

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 4**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: _____

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

Axis II:

Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

F90.0, F29 unspecified psychotic disorder
Zyprexa 5mg qhs. Zoloft 25mg qd. Ativan 0.5mg qhs prn
Adderall 20mg tid
Risk/benefits reviewed. Pt. consents. Continue therapy.
RTC 2 months

eventually need to reduce Zyprexa, wife has some concerns about this. as of now pt. content to maintain doses.

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

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

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

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

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

Chief Complaint:
ADHD

15 min 99213 95

HPI

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

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

Past Psychiatric History

Med history: Effexor, Concerta (poor effect), Ritalin, Adderall XR/IR; Tegretol for migraines; Serquel prn 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone; Zolof 100mg mental block; Zyprexa, Adderall; Depakote 2022 short trial

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

Past Medical History

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

PCP Vaikundas

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

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

Family History
mom depression, no known psychosis in family.

ROS

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

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

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

Cognition

Attention Span and Concentration:
difficulty

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

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:
anxious

Affect:
anxious

Emotional State Comments:

congruent

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

Judgment and Insight

Judgment:

appears intact

Insight:

appears intact

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

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

Risk Assessment:

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

Risk Assessment Comments:

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

Axis I:

* * *

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

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

Axis II:

Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

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

Endnotes

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

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

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

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

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

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

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

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

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

Chief Complaint:
ADHD
20 min 99213 95

HPI

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

Past Psychiatric History

Med history: Effexor, Concerta (poor effect), Ritalin, Adderall XR/IR, Tegretol for migraines, Seroquel prn 2017 for sleep but AM sedation, Tylenol PM, Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone; Zolof 100mg mental block; Zyprexa, Adderall; Depakote 2022 short trial

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

Past Medical History

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

PCP Vaikundas

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

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

Family History

mom depression, no known psychosis in family.

ROS

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

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Meier Initial/Follow Up - 4/7/2022

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General Appearance and Behavior

Grooming and Appearance:

somewhat disheveled

Eye Contact:

wnl

Psychomotor Behavior:

a bit antsy

Speech:

a bit shaky

Language

fluent

Cooperation:

cooperative

Attitude:

appropriate

Appearance and Behavior Comments:

appears to have lost weight which he is prone to

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

Cognition

Attention Span and Concentration:
difficulty

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

Recent Memory:
WNL

Remote Memory:
WNL

Fund of Knowledge:
WNL

Cognition Comments:

Emotional State

Mood:

anxious

Affect:

anxious

Emotional State Comments:

congruent

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

Judgment and Insight

Judgment:

fair

Insight:

fair

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

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

Risk Assessment:

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

Risk Assessment Comments:

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

* * *

Axis I:

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

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

Axis II:

Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

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

Endnotes

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

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

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

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

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

Chief Complaint:
ADHD
22 min 99213 95

HPI

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

Past Psychiatric History

Med history: Effexor, Concerta (poor effect), Ritalin; Adderall XR/IR; Tegretol for migraines; Seroquel prn 2017 for sleep but AM sedation, Tylenol PM; Vyvanse Apr 2017; trazodone; Risperdal akathisia, ineffective. Ativan; tried Klonopin prior, not as effective; trazodone; Zoloft 100mg mental block; Zyprexa, Adderall; Depakote 2022 short trial

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MEDS: Ibuprofen prn, Vit D

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

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

Family History

mom depression, no known psychosis in family.

ROS

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

General Appearance and Behavior
Grooming and Appearance: somewhat disheveled
Eye Contact: wnl
Psychomotor Behavior: a bit antsy
Speech: a bit shaky
Language: fluent
Cooperation: cooperative
Attitude: appropriate
Appearance and Behavior Comments:

Cognition
Attention Span and Concentration: difficulty

Orientation to Time, Place, and Person: OX3; alert

Recent Memory: WNL

Remote Memory: WNL

Fund of Knowledge: WNL

Cognition Comments:

Emotional State

Mood: anxious and dysphoric

Affect: anxious

Emotional State Comments:

congruent

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

Judgment and Insight

Judgment:
poor to fair

Insight:
poor to fair

Judgment and Insight Comments:

Thought Processes

linear

No hallucinations. Patient doesn't not present as delusional

Thought Processes Comments:

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

Risk Assessment:

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

Risk Assessment Comments:

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* * *

Axis I:

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

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

Axis II:

Deferred

Axis III:

Axis IV:

Axis V:

Clinical Assessment and Treatment Plan:

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

Adderall 20mg bid. Ativan 1mg twice daily prn.

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

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

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

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

Endnotes

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