ☐ Tics

Other Psychomotor Behavior (specify)

Unable to assess fully - audio-only teletherapy session. Psychomotor agitation was inferred based on auditory information.

Summary

Session Number 1

Present at Session

☒ Patient
 ☐ Mother
 ☐ Stepfather

☐ Spouse
 ☐ Father
 ☐ Guardian

☐ Partner
 ☐ Stepmother

Other (specify)

Type of Treatment Recommended

☒ Individual
 ☐ Couples
 ☐ Family

☐ Group

Treatment Modality/Intervention(s)

☒ Cognitive/Behavioral
 ☒ Insight-Based
 ☐ Trauma-Focused

☒ Supportive
 ☐ Acceptance & Commitment
 ☐ Hypnosis

☐ Assertiveness Training
 ☐ Habit Reversal Training
 ☐ Pain Management

☒ Stress Management
 ☐ Smoking Cessation
 ☐ Crisis Intervention

☐ Parent Training
 ☐ Release Prevention

Other Treatment/Modality (specify)

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Are these symptoms affecting any of the following?
Select yes, if symptoms are affecting any area of your life.

Activities of Daily Living	Finances	Housing
No	No	Yes
Legal Matters	Recreational Activities	Relationships
No	No	Yes
School	Self-Esteem	Sexual Activity
No	Yes	Yes
Work		
No		

History

Select the checkbox if client has been diagnosed with any of the following problems.

☐	Anemia	☐	Diabetes
☐	Arthritis	☐	Head Trauma
☐	Asthma	☐	Seizures
☐	Chronic Fatigue		
☐	Chronic Pain		
	Other Problems (specify)		

No other significant medical difficulties were reported by the client.

Past Psychiatric History

Has client ever had Outpatient Treatment?

Yes/No

☐ ✓

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If yes, list the reason and dates treated.
The client reported that he received individual therapy for approximately one year in 2021. He noted that such therapy was initiated to address... (Continued: in Endnote 2)

Has client ever had Inpatient Psychiatric Hospitalization?

Yes/No

☐ /

If yes, list the reason and dates treated.

The client stated that he received assistance through hospital emergency rooms on 2 separate occasions in 2020. He denied ever receiving inpatient psychiatric support.

Family Psychiatric History

Family psychiatric history was noted to be significant for difficulties with depression, in a first degree relative, on the maternal side of the family.

Current Psychiatric Medications
Adderall
Depakote ER

Past Psychiatric Medications

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See psychiatric notes.

Social History

Relationship Status

Separated

Does client have children?

No

Has client been previously married?

What is client's identified sexual orientation/identity?

☒ Heterosexual/Straight ☐ Bisexual ☐ Unsure

☐ Homosexual/Gay ☐ Transgender ☐ Prefer Not to Answer

Does client have a history of abuse? If yes, select the types of abuse.

☒ No History of Sexual, Emotional, Physical or Neglect Reported

☐ Sexual ☐ Emotional ☐ Physical ☐ Neglect

Highest Educational Level Completed

Bachelor

Does client work outside the home?

Yes, Full-time

Substance Use History

The client reported that he currently smokes tobacco (approximately 1 to 1.25 packs of cigarettes per day). He reported consuming caffeine on a daily basis (1-2 20 oz. Red Bulls). The client reported a past history of alcohol use, but denied any recent alcohol use. No cannabis use was reported. The client denied having past... (Continued: in Endnote 3)

Spiritual Life
Does client belong to a religion or spiritual group?
Yes
Is this involvement helpful or stressful?
Yes, Helpful

Risk Assessment

Suicidal Ideation	☐	Current	☐	Recent	☐	Past
Suicidal Intention	☐	Current	☐	Recent	☐	Past
Suicidal Planning	☐	Current	☐	Recent	☐	Past
Homicidal Ideation	☐	Current	☐	Recent	☐	Past

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Meier Clinics Initial Assessment - 2/7/2022

Does patient pose imminent risk of serious harm to self or others?

☐ Yes ☒ No

Safety Plan

N/A

Substance Use Assessment

☒ Yes ☐ No

If Yes, provide details

The client reported that he currently smokes tobacco (approximately 1 to 1.25 packs of cigarettes per day). He reported consuming caffeine on a daily basis (1-2 20 oz. Red Bulls). The client reported a past history of alcohol use, but denied any recent alcohol use. No cannabis use was reported. The client denied having past difficulties with any other illicit/illegal substances.

Behavioral Observations/MSE

The client participated in a clinical interview using teletherapy. Although the use of audiovisual (A/V) communication was anticipated, the client had difficulty connecting through the use of a teletherapy portal (i.e., Doxy.me). He declined to use another teletherapy portal, which would have enabled A/V communication (i.e., Zoom) and noted that he preferred audio only communication for this particular... (Continued: in Endnote 4)

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Clinics Initial Assessment - 2/7/2022

Treatment Goals

1. Symptom Reduction: Depressive Symptoms

2. Symptom Reduction: Anxiety

3. Skill Acquisition: Adaptive Coping Strategies

Diagnosis

F43.23 ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD
F90.0 ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE (BY HISTORY)
R/O Major Depressive... (Continued: in Endnote 5)

Treatment/Follow-up Plan
See Above

Treatment Schedule
Weekly

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Name of Provider/Therapist

Mateusz Dzikowski, PSYD

Endnotes

(1) Visit Date 2/7/2022 Continued:

...them. The client stated that his difficulties intensified recently after his wife informed him that she was filing for divorce. The above-noted difficulties were noted to be causing impairment in functioning and distress.

Additional difficulties, which were reported by the client, included: decreased frustration tolerance, periods of decreased emotional expressiveness, boundary-related problems, as well as challenges "accepting help."

Psychiatric diagnostic history was noted to be significant for a past psychotic episode (marked by auditory hallucinations), which resulted in treatment in hospital treatment. The client's psychiatric diagnostic history was also noted to be significant for attention-deficit/hyperactivity disorder (ADHD). Symptoms of ADHD appeared to include (but were not limited to) inattention, difficulty organizing tasks, and procrastination.

(2) Visit Date 2/7/2022 Continued:

...difficulties in his marriage.

(3) Visit Date 2/7/2022 Continued:

...difficulties with any other illicit/illegal substances.

(4) Visit Date 2/7/2022 Continued:

...encounter.

The client noted that he has received services through Meier Clinics in the past and that he was familiar with policies and procedures, related to services provided by the clinic. He indicated that he did not have any questions about any of the documentation that was previously sent to him and that he reviewed before the session. Information about confidentiality and its exceptions was reviewed with the client. The client consented to treatment. His consent has been documented on appropriate consent forms.

The client provided background information, as requested. He denied any difficulties with suicidal and homicidal ideation. He stated that he was open to meeting for future sessions through the use of teletherapy (i.e., Zoom). The client consented to receiving email invitations for teletherapy sessions.

(5) Visit Date 2/7/2022 Continued:

...Disorder

Code

F43.23

F90.0

90791

ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD...
ATTN-DEFCT HYPERACTIVITY DISORDER, FREEDOM INATTENTIVE TYP...
PSYCH DIAGNOSTIC EVALUATION

From: Matthew Dzirkowski mdzikowski@meierclinics.com
Subject: Zoom Link
Date: February 14, 2022 at 4:01 PM
To: TCFERNANDEZ@PROTONMAIL.COM



Hello,

I hope that this message finds you well.

Below, please find the Zoom link and log-in information for our meeting on Tuesday (2/15) at 4:30 PM.

<https://us02web.zoom.us/j/84370598332?pwd=UWbHcWJlZzNNaH1azRlUjB2WXhsZz09>

Meeting ID: 843 7059 8332
Passcode: 812760

I look forward to speaking with you.

Best Regards,

Matthew Dzirkowski, Psy.D.
Licensed Clinical Psychologist
Meier Clinics
2100 Manchester Rd., Suite 1510
Wheaton, IL 60187
Phone: (630) 653-1717 x 214
Fax: (630) 653-7926
Email: mdzikowski@meierclinics.com

CONFIDENTIALITY NOTICE: The information contained in this communication is confidential and privileged. Information is intended only for the use of the addressee. Unauthorized use, disclosure, re-disclosure, or copying of this communication or any part of it is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies of it, including any and all attachments.

From: TCFernandez@protonmail.com
Subject: Re: Zoom Link
Date: February 14, 2022 at 4:25 PM
To: Matthew Dzirkowski mdzirkowski@meierclinics.com

Thanks!

Thomas Fernandez
630-649-4467

Sent with ProtonMail Secure Email.

----- Original Message -----
On Monday, February 14th, 2022 at 4:01 PM, Matthew Dzirkowski <mdzirkowski@meierclinics.com> wrote:
Hello,

I hope that this message finds you well.

Below, please find the Zoom link and log-in information for our meeting on Tuesday (2/15) at 4:30 PM.

<https://us02web.zoom.us/j/84370598332?pwd=UWVhHlcWJlZzNNaWltazRlUjB2WkxhczZ09>

Meeting ID: 843 7059 8332
Passcode: 812760

I look forward to speaking with you.

Best Regards,

Matthew Dzirkowski, Psy.D.
Licensed Clinical Psychologist
Meier Clinics
2100 Manchester Rd., Suite 1510
Wheaton, IL 60187
Phone: (630) 653-1717 x 214
Fax: (630) 653-7926
Email: mdzirkowski@meierclinics.com

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Please be aware that this email may contain protected and/or Confidential information. If you believe you have received this email in error, Please contact Meier Clinics immediately.

DZIKOWSKI,MATEUSZ,PSYD
2100 MANCHESTER ROAD
WHEATON, IL 60187-4631

FERNANDEZ,THOMAS C - DOB: 3/1/1983
No Show - 2/15/2022

Phone: (630)653-1717
Fax: (630)653-7926

The client did not present for his teletherapy appointment via Zoom, which was scheduled for 4:30 PM on 02/15/2022. This clinician attempted to establish phone contact with the client at 4:37 PM on 02/15/2022. The call was not answered and forwarded to the client's voicemail. As such, this clinician left a voicemail message for the client reminding him of his appointment and indicating that this clinician would be available to meet with him on Zoom until 4:50 PM this afternoon. In the event that the client was not able to participate in today's meeting, he was asked to contact the clinic, so as to schedule his next appointment. As of 4:50 PM on 02/15/2022, the client still had not presented for his appointment. As such, the session was canceled by this clinician.

Phone: (630)653-1717
Fax: (630)653-7926

LEE, STEVE, MD
2100 MANCHESTER ROAD
WHEATON, IL 60187-4631
FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/1/2022

Chief Complaint:
ADHD
15 min 99213 95

HPI

Pt. only took Depakote briefly, stress level somewhat down and mood more stable. Able to keep up with busy tax season at work. Sleep ok. Accepting divorce finalizing, was thinking of moving but staying for now. Living in extended stay hotel. On Adderall due to cost issue. denies any psychosis/paranoia/suicidal/homicidal threats. He has no firearms, past ones are in possession of his wife and FOID card expired.
No auditory hallucinations since 5/22/2020. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices. Seasonal depression history.

Early 2020: mounting paranoia; had tech business idea; motivated/obsessive. started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia... (Continued: in Endnote 1)

Past Psychiatric History

Med history: Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegretol for migraines; Serquel prn 2017 for sleep but AM sedation, Tylenol PM, Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Depakote 2022 short trial

h/o therapist Dan Fisher
2013 psych testing by N Persun - indications of bipolar/antisocial/schizotypal/though disorder tendencies. He tested negative on BSDS with me back then and collateral info from his mother at the time was consistent with his report.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
PCP Vaikundas

LEE, STEVE, MD
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WHEATON, IL 60187-4631
Phone: (630)653-1717
Fax: (630)653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/1/2022

Social History
Married, h/o smoking
Works for father. tax accounting

Family History

mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

LEE, STEVE, MD
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WHEATON, IL 60187-4631
FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/1/2022

Phone: (630)653-1717
Fax: (630)653-7926

General Appearance and Behavior

Grooming and Appearance:

somewhat disheveled

Eye Contact:

will

Psychomotor Behavior:

restless

Speech:

somewhat tense tone

Language

fluent

Cooperation:

cooperative

Attitude:

appropriate

Appearance and Behavior Comments:

LEE, STEVE, MD
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WHEATON, IL 60187-4631

Phone: (630)653-1717
Fax: (630)653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 2/3/2021

Chief Complaint:
99213 95 15 min
ADHD

s/p psychotic episode

HPI

Main issue is sleeping 10-11 hours and not being able to remember things in the morning. Ativan mostly at 1 mg qhs. No auditory hallucinations since 5/22/2020. No major panic. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices; towards end of day. Works 5-6 hours/day. Increased insight. no h/o panic prior to this episode. lost 20 lbs. since onset of this episode has plateaued. Seasonal depression history.

Early 2020: mounting paranoia; had tech business idea; motivated/obsessive; started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional EtOH, h/o used to cope during high stress work but no problem moderating and no sequelae.

Past Psychiatric History

Med history - Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegretol for migraines; Serquel pm 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone

Therapist Dan Fisher.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen pm; Vit D
PCP Vaikundas

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 2/3/2021

Social History
Married
Still smoking would like to quit before having a baby. Works for father.

Family History
mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130, white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

Phone: (630)653-1717
Fax: (630)653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 2/3/2021

LEE, STEVE, MD
2100 MANCHESTER ROAD
WHEATON, IL 60187-4631

General Appearance and Behavior

Grooming and Appearance:

WNL

Eye Contact:

WNL

Psychomotor Behavior:

No psychomotor agitation or retardation

Speech:

normal rate, tone, volume

Language

fluent

Cooperation:

cooperative

Attitude:

appropriate

Appearance and Behavior Comments:

LEE, STEVE, MD
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WHEATON, IL 60187-4631
FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 2/3/2021

Phone: (630)653-1717
Fax: (630)653-7926

Cognition

Attention Span and Concentration:
WNL

Orientation to Time, Place, and Person:
A/O x3

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:

Euthymic

Affect:

congruent

Emotional State Comments:

congruent

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WHEATON, IL 60187-4631

Phone: (630) 653-1717
Fax: (630) 653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 2/3/2021

Judgment and Insight

Judgment:

Fair

Insight:

Fair

Judgment and Insight Comments:

Thought Processes

Linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies si/hi. No hallucinations present. Patient does not present as delusional

Risk Assessment:

Patient denies si/hi. No plan or intent noted

Risk Assessment Comments:

Phone: (630)653-1717
Fax: (630)653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 2/3/2021

LEE, STEVE, MD
2100 MANCHESTER ROAD
WHEATON, IL 60187-4631

Axis I:

F90.0	ATTN-DEFT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE
99213	OFFICE/OUTPATIENT VISIT EST
Code	Description
F90.0	ATTN-DEFT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE
99213	OFFICE/OUTPATIENT VISIT EST

LEE, STEVE, MD
2100 MANCHESTER ROAD
WHEATON, IL 60187-4631

Phone: (630)653-1717
Fax: (630)653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 2/3/2021

Axis II:
Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder
Adderall 20mg tid prn mostly 50/day. Zyprexa 7.5mg qhs reduce to 5mg qhs.
Zoloft 50mg qd. Ativan 1 mg bid prn; (Vyvanse 40mg qd on hold)
Risk/benefits reviewed. Pt. consents. Continue therapy. Wife in session.
RTC 1 month

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WHEATON, IL 60187-4631

Phone: (630) 653-1717
Fax: (630) 653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/3/2021

Chief Complaint:
99213 95 15 min
ADHD
s/p psychotic episode

HPI

Somewhat better energy but still drags in morning. Memory better, may be tied to Ativan 1mg taken early evening. No auditory hallucinations since 5/22/2020. No major panic. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices; towards end of day. Works 5-6 hours/day. increased insight. no h/o panic prior to this episode. lost 20 lbs. since onset of this episode has plateaued. Seasonal depression history.

Early 2020: mounting paranoia; had tech business idea; motivated/obsessive. started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional EtOH, h/o used to cope during high stress work but no problem moderating and no sequelae.

Past Psychiatric History

Med history - Effexor, Concerta (poor effect), Ritalin, Adderall XR/IR, Tegrretol for migraines; Serquel pm 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone

Therapist Dan Fisher.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen pm; Vit D
PCP Vaikudas

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Phone: (630)653-1717
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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/3/2021

Social History

Married

Still smoking would like to quit before having a baby. Works for father.

Family History

mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

General Appearance and Behavior

Grooming and Appearance:

WNL

Eye Contact:

WNL

Psychomotor Behavior:

No psychomotor agitation or retardation

Speech:

normal rate, tone, volume

Language

fluent

Cooperation:

cooperative

Attitude:

appropriate

Appearance and Behavior Comments:

Phone: (630)653-1717
Fax: (630)653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/3/2021

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WHEATON, IL 60187-4631
FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/3/2021

Phone: (630)653-1717
Fax: (630)653-7926

Cognition

Attention Span and Concentration:
WNL

Orientation to Time, Place, and Person:
A/O x3

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:
somewhat tired

Emotional State

Mood:

Euthymic

Affect:

congruent

Emotional State Comments:

congruent

LEE, STEVE, MD
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WHEATON, IL 60187-4631

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/3/2021

Phone: (630) 653-1717
Fax: (630) 653-7926

Judgment and Insight

Judgment:

wnl

Insight:

wnl

Judgment and Insight Comments:

seems to have returned to premorbid state

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies si/hi. No hallucinations present. Patient does not present as delusional

Risk Assessment:

Patient denies si/hi. No plan or intent noted

Risk Assessment Comments:

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WHEATON, IL 60187-4631

Phone: (630) 653-1717
Fax: (630) 653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/3/2021

Axis I:

F90.0 ATTN-DEFT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE
99213 OFFICE/OUTPATIENT VISIT EST

LEE, STEVE, MD
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WHEATON, IL 60187-4631
Phone: (630)653-1717
Fax: (630)653-7926
FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 3/3/2021

Axis II:
Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder
Zyprexa 5mg qhs. Zoloft 50mg qd. Reduce Ativan to 0.5mg qpm.
Restart Vyvanse 40mg qd in place of Adderall
Risk/benefits reviewed. Pt. consents. Continue therapy. Wife in session.
RTC 1.5 month

LEE, STEVE, MD
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WHEATON, IL 60187-4631

FERNANDEZ, THOMAS C - DOB: 3/1/1983
phone call - 3/29/2021

Phone: (630) 653-1717
Fax: (630) 653-7926

Vyvanse 40mg not helping. Foggy/poor work production.
Plan : switch back to Adderall 20mg tid prn

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Phone: (630)653-1717
Fax: (630)653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/21/2021

Chief Complaint:
99213 95 15 min
ADHD
s/p psychotic episode

HPI

Somewhat better energy but still drags in morning. Hard to get going. Ativan not always used anymore and that helps somewhat. Adderall 20mg tid helpful. No auditory hallucinations since 5/22/2020. No major panic. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices; towards end of day. Works 5-6 hours/day. Increased insight. no h/o panic prior to this episode. lost 20 lbs. since onset of this episode has plateaued. Seasonal depression history.

Early 2020: mounting paranoia; had tech business idea; motivated/obsessive. started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional EtOH, h/o used to cope during high stress work but no problem moderating and no sequelae.

Past Psychiatric History

Med history - Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegrinol for migraines; Serquel prn 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone

Therapist Dan Fisher.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
PCP Vaikundas

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/21/2021

Phone: (630)653-1717
Fax: (630)653-7926

Social History

Married

Still smoking would like to quit before having a baby. Works for father.

Family History

mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

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WHEATON, IL 60187-4631
FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/21/2021

Phone: (630)653-1717
Fax: (630)653-7926

General Appearance and Behavior
Grooming and Appearance: WNL
Eye Contact: WNL
Psychomotor Behavior: No psychomotor agitation or retardation
Speech: normal rate, tone, volume
Language: fluent
Cooperation: cooperative
Attitude: appropriate
Appearance and Behavior Comments:

LEE,STEVE,MD
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Fax: (630)653-7926

FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/21/2021

Cognition

Attention Span and Concentration:
WNL

Orientation to Time, Place, and Person:
Ox3; tired

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:

Euthymic

Affect:

congruent

Emotional State Comments:

congruent

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WHEATON, IL 60187-4631

Phone: (630)653-1717
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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/21/2021

Judgment and Insight

Judgment:

wnl

Insight:

wnl

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies si/hi. No hallucinations present. Patient does not present as delusional

Risk Assessment:

Patient denies si/hi. No plan or intent noted

Risk Assessment Comments:

Phone: (630)653-1717
Fax: (630)653-7926

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WHEATON, IL 60187-4631
FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/21/2021

Axis I:

F90.0 ATTN-DEFECT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE
99213 OFFICE/OUTPATIENT VISIT EST

LEE, STEVE, MD
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WHEATON, IL 60187-4631

Phone: (630) 653-1717
Fax: (630) 653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 4/21/2021

Axis II:
Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder
Zyprexa 5mg qhs, Zoloft 50mg qd reduce to 25mg qd. Ativan 0.5mg qhs prn
Adderall 20mg tid
Risk/benefits reviewed. Pt. consents. Continue therapy.
RTC 2 months
may eventually need to reduce Zyprexa, wife has some concerns about this.

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WHEATON, IL 60187-4631

Phone: (630)653-1717
Fax: (630)653-7926

FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 6/17/2021

Chief Complaint:
99213 95 15 min
ADHD

s/p psychotic episode

HPI

Somewhat better energy but still drags in morning with poor memory for one hour which may be better than in the past. Ativan qd pm only. Sleeps okay without it. Conc. fair/adequate for now. some dialing back of workload. Adderall 20mg tid helpful. No auditory hallucinations since 5/22/2020. No major panic. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices; towards end of day. Works 5-6 hours/day. increased insight. no h/o panic prior to this episode. lost 20 lbs. since onset of this episode has plateaued. Seasonal depression history. Early 2020: mounting paranoia; had tech business idea; motivated/obsessive. started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia... (Continued: in Endnote 1)

Past Psychiatric History

Med history - Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegretol for migraines; Serquel pm 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone

Therapist Dan Fisher.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen pm; Vit D
PCP Vaikudas

LEE,STEVE,MD
2100 MANCHESTER ROAD
WHEATON, IL 60187-4631

FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 6/17/2021

Phone: (630)653-1717
Fax: (630)653-7926

Social History

Married

Still smoking would like to quit before having a baby. Works for father.

Family History

mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 6/17/2021

General Appearance and Behavior

Grooming and Appearance:

WNL

Eye Contact:

WNL

Psychomotor Behavior:

No psychomotor agitation or retardation

Speech:

normal rate, tone, volume

Language

fluent

Cooperation:

cooperative

Attitude:

appropriate

Appearance and Behavior Comments:

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 6/17/2021

Cognition

Attention Span and Concentration:
WNL

Orientation to Time, Place, and Person:
Ox3; tired

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:
Euthymic

Affect:
congruent

Emotional State Comments:
congruent

Endnotes

(1) Visit Date 6/17/2021 Continued:

...goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional EtOH, h/o used to cope during high stress work but no problem moderating and no sequelae.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
phone call - 7/2/2021

Phone: (630) 653-1717
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Middle insomnia x 1.5 weeks until last night slept through. Some anxiety/panic might be due to move of work office. No hints of psychosis though.
Plan : patient and wife on the phone. If needed may need extra 2.5 mg pm at night of olanzapine as securing sleep is critical to prevention of psychotic decompensation.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 8/19/2021

Chief Complaint:
99214 95 25 min
ADHD

s/p psychotic episode

HPI

Lately more spontaneous panic and anxiety possibly due to family business office moving and parent was in hospital recently. Denies any psychotic symptoms and wife does not report any suspicion. Ativan at least 1 mg in a day, mostly for sleep which has been worse. drags in morning with poor memory. doesn't feel better than afternoon. Zoloft back at 50mg for 1 month.
Adderall 20mg tid helpful. No auditory hallucinations since 5/22/2020. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices; towards end of day. Works 5-6 hours/day. no h/o panic prior to this episode. lost 20 lbs. since onset of this episode has plateaued. Seasonal depression history.

Early 2020: mounting paranoia; had tech business idea;... (Continued: in Endnote 1)

Past Psychiatric History

Med history - Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegretol for migraines; Seroquel pm 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone

Therapist Dan Fisher.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen pm; Vit D
PCP Vaikundas

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FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 8/19/2021

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Social History
Married

Still smoking would like to quit before having a baby. Works for father.

Family History

mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

General Appearance and Behavior

Grooming and Appearance:

WNL

Eye Contact:

WNL

Psychomotor Behavior:

somewhat tense

Speech:

normal rate, tone, volume

Language

fluent

Cooperation:

cooperative

Attitude:

appropriate

Appearance and Behavior Comments:

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Meier Initial/Follow Up - 8/19/2021

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FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 8/19/2021

Cognition

Attention Span and Concentration:
worse acutely

Orientation to Time, Place, and Person:
Ox3; tired

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:
anxious

Affect:
tense

Emotional State Comments:

congruent

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 8/19/2021

Judgment and Insight

Judgment:

wnl

Insight:

wnl

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies si/hi. No hallucinations present. Patient does not present as delusional

Risk Assessment:

Patient denies si/hi. No plan or intent noted

Risk Assessment Comments:

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 8/19/2021

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Axis I:

F90.0 ATTN-DEFECT HYPERACTIVITY DISORDER, FREEDOM INATTENTIVE TYPE

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 8/19/2021

Axis II:
Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder; ?developing anxiety d/o
Zyprexa 5mg qhs. Zoloft go up to 100mg qd. Ativan 0.5-1mg qhs prn and qd prn
Adderall 20mg tid
Risk/benefits reviewed. Pt. consents. Continue therapy.
>50% of face to face time spent in counseling/coordination of care
RTC 1 month

Endnotes

(1) Visit Date 8/19/2021 Continued:

...motivated/obsessive, started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional Etoh, h/o used to cope during high stress work but no problem moderating and no sequelae.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 9/17/2021

Chief Complaint:
99213 95 15 min
ADHD
s/p psychotic episode

HPI

Less panic and anxiety. Work stress/move alleviated. 2 days on zolof 100mg couldn't follow conversation. Was dragging in morning with poor memory. Adderall 20mg tid helpful. No auditory hallucinations since 5/22/2020. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices; towards end of day. Works 5-6 hours/day. no h/o panic prior to this episode. lost 20 lbs. since onset of this episode has plateaued. Seasonal depression history.

Early 2020: mounting paranoia; had tech business idea; motivated/obsessive. started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia... (Continued: in Endnote 1)

Past Psychiatric History

Med history - Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegretol for migraines; Serquel pm 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone; Zoloft 100mg mental block

Therapist Dan Fisher.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen pm; Vit D
PCP Vaikundas

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FERNANDEZ,THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 9/17/2021

Social History
Married
Still smoking would like to quit before having a baby. Works for father.

Family History
mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 9/17/2021

General Appearance and Behavior
Grooming and Appearance:

WNL

Eye Contact:

WNL

Psychomotor Behavior:

WNL

Speech:

normal rate, tone, volume

Language

fluent

Cooperation:

cooperative

Attitude:

appropriate

Appearance and Behavior Comments:

Cognition

Attention Span and Concentration:

somewhat slowed

Orientation to Time, Place, and Person:

Ox3; tired

Recent Memory:

WNL

Remote Memory:

WNL

Fund of Knowledge:

WNL

Cognition Comments:

Emotional State

Mood:

anxious

Affect:

stable

Emotional State Comments:

congruent

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 9/17/2021

Judgment and Insight

Judgment:

wnl

Insight:

wnl

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies si/hi. No hallucinations present. Patient does not present as delusional

Risk Assessment:

Patient denies si/hi. No plan or intent noted

Risk Assessment Comments:

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 9/17/2021

Axis I:

F90.0 ATTN-DEFT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 9/17/2021

Axis II:

Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder; ?developing anxiety d/o
Zyprexa 5mg qhs. Zoloft keep at 50mg qd. Ativan 0.5-1mg qhs prn and qd prn
Adderall 20mg tid
Risk/benefits reviewed. Pt. consents. Continue therapy.
>50% of face to face time spent in counseling/coordination of care
RTC 1 month

Endnotes

(1) Visit Date 9/17/2021 Continued:

...goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional EtOH, h/o used to cope during high stress work but no problem moderating and no sequelae.

25 minutes with pt's wife/parents. Apparently pt. decompensating with more suspicious thinking, perhaps having thoughts causing him to talk to self in doubtful/critical way. Blaming meds for poor memory. Took more Adderall than directed and Ativan perhaps as way to self medicate. Unwilling to go to ER.

Plan: Hold Adderall. olanzapine increase to 7.5mg qhs. will have session in 2 days where we may discuss possible options to change olanzapine. Doubt serraline making things worse since it has been on board for the year but may consider removing as well.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
phone call - 10/6/2021

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/8/2021

Chief Complaint:
99215 95 50 min
ADHD
s/p psychotic episode

HPI

Pl. was quite frustrated with his family, he feels he is not being heard about his frustrations with poor mentation and stringing along memories in the morning. He doesn't feel like he is cognitively functioning until later in the day. There are what he describes as rolling negative thoughts in his own voice with some experience of déjà vu. He also is not sleeping as well and may be exhibiting irritability and impulsivity at night. He has a hard time switching tasks. He feels he's being unfairly scrutinized and harped on by wife and parents. He briefly tried some more Adderall to combat AM symptoms or side effects. He is frustrated to the point that he just wants to be off all meds.

Ativan 1mg qd or qhs prn. Denies any psychotic symptoms. Was dragging in morning with poor memory. No auditory hallucinations since 5/22/2020. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices; towards end of day. Works 5-6 ... (Continued: in Endnote 1)

Past Psychiatric History

Med history - Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegretol for migraines; Serquel prn 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone; Zolof 100mg mental block

Therapist Dan Fisher 630-571-4503

2013 psych testing by N Persun - indications of bipolar/antisocial/schizotypal/though disorder tendencies. He tested negative on BSDS with me back then and collateral info from his mother at the time was consistent with his report.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MBDS: Ibuprofen prn; Vit D
PCP Vaikundas

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/8/2021

Social History

Married

Still smoking would like to quit before having a baby. Works for father.

Family History

mom depression, no known psychosis in family.

ROS

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl- TG 115, LDL 109
2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
torn meniscus; tinnitus

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/8/2021

General Appearance and Behavior

Grooming and Appearance:

WNL

Eye Contact:

WNL

Psychomotor Behavior:

quite tense

Speech:

tone of frustration throughout

Language

fluent

Cooperation:

cooperative

Attitude:

appropriate

Appearance and Behavior Comments:

Cognition

Attention Span and Concentration:
somewhat slowed

Orientation to Time, Place, and Person:
Ox3; tired

Recent Memory:
reportedly difficult

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:

dysphoric

Affect:

dysphoric

Emotional State Comments:

congruent

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Meier Initial/Follow Up - 10/8/2021

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Judgment and Insight

Judgment:

may be limited - difficult to fully ascertain with competing opinions from family

Insight:

may be limited as well

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies si/hi. No hallucinations present. Patient does not present as delusional - perhaps some hints of suspicious thinking however all directed at family

Risk Assessment:

Patient denies si/hi. No plan or intent noted

Risk Assessment Comments:

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/8/2021

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Axis I:

F90.0 ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/8/2021

Axis II:

Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder; differential diagnosis : bipolar d/o with psychotic features vs. primary psychotic d/o
Zyprexa lower to 2.5mg qhs. Zoloft 50mg qd. Ativan 0.5-1mg qhs prn and qd prn
Adderall 20mg tid on hold. Trial Abilify 1mg qd x 1 week then 2 mg qd.
Risk/benefits reviewed. Pt. consents. Continue therapy - I reached out to therapist for his perspective. Pt. reluctant to continue with meds but agrees for now.
>50% of face to face time spent in counseling/coordination of care
RTC 2 weeks

Endnotes

(1) Visit Date 10/8/2021 Continued:

...hours/day. no h/o panic prior to this episode. lost 20 lbs. since onset of this episode has plateaued. Seasonal depression history.

Early 2020: mounting paranoia; had tech business idea; motivated/obsessive. started believing people were trying to hurt him/ family and believed he was getting threatening emails and calls. AH to cut his brakes, go to boot camp. h/o mild paranoia goes back to his teens. Urine tox at ER was negative. Was distrustful of the ER staff and security. Married June 2015. Social occasional EtOH, h/o used to cope during high stress work but no problem moderating and no sequelae.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
phone call - 10/11/2021

Phone: (630) 653-1717
Fax: (630) 653-7926

Phone call with pt's wife consent on file-
pt. refusing to change meds as discussed last session. He is angry with wife and accused her of weaponizing the medication against her. She left the house to give him space and he went and returned from a camping trip with friends. She is not sure if he is taking olanzapine at all and may just be relying on Adderall.
plan - I left him a VM to get back to me at his own pace. There is not much that can be done if he is not willing to adhere to treatment plan. There may be some truth though to his complaint that he is dysphoric and not thinking as well on the olanzapine thus the offered med change. Also, wife feels that the office work move a few months ago was the trigger to him getting more stressed and his current mental state.

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
Meier Initial/Follow Up - 10/19/2021

Chief Complaint:

99214 95
25 min
ADHD
s/p psychotic episode

HPI

Major change of events: pt. took self off meds 1.5 weeks ago with hopes to clear sedation and memory issues. Waking up earlier. Denies any psychotic symptoms. No auditory hallucinations since 5/22/2020. Still working. He states belief that wife is manipulating things including meds and he does not want her involved in his care any longer. He is also having talks with his parents expressing his frustrations and perspective. Beyond his lack of trust in his wife, there is no other bizarre or paranoid content in his speech. He sounds anxious over phone (initial video connection did not work on his end). He was not asking for any meds such as Adderall or Ativan. He denies SI/HI. He was able to see my perspective on things specifically the difficulty to ascertain the situation with competing viewpoints expressed by him and his wife and perhaps even his parents. h/o auditory hallucinations 8 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with... (Continued: in Endnote 1)

Past Psychiatric History

Med history: Effexor, Concerta (poor effect), Ritalin, Adderall XR/IR, Tegretol for migraines; Seroquel prn 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone; Zolof 100mg mental block; Zyprexa, Adderall Therapist Dan Fisher 630-571-4503
2013 psych testing by N Persun - indications of bipolar/antisocial/schizotypal/thought disorder tendencies. He tested negative on BSDS with me back then and collateral info from his mother at the time was consistent with his report.

Past Medical History

Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
PCP Vaikundas

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mom depression, no known psychosis in family.

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torn meniscus; tinnitus