

STATE OF ILLINOIS

UNITED STATES OF AMERICA

COUNTY OF DU PAGE

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

Thomas Fernandez

Plaintiff,

2022LA001051

Case Number

v.

MEIER CLINICS OF ILLINOIS P C

Defendant,

File Stamp Here

EXHIBIT COVER SHEET

Local Court Rules 5.06 and 5.09

EXHIBIT NAME: Fraudulent Medical Records 2

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 203

City/State/Zip: West Chicago, IL 60185

Telephone Number: 6306494467

Email: securetcmail@gmail.com

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
Fax: (630)653-7926

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

Chief Complaint:

99213 95

20 min

ADHD

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 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; 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; 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

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:

wnl

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

Judgment and Insight

Judgment:

appears intact

Insight:

appears intact

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't present as delusional

Thought Processes Comments:

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

Risk Assessment:

Patient denies s/h/i. No plan or intent noted

Risk Assessment Comments:

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

Axis I:

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
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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 Meegan 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

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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 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

25 min

ADHD

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; 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; 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 Vaikudas

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

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 - 11/12/2021

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
Meier Initial/Follow Up - 11/12/2021

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 - 11/12/2021

Judgment and Insight

Judgment:

appears intact

Insight:

appears intact

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't 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:

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

Axis I:

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

Axis V:

Axis IV:

Axis III:

Axis II:
Deferred

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.

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

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 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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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

Phone: (630)653-1717
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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:

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

Axis I:

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
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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 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
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MEDS: Ibuprofen prn; Vit D

PCP Vaikundas

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

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 - 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

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

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:

dysphoric appropriately to context

Emotional State Comments:

congruent

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

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/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:

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

Axis I:

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

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FERNANDEZ, THOMAS C - DOB: 3/1/1983
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.

change Vyvanse to Adderall 20mg bid due to cost issue

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

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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: 3/1/1983
Meier Clinics Initial Assessment - 2/7/2022

Presenting Problem 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

✓ 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

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✓	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)

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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. Zolof 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; 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 Vaikudas

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

Judgment and Insight

Judgment:

wml

Insight:

wml

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

Patient denies s/h. No hallucinations present. Patient does not present as delusional

Risk Assessment:

Patient denies s/h. No plan or intent noted

Risk Assessment Comments:

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

Axis I:

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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 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.

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 - 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

Appearance and Behavior Comments:

appropriate

Attitude:

cooperative

Cooperation:

fluent

Language

normal rate, tone, volume

Speech:

wvl

Psychomotor Behavior:

WNL

Eye Contact:

WNL

Grooming and Appearance:

General Appearance and Behavior

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

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

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:

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

Axis I:

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

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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.

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

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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 sertraline 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
Meier Initial/Follow Up - 10/8/2021

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

HPI

Pt. 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 deja 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/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 - 10/8/2021

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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;
torm 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:

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

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

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 s/h/i. No hallucinations present. Patient does not present as delusional - perhaps some hints of suspicious thinking however all directed at family

Risk Assessment:

Patient denies s/h/i. No plan or intent noted

Risk Assessment Comments:

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

Axis I:

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Meier Initial/Follow Up - 10/8/2021

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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 pm and qd pm

Adderall 20mg tid on hold. Trial Ability 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

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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; Serquel prn 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonoopin 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 - 10/19/2021

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

Appearance and Behavior Comments:

appropriate

Attitude:

cooperative

Cooperation:

fluent

Language

tone of frustration throughout

Speech:

quite tense

Psychomotor Behavior:

WNL

Eye Contact:

WNL

Grooming and Appearance:

General Appearance and Behavior

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

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

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 s/h/i. No hallucinations present. Patient does not present as delusional - perhaps some hints of suspicious thinking however all directed at family

Risk Assessment:

Patient denies s/h/i. No plan or intent noted

Risk Assessment Comments:

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

Axis I:

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

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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 strongly recommended that he reach out to his therapist to reestablish care during this difficult time which he seemed to agree to do.

>50% of face to face time spent in counseling/coordination of care

Clinical Assessment and Treatment Plan:

Axis V:

Axis IV:

Axis III:

Axis II:

Deferred

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