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 3

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: **securetcfmail@gmail.com**

Anxious

Affect
Anxious

Thought Process/Content
Linear

Hallucinations
Auditory

Suicidal-Homicidal ideas-Plans
None

Treatment Plan-Medical Decision-Management

Treatment Plan-Medical Decision-Mgmt

F90.0, F29 unspecified psychotic disorder
Vyvanse 40mg qd on hold, Adderall 10mg bid for now. Trazodone 50mg qhs prn;
Zyprexa 5mg qhs up to 7.5mg qhs. Ativan up to 1mg (up to 5 in a day; probably 1.5mg qhs)
Risk/benefits reviewed. Pt. consents. Set to see therapist Dr. Fisher in Oakbrook
Rationale for no SSRI yet, panic seems tied in with voices, unpredictable response if there is underlying bipolar phenomenon going on now too. Wife in session. Plan B: check MRI
RTC 1 week

Outpatient Current Medications

1. olanzapine 5 mg tablet - Ordered on 03/23/2020 (0000403031) (- 03/29/2021) - take 1/2 tablet qpm x 3 days then 1 tablet qpm - (Approved)
2. Ativan 0.5 mg tablet - Ordered on 03/23/2020 (0000403117) (- 03/29/2021) - take 1 tablet bid prn anxiety - (Approved)
3. Adderall 10 mg tablet - Ordered on 03/26/2020 (0000405539) (03/26/2020 - 03/29/2021) - take 1 tablet bid - 03/26/2020 - (Approved)
4. Ativan 0.5 mg tablet - Ordered on 03/30/2020 (0000407599) (- 03/29/2021) - take 1 tablet qid prn and 2 tablet qhs - (Approved)
5. trazodone 50 mg tablet - Ordered on 04/07/2020 (0000413454) (- 03/29/2021) - take 1 tablet (50 mg) by oral route once daily at bedtime as needed for Insomnia. - (Approved)
6. Zyprexa 5 mg tablet - Ordered on 04/07/2020 (0000413505) (- 03/29/2021) - take 1.5 tablets qd - (Approved)
7. Ativan 1 mg tablet - Ordered on 04/07/2020 (0000413561) (- 03/29/2021) - take 1 tablet tid prn, and 2 tablets qhs - (Approved)

Diagnosis

1. ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE (F90.0)
2. UNSP PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND (F29)

Procedure

Procedure	Description	Units	Unit Amt	Extended Amt	Allowed Amt
99213	EXPANDED ESTABLISHED PATIENT	1.00	140.00	140.00	140.00

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Medical assessment Psyc (MED)

Patient: FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)
Admitted On: 05/08/2013 Gender: Male
Employee:
Provider: STEVE LEE MD M.D. Phone: (630) 653-1717
Visit Date: 04/14/2020 Visit Time: 9:30 AM - 10:00 AM (00:30)
Note Number: 000000000224555 Note Status: Completed

Assessments

MD PROGRESS NOTE 1/14 Assessment Number : 000000000068186

History

Progress Note History Chief Complaint

99213 GT 20 min
ADHD

History of Present Illness

Overall improvement continues. auditory hallucinations down from 8 to 2 distinct voices, male or female, accent changes, sometimes aggressive content other times not. Less panic/palpitation, originally linked with voices; more towards end of day. Slept better overall since 7.5mg Zyprexa. Better good days. Works 5-6 hours/day. Ativan 4-4.5mg/day has been required. increased insight. Zyprexa tolerable. no h/o panic prior to this episode.

Recent history: month mounting paranoia set off by his tech business idea; motivated and obsessive but then 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. Wife is handling the meds now. 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. Still smoking would like to quit before having a baby. Works for father.

Past Medical, Family, Social History:

PMH: Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
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
FH - mom depression, no known psychosis in family.

Review of Systems:

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl.
2020 CT brain wnl

Psychiatric Exam

Alert

Alert

Oriented X3

Oriented X3

Grooming

Casual Attire

Speech

Normal R/R/T

Motor

WNL

Mood

Anxious

Affect
Stable

Thought Process/Content
Linear

Hallucinations
Auditory

Suicidal-Homicidal ideas-Plans
None

Treatment Plan-Medical Decision-Management

Treatment Plan-Medical Decision-Mgmt

F90.0, F29 unspecified psychotic disorder
Vyvanse 40mg qd on hold, Adderall 10mg bid and 5mg qpm. Trazodone 50mg qhs prn;
Zyprexa 7.5mg qhs. Ativan up to 1mg (up to 5 in a day; probably 1.5mg qhs)
Risk/benefits reviewed. Pt. consents. Set to see therapist Dr. Fisher in Oakbrook
Wife in session. Plan B: check MRI
RTC 2 weeks

Outpatient Current Medications

1. olanzapine 5 mg tablet - Ordered on 03/23/2020 (0000403031) (- 03/29/2021) - take 1/2 tablet qpm x 3 days then 1 tablet qpm - (Approved)
2. Adderall 10 mg tablet - Ordered on 03/26/2020 (0000405539) (03/26/2020 - 03/29/2021) - take 1 tablet bid - 03/26/2020 - (Approved)
3. trazodone 50 mg tablet - Ordered on 04/07/2020 (0000413454) (- 03/29/2021) - take 1 tablet (50 mg) by oral route once daily at bedtime as needed for Insomnia. - (Approved)
4. Zyprexa 5 mg tablet - Ordered on 04/07/2020 (0000413505) (- 03/29/2021) - take 1.5 tablets qd - (Approved)
5. Ativan 1 mg tablet - Ordered on 04/07/2020 (0000413561) (- 03/29/2021) - take 1 tablet tid prn, and 2 tablets qhs - (Approved)
6. Adderall 10 mg tablet - Ordered on 04/14/2020 (0000418898) (04/14/2020 - 03/29/2021) - take 1 tablet bid and 1/2 tablet qpm - 04/14/2020 - (Approved)

Diagnosis

1. ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE (F90.0)
2. UNSP PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND (F29)

Procedure

Procedure	Description	Units	Unit Amt	Extended Amt	Allowed Amt
99213	EXPANDED ESTABLISHED PATIENT	1.00	140.00	140.00	140.00

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Unscheduled Phone Call (UPHONE)

Patient:	FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)		
Admitted On:	05/08/2013	Gender:	Male
Employee:			
Provider:	STEVE LEE MD M.D.	Phone:	(630) 653-1717
Note Date:	04/21/2020	Note Time:	2:45 PM
Note Number:	000000000225323	Note Status:	Completed

Visit Note

Voices remain at same level, some distress
plan: given tolerability for pt. would go to 10mg Zyprexa qd

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Medical assessment Psyc (MED)

Patient: FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)
Admitted On: 05/08/2013 Gender: Male
Employee:
Provider: STEVE LEE MD M.D. Phone: (630) 653-1717
Visit Date: 04/28/2020 Visit Time: 12:00 PM - 12:30 PM (00:30)
Note Number: 000000000226075 Note Status: Completed

Assessments

MD PROGRESS NOTE 1/14 Assessment Number : 000000000068656

History

Progress Note History Chief Complaint

99214 GT 25 min
ADHD

History of Present Illness

Overall improvement continues but still requiring 6mg Ativan in a day. With voices at night. auditory hallucinations down from 8 to 2 distinct voices, male or female, accent changes, sometimes aggressive content other times not. h/o panic/palpitation, linked with voices; towards end of day. May be up at night 1-2x but overall better sleep. Works 5-6 hours/day. increased insight. Zyprexa tolerable. no h/o panic prior to this episode. lost 20 lbs. since onset of this episode.

Recent history: month mounting paranoia set off by his tech business idea; motivated and obsessive but then 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. Wife is handling the meds now. 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. Still smoking would like to quit before having a baby. Works for father.

Past Medical, Family, Social History:

PMH: Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
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
FH - mom depression, no known psychosis in family.

Review of Systems:

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl.
2020 CT brain wnl

Psychiatric Exam

Alert

Alert

Oriented X3

Oriented X3

Grooming

Casual Attire

Speech

Slow

Motor

WNL

Mood

Anxious

Affect
Blunted

Thought Process/Content
Linear

Hallucinations
Auditory

Suicidal-Homicidal ideas-Plans
None

Treatment Plan-Medical Decision-Management

Treatment Plan-Medical Decision-Mgmt

F90.0, F29 unspecified psychotic disorder
Vyvanse 40mg qd on hold, Adderall 10mg bid and 5mg qpm. Trazodone 50mg qhs prn;
Zyprexa 2.5mg qpm and 10mg qhs. Ativan up to 1mg 6x/day prn. Start Zoloft 25 then 50mg qd to target mood/anxiety.
Risk/benefits reviewed. Pt. consents. Set to see therapist Dr. Fisher in Oakbrook. >50% of face-to-face time spent in counseling/ coordination of care. Psychoeducation - nature of pt's disorder discussed. Supportive therapy, empathic listening to increase coping.
Wife in session. Plan B: check MRI
RTC 2 weeks

Outpatient Current Medications

1. trazodone 50 mg tablet - Ordered on 04/07/2020 (0000413454) (- 03/29/2021) - take 1 tablet (50 mg) by oral route once daily at bedtime as needed for Insomnia. - (Approved)
2. Ativan 1 mg tablet - Ordered on 04/07/2020 (0000413561) (- 03/29/2021) - take 1 tablet tid prn, and 2 tablets qhs - (Approved)
3. Adderall 10 mg tablet - Ordered on 04/14/2020 (0000418898) (04/14/2020 - 03/29/2021) - take 1 tablet bid and 1/2 tablet qpm - 04/14/2020 - (Approved)
4. olanzapine 5 mg tablet - Ordered on 04/16/2020 (0000423372) (- 03/29/2021) - take 1.5 tablets qd - (Approved)
5. olanzapine 5 mg tablet - Ordered on 04/28/2020 (0000434091) (- 03/29/2021) - take 3 tablets qd - (Approved)
6. sertraline 50 mg tablet - Ordered on 04/28/2020 (0000434144) (- 03/29/2021) - take 1/2 tablet daily for 1 week then 1 tablet daily - (Approved)
7. trazodone 50 mg tablet - Ordered on 04/28/2020 (0000434198) (- 03/29/2021) - Take one tablet po qhs. - (Approved)
8. Ativan 2 mg tablet - Ordered on 04/28/2020 (0000434253) (- 03/29/2021) - take 1 tablet tid prn - (Approved)

Diagnosis

1. ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE (F90.0)
2. UNSP PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND (F29)

Procedure

Procedure	Description	Units	Unit Amt	Extended Amt	Allowed Amt
99214	DETAILED ESTABLISHED PATIENT	1.00	160.00	160.00	160.00

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Unscheduled Phone Call (UPHONE)

Patient:	FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)		
Admitted On:	05/08/2013	Gender:	Male
Employee:			
Provider:	STEVE LEE MD M.D.	Phone:	(630) 653-1717
Note Date:	05/05/2020	Note Time:	10:50 AM
Note Number:	000000000226772	Note Status:	Completed

Visit Note

more voices. still overall better. work functioning better.
plan: Zyprexa may go to 15mg qd

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Medical assessment Psyc (MED)

Patient: FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)
Admitted On: 05/08/2013
Gender: Male
Employee:
Provider: STEVE LEE MD M.D.
Phone: (630) 653-1717
Visit Date: 05/14/2020
Visit Time: 5:00 PM - 5:30 PM (00:30)
Note Number: 000000000227774
Note Status: Completed

Assessments

MD PROGRESS NOTE 1/14
Assessment Number : 000000000069082

History

Progress Note History Chief Complaint

99213 GT 20 min
ADHD

History of Present Illness

Overall improvement continues. Voices down to 1-2, mainly in car. 5-30 min duration. Anxiety lower, today only 1mg Ativan thus far. Sleep better. Focus subpar. Recently dizzy, missteps ?which med side effect. 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.

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

Past Medical, Family, Social History:

PMH: Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
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
FH - mom depression, no known psychosis in family.

Review of Systems:

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl
2020 CT brain wnl
PCP Vaikudas

Psychiatric Exam

Alert

Alert

Oriented X3

Oriented X3

Grooming

Casual Attire

Speech

Slow

Motor

WNL

Mood

Anxious

Affect

Stable

Thought Process/Content

Linear

Hallucinations

Auditory

Suicidal-Homicidal ideas-Plans

None

Treatment Plan-Medical Decision-Management

Treatment Plan-Medical Decision-Mgmt

F90.0, F29 unspecified psychotic disorder
Adderall 10mg up to tid. Trazodone 50mg qhs prn; Zyprexa 5mg qpm, 10mg qhs. Ativan 1mg 6x/day prn.
Zoloft 50mg qd. (Vyvanse 40mg qd on hold)
Risk/benefits reviewed. Pt. consents. Set to see therapist Dr. Fisher in Oakbrook. >50% of face-to-face time spent in counseling/ coordination of care. Psychoeducation - nature of pt's disorder discussed. Supportive therapy, empathic listening to increase coping. Check labs
Wife in session. Plan B: check MRI
RTC 3 weeks

Outpatient Current Medications

1. trazodone 50 mg tablet - Ordered on 04/28/2020 (0000434198) (- 03/29/2021) - Take one tablet po qhs. - (Approved)
2. Ativan 2 mg tablet - Ordered on 04/28/2020 (0000434253) (- 03/29/2021) - take 1 tablet tid prn - (Approved)
3. olanzapine 5 mg tablet - Ordered on 04/28/2020 (0000434991) (- 03/29/2021) - take 1 tablet q afternoon - (Approved)
4. olanzapine 10 mg tablet - Ordered on 05/14/2020 (0000446603) (- 03/29/2021) - take 1 tablet (10 mg) by oral route once daily - (Approved)
5. sertraline 50 mg tablet - Ordered on 05/14/2020 (0000446662) (- 03/29/2021) - take 1 tablet (50 mg) by oral route once daily - (Approved)
6. Adderall 20 mg tablet - Ordered on 05/14/2020 (0000446722) (05/14/2020 - 03/29/2021) - take 1/2 tablet tid - 05/14/2020 - (Approved)

Diagnosis

1. ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE (F90.0)
2. UNSP PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND (F29)

Procedure

Procedure	Description	Units	Unit Amt	Extended Amt	Allowed Amt
99213	EXPANDED ESTABLISHED PATIENT	1.00	140.00	140.00	140.00

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Medical assessment Psyc (MED)

Patient: FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)
Admitted On: 05/08/2013 Gender: Male
Employee:
Provider: STEVE LEE MD M.D. Phone: (630) 653-1717
Visit Date: 06/04/2020 Visit Time: 6:00 PM - 6:30 PM (00:30)
Note Number: 000000000229976 Note Status: Completed

Assessments

MD PROGRESS NOTE 1/14 Assessment Number : 000000000069667

History

Progress Note History Chief Complaint

99213 GT 20 min
ADHD

History of Present Illness

Overall improvement continues. Voices gone for 2 weeks. No major panic. Less Ativan use down to 3-4mg/day. Sedated in morning and hard to focus and get going. Sleep better. Focus subpar. 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.

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

Past Medical, Family, Social History:

PMH: Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
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
FH - mom depression, no known psychosis in family.

Review of Systems:

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl. Lipids wnl
2020 CT brain wnl
PCP Vaikudas

Psychiatric Exam

Alert

Alert

Oriented X3

Oriented X3

Grooming

Casual Attire

Speech

Normal R/R/T

Motor

WNL

Mood
Stable

Affect
Stable

Thought Process/Content
Linear

Hallucinations
Auditory

Suicidal-Homicidal ideas-Plans
None

Treatment Plan-Medical Decision-Management

Treatment Plan-Medical Decision-Mgmt

F90.0, F29 unspecified psychotic disorder
Adderall up to 20mg bid. Trazodone 50mg qhs prn; Zyprexa 5mg qpm, 10mg qhs. Ativan 1mg <4x/day prn.
Zoloft 50mg qd. (Vyvanse 40mg qd on hold)
Risk/benefits reviewed. Pt. consents. Set to see therapist Dr. Fisher in Oakbrook. Check labs
Wife in session. Plan B: check MRI
RTC 1 month

Outpatient Current Medications

1. Adderall 20 mg tablet - Ordered on 05/14/2020 (0000446722) (05/14/2020 - 03/29/2021) - take 1/2 tablet tid - 05/14/2020 - (Approved)
2. Ativan 2 mg tablet - Ordered on 06/04/2020 (0000465276) (- 03/29/2021) - take 1 tablet tid prn - (Approved)
3. olanzapine 10 mg tablet - Ordered on 06/04/2020 (0000465277) (- 03/29/2021) - take 1 tablet (10 mg) by oral route once daily - (Approved)
4. sertraline 50 mg tablet - Ordered on 06/04/2020 (0000465278) (- 03/29/2021) - take 1 tablet (50 mg) by oral route once daily - (Approved)
5. olanzapine 5 mg tablet - Ordered on 06/04/2020 (0000465279) (- 03/29/2021) - take 1 tablet q afternoon - (Approved)
6. trazodone 50 mg tablet - Ordered on 06/04/2020 (0000465280) (- 03/29/2021) - Take one tablet po qhs. - (Approved)
7. Adderall 20 mg tablet - Ordered on 06/04/2020 (0000465342) (06/04/2020 - 03/29/2021) - take 1 tablet (20 mg) by oral route 2 times per day - 06/04/2020 - (Approved)

Diagnosis

1. ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE (F90.0)
2. UNSP PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND (F29)

Procedure

Procedure	Description	Units	Unit Amt	Extended Amt	Allowed Amt
99213	EXPANDED ESTABLISHED PATIENT	1.00	140.00	140.00	140.00

Mood
Stable

Affect
Stable

Thought Process/Content
Linear

Hallucinations
Auditory

Suicidal-Homicidal ideas-Plans
None

Treatment Plan-Medical Decision-Management

Treatment Plan-Medical Decision-Mgmt

F90.0, F29 unspecified psychotic disorder
Adderall 20mg bid. Zyprexa 10mg qhs. Ativan 1mg qhs prn. Trazodone 50mg qhs. Zoloft 50mg qd.
(Vyvanse 40mg qd on hold)
Risk/benefits reviewed. Pt. consents. Continue therapy. >50% of face-to-face time spent in counseling/coordination of care. Supportive therapy, empathic listening to increase coping. Timeframe of medication use discussed. Wife in session.
RTC 2 months

Outpatient Current Medications

1. Adderall 20 mg tablet - Ordered on 07/30/2020 (0000512827) (08/12/2020 - 03/29/2021) - take 1 tablet (20 mg) by oral route 2 times per day - 08/12/2020 - (Approved)
2. trazodone 50 mg tablet - Ordered on 08/27/2020 (0000538226) (- 03/29/2021) - Take 1 tablet QHS PRN for Insomnia. - (Approved)
3. Zyprexa 10 mg tablet - Ordered on 08/27/2020 (0000538227) (- 03/29/2021) - take 1 tablet (10 mg) by oral route once daily - (Approved)
4. sertraline 50 mg tablet - Ordered on 08/27/2020 (0000538228) (- 03/29/2021) - take 1 tablet (50 mg) by oral route once daily - (Approved)

Diagnosis

1. ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE (F90.0)
2. UNSP PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND (F29)

Procedure

Procedure	Description	Units	Unit Amt	Extended Amt	Allowed Amt
99214	DETAILED ESTABLISHED PATIENT	1.00	160.00	160.00	160.00

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

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; 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

Therapist Dan Fisher.

Past Medical History

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

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

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 - 2/3/2021

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 - 2/3/2021

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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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:

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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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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; 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

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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Meier Initial/Follow Up - 3/3/2021

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

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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Meier Initial/Follow Up - 3/3/2021

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

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

* * *

Axis I:

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

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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

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

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

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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.

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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

Therapist Dan Fisher.

Past Medical History

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

mom depression, no known psychosis in family.

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

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 - 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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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 - 4/21/2021

* * *

Axis I:

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

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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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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 prn 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; 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

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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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.

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BPs at home wnl 120-130. white coat syndrome.
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2020 CT brain wnl; August Gluc 86; TC 193, TG 146, HDL 50, LDL 114;
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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:

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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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

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

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 - 6/17/2021

* * *

Axis I:

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

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

Psychiatric Exam

Speech ✓ Appropriate with Normal Tone, Rate, and Volume

- ❒ Accent
- ❒ Fast Rate
- ❒ Flat
- ❒ Latency, Decreased
- ❒ Latency, Increased
- ❒ Lisp
- ❒ Stuttering
- ❒ Slow Rate
- ❒ Volume, Soft
- ❒ Volume, Loud

Other Speech (specify)

Thought Process ✓ Coherent, Logical, Appropriate

- ❒ Blocked
- ❒ Circumstantial
- ❒ Clang Associations
- ❒ Incoherent
- ❒ Loose Associations
- ❒ Flight of Ideas
- ❒ Word Salad
- ❒ Racing
- ❒ Magical Thinking
- ❒ Tangential

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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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 and Time ❒ Disoriented to Place ❒ Disoriented to Person

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

❒ Euthymic

✓ Depressed

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✓ Anxious
☐ Irritable

Affect ☐ Appropriate

☐ Flat ☐ Blunted
☐ Restricted ☐ Tearful
☐ Incongruent ✓ Unable to Assess
☐ Labile

Other Mood/ Affect (specify)

Eye Contact ☐ Direct

☐ Avoidant ☐ Intense ☐ Intermittent
☐ No Contact

Constitutional ☐ Appropriate Appearance and Grooming

☐ Body Odor ☐ Disheveled ☐ Poorly Groomed
☐ Prominent Scars ☐ Tattoos

Other Constitutional (specify)

Unable to assess - audio-only teletherapy session.

Gait/Station ☐ Unremarkable

☐ Ataxic ☐ Diplegic
☐ Neuropathic ☐ Parkinsonian
☐ Shuffling ☐ Unsteady

Other Gait/Station (specify)

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

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**
- ❒ **Arthritis**
- ❒ **Asthma**
- ❒ **Chronic Fatigue**
- ❒ **Chronic Pain**
- ❒ **Diabetes**
- ❒ **Head Trauma**
- ❒ **Seizures**

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)

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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

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

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

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

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 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	Description
F43.23	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD...
F90.0	ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYP...
90791	PSYCH DIAGNOSTIC EVALUATION

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 - 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

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Fax: (630)653-7926

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

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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 Megan at this point

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, canceld 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 discredit 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 before11:00 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. Theyve got some fabricated truths as we'll. 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
Amita 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

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WHEATON, IL 60187-4631

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

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

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.

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 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:

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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

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, canceld 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 discredit 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 before11:00 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. Theyve got some fabricated truths as we'll. 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.

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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.

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,

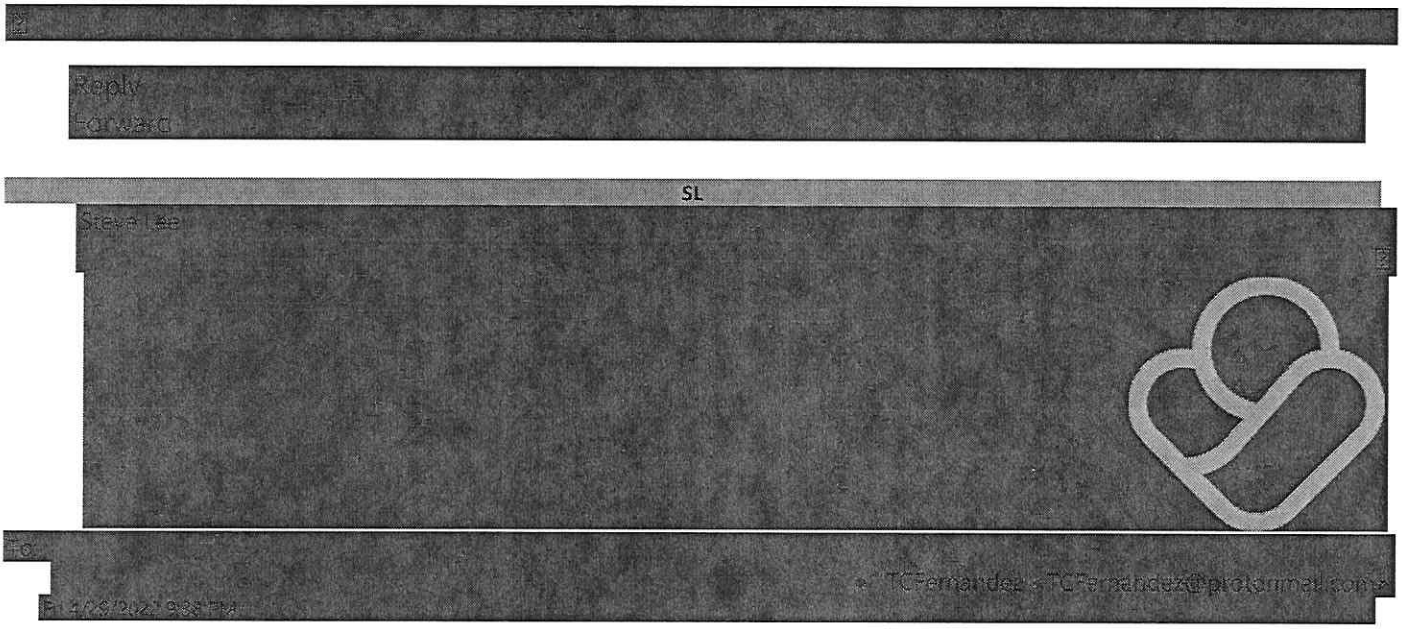
Marcia Shipkowski

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

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Unscheduled Phone Call (UPHONE)

Patient:	FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)		
Admitted On:	05/08/2013	Gender:	Male
Employee:			
Provider:	STEVE LEE MD M.D.	Phone:	(630) 653-1717
Note Date:	03/10/2020	Note Time:	7:44 PM
Note Number:	000000000221157	Note Status:	Completed

Visit Note

Around 6:20pm received message from answering service that pt's mom called that he was in crisis. The release of information on file for her is long expired. I called the patient who stated that he was exhausted but otherwise was not sure why/if his mom had called. I agreed to call him back after he tried to sort this out. I called 40 and 60 minutes later and got no answer. Answering service called back stating I could call back pt's number or wife's.

Pt's wife stated that pt. indeed has exhibited more paranoia to the point he didn't want to answer his phone out of fear she would die. This has arisen only in the past 2 weeks. Prior history of some erratic comments but not paranoia to this level. It doesn't seem associated with his stimulant treatment either. She does have medical power of attorney.

plan : pt. is talking with his father now. Their goal is to see if he will agree to go to the hospital to be evaluated and I agree this is the ideal setting for him. He may temporarily stop Adderall for now too. If they cannot get him to the hospital, she or he will call tomorrow. Given emergent level of pt's status and wife's power of attorney status, I thought it was appropriate for me to talk to her and support the idea of him going to the hospital.

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Medical assessment Psyc (MED)

Patient: FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)
Admitted On: 05/08/2013 Gender: Male
Employee:
Provider: STEVE LEE MD M.D. Phone: (630) 653-1717
Visit Date: 03/11/2020 Visit Time: 1:00 PM - 1:30 PM (00:30)
Note Number: 000000000221354 Note Status: Completed

Assessments

MD PROGRESS NOTE 1/14 Assessment Number : 000000000067264

History

Progress Note History Chief Complaint

99214 GT 25 min
ADHD

History of Present Illness

Pt. went to CDH ER but apparently ER doctor felt he was not enough of a threat to himself/others to admit. He did sleep in last night. He was able to hide his paranoia from wife for 2 weeks until this past weekend. He reports that his AH stopped yesterday but wife reports he did tell her he heard voices last night. He has had a hard time sleeping. Anxious/depressed. Some of his paranoid symptoms had command content to harm self. He had paranoid ideation about the phone and emails. He only had 15 min limited euphoria period. h/o bizarre comments made that did not develop into anything per wife. He is working.
Married June 2015. Social occasional Etoh, h/o used to cope during high stress work but no problem moderating and no sequelae. Still smoking would like to quit before having a baby. Works for father.

Past Medical, Family, Social History:

PMH: Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
Med history - Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegretol for migraines; Seroquel, Tylenol PM; Vyvanse Apr 2017
FH - mom depression, no known psychosis in family.

Review of Systems:

BPs at home wnl 120-130. white coat syndrome.

Psychiatric Exam

Alert

Tired/Drowsy

Oriented X3

Oriented X3

Grooming

Casual Attire

Speech

Monotonous

Motor

Retarded

Mood

Depressed

Affect

Flat

Thought Process/Content

Bizarre
- paranoia

Hallucinations
Auditory

Suicidal-Homicidal ideas-Plans
None

Treatment Plan-Medical Decision-Management

Treatment Plan-Medical Decision-Mgmt

F90.0, F29 unspecified psychotic disorder
Vyvanse 40mg qd on hold, Adderall 10mg bid prn would try to minimize use for now, especially 2nd dose. Trazodone 50mg qhs prn
Start Risperdal 0.5mg qpm x 3 nights then 1 mg qpm.
Risk/benefits reviewed. Pt. consents. >50% of face-to-face time spent in counseling/coordination of care. Psychoeducation - nature of pt's disorder discussed. Supportive therapy, empathic listening to increase coping. Wife in session.
RTC 1 week

Outpatient Current Medications

1. Adderall 10 mg tablet - Ordered on 03/02/2020 (0000385537) (03/02/2020 - 03/29/2021) - take 1 tablet bid - 03/02/2020 - (Approved)
2. Risperdal 1 mg tablet - Ordered on 03/11/2020 (0000394056) (- 03/29/2021) - take 1/2 tablet qpm x 3 nights then 1 tablet qpm - (Approved)

Diagnosis

1. ATTN-DEFCT HYPERACTIVITY DISORDER, PREDOM INATTENTIVE TYPE (F90.0)
2. UNSP PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND (F29)

Procedure

Procedure	Description	Units	Unit Amt	Extended Amt	Allowed Amt
99214	DETAILED ESTABLISHED PATIENT	1.00	160.00	160.00	160.00

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Medical assessment Psyc (MED)

Patient: FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)
Admitted On: 05/08/2013
Gender: Male
Employee:
Provider: STEVE LEE MD M.D.
Phone: (630) 653-1717
Visit Date: 03/16/2020
Visit Time: 8:30 PM - 9:00 PM (00:30)
Note Number: 000000000221779
Note Status: Completed

Assessments

MD PROGRESS NOTE 1/14
Assessment Number : 000000000067369

History

Progress Note History Chief Complaint

99214 GT 40 min
ADHD

History of Present Illness

Further history: past month mounting paranoia set off by his business idea dealing with technology. He was motivated and obsessive but then 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. Over weekend, very poor sleep one night and erratically took an Adderall at night, worse next day. Wife is handling the meds now. Risperdal tolerable and some diminishment in the AH intensity. Just started limiting Adderall to one/day. 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. Still smoking would like to quit before having a baby. Works for father.

Past Medical, Family, Social History:

PMH: Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
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
FH - mom depression, no known psychosis in family.

Review of Systems:

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl.
2020 CT brain wnl

Psychiatric Exam

Alert

Tired/Drowsy

Oriented X3

Oriented X3

Grooming

Casual Attire

Speech

Monotonous

Motor

Retarded

Mood

Depressed

Affect

Flat

Thought Process/Content
Bizarre

Hallucinations
Auditory

Suicidal-Homicidal ideas-Plans
None

Treatment Plan-Medical Decision-Management

Treatment Plan-Medical Decision-Mgmt

F90.0, F29 unspecified psychotic disorder
Vyvanse 40mg qd on hold, Adderall 10mg bid prn would try to minimize use for now, especially 2nd dose. Trazodone 50mg qhs prn; Risperdal 0.5mg qAM and 1 mg qpm; also 0.5mg qd prn. May need to go to 1mg bid.
Risk/benefits reviewed. Pt. consents. >50% of face-to-face time spent in counseling/coordination of care. Psychoeducation - nature of pt's disorder discussed. Supportive therapy, empathic listening to increase coping. Wife in session. May consider therapy. Distraction from AH may be good strategy. Plan B: check MRI
RTC 1 week

Outpatient Current Medications

1. Adderall 10 mg tablet - Ordered on 03/02/2020 (0000385537) (03/02/2020 - 03/29/2021) - take 1 tablet bid - 03/02/2020 - (Approved)
2. Risperdal 1 mg tablet - Ordered on 03/11/2020 (0000394056) (- 03/29/2021) - take 1/2 tablet qpm x 3 nights then 1 tablet qpm - (Approved)
3. trazodone 50 mg tablet - Ordered on 03/16/2020 (0000397403) (- 03/29/2021) - take 1 tablet (50 mg) by oral route once daily at bedtime as needed for Insomnia. - (Approved)

Diagnosis

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

Procedure

Procedure	Description	Units	Unit Amt	Extended Amt	Allowed Amt
99214	DETAILED ESTABLISHED PATIENT	1.00	160.00	160.00	160.00

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Unscheduled Phone Call (UPHONE)

Patient:	FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)		
Admitted On:	05/08/2013	Gender:	Male
Employee:			
Provider:	STEVE LEE MD M.D.	Phone:	(630) 653-1717
Note Date:	03/20/2020	Note Time:	12:34 PM
Note Number:	000000000222209	Note Status:	Completed

Visit Note

Pt. had been improving but last night restless/insomnia and today feels worse. Of note he had tolerated 1mg bid, last night was 1.5mg
plan : stick to 1mg risperidone bid, suspect akathisia side effect.

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Medical assessment Psyc (MED)

Patient: FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)
Admitted On: 05/08/2013 Gender: Male
Employee:
Provider: STEVE LEE MD M.D. Phone: (630) 653-1717
Visit Date: 03/23/2020 Visit Time: 8:30 PM - 9:00 PM (00:30)
Note Number: 000000000222438 Note Status: Completed

Assessments

MD PROGRESS NOTE 1/14 Assessment Number : 000000000067591

History

Progress Note History Chief Complaint

99214 GT 30 min
ADHD

History of Present Illness

Past week, continued voices, anxiety, probably akathisia as well. went to ER over weekend with palpitations. cardiac w/u wnl. Ativan helped. Wife concerned that his psychotic content has switched from government to religious and he did feel better after consulting a priest today. Lost 7 lbs in past weeks.

Recent history: month mounting paranoia set off by his tech business idea; motivated and obsessive but then 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. Wife is handling the meds now. 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. Still smoking would like to quit before having a baby. Works for father.

Past Medical, Family, Social History:

PMH: Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
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
FH - mom depression, no known psychosis in family.

Review of Systems:

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl.
2020 CT brain wnl

Psychiatric Exam

Alert

Alert

Oriented X3

Oriented X3

Grooming

Casual Attire

Speech

Monotonous

Motor

Agitated

Mood

Anxious

Affect

Flat

Thought Process/Content

Bizarre

Hallucinations

Auditory

Suicidal-Homicidal ideas-Plans

None

Treatment Plan-Medical Decision-Management

Treatment Plan-Medical Decision-Mgmt

F90.0, F29 unspecified psychotic disorder
Vyvanse 40mg qd on hold, Adderall 10mg bid prn on hold.
Trazodone 50mg qhs prn; Risperdal 0.5mg bid x 3 days then 0.5mg qd x 3 days then stop. Start Zyprexa 2.5mg qd x 3 days then 5 mg qd. Ativan 0.5mg bid prn. (started in ER)
Risk/benefits reviewed. Pt. consents. >50% of face-to-face time spent in counseling/coordination of care. Psychoeducation - nature of pt's disorder discussed. Supportive therapy, empathic listening to increase coping. Wife in session. May consider therapy. Plan B: check MRI
RTC 1 week

Outpatient Current Medications

1. Adderall 10 mg tablet - Ordered on 03/02/2020 (0000385537) (03/02/2020 - 03/29/2021) - take 1 tablet bid - 03/02/2020 - (Approved)
2. trazodone 50 mg tablet - Ordered on 03/16/2020 (0000397403) (- 03/29/2021) - take 1 tablet (50 mg) by oral route once daily at bedtime as needed for Insomnia. - (Approved)
3. olanzapine 5 mg tablet - Ordered on 03/23/2020 (0000403031) (- 03/29/2021) - take 1/2 tablet qpm x 3 days then 1 tablet qpm - (Approved)
4. Ativan 0.5 mg tablet - Ordered on 03/23/2020 (0000403117) (- 03/29/2021) - take 1 tablet bid prn anxiety - (Approved)

Diagnosis

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

Procedure

Procedure	Description	Units	Unit Amt	Extended Amt	Allowed Amt
99214	DETAILED ESTABLISHED PATIENT	1.00	160.00	160.00	160.00

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Unscheduled Phone Call (UPHONE)

Patient:	FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)		
Admitted On:	05/08/2013	Gender:	Male
Employee:			
Provider:	STEVE LEE MD M.D.	Phone:	(630) 653-1717
Note Date:	03/26/2020	Note Time:	1:34 PM
Note Number:	000000000222777	Note Status:	Completed

Visit Note

Pt. slept well first night on olanzapine but not last night. comes home from work distressed with voices.
plan: risperdal taper as before. olanzapine may be used 2.5mg bid if has voices during the day OR 5mg qhs
may use Adderall, doesn't seem to influence psychosis or anxiety
plan B: seroquel

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Medical assessment Psyc (MED)

Patient: FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)
Admitted On: 05/08/2013
Gender: Male
Employee:
Provider: STEVE LEE MD M.D.
Phone: (630) 653-1717
Visit Date: 03/30/2020
Visit Time: 12:00 PM - 12:30 PM (00:30)
Note Number: 000000000223069
Note Status: Completed

Assessments

MD PROGRESS NOTE 1/14
Assessment Number : 000000000067784

History

Progress Note History Chief Complaint

99214 GT 25 min
ADHD

History of Present Illness

Past two days: significantly lower amount/severity of auditory hallucinations and also increased insight into them vs. reality. Zyprexa tolerable. Past 2 nights slept well. Still ongoing panic symptoms, no h/o this prior. Restless has come down. Ativan up to 5 pills used/day.

Recent history: month mounting paranoia set off by his tech business idea; motivated and obsessive but then 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. Wife is handling the meds now. 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. Still smoking would like to quit before having a baby. Works for father.

Past Medical, Family, Social History:

PMH: Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
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
FH - mom depression, no known psychosis in family.

Review of Systems:

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl.
2020 CT brain wnl

Psychiatric Exam

Alert

Alert

Oriented X3

Oriented X3

Grooming

Casual Attire

Speech

Normal R/R/T

Motor

WNL

Mood

Anxious

Affect

Anxious

Thought Process/Content

Linear

Hallucinations

Auditory

Suicidal-Homicidal ideas-Plans

None

Treatment Plan-Medical Decision-Management

Treatment Plan-Medical Decision-Mgmt

F90.0, F29 unspecified psychotic disorder
Vyvanse 40mg qd on hold, Adderall 10mg bid for now. Trazodone 50mg qhs prn; Stop Risperdal
Zyprexa 5mg qhs. Ativan 0.5mg qid prn and 1mg qhs
Risk/benefits reviewed. Pt. consents. >50% of face-to-face time spent in counseling/coordination of care. Psychoeducation - nature of pt's disorder discussed. Supportive therapy, empathic listening to increase coping. Wife in session. May consider therapy. Plan B: check MRI
RTC 1 week

Outpatient Current Medications

1. Adderall 10 mg tablet - Ordered on 03/02/2020 (0000385537) (03/02/2020 - 03/29/2021) - take 1 tablet bid - 03/02/2020 - (Approved)
2. trazodone 50 mg tablet - Ordered on 03/16/2020 (0000397403) (- 03/29/2021) - take 1 tablet (50 mg) by oral route once daily at bedtime as needed for Insomnia. - (Approved)
3. olanzapine 5 mg tablet - Ordered on 03/23/2020 (0000403031) (- 03/29/2021) - take 1/2 tablet qpm x 3 days then 1 tablet qpm - (Approved)
4. Ativan 0.5 mg tablet - Ordered on 03/23/2020 (0000403117) (- 03/29/2021) - take 1 tablet bid prn anxiety - (Approved)
5. Risperdal 1 mg tablet - Ordered on 03/26/2020 (0000405488) (- 03/29/2021) - take 1/2 tablet qd - (Approved)
6. Adderall 10 mg tablet - Ordered on 03/26/2020 (0000405539) (03/26/2020 - 03/29/2021) - take 1 tablet bid - 03/26/2020 - (Approved)

Diagnosis

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

Procedure

Procedure	Description	Units	Unit Amt	Extended Amt	Allowed Amt
99214	DETAILED ESTABLISHED PATIENT	1.00	160.00	160.00	160.00

MEIER CLINICS
2100 MANCHESTER RD STE 1510
WHEATON, IL 60187
Phone: (630) 653-1717

Medical assessment Psyc (MED)

Patient: FERNANDEZ, THOMAS (22118320) ; 39 Years (03/01/1983)
Admitted On: 05/08/2013
Gender: Male
Employee:
Provider: STEVE LEE MD M.D.
Phone: (630) 653-1717
Visit Date: 04/07/2020
Visit Time: 10:00 AM - 10:30 AM (00:30)
Note Number: 000000000223859
Note Status: Completed

Assessments

MD PROGRESS NOTE 1/14
Assessment Number : 000000000067987

History

Progress Note History Chief Complaint

99213 GT 20 min
ADHD

History of Present Illness

Overall partial improvement continues. auditory hallucinations down from 8 to 2 distinct voices, male or female, accent changes, sometimes aggressive content other times not. Less panic/palpitations but still happens linked with voices and can disrupt sleep. Had some good days/nights past week. Ativan 4-4.5mg/day has been required. increased insight. Zyprexa tolerable. no h/o panic prior to this episode.

Recent history: month mounting paranoia set off by his tech business idea; motivated and obsessive but then 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. Wife is handling the meds now. 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. Still smoking would like to quit before having a baby. Works for father.

Past Medical, Family, Social History:

PMH: Migraines q 3-5 years responds to steroid pack.
MEDS: Ibuprofen prn; Vit D
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
FH - mom depression, no known psychosis in family.

Review of Systems:

BPs at home wnl 120-130. white coat syndrome.
2016 MRI brain wnl.
2020 CT brain wnl

Psychiatric Exam

Alert

Alert

Oriented X3

Oriented X3

Grooming

Casual Attire

Speech

Normal R/R/T

Motor

WNL

Mood