Anoka-Metro Regional Treatment Center
Medical Records – Box 10
3301 7th Ave. North
Anoka, MN 55303
Phone: 763-712-4034
Fax: 763-712-4037

Date: 9-30-03
To: Patrick O'Dougherty
Subject: Copy Fee-Medical Records Regarding: Self

The fee for copying the chart is $.15 per page (380 pages). The amount due is $57.00. Please make check or money order payable to the State of Minnesota. If you have any questions please call.

Tax#: 416173009

Thank-you,

Monica Johnson
Health Information

ANOKA-METRO REG TRT CTR
Discharged Client Face Sheet

3HIS ID#	39972	OLD MED REC #	
:lient name	ODOUGHERTY, PATRICK	Adm date/time	09/10/2002@12:00 PM
3ex	M	Dis date/time	07/07/2003@04:30 PM
)OB/age	12/11/1946 56	Length of stay	300
3oc Sec #	474-52-2912	Type of discharge	PROVISIONAL
\ddress-Str	500 FRY ST	Admit clinician	LUCAS,PURISIMO
\ddress-CSZ	SAINT PAUL MN 55104	Attend clinician	DAM,HIEN
:ounty res	RAMSEY	Program	COMO-Anoka-Metro
Iome phone		Referral Source	SELF
Empl Status	UNEMPLOYED	Financial county	HENNEPIN
Education	12TH GRADE	County of commit	HENNEPIN
Race	WHITE/CAUCASIAN	Rec'd rights	Yes
3irth place		Insurance number	
:itizen		Medicare number	
Marital st	UNKNOWN	MA/PMI number	
Religion	UNKNOWN	Veteran	
Maiden name		Advance directive	
		RELEASE DIR INFO	Yes

\LIAS/AKA

LEGAL STATUS/EFFECTIVE DATE
COURT AUTHORIZED NEUROLEPTI@02/19/2003
MI COMMITMENT@02/19/2003

)ISCHARGE PLACEMENT/ADDRESS
500 FRY ST

HOME-OWN
SAINT PAUL MN 55104

)ISCHARGE DIAGNOSIS (*PRIMARY)
295.30 PARANOID SCHIZO-UNSPEC*
771.09 OBSERV-MENTAL COND NEC
272.0 PURE HYPERCHOLESTEROLEM

EMERGENCY CONTACT NAME/RELATION
NONE,LISTED

ADDRESS/PHONE

)THER CONTACT NAME/RELATION

LUBOV,WILLIAM
ATTORNEY / CIVIL

ADDRESS/PHONE

820 NORTH LILAC
CRYSTAL MN 55422

ANOKA-METRO REG TRT CTR
Admission Active Chart Face Sheet

3HIS ID#	39972	OLD MED REC #	20042
:lient name	ODOUGHERTY, PATRICK	Adm date/time	09/10/2002@12:00 PM
3ex	M	Type of Admission	COMMITMENT
)OB/age	12/11/1946 ✓ 55	Admit clinician	LUCAS,PURISIMO
3oc Sec #	474-52-2912	Attend clinician	DAM,HIEN
\ddress-Str	500 FRY ST	Program	UNIT D-Anoka-Metr
\ddress-CSZ	SAINT PAUL MN 55104	Referral Source	ACUTE PSYCH FACILITY
:ounty res	RAMSEY	Financial county	HENNEPIN
Home phone		County of commit	HENNEPIN
Empl Status	UNEMPLOYED	Rec'd rights	Yes
Education	12TH GRADE	Insurance number	
Race	WHITE/CAUCASIAN	Medicare number	
3irth place	MN	MA/PMI number	
:itizen	Yes	Veteran	NO
Marital st	UNKNOWN	Advance directive	
Religion	UNKNOWN	RELEASE DIR INFO	Yes
Maiden name			

ALIAS/AKA

LEGAL STATUS/EFFECTIVE DATE
TREAT TO COMPETENCY/RULE 20@08/21/2002

EMERGENCY CONTACT NAME/RELATION
NONE,LISTED

ADDRESS/PHONE

OTHER CONTACT NAME/RELATION

LUBOV,WILLIAM ✓
ATTORNEY / CIVIL

ADDRESS/PHONE

820 NORTH LILAC
CRYSTAL MN 55422

P2.96-60223
Rule 20

Patient Name: Patrick O'Dougherty AMRTC # 20042 BHIS # 39972

ANOKA METRO REGIONAL TREATMENT CENTER
Mental Health Program Pre-Admission Assessment

D.O.B. 12-11-1946 Sex: Male SS# 474-52-2912

Date of Admission: 9-10-02 Unit Admitted To: D LOCUS: 5

Admission Status: new commit Legal Status: DC:MI 8-21-02 Expires: 2-21-03

Rule 20.01 subdivision 5

Neuroleptic Court Order: No Expires: NA

County of Commitment: Hennepin County of Residence: Ramsey

CCM: Katie Niedermaier Telephone # 651-266-7958

Current Location: HCMC A8 Telephone # 612-347-3233

Diagnosis and Date Per: Dr Keinlen 7-24-02
Axis I Schizophrenia paranoid type
Axis II full scale IQ 101 in 1996
Axis III None

Current Medications: Respirdal Elixer 2 mg HS

Patient's Pre-Community Hospital/Other Setting Information: (Pre-hospitalization living arrangement, support service, reason for hospitalization) This client is a 55 year old, single, Caucasian male. He has been harassing and threatening the history department at the U of M since 1989. The Officer investigating his current harassment was sent a fax from Mr. O'Dougherty saying that he had a felony in the police field and that Mr. O'Douogherty was going to get him fired. He threatened to court marshal the officer and implicated him in a car theft. He also faxed the U of M Alumni Association that this officer had been implicated in the cove up of the murder of Jacob Wetterling and other youths in the St Cloud area. He was charged 3-15-02 with a gross misdemeanor count of harassment. On July 2,2002 Mr. O'Dougherty made threats to a Judge of Hennepin county court. On July 2 he spoke to a receptionist and made threats to this Judge. On July 5 he was in the Hennepin county courthouse and demanded financial information on three judges. On July 8 he was back making another disturbance at the government center. He stated that certain Judges are responsible for the rerouting of HWY 55 and deporting a Puerto Rican female. These Judges are involved in a conspiracy. He was arrested on July 8 and charged with one count of felony terroristic threats.

Current Information: (Hospital course re: diagnosis, behaviors, special precautions, any discharge planning to date)
He was arrested on 7-8-02. He was transferred to HCMC A8 8-8-02. He is med compliant. He is in good control. He is still delusional. He does non stop talk. He is grandiose. He has a badge ID from the U of M, he wore it today. He is on phone restrictions.

Significant Historical Information: (Previous AMRTC admissions, community hospital use, incidents of dangerous behavior toward self/others not included in above). This is believed to be his first admission to AMRTC.

PZ-82289-04 (7-2000)

AMRTC

(Institution)

Hospital Number: 20042

Social Security Number: 174-52-2912

Name (Last, First, Middle)	Age at admission	Date of admission	Type of admission
	55	9-10-02	Rule 20.01

Home Address	County of legal settlement	Telephone Number
	Henn	

Date of birth	Sex	Race	Marital Status	Occupation	Religion
12-11-46	M	Cauc	Div	Unemployed	

Veteran	Birthplace	Education	Previous Hospitalizations
No	Minn	12	

Next of kin	Relationship	Address	Telephone number

Accompanied by:	Address	Telephone number
Henn Deputies		

Referred by:	Address	Telephone number
Court		

Height	Weight	Eyes	Hair	Temperature	Pulse	Blood pressure	
5'8 1/2"	185	green	grey	97.6	99	104/65	R-20

Ward	Time received on ward	Assigned to
D.	12N	

Doctor's Name
Date and Service

Identify your note by the number of the box on left margin
Strike out if negative. Check if positive and describe below:

Previous diseases and disabilities
- Tuberculosis
- Venereal disease
- Cardiac
- Diabetes
- Psychiatric
- Convulsive disorder
- Malignancy
- Allergy

Previous injuries and operations

Drugs previously or currently used

Allergy to drugs or other substances

Special diets

Alcohol, amount

Tobacco, amount

Marital history

Menstrual and obstetric history
Last menstrual period

Family history
- High blood pressure
- Cardiac
- Malignancy
- Tuberculosis
- Allergy
- Diabetes
- Psychiatric
- Convulsive disorder
- Bleeding disorder

H&P done / Form filed
9/10/02
1:10 pm

Anoka Metro Regional Treatment Center
Provisional Discharge Agreement

Name: Patrick O'Dougherty BHIS # 39972

The following provisions pertain to Mr. O'Dougherty's discharge from AMRTC:

1) Any change in residence will take place with the knowledge and approval of county case manager. Coordinate all plans to leave the state on any business with case management provider. Follow all recommendations made.

2) Keep all appointments with aftercare psychiatrist and follow recommendations.

3) Take all medications as prescribed by aftercare psychiatrist.

4) Follow all rules at apartment complex. Be sure to consult case management in the event of any problems that may arise.

5) Cooperate with Safe Alternatives and follow recommendations.

Provisional Discharge Revocation Criteria: **I understand that my provisional discharge is in effect until 2-19-04. If I experience symptoms of mental illness, which require inpatient psychiatric care, my case manager will work with me to find the least restrictive intervention. This could include voluntary admission to a community hospital. If the severity of my psychiatric symptoms warrant a return to a regional treatment center, my case manager may revoke my provisional discharge. This provisional discharge may be extended if clinical symptoms warrant amendment or recommitment. Amendment to or extension of this agreement will occur only after discussion between my case manager and myself.**

Patrick A. O'Dougherty — Patient

06/20/03 — Date

1-3-03

AMRTC Social Worker

County Case Manager

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atie- ime and ber

1. The following are situations or behaviors I might do that could cause my mental illness symptoms to return ~~or wanting to use chemicals to return.~~

loss of coping skills area to deal with loss of friends. Gradious behavior - like teaching and preaching to the public.

2. The following are signs or warning symptoms that my mental illness is coming back again ~~and/or I might start to abuse chemicals.~~

preaching and teaching to the public -

3. The following are some things I can do to relieve stress, increase my mental health, ~~and or help me remain sober~~. ~~Include recovery tools that will help prevent relapse into using chemicals again.~~

develope new coping skills and positive peer groups -

4. This is my support system of people I can call for help: (list name and telephone number)

"I need to build a new coping skill to develope supportive / positive friends or mentor.
"It's limited"

*Patrick A. Dougherty
Client's Signature

9-25-22
Date

Sandra Knudson
~~Social Worker's~~ Signature

DOUGHERTY ... AMATC ... DOB ...12-...

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Patient's Name and Number: _____

PSYCHOLOGY: THERAPY, BEHAVIOR PROGRAMS, & ASSESSMENTS
Psychologinl Services Attachment

PSYCHOTHERAPY SUMMARY

Patient Received Psychotherapy: ✓ YES ___ NO [This section not applicable]

1. Goals of Therapy:
   1. Reduce urges to suicide
   2. Create more meaningful structure in daily life
   3. Heal strained relationships that were hurt during manic state.
2. Session Frequency: Increase insight
   1 hour Per week
3. Client's Motivation: He was very open & motivated with diminished insight
4. Modality or Intervention Style Preferred by POatient:
   Supportive Cognitive behavioral
5. Actual Outcomes Achieved:
   Suicidal thoughts & urges stopped
   No improved structure in his life agreat deal
   Some healing in family relationships
6. Suggestions for Community Therapists: insight & Cognitive behavioral

INDIVIDUAL BEHAVIOR PLAN SUMMARY

Patient Received Behavior Programming: ___ *YES* ✓ *NO [This section not applicable]*

1. *Behavior Plan Is Attached:* ___ *YES* ___ *NO If not attached, plan can be obtained from:* _____

2. Suggestions for Modifying Plan for Use in Community:

Signature _____ Date 7/11/03

Patient's name and Number: Patr. ck O'Dougherty #39972

FUNCTIONAL SKILLS SUMMARY for COMMUNITY LIVING

Number of Weekly Schedule Service Hours _____

Participation level:

Never Engages _____ Always Engages

1 2 3 4 (5)

Summary of Transition Services:

Patrick has been maintaining his own apartment since 1/21/03. He cleans on a regular basis & required skill building in this area. He has been able to complete weekly menu plans, grocery lists & grocery shops effectively. He cooks meals for himself - cooking/preparing simple meals, but actively participates in cooking skills groups & is able to follow recipes/directions & says he learned a lot while at CCU. Patrick had hrs of SEED 5/23/03

Strengths and Progress made in Functional Skill areas:

↑ independence in ADLs/ILS: cooking
menu plan
grocery shopping
apt chores/cleaning

↑ social interaction ↔ others through community meetings, skill building groups & community resources, such as Apollo & Black Bear Crossing

Recommendations/Comments/Continued support Needed:

Continue involvement ↔ both Black Bear Crossing & Apollo CSP.
Explore volunteer work or part time employment.
Continue involvement ↔ community library.

Diane Nosan
Therapist's Signature

7/14/03
Date

Patient's Name and Number: Patrick ODougherty

FUNCTIONAL SKILLS SUMMARY
for COMMUNITY LIVING

Social Skills:

✓ Seeks out people, ability to work well in small groups or groups of three or more.
__ Talks to others if approached, ability to work in small groups under three people.
__ Difficulty initiating/maintaining conversations. Social interaction best on one to one basis.
__ Minimal interaction with others.

Coping Skills:

__ Knows and practices positive coping skills with an acceptable level of frustration/tolerance.
✓ Needs one or two reminders to use positive coping skills.
__ Requires 1:1 discussions to use positive coping skills.
__ Poor application of coping skills.

Cognitive Skills:

Problem solving and decision making skills:

__ Problem solving and decision making skills are practiced with very little problems.
✓ Needs 1-2 reminders to problem solve and make positive decisions.
__ Requires 1:1 discussions for problem solving and making positive decisions.
__ Needs outside interventions/behavior program for problem solving/decision making skills.

Ability to follow direction:

✓ Follows directions with no reminders.
__ Needs 1-2 reminders to follow directions.
__ Follows 1 - step direction and may need visual prompt or demonstration.
__ Needs 1:1 assistance to follow directions.

Health and Wellness:

✓ Seeks out leisure activities. Independently participates.
__ Will do activity/group if asked. Individual leisure with assistance and encouragement.
__ Needs encouragement to continue activity with group. Minimal leisure involvement on own.
__ Minimal interest/abilities for group[assignments.

Living Skills: (Money management, Transportation, Cooking)

✓ Self-management living skills met independently with minimal support systems.
__ Self-management living skills met with moderate supports.
__ Self-management living skills met with maximum supports.

Dress and Grooming:

✓ Self-management skills are met for personal hygiene and personal appearance independently.
__ Self-management skills are met for personal hygiene and personal appearance with moderate support systems.
__ Self-management skills are met for personal hygiene and personal appearance with maximum support systems.

Patient's Name and Number: Patrick Odoughertz

SUMMARY OF PROGRESS TOWARD TREATMENT PLAN GOALS: (list long-term treatment goals response, successful/unsuccessful interventions)

Patrick has ver. rapid to manage his chol. He has made little Δ in diet or exercise. Patrick has been managing his medications since 4/11/03. He has been cooperative & willing to monitor blood levels. Patrick has remained @ baseline & ongoing sx. Patrick has sought support and assistance from staff on the unit. Patrick has completed WRAP and seeks out opportunities in the community.

RECOMMENDATIONS FOR AFTERCARE GOALS AND NEEDS:

Patrick will need optometry & dental exams. Ongoing eval. of elevated cholesterol. Patrick will need on-going ccm, psychiatric services. He may need assistance & structuring his day. Patrick may benefit from individual therapy. Patrick will need on-going assistance management of medications, in terms of ordering, filling medications

RASchweller RN
N Signature

7/3/03
Date

Patient's Name and Number: Patrick Odoughenty

DISCUS DATE: 3/7/03 SCORE: 0

Mantoux/Chest x-ray: (circle) (Y) / No Date: 6/25/03 Results: 0, 0

MEDICATIONS:

Allergies NKA

Prescriptions Sent: (Yes) No

Medications sent for 3 days

Patient Understands the Following About His/Her Medications:

X Effects X Side Effects ____ Food/Drug Interactions

X Visual Identification X Schedule

____ Refused all medication education. Reason: ____

Patient's Approach to Medication: (check all that apply)

X Compliant

X Independently reports for medications at designated times

____ Requests PRN's appropriately

____ Needs encouragement to take PRN's

____ Often refuses medications

____ Refuses all medications

____ Cheeks medications

____ Special approaches (list)

Comments: ____

Diet/Special Instructions: Regular

PLAN FOR PRIMARY MEDICAL CARE/PROVIDER OF PRIMARY MEDICAL CARE:

Name/Address/Phone of Provider: Dr. Kevin Kelly
4606 24th Ave S.W. Minneapolis MN
#612-332-1534

Date of Appointment: ____

Physical Limitations/Needs: ____

Special Approaches and Patient's Response/Preferences: ____

atient's Name and Number: Patrick O'Dougherty

UMMARY OF INITIAL PSYCHIATRIC ASSESSMENT (see attached copy of dictated Psychiatric Assessment)

NAL DIAGNOSIS: (Do not abbreviate)

is I: PA Schizophrenia 295.3d

is II: ∅

hich Diagnosis is primary? Elevated Cholesterol

s III:

s IV: Mod econ conditions

s V: GAF at Admission: 20 GAF at Discharge: 50

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RTINENT FINDINGS ON PHYSICAL EXAMINATION (include date): PE WNL

RTINENT LABORATORY RESULTS (include date of each study): SMA-12 / UA / CBC / PPD ⊝

SPITAL COURSE: ___Additional comments on reverse

Discuss D

53 yo CCSM c 30 year Hx psychotic illness admitted AMRTC [illegible] at HCMC via [illegible] 20 making terroristic threats against [illegible] professor and [illegible] judges c delusions. He was professor of U of M - He has [illegible] [illegible] father was [illegible] professor & siblings are all [illegible]. No other MI in family. He is college graduate & claims advanced degrees in "applied [illegible] intelligence". Only Axis III issues is ↑ cholest. [illegible] Rx [illegible] Transfer to Convalescent 1/27/03.

His PE at AMRTC was normal - all labs UA / SMA-12 / CBC normal & PPD ⊝ BP 106/70 [illegible] 70 & [illegible] V.S. stable. Sleep & [illegible] [illegible] no depression [illegible] [illegible] [illegible] [illegible] 20 to [illegible] given [illegible] level

NENT FINDINGS ON MENTAL STATUS AT DISCHARGE: No psychotic Sx. [illegible] [illegible] tangential. No delusions [illegible] - [illegible] [illegible] stable.

NOSIS: [illegible] [illegible] [illegible] [illegible] grooming [illegible]. No depression

PA Schizophrenia. Will D/C to Walker High Rise. (NOSF/HF)

ARGE MEDICATIONS (including medications for non-psychiatric illnesses):

[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

MVI Tqd

CARE RECOMMENDATIONS:

Psyche WA follow up per unit Soc. W. D/C to Walker High Rise

s document will serve as the final Psychiatric summary
ore complete dictated summary will follow

Physician's signature 6/27/03
Date

3

PSYCHIATRY

F00(P)

06/26/2001 TUE 09:29 FAX 612 712 4322 AMRTC-UNIT D

Patient's Name and Number: `

PSYCHIATRIC AFTERCARE: Mr. O'Dougherty will be scheduled at Ramsey County Mental Health Center at 1919 University Ave, St. Paul, MN 55104, Phone 651-266-7999. Mr. Frank Spoden will contact George Lopez, or Lynn Wright at the Como Unit to schedule an appointment to see a psychiatrist the week of 7-14-03.

Therapy: Ramsey County Mental Health Center, address as above. Due to backlog at RCMHC Mr. O'Dougherty will need to request therapy services when he sees his psychiatrist.

FUNDING SOURCES: (insurance; MA; section 8; conservator/guardian/representative payee; Veterans benefits; SSDI; SSI; etc. - include amount received)
Income: Mr. O'Dougherty receives RSDI in the amount of $1,048.00.

Insurance: Mr. O'Dougherty has Medicare A&B. ID# 474-52-2912A. He is not eligible for medical assistance at this time. He is over assets for medical assistance. He is searching for a job with the assistance of his County Case Manager, George Lopez. When a job is found he will apply for Medical assistance for employed persons with disabilites (MA-EPD). He is aware that he will have to pay for his medications, out of pocket.
STRENGTHS:
Mr. O'Dougherty is motivated to stay out of the hospital. Understands his illness and willing to stay on his medications. He is pleasant, polite and cooperative. Desires work. Positive, upbeat.

GOALS: Mr. O'Dougherty identifies goals as:

1. Staying focused and positive
2. Finding employment

Participants in Aftercare Planning: Patrick O'Dougherty; George Lopez, CCM; Billie Belisle, Safe Alternatives, Housing Support; Dennis Kuik, AMRTC-CTS; Rebecca S, AMRTC RN; Diane Nason, AMRTC COTA; Lynn Wright, AMRTC SW.

Social Worker Signature

7-3-03
Date

ANOKA-METRO REGIONAL TREATMENT CENTER
INTEGRATED DISCHARGE SUMMARY/PROVISIONAL DISCHARGE

NAME: Patrick O'Dougherty
UNIT: Como
MREC #: BHIS 39972
DATE OF BIRTH: 12/11/46
SOCIAL SECURITY #: 474-52-2912
ADMISSION DATE: 9/10/02
DATE AND TYPE OF DISCHARGE: 7/7/2003 Provisional
PROVISIONAL DISCHARGE EXPIRES: 2/19/2004
DISCHARGE ADDRESS AND PHONE: 750 North Milton, Apt. 912, St. Paul, MN 55104
(651) 487-5761
COMMITMENT/LEGAL STATUS: County:Finanical and Case Management, Ramsey--Commitment Hennepin ; Type of Commitment: MI
Original Date: 8-20-02; Expiration Date: 2-19-04 Will extension be requested? Will be determined by the county case manager; County request for extension due by: 1-19-04 ; Jarvis: Yes; Price Sheppard: N/A

ADVANCED DIRECTIVES:

☐ Yes (copy attached)
☒ No, but information was provided
☐ Declined information on Advanced Directives

EMERGENCY CONTACT), Mike Franey phone #: (651) 747-1303.

AMRTC CONTACT PEOPLE	NAME	NUMBER
Psychiatrist	Dr. Baumer	~~(763) 712-4000~~ 651-558-2227
Social Worker	Lynn Wright	~~(763) 712-~~651-558-2257
Primary Nurse	Rebecca S	~~(763) 712-~~651-558-2227
Psychologist	Larry Adey	763-712-4330
Other (LPN, Chaplain, HST, etc.)	Diane Nason	651-558-2267

OTHER COMMUNITY PROVIDERS/RESOURCES: (i.e., county case manager; combined fund; counseling/day treatment; vocational/educational;)

1. County Case Manager: George Lopez, Ramsey County Mental Health, 160 East Kellogg Blvd. St. Paul, MN 55101-1494, Phone 651-266-4039
2. Billie Belisle, Safe Alternatives, Housing Support Worker, 1919 University Ave, SUIte 160, St. Paul, MN 55104, Phone 651-254-1919
3. Dennis Kuik, AMRTC, Community Transition Services, 763-712-4430
4. Minnesota WorkForce Center for Vocational Services

ANOKA-METRO REGIONAL TREATMENT CENTER

Patient Information About Advanced Directives

yes I have a healthcare directive in the form of a living will.
A healthcare directive is a document that has instructions for healthcare if you are unable to decide or speak for yourself.

no I have chosen a healthcare care directive **and** have appointed a healthcare agent or a medical power of attorney.
A healthcare agent is someone you have chosen to make healthcare decisions for you if you are not able to decide or speak for yourself. This person follows your instructions as written in your healthcare directive.

no I have an advanced psychiatric directive **with** a healthcare power of attorney for decisions relating to intrusive mental health treatment such as ECT (Electro-convulsive Therapy) and medication.
A healthcare power of attorney is someone that you have chosen to make mental health and medical decisions when you are not able to make decisions for yourself.

no I have a mental health declaration or an advanced psychiatric directive to express my wishes for intrusive treatment for my mental health.
The advanced psychiatric directive describes your wishes in writing for what kind of treatment you wish should you be admitted or committed for mental health treatment, and in the judgment of your physician, you are unable to make decisions regarding intrusive therapy.

~~no~~ yes I will provide AMRTC with a copy.

I have received copies of "Questions and Answers About Health Care Directives" and introduction to your Mental Health Care Directive.

Patrick M. O'Donnell
Patient Signature

Sept 10, 2007
Date

Patient's Legal Representative

Date

Doreen Dittberner PhD
Staff Signature Title

9-10-07
Date

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PZ-81956-06(3/02)

Date	Physician	DIAGNOSES - SURGERY (Enter all psychiatric and medical diagnoses and surgical procedures)	Date Resolved	Code Number
9-10-02	Hari Dam, MD	Admission 9-10-02		
		Axis I, Schizophrenia, paranoid R/o Schizoaffective disorder R/o Bipolar disorder, manic with psychotic features		
		~~Axis II~~ deferred		
		~~Axis III~~ No diagnosis		
		~~Axis IV~~ legal problems Lack of social support Housing problems		
		~~Axis V~~ GAF current 30 Past year 55		

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or upon Subject, pursuant to MN
Stat. 13.46, subd. 2 (a)

Facility Name:

Patient Name:

MREC #:

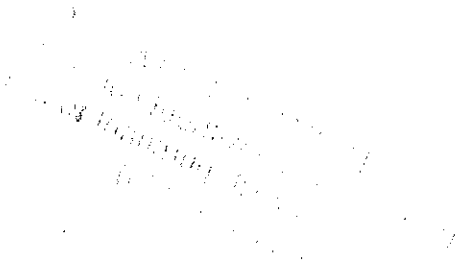
Birthdate:

Sex:

Program/Unit:

DHS-1021 (5/93)

DIAGNOSIS RECORD



STATE OPERATED SERVICES

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972

PATIENT LEARNING ASSESSMENT

Patient name: #20042 ADM 9-10-02 BHIS #:

Date of assessment: DOB 12-11-45 1/18/03 Time of assessment: 10 AM

Gender ☒ M ☐ F Age: 56

Level of Education

- ☐ Less than grade school
- ☐ Grade school
- ☐ High school
- ☒ College PhD - History

BARRIERS TO LEARNING

- ☒ None
- ☐ Physical health
- ☐ Religious (belief system)
- ☐ Pain
- ☐ Other
- ☐ Language
- ☐ Difficulty concentrating
- ☐ Vision
- ☐ Reading ability
- ☐ Cognitive functioning
- ☐ Emotional
- ☐ Hearing
- ☐ Writing ability
- ☐ Physical mobility
- ☐ Cultural
- ☐ Memory
- ☐ Socialization skills

Explain:

Understands diagnoses ☒ Yes ☐ No Explain:

Understands treatment ☒ Yes ☐ No Explain:

Motivation level

- ☐ Asks questions
- ☒ Eager to learn
- ☐ Denies need to learn
- ☐ Uncooperative
- ☐ Disinterested
- ☐ Vision

Explain:

Preferred learning methods

- ☒ Auditory
- ☒ Visual
- ☐ Demonstration
- ☐ Hands-on-practice
- ☐ Other
- ☐ Written
- ☐ Pictures
- ☐ Group
- ☐ Individual

Explain: "I like to teach"

Learning needs identified by patient for a successful discharge.

- [x] Medication
- [ ] Self-care skills
- [ ] Community living skills)
- [ ] Medical equipment
- [x] Socialization skills
- [ ] Diagnoses / treatment
- [x] Symptom management
- [ ] Community resources
- [ ] Family education
- [ ] Pain management
- [ ] Substance abuse management
- [ ] Money management
- [ ] Other

Explain: "I'm pretty Self Sufficient."

Anything the patient would like family/support system to learn to support a successful discharge:

No family involvement.

Action plan: Med education weekly
Mental Health group M-F
Community re-entry group

Signature [signature] Date 1/18/03

ent Name: _____ Med. Rec. # _____

Other relevant information collected including patient/family concerns:

Patient expresses a willingness to continue with prescribed medication.
S NO (explain)

What is the patient/family current knowledge of medications being prescribed?
Can name all medications
Can state the purpose of each medication
Can state medication times
Can state major side effects that should be reported
Can list major food and drug interactions
Can identify any special instructions; take with food etc

Which type of discharge placement is the patient most likely going to?
Parent or relative home ___Own home or apt. ___Board and Lodging ___Nursing Home
Rule 36 Facility ___Supervised Living ___Adult Foster Care ___Group Home

What is the anticipated patient responsibility for obtaining and taking medications after discharge?
Patient will be totally responsible for obtaining and administering own medications.
Patient will obtain and take own medications with assistance of family/significant other.
Patient will go to a clinic and have medications administered by licensed personnel.
Nursing staff at placement facility will administer medications.
Community nurse will dispense and administer medications.
Community nurse will observe medication set up and the patient will self-administer.
Community nurse will deliver medications and observe set up for future use.

EARNING NEED ASSESSMENT

tient needs instruction, information, or skill building in the following areas:

Basic Medication Education:
___Name ___Purpose
___Dose ___Time
Benefits of taking medications
How to deal with side effects
Side effects that need to be reported
Food/drug interactions, special instructions
Understanding a pharmacy label
Ordering medications from a pharmacy
Establishing a daily routine for taking medications
___Opening medication bottles
___Single dose dispensing and self administration
___Setting up a 24 hour mediset
Setting up a multi-day mediset
___Self glucose monitoring
___Insulin administration
___Other:

Signature Peg Linnehan Date: 1/18/03

ANOKA METRO REGIONAL TREATMENT CENTER
MEDICATION EDUCATION NEEDS ASSESSMENT

DATA:

Identify potential barriers to continuing with prescribed medications. The information below was obtained from the patient and/or the family.

1. Is there a history of stopping medications when out of the hospital? (YES) NO
Explain:

2. Are there complaints about the medications? YES (NO)
Explain:

3. How were medications administered before coming into the hospital?
Self

4. Does the patient believe medications are not necessary? YES (NO)
Explain:

5. Has the patient had difficulty obtaining or paying for medications? YES (NO)
Explain:

6. Is it difficult to remember to take medication or obtain refills? YES (NO)
Explain:

7. Is the medication schedule too complicated to follow? YES (NO)
What would make it easier?

8. Does the patient deny mental illness or symptoms of mental illness? YES (NO)
Explain:

Unit 9

Anoka Metro Regional Treatment Center
Approved Visitor List

Addressograph

O'DOUGHERTY, PATRICK
AMRTC GHIS #39977
120042 ADM 9-10-
DOB 12-11-46

Visitor Name	Relationship to Patient	Team Reviewed & Date	Fax to 4001
Patricia Kast	mother	~~Approved~~/Denied Why: 9-11-02	✓
Dick Kast	Step-father	~~Approved~~/Denied Why: 9-11-02	✓
John O'Dougherty	Uncle	~~Approved~~/Denied Why: 9-11-02	✓
Marlene O'Dougherty	Sister	~~Approved~~/Denied Why: 9-11-02	✓
Priest		~~Approved~~/Denied Why:	✓
Minister		~~Approved~~/Denied Why:	✓
PATRICK MORRIS	FRIEND + BUSINESS ASSOCIATE	Approved/Denied Why: 1/22/03	✓
		Approved/Denied Why:	
		Approved/Denied Why:	

PZ82367-02 (10/02)

SUBSTANTIATED DIAGNOSES

AXIS I: Paranoid Schizophrenia R/O schizoaffective D/O R/O Bipolar D/O, manic & psychotic features — DATE: 9-10-02 — DATE:

AXIS II: Deferred — DATE: — DATE:

AXIS III: NO diagnosis — DATE: — DATE: — DATE: — DATE:

PROBLEM LIST/VULNERABILITY ASSESSMENTS

PROBLEM LIST	GOAL PLANNING			DATE	
Other:	Priority	ITP#	Unit Abuse Prevention Plan Number	Identified	Resolved
Terroristic threats rule 20.02 while delusional	A	1	15	1/31/03	
Problems Related to Vulnerability (Check all that apply)					
___ Patient is vulnerable to sexual exploitation by others.					
___ Patient is vulnerable to assault by others because perceived by others as intrusive or annoying.					
___ Patient gives away money or personal possessions and is vulnerable to being taken advantage of by others.					
___ Patient goes outside inappropriately dressed for weather.					
___ Patient is actively suicidal, parasuicidal, self-abusive, or has recent history of self-injurious behavior.					
___ Patient requires assistance in emergency because of visual, hearing, or language comprehension impairments.					
___ Patient is confused, disoriented, or unable to use language due to psychotic processes or dementia/delirium.					
___ Patient has the following pre-existing physical, medical or psychological conditions that increase the risk of injury if seclusion or restraint is implemented.					
	List:				
___ Patient engages in behavior potentially harmful to health such as poor diabetic management, refusal to cooperate with care plans, or nursing instructions.					
	List:				
X **Patient able and likely to report an incident of abuse or neglect to staff.**	Date Evaluated: 1/28/03 RMS				

And Metro Regional atment Center
Individual Treatment Plan

updated signature page only

Patient Name: Patrick O Dougherty

SUMMARY OF PATIENT'S ASSESSMENT OF TREATMENT NEEDS

1) **What behavior(s) led to admission to AMRTC?**

2) **A. What things would help the patient to be discharged?**

B. What would get in the way of being discharged?

C. What does the patient want us to help with to get s/he discharged?

D. What strengths did the patient identify that will enable them to complete treatment?

3) **Where does the patient want to be discharged?**

4) **What skills and resources did the patient identify to succeed in the community?**

5) **What treatment goals does the patient want the team to consider?**

Signatures:

Patient: Patrick O. Dougherty	Nurse: [signature]
M.D.:	SW: [signature]
CCM:	Voc. Rehab:
Psych:	Rehab: Diane [signature]
CD Counselor:	Other: Ken Ringstad

PZ 82330B-02 (3/2001)

Date Identify	Measurable (Short-Term) Goal – Include Target Date	Date Met Revised	Interventions	Freq. Hr/wk	Staff & Class.	Start Date	End Date
			N- Cooperate with Rehabilitation Services to assess vocational opportunities –	PRN	O Doughty Wright RN	1/27/03	
			O- Explore/temper statements of his accomplishments that may be observed as grandiose/delusional	ongoing	O Doughty Wright RN	1/27/03	
			P- 1:1 menu planning	PRN	Nason	1/27/03	
			Q- Teach SEED program	1x	Nason	5/23/03	5/23/03
2/8/03	#2: Patrick will move to level IV meds by 8/8/03 P demonstrating knowledge of meds, dose, time, SE & interactions.	Extended to 4/20/03. met 4/15/03	#2, A. med ED @ med pass B. Reinforced, O written materials. C. Explore barriers to med compliance D. Explore community resources needed.		LPC. Nurse	2/8/03	
4/17/03	#3: Patrick will remain medication compliant x 60D on level IV meds		#3: A. ongoing med ed. B. Random medi-minder checks. C. Labs as ordered.	1°/wk	LICNSG	4/17/03	
5/15/03	#4: Patrick will explore vocational opportunities to determine ability to work & manage MH Sx by 6/15/03.		#4: A. Eve. patrick to look @ current skills, stress-levels, financial circumstances, needs and job market. B. Assist for pt. to remain task focused	4°/wk	COMCO staff	5/15/03	

An Metro Regional [illegible]atment Center
Individual Trea[illegible]nt Plan

Behavioral Health Needs

Patient Name: O'Dougherty Patrick

Patient Strengths and Abilities: Has living (I). Good communication skills. Wants to live (I) and shows motivation for skill building.

1 **Behavioral Description of the Problem:** harassment and terroristic threat charges June 20, 02 pending. Pt. was delusional c long hx of schizophrenia, poor rental hx + credit hx.

Discharge (Long Term) Goal Patrick will work towards discharge to indep. living by demonstrating medication compliance, sx management + cooperation c team members.

Date Identified: 1/31/03

Revised Discharge (Long Term) Goal #

Date Revised:

Date Identify	Measurable (Short-Term) Goal Include Target Date	Date Met Revised	Interventions	Freq. Hr/wk	Staff & Class.	Start Date	End Date
1-27-03	#1 - Patrick will actively participate in identifying, learning + generalizing skills needed to prepare + return to successful community living by ~~4-27-03~~ extended 6/24/03		#1 A - Review kitchen screen	1x only	Nason COTA	1/27/03	1/27/03
			B - Review menu plan + grocery list	1x only	Nason COTA	1/27/03	1/27/03
			C - Meal prep observation	1x only	Nason COTA	1/27/03	1/27/03
			D - 1:1 grocery shop	1x only	Nason COTA	1/27/03	1/27/03
			E - Independent meal plan + grocery shop	ongoing	Patrick	2/4/03	
			F - Independent cooking	ongoing	Patrick	1/27/03	
			G - Household chores	ongoing	Patrick	1/27/03	
			H - Tour Apollo CSP.	1x only	Nason COTA	2/7/03	2/7/03
			I - Cooking group + morning meeting = Patrick will complete assigned cooking tasks by following directions/recipe in a safe manner + interact c peers + staff in a social manner by ~~[illegible]~~ revised 6/23/03	2xwk 2xwk	Nason COTA	1/27/03	
			J - Participate in D/C planning meeting	1/mo	O'Dougherty Wright	1/27/03	
			K - Meet with CCM	PRN	O'Dougherty Wright	1/27/03	
			L - Cooperate with court hearing to resolve charges	PRN	O'Dougherty Wright	1/27/03	
			M - complete background check to assess criminal/credit/unlawful detainer history	1	O'Dougherty Wright	2/28/03	3/4/03

PZ 82330C-02 (3/2001)

Anoka etro Regional Tr ment Center
Individual Treatment Plan

Behavioral Health Needs

Patient Name: Patrick Dougherty

Patient Strengths and Abilities: see #1

_____ Behavioral Description of the Problem: see #1

Discharge (Long Term) Goal see #1

Date Identified: _____

Revised Discharge (Long Term) Goal #

Date Revised: _____

Date Identify	Measurable (Short-Term) Goal Include Target Date	Date Met Revised	Interventions	Freq. Hr/wk	Staff & Class.	Start Date	End Date
5/15/03	#5: Patrick will cont. to vegnlarly seek out social/ leisure opportunities in the community to expand social network.		#5: A. Assist pt. to identifying variety of interests. B. Review community to maintain re-lationships.	5%wk	COMO staff	5/15/03	

Date Identify	Measurable (Short-Term) Goal Include Target Date	Date Met Revised	Interventions	Freq. Hr/wk	Staff & Class.	Start Date	End Date

Anoka-Metro Regional Treatment Center
Individual Treatment Plan

Medical/Physical Care Needs

Patient Name: Patrick Dougherty

Problem	Goal	Date Ident.	Date Resivd	Interventions	Staff & Class
#1: Potential for alteration in elimination r/t medication regime	#1: Patrick will have a BM @ least Q3 days c discomfort	2/2/03		#1: A. Enc. ↑ H_2O intake B. Enc. adequate fiber intake. C. Enc. adequate activity. D. Refer to MD PRN E. MED ED F. PRNs as indicated	RNC. LSW

Experiencing Pain
□Yes □ No

Describe:

Addressograph

Patient Name: Patrick O Dougherty

For Initial Note: Assessment recommendations were reviewed for goal development ☐

Summary of ITP	Team Note/Quarterly Review Date: 5/22/03 Tx. Hours: / Weeks	Team Note/Quarterly Review Date: 6/19/03 Tx. Hours: / Weeks
Progress toward goals and other behavioral observations.	CONTINUE ☐ applications for apartment. FINANCIAL situation pending.	- Remains on Lvl IV meds, Labs pending. - Located apt @ Wilder & will be transitioning. - financial situation still pending.
Discharge Planning including progress and barriers.	LEVEL IV meds.	- Remains delusional & Grandiose. Paranoid in relation to DOFM.
Evaluation/Planning for Therapeutic Passes (Review Relapse Prevention Plan)		
	WNL: 3	WNL: 4
Plan		
- Changes - Actions - Other follow up - Person Responsible	F/U ☐ Legal issues. Wilder Square Attending groups. Active in community	- Aftercare services need to be established. - Staff passed to Wilder Aps.
Attendance: (Circle)	Lynn Wright SW Becky S, RN Paul M, HST CK Bean, LPN Ken R. RN	P. Miche HSS V. Hultman HSS R. Schoeller RN L. Wright RN

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Patient Name: Patrick O'Dougherty

For Initial Note: Assessment recommendations were reviewed for goal development ☐

Summary of ITP	Team Note/Quarterly Review Date: 4/3/03 Tx. Hours: / Weeks	Team Note/Quarterly Review Date: 4-24-03 Tx. Hours: / Weeks
Progress toward goals and other behavioral observations.	Belongings are all in storage now. He has his computer at CCU. Continues delusional thinking	Progress being made in information needed to complete application criteria. Waiting for atty to get second letter Payee request in process.
Discharge Planning including progress and barriers.	Wilder Apts will accept him with conditions that Lynn will work on. Payee request paperwork started. Patrick's cousin will help w/ legal issues - He is an attorney.	On level II meds - cooperative with programming.
Evaluation/Planning for Therapeutic Passes (Review Relapse Prevention Plan)	Level 3 medications	No overnight passes
Plan		LOA's 3
- Changes - Actions - Other follow up - Person Responsible	Follow up w/ legal issues, money issues etc.	Continue to pursue D/C to Wilder Square D/C planning meeting 4-28
Attendance: (Circle)	R. Schoeller RN Moore SW Ringstad RN Evaristus HST Wright SW Nason COTA Swicks HST	K. Ringstad RN C. Bean LPN D. Nerson OT P Mielke HST L. Wright SW

PZ-82329-01 (7/2000)

Weekly Treatment Team Planning and Evaluation

SUBSTANTIATED DIAGNOSES

AXIS I: Schizophrenia, paranoid — DATE: 9-10-2002
R/O Schizoaffective disorder, R/O Bipolar disorder, manic w/ Psychotic features — DATE: 9-10-2002

AXIS II: Deferred — DATE: 9-10-2002
DATE:

AXIS III: No diagnosis — DATE: 9-10-2002
DATE:
DATE:
DATE:

PROBLEM LIST/VULNERABILITY ASSESSMENTS

PROBLEM LIST	GOAL PLANNING			DATE	
Other:	Priority	ITP#	Unit Abuse Prevention Plan Number	Identified	Resolved
Charged w/ a gross misdemeanor count of harassment 3/15/2002; made threats to Judges; was arrested 7/8 & charged w/ one count of felony terroristic threat, grandiose, non-stop talk, nonsensical.	A	1.	4, 11.	9-10-2002	
Problems Related to Vulnerability (Check all that apply)					
___ Patient is vulnerable to sexual exploitation by others.					
___ Patient is vulnerable to assault by others because perceived by others as intrusive or annoying.					
___ Patient gives away money or personal possessions and is vulnerable to being taken advantage of by others.					
___ Patient goes outside inappropriately dressed for weather.					
___ Patient is actively suicidal, parasuicidal, self-abusive, or has recent history of self-injurious behavior.					
___ Patient requires assistance in emergency because of visual, hearing, or language comprehension impairments.					
___ Patient is confused, disoriented, or unable to use language due to psychotic processes or dementia/delirium.					
___ Patient has the following pre-existing physical, medical or psychological conditions that increase the risk of injury if seclusion or restraint is implemented.	List:				
___ Patient engages in behavior potentially harmful to health such as poor diabetic management, refusal to cooperate with care plans, or nursing instructions.	List:				
✓ Patient able and likely to report an incident of abuse or neglect to staff. 9-10-2002 Yes	Date Evaluated: 9-10-2002				

Anoka-[illegible]o Regional Trea[illegible]ent Center
Individual Treatment Plan

ODOUGHERTY, PATRICK /M

AMRTC #HIS #39972

#20042 ADM 9-10-02

DOB 12-11-46

Patient Name: _____

SUMMARY OF PATIENT'S ASSESSMENT OF TREATMENT NEEDS

1) **What behavior(s) led to admission to AMRTC?**
harrassment behaviour and gradious behaviour and boundary problems with people.

2) **A. What things would help the patient to be discharged?**
completely my treatment plan attending grps and compliance with Rule 20.

B. What would get in the way of being discharged?
Counter productive behaviors such as gradios thinking and harassment actions.

C. What does the patient want us to help with to get s/he discharged?
getting the Court hearing to drop the Rule 20 legal charges

D. What strengths did the patient identify that will enable them to complete treatment?
Socially outgoing - Works well in groups and the public. Also a Spiritual mentor

3) **Where does the patient want to be discharged?**
Back to my own apartment - St. Paul, MN

4) **What skills and resources did the patient identify to succeed in the community?**
Good social skills - able to use his computer skills and a licensed tax preparer.

5) **What treatment goals does the patient want the team to consider?**
Short time goals: treat to competency
medications
coping skills and approp. boundaries

Signatures:

Patient:	Patrick R. Dougherty	Nurse:	[illegible]
M.D.:	[illegible]	SW:	[illegible]
CCM:	[illegible]	Voc. Rehab:	
Psych:	[illegible]	Rehab:	
CD Counselor:		Other:	

Patient Name: Patrick O'Dougherty ODOUGHERTY, PATRICK /M

AMRTC MHIS #39972

INITIAL TEAM NOTE #20042 ADM 9-10-02

	Summary of ITP	Date: (include specific discussions for each topic)
✓	Diagnoses reviewed and substantiated.	9/17/02 Reviewed diagnoses, axis.
✓	Vulnerability assessment completed.	9/17/02 Reviewed assessment; areas of vulnerability.
✓	Discharge planning started	- Rule 20.01 ordered, restore to competency and return to court re: criminal charges.
		- SW contacting CCM re: DC planning, tx needs.
✓	Relapse prevention plan started and given to the patient.	- completed w/ nursing staff.
✓	Does the patient have a Health Care Directive? Y (N) If yes, explain:	
	Assignments and Person Responsible	- SW to contact CCM re: DC mtg.
		- CCM, Team
	Copy of ITP given to & reviewed with the patient. If no, explain:	Locus: 3 Person Responsible: S. Koelbel Date given to Patient: 9-17-02 9/25/02
		Attendance (Circle) Tona Milland LGSW Elaine Coelho, RN Dr. Hla Dan, MD

SELF ASSESSMENT

Complete and Return to Nursing Station

Patient Name: Patrick O'Dougherty

Check all areas that you would like to address during this hospitalization.

- ✓ Medication education
- ✓ Understanding your illness/reason for hospitalization
- NA Chemical Health Issues
- NO Learning about Safe Sex
- NO Personal Cares – Shower, shampoo, clean clothes, etc.
- NO Money Management
- NO Nutrition/Meal Planning
- NO Use of public transportation
- NA GED
- ✓ Job Skills
- ✓ Competency for Rule 20 or other Legal issues
- NO Understand the Commitment Process
- Yes ✓ Spirituality
- ✓ Coping Skills
- NO Decision Making/Problem Solving Skills
- ✓ Anger Management Skills
- NO Social Activities
- ✓ Making friends/talking to others
- NO Avoiding other people
- ✓ Developing boundaries
- NO Finding a place to live has his own apartment
- Use of leisure time
- NO Exercise
- NO Focusing Activities – Meditation Yoga, and Tai Chi
- NO Tobacco Use
- Other

✓ = yes

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Please complete the following questions.
Your answers will help us develop a treatment plan that will work for you.

1) **What behavior(s) led to your admission to AMRTC?**

2) **A. What things would help you be discharged?**

B. What would get in the way of being discharged?

C. What can we do to help you get discharged?

D. What personal strengths do you have that will help you complete treatment?

3) **Where do you want to be discharged?**

4) **What skills and resources would help you succeed in the community?**

5) **What treatment goals do you want your team to consider?**

Anoka-M o Regional Trea nt Center
Individual Treatment Plan

ODOUGHERTY, PATRICK /M

Behavioral Health Needs

AMRTC MHIS #39972

#20042 ADM 9-10-02

Patient Name: _____

DOB 12-11-46

Patient Strengths and Abilities: Articulate, good directed, community support, insight into illness & treatment

1. Behavioral Description of the Problem: Charged c a gross misdemeanor count of harassment 3/15 2002. made threats to judges & was arrested 7/8 & charged c one count of felony terroristic threats, grandiose, non-stop talk, nonsensical.

Discharge (Long Term) Goal Patrick will let go of distorted suspicious beliefs & replace them c more reasonable, reality-based beliefs.
Date Identified: 9-12-2002

Revised Discharge (Long Term) Goal #

Date Revised: _____

Date Identify	Measurable (Short-Term) Goal Include Target Date	Date Met Revised	Interventions	Freq. Hr/wk	Staff & Class.	Start Date	End Date
9-12-2002	Patrick will express anger in an appropriate fashion rather than c unjustified accusations by 12-12-2002.	Not Met 12/12/02	Anger management to discuss concerns & develop coping skills.	1 h./wk.	Hdey Psychologist	9-12-2002	
9/12/02	Identify 3 symptoms of mania		Symptom Education Group	2 h/wk	Lang, Adj	9/12/02	
9-12-2002	Patrick will acknowledge & accept responsibility for his actions & well as the impact it may have on others by 12-12-2002.	Not Met	1:1's to discuss consequences, boundary limits, work behavior, experiencing conflict.	1h./wk. & prn.	SKrueger, RN or Designee	9-12-2002	
			Coping skills to increase ability to cope in varied situations.	2x/wk	MD/PA/NP/CNS	12-10-02	
9-12-2002	Patrick will take meds as prescribed & report effectiveness & side effects by 12-12-2002.	Not Met 12/12/02	Med. Ed. to discuss risks & benefits of med. compliance versus noncompliance.	2h./wk. prn.	SKrueger, RN or Designee Dr. Dan	9-12-2002	
9-12-02	Patrick will verbalize understanding of how his harassment hurts himself and others and identify the benefit to keep recidivism down within the bounds of society by 2-12-03		Nursing Engagement Activities: 2pm Self Care Sun. through Sat. to assist & supervise ADL's. 3pm Community Mtg. Mon. through Fri. to review daily activities, discuss goals & coping skills, submit requests to TCD. 10pm Hall walk & 2am Sun. through Sat. 4pm Hall walk. to withdraw money from Acct.; make personal purchases, provide social time c peers & staff. 6pm Current Events Mon. through Fri. to maintain orientation. 7pm Core Mindfulness Mon. through Fri. to discuss coping skills goal.	20h/wk.	SKrueger, RN or Designee	9-12-2002	

Date Identify	Measurable (Short-Term) Goal Include Target Date	Date Met Revised	Interventions	Freq. Hr/wk	Staff & Class.	Start Date	End Date
12-13-02	Patrick will identify 2 benefits of his meds and report any side effects and state positive effects of med compliance by 2-12-03		7pm Activity Sun through Fri. to provide recreational time, provide social time c staff & peers. Coping skills to practice and develop healthy options	2x/wk	L. Agusto COTA/AL	09-17-02	10/2
9/17	He will have no occurrences of intrusive or assaultive behavior for 30 consecutive days		Psychotherapy to work on insight and reduce his intrusive behaviors in the community and at AMRTC	1 x per week	J. Coly M.S., L.P.	9/26	
9/12	Develop 2 stress reduction techniques		Relaxation Group to lower his level of stress	5 hr/wk	L. Odey M.S., L.P.	9/12	
12-13-02	Verbalize an increased trust in others and in the surrounding community and accept the need for a supervised living environment by 12-12-03						

Date Identified	Measurable (Short-Term) Goal Include Target Date	Date Met Revised	Interventions	Freq. Hr/Wk	Staff & Class.	Start Date	
11/7/02	Patrick will attend Rule 20 hearing, criminal hearing by 12/15/02	1/2/02	- SW to provide information, education re: process.		T. Willard	11/7/02	
			- SW to coordinate info from court liaison to patient, tx team, family members.		T. Willard	11/7/02	
11-11-02	Pat will express the consequence of med compliance vs non compliance by 1-11-03		- Refer to Como unit for ILS community resource learning when d/c c direct [illegible]		T. Willard, Tx Team		
11/19/02	Patrick will obtain proof of assets and spend-down # to qualify for medical assistance by ~~1/1/03~~	1/2/02	- Kitchen safety screening	1X ongoing	A. Hanscom/C, T. Willard	12/23	12/2[illegible]
			1:1 c SW Victoria Williams for assistance.				
			- SW to coordinate c financial worker	ongoing	T. Willard, J. Steele		
			- SW to verify relative willing to arrange special needs trust	ongoing	SW - T. Willard		
11/19/02	Discharge to adult foster care if legal issues resolved		- Kitchen evaluation	1X when ruling resolved	A. Hanscom/C, T. Willard	12/31	12/31
			- Refer to Como comm. unit for ILS.				
			- CCM to refer to Adult Foster care, voc. services.		CCM		
			- SW to f/u c court liaison clear c court		T. Willard, C. Hansen		

ka-Metro Region... Treatment Cente
Individual Treatment Plan

ODOUGHERTY, PATRICK /M
AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

Discharge/Placement Needs

Patient Name: Patrick O'Dougherty

1/17/02 ~~Adult Foster Care~~ 1/3/02 indep. living

Patient Anticipated Discharge Placement: ~~Adult Detention Center~~

Patient Strengths and Existing Aftercare Resources: CCM, own apt. w/ rent paid automatically. Public Defender assigned.

\# Problems Related to Discharge — No medical assistance. Hx of non-compliance. Rule 20.01, Treat to competency. Poor insight into MI, appropriate behavior. Resolve criminal issues

Skill learning required by patient in discharge setting: ILS/ADL's, mental health management and boundaries. ↑ insight into MI, appropriate behavior. - cooperating w/ lawyer, legal system, how to utilize CCM.

Resources and Supports required in the aftercare plan: CCM, Mental health services, Public Defender, community MI to ILS, adult foster care, vocational services

Revised Discharge Placement Date:

Date Identified	Measurable (Short-Term) Goal Include Target Date	Date Met Revised	Interventions	Freq. Hr/Wk	Staff & Class.	Start Date	End Date
9.11.02	Patient will be able to demonstrate an understanding of meds prescribed by stating name, dosage, schedule, side effects, food and drug interactions	Good med 11-11-02	Nursing will meet ō Patrick to discuss med purpose, side effects, food & drug to drug interactions	2/wk & PRN	S. Kroells RN or designee	9.11.02	
9.11.02	Patient will complete initial relapse prevention plan.	done 9.16.02	1:1 ō RN to assess weekly	wkly & PRN	S. Kroells or designee	9.11.02	
1/17/02	Treat to competency, Rolled to Rule 20.01 next 45 days		- Rule 20 eval - Medication - coping skills		Psychology Psychiatry Nursing Rehab svcs.		
1/17/02	Patrick will be given information about role of AMRTC, corrections, Rule 20, lawyer		- SW to educate (team) provide information until patient has consistent understanding		- SW - MD Rule 20 evaluation		

Di. Dom.

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Z 82330D-02 (3/2001)

Anoka-Metro Regional Treatment Center
Individual Treatment Plan

Discharge/Placement Needs

Patient Name: Patrick O'Dougherty

Patient Anticipated Discharge Placement: Independent living / Foster care

Patient Strengths and Existing Aftercare Resources: intelligent, able to communicate needs, Hx of independent living and med compliance

\# Problems Related to Discharge
Rule 20-02: legal issues, poor insight into obsessive communication/writing with community. Hoarding/Disorga[illegible]

Skill learning required by patient in discharge setting: Medication/Appointment compliance, apartment training (organization, shopping, bills, upkeep). Appropriate social behavior

Resources and Supports required in the aftercare plan: Ramsey Co- Housing Subsidy, MA, ILS/Como Community Unit, CCM, outpatient MH

Revised Discharge Placement Date:

Date Identified	Measurable (Short-Term) Goal Include Target Date	Date Met Revised	Interventions	Freq. Hr/Wk	Staff & Class.	Start Date	End Date
11/2/03	Patrick will transfer to community unit for ILS in preparation for indep. living @ discharge		- Transition passes into community PRN. - Tour Como unit - Referral by SW, intake coordination - Discharge planning mtgs c̄ tx team, CCM. - CCM to refer for housing subsidy, adult foster care. - Skills training for apt. upkeep, shopping, self care - Finish MA application requirements / spend-down $		T. Welle LGSW OT RN SW Tonall [illegible] Joey Stelle		

PZ 82330D-02 (3/2001)

Date Identified	Measurable (Short-Term) Goal Include Target Date	Date Met Revised	Interventions	Freq. Hr/Wk	Staff & Class.	Start Date	End Date
			- Leisure group to find realistic comm. leisure interests	1x wk	MJohnson CTRS	1-8-03	
1-7-03	Pass into the community to demonstrate a safe/appropriate behaviors in the community as evidenced by safe return to ANRTC, absence of any abuse or neglect, suspected illicit drug/alcohol usage, and Patrick's report effectiveness of pass activities by 4-7-03		Before leaving on pass identify: - Purpose of pass - Pt's role of the pass - Review relapse prevention plan - confirm pt. knows plans (details) of his pass. date/time/ transportation plans - Plan to deal w any negative occurances while on pass. Return to ANRTC: - Escort pt to unit from Switchboard - assess pt for Sign/ Sx's of drug/ETOH use and abuse/neglect. - Discuss purpose and effectiveness of the pass and what skills he used. - Check for contraband - Urine drug screen if needed - Breathalyzer if indicated		S Crallo M or designee	1-7-03	

A .a-Metro Region .reatment Center
Individual Treatment Plan

ODOUGHERTY, PATRICK M

AMRTC SHIS # 39972
20042 ADM 9-10-02
DOB 12-11-46

Medical/Physical Care Needs

Patient Name: _____

Problem	Goal	Date Ident.	Date Reslvd	Interventions	Staff & Class
no current medical problems			9/11/02	Skoelz	
potential for constipation related to meds and life style	Patrick will report to staff if no BM after 3 days.	9-11-02		- elimination education - encourage exercise - encourage fluids, fiber	S. Koelz or designee

9/23/02 No current issues to pass
Offagner

PRIVATE DATA
Do not release without out consent
of Data Subject, pursuant to MN
stat. 13.46, subd. 2 (a)

Problem	Goal	Date Ident.	Date Reslvd	Interventions	Sta Cl

Addressogra

0 DOHERTY, PATRICK /M

A MRTC MHIS # 39972

20342 ADM 9-10-02

DOB 12-11-46

...noka-Metro Reg...nal Treatment Ce...er
Individual Treatment Plan

Rule 20 Legal Issues

Patient Name: Patrick A Dougherty

___ 20.01 (Sub.2) Original Competency Evaluation
__✓__ 20.01 (Sub.5) Treat to Competency
___ 20.02 Responsibility/Sanity Evaluation

#2 Description of the Legal Charges: Charged w gross misdemeanor count of harassment 3/15/2002; arrested 7/8 & charged w one count bf felony terroristic threats.

Discharge (Long Term) Goal # 1. **Submit Report to Court**

Last Court Date: **Next Court Date:** **Comments:**

Revised Discharge (Long Term) Goal #

Date Identified: **Date Met:**

Legal Needs Measurable (Short-Term) Goal	Date Identified	Date Resolved	Interventions	Freq. Hr/Wk	Staff & Class.	Start Date	End Date
Psychiatric Stabilization	9-12-2002		Administration of Medications	Gd. as ordered	S. Knoell RN or Designee Dr. Dan	9-12-2002	
Interview and Assessment	9-12-2002		Psychological Eval. Neuropsych. Testing Forensic Consultation		K. Ryan Psychology	9-12-2002	
Completion of Competency Evaluations	9-12-2002		Competency Restoration Class		K. Ryan Psychology	9-12-2002	

Patient Name: Patrick O'Dougherty

TEAM NOTE

Summary of ITP	Date: 1/28/03 Tx. Hours: ___/___ Weeks	Date: 3/6/03 Tx. Hours: ___/___ Weeks
Progress toward goals and other behavioral observations.	Transfer to CCU 1-27-03 D/C planning meeting 1-30-03. Further assessment of needs ongoing including nursing, SW, OT. No passes yet. RPP in process	- Arrange to get patrick to his apt. to pack up belongings to prepare for move/put to storage. - Talk to apt mgr. to check possibilities of him being at apt. by himself. Staff to assess whether amount to pack up is overwhelming for patient & if so explore other options for packing up belongings for move. - further Assessment of needs ongoing including Nursing SW OT ~~- No passes yet~~ Goals: 3
Discharge Planning including progress and barriers.		
Evaluation/Planning for Therapeutic Passes (Review Relapse Prevention Plan)		
Family Involvement: Visits, Supports, Education, Counseling		
Seclusion/Restraint or other significant event review.		
Plan -Changes -Actions -Other follow up -Person Responsible	Conduct 02 PM Continue CCU independent living assessment	- Bring to apt. assess amt. of work to be done & if overwhelming explore other options. If not overwhelming he is to be left alone to pack up belongings.
Attendance : (Circle)	D. McLain, RN P. Lillion, SWSR D. Weigel, SW D. Schmitt, CTRS L. Kelley, COTA A. Culver, RN R. Schueller RN K. Engstad RN L. Wright SW D. Nason COTA	D. McLain, RN P. Lillion, SWSR D. Weigel, SW D. Schmitt, CTRS L. Kelley, COTA A. Culver, RN L. Wright SW M. Rinstad RN D. Nason COTA R. Schueller RN J. Mielke HT B. Sievers HT C. Moore prog. dir

PZ-82329-03 (12/01)
Weekly Treatment Team Planning and Evaluation

Patrick O'Dougherty

Patient Name: Patrick O'Dougherty

TEAM NOTE

Summary of ITP	Date: 1/8/02 Tx. Hours: ___/___ Weeks	Date: 1/16/02 Tx. Hours: ___/___ Weeks
Progress toward goals and other behavioral observations.	Transferred from Unit D today, cooperative c transfer, very pleasant - Rule 20 status resolved - Como is listed as poss. D/c site but no decision as to further placement - Will encourage to request passes	adjusted well to MS.
Discharge Planning including progress and barriers.		- has 20.02 in Feb which is a barrier to hospitalizing to Como.
Evaluation/Planning for Therapeutic Passes (Review Relapse Prevention Plan)		taking passes w/o incident
Family Involvement: Visits, Supports, Education, Counseling	Some family involvement	family involvement
Seclusion/Restraint or other significant event review.	No seel. / rest.	-
Plan -Changes -Actions -Other follow up -Person Responsible	MS team, CCM to continue D/c planning	cont c DC planning locus 3
Attendance : (Circle)	D. McLain, RN P. Lillion, SWSR D. Weigel, SW D. Schmitt, CTRS ~~L. Kelley, COTA~~ A. Culver, RN	D. McLain, RN P. Lillion, SWSR D. Weigel, SW D. Schmitt, CTRS L. Kelley, COTA A. Culver, RN

Patient Name Patrick O'Dougherty

TEAM NOTE

Summary of ITP	Date: 11/19/02 Tx. Hours: 4½ 2 Weeks	Date: 12/3/02 Tx. Hours: 5 2 1/2 Weeks
Progress toward goals and other behavioral observations.	Remains engaged 2 tx and has been appropriate 2 staff and peers, some flight of grandiosity & paranoia, likely baseline sx.	Patient continues to engage in treatment, being appropriate in interaction with staff, peers including not being intrusive regarding "Prayer Vigil" for the Holidays - Mild-moderate grandiosity & Paranoia are likely the Baseline sx's - Court hearing 12-19-02 for Rule 20
Discharge Planning including progress and barriers.	Patient actively working 2 SW to become eligible for medical assistance. Met 2 SW to discuss DC planning, after care, legal issues resolved.	- Discharge planning to be discussed after legal issues resolved
Evaluation/Planning for Therapeutic Passes (Review Relapse Prevention Plan)	none due to Rule 20	- No passes at R.20 status
Family Involvement: Visits, Supports, Education, Counseling	Reports relative Frank will assist 2 special needs trust. Talks to another cousin & sends letters to mom (does not have her phone #)	- He has contacted family, friends for support
Seclusion/Restraint or other significant event review.	none	- No Seclusion & Restraint
Plan		
- Changes - Actions - Other follow up - Person Responsible - ITP/Revisions copied to patient	SW to verify that relative/attorney assisting 2 special needs trust.	
	Locus: 4	Locus: 3
	Attendance (Circle) Barclay Jones, MD — Hien Dam, MD Elaine Coelho, RN — Bruce McNickle Ph.D Sue Enger, SW — Dennis Kuik, SW Lynne Flaten, WTA — JoAnn Malmgren TR Jill Berthiaume, RN — Kerry Kennedy RN Ann Hagman, RN — Sandy Kroells, RN Pat Hanson, RN — Gina Teeple RN Tonia Hall, LSW	Attendance (Circle) Hien Dam Barclay Jones, MD — Hien Dam, MD Elaine Coelho, RN — Bruce McNickle Ph.D Sue Enger, SW — Dennis Kuik, SW Lynne Flaten, WTA — JoAnn Malmgren TR Jill Berthiaume, RN — Kerry Kennedy RN Ann Hagman, RN — Sandy Kroells, RN Pat Hanson, RN — Gina Teeple RN Wendy Brandt SW

Patient Na. Patrick O'Dougherty

TEAM NOTE

Summary of ITP	Date: 12/17/02 Tx. Hours: 53 1/2 Weeks	Date: 12/30/02 Tx. Hours: 46 hrs 1/2 Weeks
Progress toward goals and other behavioral observations.	Pt is making good progress. Pt is attending and participating in TX groups. Pt is awaiting and preparing for upcoming Rule 20 hearing. Pt is med compliant and hasn't shown any signs of inappropriate anger. Pt continues to discuss his educational + vocational delusions	- Good group attendance. No aggressive nor inappropriate boundary issue, harassing behaviors
Discharge Planning including progress and barriers.	Once Rule 20 is finalized Pt will be referred to Como	Rule 20 12/26/02 Court Hearing → judge took issue of competency under advice & will rule at next hearing 2/12/03, with evaluation by 1-28-03 by Hennepin Co. District Court Psychologist and report of disposition/placement plan.
Evaluation/Planning for Therapeutic Passes (Review Relapse Prevention Plan)	None taken due to Rule 20 Status	Treatment team referred him to Como Cu Miller unit
Family Involvement: Visits, Supports, Education, Counseling	None at this time	- No passes (Rule 20 status)
Seclusion/Restraint or other significant event review.	None	- His sister visited him on 12/25/02 - NO Seclusion Restraint
	Locus - 3	LOCUS = 3
Plan - Changes - Actions - Other follow up - Person Responsible - ITP/Revisions copied to patient	- Court date 12/19 for Rule 20 Status - SW will refer to Como C.U depending on Rule 20 outcome	
	Attendance (Circle) Barclay Jones, MD / Hien Dam, MD (circled) Elaine Coelho, RN (circled) / Bruce McNickle Ph.D Sue Enger, SW / Dennis Kuik, SW Lynne Flaten, WTA / JoAnn Malmgren TR Jill Berthiaume, RN (circled) / Kerry Kennedy RN Ann Hagman, RN / Sandy Kroells, RN Pat Hanson, RN / Gina Teeple RN Tona SW / Larry A. Psyc Wendy SW / Aimee OTR/L	Attendance (Circle) Barclay Jones, MD / Hien Dam, MD (circled) Elaine Coelho, RN / Bruce McNickle Ph.D Sue Enger, SW / Dennis Kuik, SW Lynne Flaten, WTA / JoAnn Malmgren TR Jill Berthiaume, RN / Kerry Kennedy RN Ann Hagman, RN (circled) / Sandy Kroells, RN Pat Hanson, RN / Gina Teeple RN Tona Williams (circled) Wendy Bocault SW (circled)

Weekly Treatment Team Planning and Evaluation

Patient Name: ODOUGHERTY, PATRICK

AMRTC BHIS #39972

#20042 ADM 9-10-02

TEAM NOTE

Summary of ITP	Date: 9/23/02 Tx. Hours: 31½ 2 Weeks	Date: DOB 10/6/21-45 Tx. Hours: 62½ 2 Weeks
Progress toward goals and other behavioral observations.	no overt anger noted. Takes meds as ordered. Continues to some grandiosity. Able to discuss treatment goals	no anger outbursts, coop w meds, tx. Continued grandiosity, delusions and poor insight into current legal charges and precipitating behaviors. Asks same questions re: legal issues, DC repeatedly
Discharge Planning including progress and barriers.	Discharge plan: barriers are Rule 20. Has own apartment - may return to discharge	DC planning meeting held w SW, Dr, Patient requires frequent education re: plan due to delusions, MI.
Evaluation/Planning for Therapeutic Passes (Review Relapse Prevention Plan)	Passes not indicated @ this time.	not indicated @ this time, due to Rule 20 status.
Family Involvement: Visits, Supports, Education, Counseling	denies need for support - 2 sisters live in area	Declines involvement of family in tx.
Seclusion/Restraint or other significant event review.	no seclusion/restraints Locus - 3	no seclusions, restraints
Plan - Changes - Actions - Other follow up - Person Responsible - ITP/Revisions copied to patient	tx team	Locus 4 SW to continue educating patient re: role of tx team, Rule 20, his lawyer, CCM. Dr. to refer to Kristen Ryan for eval when stable.
	Attendance (Circle) (Hien Dam, M.D.) Sue Enger, S.W. Sue Merrick, S.W. Laurie Kelley, COTA (Ann Hagman, RN) Sandy Kroells, RN Kerry Trefethren, RN Elaine Coelho, RN Sue Fisher, S.W. Larry Adey, Psych Jill Berthiaume, RN Pat Hanson, RN Gina Teeple, RN Tona Willard LCSW George Lopez CCM Patrick O'Dougherty Richard Tuohy MS3	Attendance (Circle) Hien Dam, M.D. Sue Enger, S.W. Sue Merrick, S.W. Laurie Kelley, COTA Ann Hagman, RN Sandy Kroells, RN Kerry Trefethren, RN Elaine Coelho, RN Sue Fisher, S.W. Larry Adey, Psych Jill Berthiaume, RN Pat Hanson, RN Gina Teeple, RN Tona Willard, LCSW

Weekly Treatment Team Planning and Evaluation

Patient Name:

DOUGHERTY, PATRICK

TEAM NOTE

AMRTC BHIS #39975

Summary of ITP	Date: 10-22-2002 Tx. Hours: 5 2/1 2 Weeks	Date: 11-5-02 Tx. Hours: 5 5/2 Weeks
Progress toward goals and other behavioral observations.	1. At times can identify how his mania correlates with his inappropriate behaviors, agrees to stop harassing people @ the UofM, police & judge. At times Patrick is preoccupied with religious themes with some paranoia noted. He has full knowledge of meds, able to list side effects & purpose of meds.	DOB 12-11-45 cooperative with unit rules, structure, attending all assigned groups. Rule 20 assessment → competent to proceed with legal matters. Court date possibly in 2-03.
Discharge Planning including progress and barriers.	CM checking on his apartment. CM to be ongoing liaison with his Attorney.	Patient & CCM are working on Medical Assistance application, checking on his apt. meeting with CCM this wk.
Evaluation/Planning for Therapeutic Passes (Review Relapse Prevention Plan)	No passes due to Rule 20 status; continues to use unescorted complex privileges appropriately.	No passes due to R.20 status
Family Involvement: Visits, Supports, Education, Counseling	No family visits noted in the previous 2 wk. documentation.	Friend Mike Faney supportive per phone contact.
Seclusion/Restraint or other significant event review.	No seclusion or restraints noted.	None (S&R)
Plan - Changes - Actions - Other follow up - Person Responsible - ITP/Revisions copied to patient	Improved since lithium was increased 10/9, Lith. level now 1.1. Dr. Dam will refer Patrick to Psychology for Rule 20. Locus: 4 E. Coelho RN	LOCUS: 3
	Attendance (Circle) Hien Dam, M.D. (circled) Sue Enger, S.W. Sue Merrick, S.W. Laurie Kelley, COTA Ann Hagman, RN (circled) Sandy Kroells, RN Kerry Trefethren, RN Elaine Coelho, RN (circled) Sue Fisher, S.W. Larry Adey, Psych (circled) Jill Berthiaume, RN Pat Hanson, RN Gina Teeple, RN	Attendance (Circle) Hien Dam, M.D. (circled) Sue Enger, S.W. Sue Merrick, S.W. Laurie Kelley, COTA Ann Hagman, RN Sandy Kroells, RN Kerry Trefethren, RN Elaine Coelho, RN (circled) Sue Fisher, S.W. Larry Adey, Psych Jill Berthiaume, RN Pat Hanson, RN Gina Teeple, RN [signatures]

Weekly Treatment Team Planning and Evaluation

PZ 81972-08 (3/20

ADMISSION PSYCHIATRIC ASSESSMENT
(TO BE DICTATED OR HAND WRITTEN AND IN THE CHART BY 60 HOURS AFTER ADMISSION)

PATIENT'S NAME
AMRTC #
DATE PATIENT EVALUATED:
AMOUNT OF TIME OF EVALUATION:

SOURCE OF INFORMATION: Include reliability of information.

CHIEF COMPLAINT: Patient's statement of problem.

HISTORY OF PRESENT ILLNESS: Include onset and circumstances associated with current episode. Duration and pattern of signs/symptoms, brief summary of recent hospital course at the acute care facility prior to admission, psychiatric ROS (i.e. sleep, appetite, energy level, feelings of guilt, hopelessness)

CHEMICAL DEPENDENCY HISTORY: Include substances used/abused, amounts, duration of use, psychological, social, medical and legal consequences of substance use, and history of CD treatments.

CURRENT PRESCRIBED MEDICATIONS: Names, doses, blood levels, response, and benefits/side effects of each.

PAST PSYCHIATRIC HISTORY: Time frame of earliest onset of psychiatric problems, including A) childhood developmental disorders and other diagnoses. B) Dates of out patient and inpatient treatment, names of facilities and type of treatment, and response to treatment. C) Any special treatments (i.e. ECT) and known response. D) Any special behavioral problems (i.e. dangerousness, fire setting, AWOL's.)

FAMILY PSYCHIATRIC HISTORY: Include history of substance abuse, mental illness and suicide.

MENTAL STATUS EXAM: Include appearance, general behavior, attitude, mood, affect, abnormal movements, speech, stream of mental activity, form of thought process, thought content, delusions, hallucinations, suicidal and homicidal ideation, impulse control, insight into illness, judgment, concentration, orientation, recent and remote memory, general fund of knowledge, higher cortical functions (calculations, abstractions, proverbs, similarities, etc...) Rationale for estimated IQ and potential for dangerous and suicidal behavior.

BIOPSYCHOSOCIAL DISCUSSION AND DISCUSSION OF DIFFERENTIAL DIAGNOIS: Include biological, psychological, social, genetic, childhood antecedents, and current life stressors contributing to current condition, as well as rationale for admitting diagnosis and other diagnosis considered or to be ruled out.

ADMITTING DIAGNOSIS: Include Axis I-V, no R/O, deferred or abbreviated diagnosis.
Specify which DX is primary.

PROGNOSIS

STRENGTHS

PROBLEMS

SHORT TERM GOALS

LONG TERM GOALS

BIOPSYCHOSOCIAL TREATMENT PLAN: Relate to identified problems and include somatic, psychological, and social interventions/treatment approaches.

DISCHARGE CRITERIA

ESTIMATED LENGTH OF STAY AS PER UM NORMS

AMRTC INITIAL PSYCHIATRIC ASSESSMENT AND TREATMENT PLAN

(To be completed within 24 hours of admission. Dictated formal admission summary is due within 60 hours.)

BEHAVIORAL PROBLEMS LEADING TO ADMISSION:

See Assessment for information

ADMITTING MENTAL STATUS EXAMINATION:

ADMITTING DIAGNOSIS:

Axis I Schizophrenia, paranoid type. -- Rule out schizoaffective disorder

Axis II ~~Hypochondriasis~~ Deferred, ~~test~~

Which dx is primary?

Axis III Ø

Axis IV legal problems, lack of social support, Lack of adequate housing at PRC

Axis V GAF current = 30

INITIAL BIOPSYCHOSOCIAL TREATMENT PLAN:

Signature _____

Date/Time: 9/10/02 430 PM

Form: PZ-81391-08 (10/00)

HeidiDam, MD 9-10-02

ANOKA-METRO REGINAL TREATMENT CENTER
INITIAL NURSING CARE PLAN

DATE	PROBLEMS (DESCRIBE)	GOALS	INTERVENTIONS
9-10-02	potential for problems ± bowel elimination	will maintain normal, healthy bowel functions.	enc. adequate diet, fluids + exercise enc. him to report changes in bowel function enc. bowel meds as ordered (imdicated) assess wkly, prn - educate on healthy bowel habits
9-10-02	Hx/o grandiose (~~bizarre~~) delusional, loose, hyperverbal. He has been harassing + threatening the history dept at the U of M since 1989. He made false accusations abt the investigating officer to get him to try to get him fired. He tries to cause trouble for officials - He threatened ~~ass~~ a Henn Co Judge + was charged ± 1 count of felony terroristic threats. He becomes very threatening + was placed on phone restrictions at RCMC. He is paranoid. He is a Rule 20.01 subdivision 5.	A) will demonstrate an ability to assert himself ± becoming aggressive B) He + others will be free from injury that could be caused by his aggressive behaviors. C) He will verbalize an understanding of sx of MI and of management of sx.	offer 1:1's enc. active participation in tx ~~enc bowel meds as~~ prn enc med compliance, offer wkly med ed. educate on sx of MI may need to place on phone restrictions utilize prn meds + quiet time assist ± coping skills assist him to be assertive and not aggressive redirect / reality base prn anger management

DATE	PROBLEMS (DESCRIBE)	GOALS	INTERVENTIONS

Name: Patrick O'Dougherty

Wendy 348 2611 348 5112

Craig Brown Public Defender 348-6203

RELAPSE PREVENTION PLAN

1) What behavior or action led to your admission to AMRTC?

THREATS AND ABUSIVE LANGUAGE UNDER STRESS –

2) A. What will help you to be discharged?

STOPPING THESE BEHAVIORS

B. What would get in the way of you being discharged from AMRTC?

PARANOIA, RACING THOUGHTS & NOT FEELING (absence of feeling)

C. What help do you need in order to be discharged?

IF I AM ANXIOUS I NEED LITHIUM TO CONTROL THE MANIA

D. What are your strengths that will help you to be discharged?

I AM BRIGHT, REASONABLE, ACTIVE COMPETENT, QUALITY EDUCATION

3) Where do you wish to be discharged? I WISH TO BE DISCHARGED TO A STABLE COMFORTABLE APT. FOR A SENIOR

4) What skills and resources do you have that will help you remain out of the hospital? I HAVE ALWAYS WORKED AND I HAVE GOOD COPINGS AND I TAKE MY MEDICATIONS,

5) What specific treatment goals do you want the staff to help you with?

I WOULD LIKE TO HAVE THEM SAVE ME THROUGH MY COURT CASE

AFTERCARE PLAN: Now at Ramsey Co Mental Health Ctr. Hall outpt.

This is my plan to maintain stability in the community:

1) Psychiatrist
   Name: ~~DOUGLAS KERDMARCH~~
   Address/phone: ~~707 PARK AVE. MPLS, 55415~~
   First appointment: ~~AUGUST 2003~~

2) Therapist: Ramsey Co MHC
   Name:
   Address/phone: to be assigned
   First appointment

3) County case manager: GEORGE LOPEZ
   Name:
   Phone: 651-266-4039
   First appointment (date/time/location): 01/3 @ 1:30

   Billie Belisle
   Safe Alt.
   651-254-1919

4) Support team (CSS, SLIC, etc.)
   Name: 690 COMO
   Phone:
   Schedule of when I meet with them:

5) Primary Care clinic/doctor:
   Name: DR. KEVIN KELLY
   Address/pone: 606 24th AVE MPLS, 55454
   612-733-1534
   First appointment:
   I need this (I do not have a primary care clinic):

6) Day treatment: COMO 690
   Program:
   Schedule:
   Start date:

   Dennis Kuile
   AMRTC-CTS
   763-712-4430

7) Groups (include sobriety groups, support groups, skills groups, etc.): ANGER BOOKS
   List groups and schedule: NAMI + CONSUMER SURVIVOR NETWORK

   Location(s):

Crises Prevention/ Intervention Plan

1) These are situations that I consider to be crises:

PARANOIA, RACING THOUGHTS, NOT KNOWING REALITY. (negative experiences)

2) I know/recognize a crisis when I act this way or feel this way:

CONFUSED THINGS LIKE DRIVE - ISOLATES - UNCLEAR STRESS creates additional symptoms

3) These are the things that may put me at risk for a crises:

PARANOIA, self doubt, flight of ideas — SPENDING TOO MUCH TIME ALONE BEING JUDGED, CRITICISM

4) This is what I can do to avoid the risks:

DO EVERYTHING ON MY DAILY (maintenance) MEDICATION LIST, CALL A SUPPORT PERSON, SET VISITATIONS

5) These are the things that may trigger a crises:

FEELING LEFT OUT, FINANCIAL PROBLEMS, SPENDING TOO MUCH TIME ALONE

6) This is what I can do or I find helpful when I experience those triggers:

CALL A SUPPORT PERSON, SET VISITATION WITH SOMEONE CLOSE, JOURNAL, EXERCISE

7) These are the things I can do when I am in crises, to help me feel better:

TAKE MY MEDICATIONS AS SCHEDULED contact professional

8) These are the things staff can do to help me: LISTEN WALK & TALK THROUGH THE SITUATION,

8) Leisure (include CSP, club memberships, etc.)
List places you can access leisure activities: CLUB Committee, Republican Society

9) Vocational/Educational:
RS or employment counselor:

Where I will work: Arise Bookstore

I plan to go to school at: Phillips School

I need a referral/help with this: Dept. Rehab

10) Daily structure (if not in groups or day treatment or working):
This is how I will structure my time: Preparing for my court cases & Disadvantage planning

I need help with this: moving

11) Family or significant others who will help me with my stability:
These are the names/numbers of people I find supportive:
Mr. Anders Ordinary

12) These are the crises resources I can use (phone lines, therapists, crises centers, crises homes, etc.): Anoka Court Advocate for Mental Health - 651-266-2998

atie" ame and ber

1. The following are situations or behaviors I might do that could cause my mental illness symptoms to return, ~~or wanting to use chemicals to return.~~

loss of coping skills area to deal with loss of friends.
Gradious behavior - like teaching and preaching to the public.

2. The following are signs or warning symptoms that my mental illness is coming back again, ~~and/or I might start to abuse chemicals.~~

preaching and teaching to the public --

3. The following are some things I can do to relieve stress, increase my mental health, ~~and or help me remain sober. Include recovery tools that will help prevent relapse into using chemicals again.~~

developo new coping skills and positive peer groups -

4. This is my support system of people I can call for help; (list name and telephone number)

"I need to build a new coping skill to develope supportive / positive friends or mentor.
"It's limited"

*Patrick A. ODoughterty
Client's Signature

9-25-02
Date

Sandra Knollen
~~Social Worker's~~ Signature

ODOUGHERTY, PATRICK IN
AMRTC [illegible] #39972
#20042 ADM 9-[illegible]
DOB 12-11-[illegible]

PRIVATE DATA
Do not release without consent of Data Subject, pursuant to MN stat. 13.46, subd. 2 (a)

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		Cont. F. Todelp
7/24/02 855 AM		for minutes non stop. His speech content was disjointed and concerned various unrelated topics. F. Todelp
NSG		

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit: DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		DOB 12-11-46
		BHIS NOW 3-10-03
		MREC #39972

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex: DOB 12-11-46
Program/Unit:

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
7/6/03 10:50 PM	NSG	Writer asked "Did you forget it," Patrick replied "No, I left it, I am being discharged tomorrow." Writer informed him he needed his medication and that was part of program & his responsibility. He retrieved meds from med cart. Staff gave Patrick ride to his apt to pick up his medication & returned to unit. — T Eckelberry
7/7/03 4:30 PM	NSG	D/C — pt. provisionally discharged to his apartment c 3 day med supply SW Lynn Wright — transferred. — CBenton
7/17/03	8:30 AM NSG	D) Writer left a msg. for Patrick re his discharge call. Awaiting return call. → PASchneller RN
7/24/03 8:55 AM		Patrick stopped by unit and came in to talk c staff a short time ago. He entered office and began to talk excitedly as if in the middle of a conversation. Patrick spoke for almost
NSG		

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

DOUGHERTY, PATRICK

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
7/2/03 NSg	1PM	When asked if he was bringing any food to him he said "I have food over there" Expects to return to unit on Monday 7/7/03 but may return Sunday.
7/2/03 NSg	8PM	Patrick called unit as he had been requested to do when he left for pass this afternoon. Called to verify pass had been approved. He was thanked for telephone call and informed pass was approved as submitted.
2:15PM 7-6-03	NSg	D:) Patrick came back to Comm Coll. around 2:00pm Patrick was upset that someone tried to rob him. Patrick said everything else was O.K. Patrick said he plans to apply for other apartments. Elmer Kuttman MSW
7/6/03 10:52 PM	NSg	At 7:30pm Patrick's office stating he was ready for his meds. Water asked where his meal order was. He said he left it at his apt. DO SIGNATURE PATRICK Cont 1M

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
6/25/03	1045 A Nsg.	D) Dr [illegible] gave T.O. for Discharge PPD. — RAschoeller RN
6/25/03 4pm	NSG	D - pt. received PPD (R) forearm - filled medi-minder - ready for sched. over-night pass. States he will be back on Fri. 6/27/03 at 4pm to have PPD read. — CKBean LPN
6/25/03 4:30 pm	NSG	D - pt. Left for overnight pass - sched. return - Fri. 6/27/03. — CKBean LPN
6/27/03	P 54	[illegible] [illegible] lithium is still high at [illegible] level [illegible] [illegible] [illegible] 170 [illegible] [illegible] lithium dose [illegible] blood draw [illegible] still at 1.4 mg/l - [illegible] - [illegible] [illegible] to 300 [illegible] [illegible] II HS. [signature]
6/27/03 10:30 am	NSG	D: Patrick was called re lithium med change ordered this am. He had taken Am dose 600mg previously ordered so maybe we can adjust qP dose to 300mg today & then follow new orders. [signature] LPN

DHS-1035 (6-91)
PZ-1035-05

SIDE 1 (OVER)

Facility Name:
Patient Name: DOUGHERTY, PATRICK J M
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
6/27/03 11A	NSG	D: Patrick here at 11am - adjusted medi planner to 300mg Lithobid in am & left HS dose at 600mg as ordered. Patrick here for cooking group & then wants his mantoux read @ 4pm Chalinkas RN
6/27/03 5PM NCY		Mantoux to (R) forearm noted to have ø reaction to PPD. 0.0mm, no induration noted. [signature]
2:40pm 6-30-03	NAG	D:) Patrick returned from weekend overnight pass around 1:00pm. Patrick says the pass went well. Patrick met up with a friend while on pass. Verner Hultman HST
2:30pm 7-1-03	NAG	D:) Patrick attended the Tuesday morning community meeting. Patrick went grocery shopping and did well. Patrick has a discharge meeting at 2:30pm today. Verner Hultman HST
7/2/03 1PM Ngf		Patrick left unit for overnight pass to his new apt. Left unit c county case worker. filled his medminder before leaving unit. [cont] [signature]

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: ODOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #399712
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
6/20/03	SW MA	D/C mtg signed. PO: George Lopez, Billie Bilisle, safe Alt + Dennis Knit CTS present as well as Patrick + this writer - Reviewed reasons for AMRTC + existing comm changes - Patrick patient + agreeable with discussion - Realizes need for intensive support - Socialization + medical will be coordinated with Billie - Dennis will monitor meds + appts for psychiatry - George referred for vocational + Team I intensive services - D/C on or about 7-1-03 after extended passes to his apt [signature]
6/20/03 NSG	3:00 pm	D: Patrick went on w/e pass @ this time. Meds checked + appropriate upon ~~found~~ (order) departure. [signature]
6/22/03 2:50PM	NSG	Returned from pass c̄ Mo. Said pass went well. Will fill out pass slip + ret to office c̄ menu plan K Fredrich RNC cont'd

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name: ODOUGHERTY, PATRICK
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
6/22/03 NSG	03 2:30pm Cont	Will review on set to office. K Fredrick RNC —
6/23/03 10:50 am	NSG	A – Called Quest Lab – Lithium Level 1.1 – drawn 6-17-03. Pt. seen Dr Baume this AM – OK for discharge on date per SW & 3 day supply of meds. Pt. sched. to turn in pass request form for transitional pass this wk. – CK Brown
6/24/03 RN	93% Reviewed	D) Patrick cont. to refuse Lopid & indicates that he wants to modify his diet & his exercise. Patrick denies alteration in elimination. Patrick has received portions of his Chart as ordered by MD & requesting this. Pt. has not commented on info. he received. Patrick has discharge planned for 1st wk of July. ADLs & IADLs remain adequate. He remains tangential in his conversations. He has an apt & is currently taking transitional passes. A) Preparing for discharge P) Coordinate aftercare. — PMSchueller RN

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: ODDUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
6/12/03 1:35 PM NSG		parts of his chart. See order this date. Participated in am meeting & cooking group today. SW assisting Patrick w moving furniture to his new apt so he can begin to take transitional passes.
6/13/03	13	1230pm D) Patrick arrived to sign out to his apt. to be "house maid". He started a discussion re: panic at to fm chol. then deviated to teaching @ the norm then to his medical needs. A) Pt. remains tangential & flt c MD order. P) Re-evaluate
6-14-03 9:50 pm	NSG)	P) Patrick returned to the unit this afternoon from his pass. He stated his displeasure at with his medical diagnosis. Compared himself unfavorably to Chavez the labor rightist. Pat. advised to take up any medical concerns with his Psychiatrist. Bob (HST)
6-15-03 10 PM	NSG)	Patrick spent the afternoon up in his apt. No major concerns. Bob (HST)

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: ODOUGHERTY, PATRICK /M
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit: DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
6/16/03	NSG 8pm	D) Pt spent early evening in d room watching TV. I:I c pt still reveals grandiose delusions of ? self-importance. C[illegible]
6/17/03	7:35A	D) Patrick went to labs this am for Li+
	NSG	level. ——— Paasiuoelter RN
9:30pm 6-17-03	NSG	D:) Patrick participated with the supper cooking group this evening. Patrick helped make Tater Tot Casserole. Patrick did demonstrate some small difficulty following and following through with recipe instruction. Patrick easily followed verbal cues. Patrick watched TV in the community area for a while and then went to his apartment. — Verner Huttman HST
6/18/03 11pm	NSG	D- pt. filled medi-minder at 8pm. No c/o or concerns this shift. — CKBean/LPN
3pm 6-19-03	NSG	D:) Patrick went grocery shopping today at 1pm with peers and staff. Patrick was pleasant and cooperative. Patrick continues talk about or infer conspiracies, but was reluctant to explain many of his statements. Patrick bought his food and kept is under $35 limit. Verner Huttman HST

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name: O'DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 2

DATE: 6/13/03 TIME: 0900

REASON FOR ENCOUNTER (INCLUDE PATIENT'S CHIEF COMPLAINT, IF ANY); HISTORY OF ILLNESS FROM PREVIOUS ENCOUNTER TO PRESENT; AND REVIEW OF PSYCHIATRIC SYSTEM:

Routine followup.

Please refer to my last Clinical visit

note of 4/30/03 for content.

COUNSELING/COORDINATION OF CARE AND/OR OTHER INFORMATION:

Remains on same medications & changes.

Continues to work & Soc. Staff for

discharge into community. Seem to

confirm stable Mental Status.

RESPONSE TO AND COMPLICATIONS OF CURRENT MEDICATIONS:

Response to medication is partial.

He still maintains at baseline underlying

Paranoid Ideation & Insight Impaired.

If you ask, we will give you this information in another form, such as Braille, large print or audiotape

Facility Name:

Patient Name: MREC #: Birthdate: Sex: Program/Unit:

MT D'Dougherty

DHS-1035C (1-98)

SIDE 1 (OVER)

EXAMINATION (Check appropriate blank and comment below regarding significant findings):

	WNL	ABNORMAL		WNL	ABNORMAL
General appearance	✓		Judgment and insight	✓	
Muscle strength and tone Gait and station	✓		Attention span Concentration	✓	
Speech	✓		Orientation	✓	
Thought processes		✓	Recent and remote memory	✓	
Associations/psychosis			Fund of knowledge	✓	
Suicidal/homicidal ideation	✓		Mood and affect	✓	

Mild thought disorganization. No psychosis – no delusions / voices. Mood [illegible]. Affect restricted. Sleep 8° – Self care good. Demeanor pleasant & cooperative.

ASSESSMENT OF CURRENT STATUS: Pt has [illegible]. Wants copy of medical records – [illegible] [illegible] – [illegible] [illegible]. Agrees to limited copy – [illegible] [illegible] catheterization

DIAGNOSIS: P.A. Schizophrenia 295.32

PLAN: – Continue Risperdal 4 mg HS [illegible] [illegible]
[illegible]
– Will DC to Wilder High Rise – still will get new psychiatrist per S.W. (Dr Fred Hall old psychi will not see)

UNIT/FLOOR TIME: 30 min. OVER 50% COUNSELING/COORDINATION OF CARE ✓ YES ___ NO

SIGNATURE: [signature]

PRINT NAME: A [illegible]

Would [illegible] referral to [illegible] Clinic.

Facility Name:
Patient Name: Pat O'Dougherty
MREC #:
Birthdate:
Sex:
Program/Unit:

PRIVATE DATA
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DHS-1035C (1-98)

SIDE 2

PZ-82350-01(4/01)

Physician's Progress Notes - Psychiatry

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
6/9/03	Cont.	O/u pass @ a conference w/ St. Cloud
	WS	VS: Wellness/recovery. Patrick, you
		has an apt. @ Milpen. transitions
		to Ocean. Patrick remains tangential.
		A) Progress towards discharge. P)
		Assist c aftercare plans + transitions
		Eve. pt. to review options for tx Pn
		↑ Chol. → RASchoeller RN
6/9/03	10:34A	D) Patrick called writer this am + requested
	WS	copy of his entire medical record
		@ AMRTC. Patrick's request will be re-
		viewed c team + Dr. Baumer.
		→ RASchoeller RN
6/10/03	9A	D) Patrick went to Quest this am for
	WS.	Li+ + Risperdal level. → RASchoeller RN
6/10/03	WSG 3PM	D) Patrick attended morning meeting
		and went grocery shopping today.
		Patrick has been pleasant +
		cooperative with staff. BSmith

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
6/11/03 [illegible]50	NSG.	Pat went to Anoka this morning for an appointment with his psychologist. On apt. apartment check, his was clean and in order. -Steve Kuma - HST.
6/11/03 7PM	Nsg	Patrick completed WRAP group today. Has attended all 6 sessions. [signature]
6-12-03 915 pm	NSg	) Patrick was in and out of the office this evening. He sat outside to 'take in the view, anchor his thoughts and replenish his spirits. He told writer he needs a copy of his file ~~and~~ even so he can do some 'annotations'. He is 'not happy with all the legal stuff' they are trying to wrap him in. He returned to his apt where he spent a [illegible] the rest of the evening — Bob (HST)
6/13/03 135 PM NSG		Patrick seen by Dr Banner this pm. See Psychiatrist note this date. ~~Attend [illegible]~~ Dr. Banner ord repeat Lithium level 2° elevated result last bloodraw done 6/10/03. Dr also gave ok for Patrick to have copies of selected cont. [signature]

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name:
MREC #:
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Sex:
Program/Unit:

DOUGHERTY, PATRICK
AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

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SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
	cont.	for being marked down for failing to perform this daily chore. Pat told by writer it was an objective assessment. —— Bob (CHST)
6/6/03	1050 A Nsg	D) Patrick was reviewed by Dr. Baumer & he gave a T.O. for levels next wk. for risperidal & wt. —— [signature]
6/6/03	240 p Nsg	D) Patrick met c̄ writer x 15" this aft. to review his beliefs that garlic would replace his lopid. Writer has spoken c̄ him in the past c̄ little success. Writer provided him 3 resources in writing to review re: the actual efficiency of herbs vs. statins. Pt. will meet c̄ writer next wk. the lifestyle H's as well. —— [signature] RN
6-7-03 NSG	1035 pm	D: Patrick has been friendly, social, & appropriate tonight. He spent some time socializing & watching T.V. in the community day room. No complaints or concerns noted or reported. Cont. to encourage & offer support. [signature]

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

ODOUGHERTY, PATRICK /M
AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
6-8-03 NSG	9⁴⁰ p	D: Patrick has been seen minimally today. He did
		not leave the cond community today & spent
		the day in his apt. He called staff via phone
		complaining of "sore legs". He stated that he
		took a hot bath & his legs were still sore
		& wanted to know if there was anything else
		he could do to alleviate the pain. Staff suggested
		Tylenol, but he was not interested. No
		other complaints or concerns noted or reported.
		[signature] HST
6/9/03	730A	D) Patrick continues to refuse his Lopid.
	NSG	Patrick has been given education on the
RN	Reiv	cholesterol and tx. Patrick reported
		wanting to use garlic for tx. Literature
		provided re: garlic tx and how this
		will not be effective. Pt. reports that
		he will cont. to think about options.
		Lifestyle changes encouraged. Patrick
		denied alteration in elimination.
		↓ 11 lb. wt. ↑ since January. Patrick will
		consider use of statins. He attended 1st

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name: OOOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

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SIDE 2

Date Time Disc	Prob. #	All Progress Notes Must Show Signature and Title
6/3/03 MSG 5:30 am		D: Signed out @ 5:30 am to go on approved pass to St Cloud. Had medimindr & belongings. Sl apprehensive it seemed as stated he hadn't gone on many passes" CPalmitessa LPN
6/3/03 KG 2:30 pm		D: Returned from 1 day pass @ 1:30 pm - bus ride took quite awhile from the greyhound. Client looked good - stated conference went well and he had a good time. He also visited his aunt while in St Cloud. Filled 7 day medimindex took Hs meds except refused Lopid 9th dose. States he doesn't want to take a Cholesterol medication, instead wants to take garlic tabs and watch his diet by limiting fats. Had 1 weeks worth of Lopid in medimindex - Refused to remove meds stating another staff told him to leave them in medimindex. Will pass this info onto day staffs. Pt needs to fill out pass out come on back of pass form. CPalmitessa LPN

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972

#20042 ADM 9-10-02

SIDE 1 (OVER)

Progress Notes DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
6/5/03 1:38 pm		Patrick at unit today. In office requesting his mail. Patrick initiate conversation i primary nurse re: cholesterol and alternative medications. In this case garlic. He informed primary nurse that at Alternative Medication conference he recently attended garlic was recommended for lowering cholesterol Patrick has Rx for lopid which he refuses to use. Primary nurse informed Patrick lopid is more studdie and better documented to ↓ cholesterol levels. She also recommend diet & exercise as also proven to acute ↓ cholesterol level. Patrick disagreed i information then became irate & left office. Agreed to refuse information from primary nurse.
6-5-03 1015pm	NSG	Patrick had minimal contact with staff this afternoon. He later called the office to voice his displeasure

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
5/28/03 10p	NSG	(CONT.) - Pt. refused. Filled medi-minder. K Bean, LPN
5/29/03	SW 1P	assisted Patrick with Lease signing at Wilder Square apart. He can move in effective today. Will further consult Cheryl Hansen at Med Rec. if Samuel requires ADT [illegible] of [illegible] exceeded 7-1-03 [signature]
5-29-03 NSG	10^15 pm	D: Patrick has been seen frequently thru shift in community areas & watching T.V. in community day room. He was polite & social whenever addressed or spoken to. He signed out to "Black bear" @ 7^15 p & returned @ 9^20 pm. No complaints or concerns noted or reported. [signature] HS
5/30/03	NSG 10PM	D) Patrick signed out at 3PM and Returned at 9PM. Patrick is pleasent and social he had a good day. B Smith HS
2:30PM 5-31-03	NSG	D:) Patrict went to the store this AM to get some milk. Patrict has been in his apartment → continued

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name: [illegible] PATRICK
MREC #: #39972
Birthdate:
Sex:
Program/Unit: 9-10-02

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2:30pm 5-31-03	NAG	most of the day. Patick did say he was
		was looking forward to going to a mental Health
		seminar in St Cloud. — Verner Hallman HST
5/31/03	9PM NZ	D) Patrick attempted to speak c writer
		re: ↑ Chol. however he was tangential
		+ unable to remain on topic. Patrick
		engaged in lengthy dialogue re:
		criminal charges. He cont to present
		c "I'm the #1 scholar over there @
		the U". A) chronic sx c disorganization
		of grandiosity P) Cont to work on
		education re: lifestyle Δ's to improve
		health status. [illegible]
6/1/03	Nsg	10 PM Clt returned from afternoon walk @
		5 PM; said he would take his meds when
		he got to his room; he was pleasant +
		appropriate. [signature]
6-2-03 NIG	2:03 pm	D: Patrick went grocery shopping with Mondays grp today
		because of conflicts with his assigned day. He made
		satisfactory food choices + stayed within his budget.
		No complaints or concerns noted or reported. [signature]

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:
Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

DOUGHERTY, PATRICK 1M
AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
5/2/03	cont.	April. Pt. remains overwt. quite a bit. has been reported to have excessive portions @ cooking grp. Patrick has denied alteration in elimination. Clinic has denied outside eye exam r/t financial circumstances, see 5/14/03 note by writer. Pt. attended dental appt. & Dr. may on 5/13/03 & no tx indicated & good oral hygiene noted. Patrick cont. to present as tangential & flight of ideas, the cont. therapy work. Pt. has initiation to NOFM Alumni & had purchased a ticket. Pt. plans to review w/ his public defender as his legal charges & the NOFM remain pending. Pt. obtained a scholarship & awareness program for a seminar in St. Cloud. Pt. reports feeling excited about this opportunity. Patrick cont. to explore assisted w/ his for discharge. A) No A of psychiatric status. Poor health choices. Discharge plans are

DOB 12-11-45
LOCUS ADM 9-10-02

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit:

SIDE 1 (OVER)

DOB 12-11-45

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
5/27/03	cont	legal in nature & financial (P) cont. to
	US	work on management techniques
		of diet, exercise. Cont. to educate
		on med management. Explore after
		care needs. — P Aschweller RN
5/27/03		Patrick signed release & spoke
		with atty William Lubov. He
		advised Patrick to avoid
		functions at U of M until
		charges have been addressed.
		Patrick will call Mr Lubov
		as well and process his thoughts
		also Patrick picked his apartment
		at Wilder Sq. He needs to return
		on 5-29 to pay fees & sign
		lease O/E on or about
		6:00 [signature]
5/28/03		NSG D - pt. c/o pain near (L) elbow -
10p		states he hit it on something.
		Observed no bruises or swelling or
		redness. Offered Tylenol 650 mg (cont

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:
Patient Name: ODOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		Carl. T. Todd [illegible]
5/22/03 10:30 PM	Nsg	did indeed go to movie c̄ two other clients. Patrick reported enjoying movie and his critique and discussion in regards to movie were appropriate. T. Todd
5/23/03	8:15A Nsg	D) Patrick has been ref. lopid. Pt. c/o GI upset. He was given instructions on admin. of lopid + possible consequences of non compliance. Patrick further articulates that he does not believe he needs the medication. Writer placed pt. on clinic board for phone consult c̄ MD. RASchoeller RN
5/23/03 11:15 am	NSG	D - Received call from Dr. Lucas - he recommeded encouraging Patrick to take med. States he does not want med changed - "Leave as is". Will continue to remind Patrick re: importance of keeping cholesterol level ↓ + trying to take med. CKBean, LPN
5/24/03	NSG 2PM	D) Patrick has been down in the office several times today. He

DHS-1035 (6-91)
PZ-1035-05

SIDE 1 (OVER)

Facility Name:
Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

[illegible] /M
AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
CO		chats about everything and staff asked if he was lonely up in his apt, and Pat McD said it gets pretty quiet. Patrick talked to staff + peers for a while before returning to apt. B Smith HS
5/24/03	Nsg 830P	D) Pt went out to coffee shop & ret'd - offers N/c C. Reece RN
5/26/03	Nsg 6Pm	D) Pt has spent d @ CCU either reading newspaper in apt or watching TV in d room. Quiet & offers N/c C Reece RN
5-26-03 NSG	10[20] p	D: Patrick has been seen occasionally today in the community day room watching TV. Appropriate + friendly throughout. No concerns or problems noted or reported. Cont. to encourage + support. [signature] HS
5/27/03 RW	830A review	D) Patrick due ref. his lipid for approx. 2 wks. He reports bl upset & feels he does not need to medicate lipid panel elevation. Pt. educated on risk factors & reasons to consider alternatives. MD notified on 5/23/03 + new Rx ordered. 4 lb. wt. loss since

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name: DOUGHERTY, PATRICK
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Birthdate:
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Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

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SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3-20-03 10 pm	NSG	1) Pat, attended group cooking this afternoon. He helped in meal preparation and dish cleaning. Pat faxed some essays to a friend. He stated that he was doing okay. Pat stayed in the lounge area, and watched tv. —— Bob (11-5-7)
10 PM 5-21-03	NSG	D:) Patrick attended the wrap group this afternoon Patrick told staff he led the group in a "visualization" process. Patrick was proud of it. Patrick filled his medi-minder. Patrick refused to take his lopeid. Patrick did not want to put it in his medi-minder. Patrick said Lopeid gave him an upset stomach. When the nurse suggested taking lopeid with his meal Patrick was surprised by the suggestion, but said he tried it. —— Werner Hallman HST
5/22/03 11:55 am	NSG Back charting for	D- Spoke c Dr. Lucas on 5/2/03 - stated to continue Lopid 600 mg Bid PO for cholesterol level. On 4/23/03 level ↑ at 221. Will continue to remind pt. of the importance of taking med. —CKBerry, LPN

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex: DOB 12-11-46
Program/Unit:

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
5/22/03	SW 4P	Received phone message notifying the hospital unit that Patrick has purchased a ticket to the Univ of Mn Alumni dinner on 5-29-03 Spoke with Patrick - He acknowledged receiving an invitation and he responded - Reminded Patrick that criminal charges remain unresolved - He stated he meant no harm - Doesn't want trouble He will consult his public defender Craig Boone next week to seek direction on level of contact with Colin based on his plans - Patrick frustrated but accepted advice - will consult public defender
5/27/03 10 PM	Nsg	Patrick called office early in shift asking if staff would be going chants a ride to theater this evening as he would like to see a movie Patrick (cont) T. Cobb

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972

#20042 ADM 9-10-02
DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
5/14/03 1255p	WSG	D) Writer spoke c Dawn Chaffee RN @ AMRTC Clinic who indicated that pt. has medicare & that she consulted c Dr. Schi + they want eye appt. postponed. She indicated that the hosp. would be responsible for payment. Writer relieved D Dawn Chaffee pt's. specific circumstances re: unknown discharge plans, extensive length of stay, ect. Pt. is oversocial however SW reports that pt. has = debt to assets. Writer will send pt. to see Dr. Schi if needed. —RN/Writer
5/15/03	NSG 10PM	D) Patrick has been in his apt most of the shift, but he came down at 9:30 PM to watch the eclipse of the moon. No problems expressed or noted. RSmith HST
5/16/03	NSG 2PM	D) Patrick attended morning meeting and cooking group. He spent afternoon in apt. RSmith HST

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
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Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
5-17-03 6³⁰pm	NSG	Pat went out on a pass this morning and returned at about 330pm. He came to the lounge and watched a movie with staff and fellow clients. Pat engaged writer in a conversation and talked on social issues. He displayed a bit of flight of ideas. He was generally polite and expressed his intent to keep publishing some of works. No other concerns reported. — Boh (HST)
5-18-03 246pm	NSG	Pat came to the office and signed out for a pass. He sat and watched a movie with staff and other residents. Pat complained about his fridge not working. Staff did a quick check and found nothing wrong. Pat remains polite and engaging; he spent some time in the lounge watching sports on tv. ——— BOH (HST)
5-19-03 7²⁰pm	NSG	1) Pat was seen today in the office. He cleaned his apartment. Pat turned in three articles he had written about himself. He describes himself as a publisher, a writer, and a critical thinker in the mould of Noam Chomsky. He appeared happy about his works, and excited "about his publishing progress". -Boh (HST)
5/20/03 NSG	7Hoy	Patrick to attend lab this AM for lipid panel. ——— [signature]

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

O'DOUGHERTY, PATRICK /M
AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
5/12/03	Cont.	living for a discharge site however financial barrier cont. A) No significant Δ in status. P) Fin eye & dental appts. Encl. ↑ in daily activity. ~~PRN~~ [illegible]
10:25pm 5-12-03	NSg	D:) Patrick called staff several times this evening about his concerns about the status of his legal issues. Patrick talked about starting to write his book ~~on~~ error ~~politics~~ on an related to Political prisoners in minnesota. Patrick told staff he had a website and when asked Patrick volunteered his website addess. Patrick was proud of his website. alledg he had set up his website around 1998. Patrick had subject matter on the his website relating to political prisoners. Patrick had a picture of himself with a sub-heading "Free the Political Prisoners" and allegedly an FBI number preceded by the words Foreign Born Irish which is an abreviation of FBI. When asked Patrict tried to avoid the question if he was born outside of America, but

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

OLDSHERTY, PA[illegible] Continued

AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB: 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		↓ Continued
10:25pm 5-12-03	NSG	eventually told staff he was born in the USA and what he meant was that he is Irish born outside of Ireland. Patrick continues to call himself Dr. and gave staff cards he printed himself. — [illegible] HST
5/13/03 10:20		Exam (complete) of all teeth. Fillings + crowns noted + charted. No cavities present. Good home care [illegible] DDS
5-13-03 255 pm	NSG	Pat was on time for grocery shopping. pleasant and polite. Stayed within his allocated budget. pat's apt was clean. — Bob (HST)
5-14-03 10,10 am Psychology		(D) He met for psychotherapy today. (A) He reports his mood is good and he is increasing his social activities. He worked on identifying symptoms of mania and that he needs to use others as a sounding board at that period of time. (P) Continue to meet for therapy. [illegible] MSLP

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:
Patient Name:
MREC #: DOUGHERTY, PATRICK /M
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

PRIVATE DATA
Do not release without consent of Data Subject, pursuant to MN stat. 13.46, subd. 2 (a)

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
5/8/03 10[15]	NSG	D-pt. out & about most of day. No change in behavior. Filled medi-minder 5/7/03. KBean, LPN
5/9/03	930A NSG	D) Patrick's dental referral request was again emailed to clinic to request appointment. RASchweller RN
5-9-03 NSG	2[15] pm	D: Patrick attended morning mtg. today per program. Polite, friendly & participative throughout. Dressed appropriate to place & time. No complaints or concerns noted or reported. [illegible]
5/10/03	555P NSG	D) Patrick indicates visual difficulty. He indicates a difficulty reading & seeing well @ distances c current Rx. Pt. reports last exam "maybe 4 yrs. ago". Writer will complete phone consult c MD on 5/12/03. RASchweller RN
5/11/03 3PM	NSG	Patrick spent day at unit. Writing letters. Voiced ∅ c/o. Made polite conversation c staff. In apt most of day. - [illegible]
5/12/03	10[10] A NSG	D) Writer reviewed Patrick's c/o vision c Dr. Settle & emailed Shirley [illegible] LPN & Dawn [illegible]

DHS-1035 (6-91)
PZ-1035-05

SIDE 1 (OVER)

Facility Name:
Patient Name: [illegible] PATRICK
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-45

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
5/1?/03	cont	to schedule all appt. → RASchoeller RN
	ASG	
5/12/03	1045 A	D) Patrick was referred for eye exam &
RN	Review	appt pending. Dental referral communicated
		X3 to clinic for exam, appt. pending.
		Patrick has denied alteration in elimination.
		Repeat lipid panel to be done on 5/20/03.
		No reports of integumentary, musculoskeletal,
		GI, neurological or resp. status Δ.
		April BP NL. No med Δ or Dx Δ the
		past 2 wks. Pt. remains on level III meds
		s̄ evidence of non-compliance. Pt. remains
		tangential @ times. He cont. to convey
		disorganized thought processes, pt. noted
		@ baseline on 4/20/03 by Dr. Baumek. No
		known chemical use. No known vulnerability
		change. Patrick is indep. c̄ cleaning, cooking,
		food storage. He is able to utilize public
		transportation. Prompts for hygiene sporadically
		needed. Patrick seeks out leisure activities
		in the community. Pt. cont. to explore assisted

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 2

PRIVATE DATA
Do not release ... of Data Subject, per ... Stat. 13.46, subd. 2(a)

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		staff that he is planning to go to a wellness conference in St. Cloud. — Verner Hultman HST
5/4/03 3pm	NSG	D - oct + about most of day. watched movie c staff + PEERS. Continues to discuss his writing + workshops. — KBeanlea RN
5-5-03 2:20pm	NSG	D: Pt. Came to the office this afternoon and picked up his mail. Enquired about a fax from new York from one of his publishers. Pt. informed there wasn't any, and advised to check back later. Pt. was pleasand and friendly. — Bob (HST)
5/5/03	SW 9AM	Patrick showed me a letter from Consumer Survivor Network awarding him a full scholarship to Wellness Conference in St. Cloud in June. He was very pleased to be recognized in this manner — Patrick will request a pass for the overnight he will be gone —
5/5/03 11Pm	Kg	Patrick seen in day room in afternoon approx 4-4:30 pm. Polite & appropriate when spoken to. In apartment later afternoon & evening — T Kelly

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

ROBERT J. PATRICK JR

AMRTC BHIS #39972

#20042 ADM 9-10-02

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
5/6/03 11:30 Am	NBG	Patrick away from unit part of thrift. Attended cooking group upon return. Social i others in group. Ate meal and cleaned dishes he used. Varied q c/o. Spent rest of evening in apt. — Tracy Tooley
5-7-03 10:00 am Psychology		(D) He met for psychotherapy today. (A) He reported his mood has been good and he has been ingoing his socializing and getting to a writers group and a lecture Thu past week. He is anxious for discharge but weighed to benefits of structure in his life and having professionals that can offer support as needed. He also reported positive contact with his mother and plans to see her in the future. (P) Continues to offer supportive therapy. — Jerry Lidey MSW
~~5-7-03~~ error 2:30 PM	~~NBG~~	
5-7-03	NBG	(D) Patrick went to AMRTC for a therapy appointment. Patrick was pleasant and cooperative today. Patrick talked with staff. Patrick was unable to stick with any one subject. — Theresa Kuttner HST

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 2

DISCHARGE AND AFTERCARE CHECKLIST

Discharge need	Action needed ?	Person responsible/target date
Housing Needs Referrals completed: Applications: Identification: ☐driver's license ☐State ID ☐birth certificate ☐Soc. Security card. Other:	☐No Intensive team referral ☑Continue to assess ☐Yes: Safe Alt Bill pending on hold- DR	George -
Transition Needs:	☐No ☒Continue to assess ☐Yes:	DR
Finances (income & insurance) ☐SSI ☐SSDI ☐GA ☐Veteran benefits ☐GAMC/MA ☐Paycheck ☐Private Insurance	☐No will need MA-EPD Lynn George ☒Continue to assess ☐Yes: ↑ SSI in order to afford meds confirm payee	Lynn
Psychiatric/medication follow-up ☒verified can return to previous dr.	☐No ☐Continue to assess ☐Yes:	Lynn
Mental Health Aftercare (day tx. therapy, CSP, Intensive case management or adjunct support services etc)	☐No SEED program ☐Continue to assess ☐Yes: Writing group @ Black Bear CSP volunteer Rehab services	Diane/Patrich Patrich
Vocational/Educational	☐No ☒Continue to assess ☐Yes:	George
Legal Status:	☐No Dr. Ryan to complete report for ☒Continue to assess competency hearing to be ☐Yes: scheduled around 9-03	
Relapse Plan/ Crisis Supports Relapse Plan Developed? ☒yes ☐no Relapse Plan reviewed/updated between passes? ☐ yes ☐no	☐No ☐Continue to assess ☐Yes: on file	
Medical Needs	☐No ☒Continue to assess eye exam ☐Yes: + dental f/up	Nursing

Client Comments and Signature:

Case management/family Comments and Signatures:

Date of next Discharge Planning Meeting: 6-4-03 @ 1PM

AMRTC Social Worker: _____ Date: 5-1-03

Original: medical record (progress notes) copy: county case management; client

ALASKA METRO REGIONAL TREATMENT CENTER

SOCIAL SERVICE
DISCHARGE PLANNING MEETING

PATIENT: Patrick ODougherty
DATE OF DISCHARGE PLANNING MEETING: 5-7-03

ATTENDANCE: (client, members of AMRTC treatment team, county case manager/community supports, family)
Patrick George Loper CCM Billie Belisle Safe Alt. Lynn Wright SW Tim Todd LPN

I. INDIVIDUAL TREATMENT PLAN:
ITP reviewed ☐ yes ☒ no

II. PASS PLANNING RECOMMENDATIONS (input from team, county, family/support network, client)
Criteria for passes (include discussion of initial notification to county/family)
no passes requested

Will county case manager/team visit client during passes? ☐ yes ☐ no
If yes, identify process for notifying client's county team of planned passes:

III. DISCHARGE AND AFTERCARE RECOMMENDATIONS: (reflect input from inpatient team, county, family/support network, client.)
Recommended level of care upon discharge , with supporting data. Identify any specific facilities.

☒ Independent living (alone or with family/friend) Wilder Square
☐ Supported Housing /Apt. Training Program/Shared Housing
☐ Rule 36
☐ Inpatient or Residential Chemical Dependency
☐ Sober House
☐ Corporate Foster home
☐ Private Foster Home
☐ Nursing Home
☐ Assisted Living
☐ Board and Lodge
☐ Other : specify

Recommended aftercare services: Check all that apply ☒ Psychiatric aftercare ☒ Continued Case Management ☐ Intensive Case Management ☐ Day treatment (mental health) ☐ Outpt. Eating Dx. Treament ☐ Outpt. Chemical Dependency Treatment ☐ Outpatient DBT ☒ Medication monitoring ☐ Home health care ☒ Financial services (rep. Payee/ money management etc); ☒ Vocational/educational services ☒ Medical ☐ Other
Payee requested.

Recommendation for provisional or direct discharge, with supporting data:
Provisional - exps. 2-19-04

Anticipated length of stay: (address any Utilization Management issues)
1-2 months

IV. FAMILY & SOCIAL SUPPORT SYSTEM INVOLVEMENT:
Client's identified support system:
Release of information signed ☒ yes ☐ no cousin - atty release of info on file
Comments:

IV. REASSESSMENT AND INTERVENTIONS
Based on the above information, are modifications or additions recommended for treatment or discharge planning?
☐ Yes Describe:
☐ No still waiting for payee approval

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		cont. T. Reilly
3/1/03 6[15] PM	N&G	away from him. Patrick appeared to enjoy being center of attention. Patrick's basic living skills were not questioned. Only concern & this at ot is occasional need- ers to complete daily cleaning which he usually does 5 c/o. Attends cooking group at mnst 2x week when he can. He has keenjoyed cooking group. Is active in local writers group at local coffee shop and does volunteer work for Consumer Services Network. To be ~~offered~~ referred to SCEP program & unit cost assists. States he is somewhat familiar & program and would be interested in exploring the program further. Patrick's participation in these programs, groups & volunteer work assessed as opportunities for socializing & others. As far as vocational referral the team at meeting assessed Patrick as needing to have a job & meet criteria for MRPD ~~PROGRAM~~ to enable him to afford medications cont. TR

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	cont. T. [illegible] All Progress Notes Must Show Signature and Title
5/1/03 6:15 PM	[illegible]	Patrick expressed that he was open to most types of employment. George, Billie & [illegible] agree part-time employment would probably be the best fit for Patrick. Patrick continues to work on paying substantial amount of debt to various creditors. Has been in contact c̄ agency to assist c̄ credit problems but has decided to deal c̄ debts himself. George-CCM will attempt to engage Patrick c̄ debt counseling again. Patrick has been tentatively accepted for a one BR apt at Walden Square. This despite past credit & [illegible] rental problems. Plan is for intensive team intervention & medication monitoring. Patrick continues to be evaluated for psychological competency in regards to Rule 20 and hearing is set for Sept/Oct. — [signature]
1:20 PM 5-3-03	[illegible]	D:) Patrick signed out to go to Black Bear Crossing coffee house for a writers club. Patrick told

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: ... HERT... PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 APM 9-10-02
DOB 12-11-48

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4-30-03 10:15am Psychology	(D)	Hermit for Psychotherapy Today. (A) He reported his mood is good and that he has become more socially active. He obtained the section in the St Paul Pioneer Press that lists activities in the city and he will try to check out a couple activities that will be socially reinforcing. We talked about a friendship that may be strained because he borrowed advice about money and he worked on skills to use in healing the relationship. He reported he often retires to early in the evening and that his sleep is affected and he is then groggy during the day. We was encouraged to try to structure a few more things into his evening so his sleep rhythm gets more balanced and he may be more awake during the day. (P) Next week he will report on things he has done to increase social contacts. Terry Ryder MS. L.P.

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

[illegible] /M

AMRTC BHIS #39972

#20042 ADM 9-10-02

SIDE 1 (OVER)

Progress Notes DOB 12-11-45

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1:45PM 4-30-03	Nsg	D:) Patrick went to AMRTC to see his therapist this AM. Patrick continues to talk about writing a book about Minnesota authors that have been silenced by the government. Patricks idea is based on a book he has titled "Dangerous Doses? A secret war against americas greatest authors." Patrick maintains there is a secret plan by the U.S. government to silence certain writers, also Patrick maintains treatment centers are one way authors are silenced. Patrick is getting mail addressing Patrick as a PHD. — [signature] HST
5/1/03	SW 18	D/C Planning meeting See separate this section [signature]
5/1/03 6¹⁵Pm	Nsg	Discharge planning meeting at unit this afternoon. Attended by Patrick, George Lopez - CCM, Billie Bubble - Safe Alternatives, Lynn W - SW/AMRTC and writer. When writer entered SW office Patrick presented sitting in an office chair, leaning back ē hands clasped across abdomen and legs extended (cont) [signature]

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: O'DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #99972
#20042 ADM 9-10-02
DOB 12-14-46

PRIVATE DATA
Do not release without consent of Data Subject, pursuant to MN stat. 13.46, subd. 2 (a)

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4/29/03	cont. nbg.	Patrick is on level IV meds as of 4/15/03 & @ overt evidence of non compliance Patrick continues to have multiple obstacles to discharge such as UDs, Patrick will cont. with therapy. No known harassing calls, letters, emails or faxes. Pt. obtains little socialization. He has some community contacts and little to no family contact. He will to express interest in writing and looks to attending workshops. Patrick was seen by Dr. Bauriedel on 4/30/03 & he noted term @ baseline & speech disorganization. Patrick attends an over 40 hrs. connected the Basilica. He will to ruminate on a sporadic basis about role 20.02 status. Pt. attends programming on the unit. A) Pt. is negotiating his community involvement. P) Cont. to explore discharge options. Eye. diet modification & activity level. — Rose Wellenstein

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4/25/03 2pm	NSG	D- pt. attended AM mtg. & participated in cooking group. Pt. rather quiet but appropriate Will cont. to monitor behavior. — dBean, LPN
4/26/03 10 a.m.	NSG	Patrick went out for a walk and returned at about 8:30 pm. No concerns. Steve - HST.
4/27/03 10:35	NSG	Patrick did his menu planner and took his meds. No apparent health concerns. - Steve K-HST
2:10PM 4-28-03	NSG	D:) Patrick has been spending most of his time in his apartment. When staff went to his apartment for apartment checks Patrick was in the livingroom listening to radio. — Patrick Started talking to staff as they were ready to leave about a book he had about a government conspiracy to silence writers. Patrick started talking as if staff knew something about what he was talking about. — Verner Kuttman HST
4/21/03	WSG	D) Patrick is in need of dental exam & referral was faxed on 4/15/03. Patricks lipid panel was elevated 3 rapid initiated Dietet alteration in eliminations K LM

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4-21-03	PSY	(cont.) in early Sept., but encouraged him not to ruminate about legal issues & discussed long range plans even if he never obtains competency. Pt. appeared calmer after discussion & stated that he doesn't believe he could handle the pressure of the trial process. K. Ryan, Psy.D., LP
4/21/03	10/OP NSG	D: Pt presented himself in the office for mailing letters. Pt spoke to staff briefly about his book he is publishing. Writer could not decipher information Pt was talking about. Pt offers no complaints @ this time. [illegible]
4/22/03 NSG	23 Pm	D: Patient went to Quest Diagnostics to draw labs this AM. He was cooperative & appropriate throughout. Dressed & acting accordingly to place & visit. No problems or complaints given or noted. [illegible]
4/22/03	SW	Received final amount Patrick owes to Riverside Plaza - although Patrick disagrees with the amount $1729.00 he has been encouraged by family to pay it. Per Patrick's request sent copy of bill to [illegible]

DHS-1035 (6-91)
PZ-1035-05

Facility Name: O'DOHERTY, PATRICK /M

Patient Name:
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex: DOB 12-11-46
Program/Unit:

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4/22/03	SW cont	his cousin/attorney for further review. Patrick will then ~~get~~ make arrangements to settle the bill. Still awaiting word from social security re: payee request. [signature] ASW
4/23/03 9A	D)	Dr. [illegible] called & reported elevated
	NSS	lipid panel. He gave T.O. for lipid lowering PO BID x 1 mo. + re-check fasting lipid panel. — [signature]
9:30PM 4-23-03	NSG	D:) Patrick went grocery shopping this evening with staff and peers. Patrick bought appropriate foods with purchases under the $35.- limit. Patrick filled his level 4 medi minder this evening. Patrick has been pleasant and cooperative. — Verner Hultman HST
10:25PM 4-~~23~~ 24-03	NSG	D:) Patrick has been off the camp unit most of the evening and returned around 10:00pm. Patrick said he had bed at a "crossroads meeting" this evening. Patrick said crossroads is an over-forty group connected with the Basilica.
		Verner Hultman HST

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:
Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

[illegible] RICK /M
AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-41

DATE: 4/20/03 TIME: 0800

REASON FOR ENCOUNTER (INCLUDE PATIENT'S CHIEF COMPLAINT, IF ANY); HISTORY OF ILLNESS FROM PREVIOUS ENCOUNTER TO PRESENT; AND REVIEW OF PSYCHIATRIC SYSTEM:

53 yo WSM c̄ 30 year hx of psychotic illness admitted 9/10/02 Harris Cty via [illegible] [illegible] making terroristic threats / harassment against professor of U of M & the Harris medical system c̄ [illegible] [illegible] He was professor at U of M. Has prominent family c̄ father a medical professional & his siblings all do well — [illegible] [illegible] in family. He is college graduate & claims advanced degrees

COUNSELING/COORDINATION OF CARE AND/OR OTHER INFORMATION:

& PhD in intelligence" — He has no Axis III issues. Was transf to [illegible] unit 1-07-03. His [illegible] was removed. His [illegible] WNL. His vitals all WNL c̄ BP 120/70 & pulse 70 Mantoux ⊖

He recognized undersigned from a previous contact

RESPONSE TO AND COMPLICATIONS OF CURRENT MEDICATIONS: Harassment behavior and terroristic threats subside. Underlying paranoid ideation & cognitive deficits remain as does insight impairment

If you ask, we will give you this information in another form, such as Braille, large print or audiotape

DHS-1035C (1-98)

SIDE 1 (OVER)

Facility Name:
Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

Pat O'Dougherty

Physician's Progress Notes Psychiatry

EXAMINATION (Check appropriate blank and comment below regarding significant findings):

	WNL	ABNORMAL		WNL	ABNORMAL
General appearance	✓		Judgment and insight	Partial	✓
Muscle strength and tone Gait and station	✓		Attention span Concentration	✓	
Speech	Disorganized	✓	Orientation	✓	
Thought processes	Disorganized	✓	Recent and remote memory	✓	
Associations/psychosis	Disorganized	✓	Fund of knowledge	✓	
Suicidal/homicidal ideation	✓		Mood and affect	✓	

His plans are to live on Wilder High Rise / Safe House. He has seen Dr Fred Heller past but he is returning same to and need new MD - his ? ? [illegible] 1605 Kellogg -

ASSESSMENT OF CURRENT STATUS: Pt Schizo at Baseline ē moderate speech disorganization.

DIAGNOSIS: Pt Schizophrenia 295.32

PLAN: ① Continue Antipsychotic meds.
② S.W. to work ē Hule CM services for placement
③ Cont. Staff to Assist ē living Skill Competency.
Current meds Risperdal 4 mg hs Wellbutrin ?

UNIT/FLOOR TIME: 30 min. OVER 50% COUNSELING/COORDINATION OF CARE ✓ YES ___ NO

SIGNATURE: [signature]

PRINT NAME: [handwritten name]

DHS-1035C (1-98)

SIDE 2

PZ-82350-01(4/01)

Facility Name:

Patient Name: Pat O'Donaghey
MREC #:
Birthdate:
Sex:
Program/Unit:

Physician's Progress Notes

Psychiatry

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4-17-03	Psy 1405	cont. Pt. conts. to exhibit tangential thinking @ times
		but is redirectable. An atty. c̄ some knowledge of the pt.
		likely could work c̄ pt. adequately & help him stay on
		task; however, the pt. has never spoken c̄ his atty.
		Writer will meet c̄ pt. next wk. to conduct a
		mock trial & help the pt. practice his statements
		& deal c̄ questions he may be asked by the judge. - K. Ryan, Psy.D. LP
4/17/03	NSG 10P	D) Pt went on ST d pass p̄ seeing psychologist & ret'd to
		Como - has been quiet & offering N/C Checcerak
4/18/03 NSG	1035 pm	D: Patrick has been seen a few times this shift for
		medications & to sign out. He signed off of the
		unit X 2 today & returned accordingly. Polite
		& social whenever seen or spoken to. No problems
		or concerns noted or reported. [signature]
4-19-03 850pm	NSG	pt. returned from his pass this evening at about
		830 pm. pt. was soaking wet. He presented the
		writer with some articles he had written on Cuba and
		the legal system. Patrick is concerned about his
		next court appearance. He is frustrated with his inability
		to get in touch with his lawyer prior to the hearing.

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

... PATRICK /M
AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4-19-03 8:50 pm	Cont.	Pt. states he needs some kind of support from the staff. writer advised him to direct his concerns to the social worker or his case manager. ——— Bob (HST)
2:00 pm 4-20-03	Nsg	Patrick went out with his sister this AM to the cathedral and a lunch afterwards. Patrick and his sister returned around 12 noon and Patrick showed his sister his apartment. Since around 1:45 Patrick has been watching golf on TV in the community room. ——— Verner Kullman / HST
4-20-03 9:50 pm	Nsg	D) Patrick participated in the group dinner. He was pleasant. He also talked about his pending court. Patrick spent time in the lounge watching tv. - Bob (HST)
4-21-03	Psy 1450	Rule 20.5, Consultation: Met c pt. x 45 min to discuss competency issues; pt.'s inability to stay on topic when under stress & pondering return to Court. Pt. currently is unable to return to Court, he cannot stay organized cognitively to focus on relevant info. & refrain fr. making superfluous comments. Writer discussed c pt. plan for seeing him again when next Court report is due (cont)

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

DOUGHERTY, PATRICK /M
PRIVATE DATA
AMRTC HIS# 39912
Do not release w/o consent
or Data Subject Pursuant to MN
Stat. 13.46, Subd. 4
2004 APR 9 10-02
DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4/16/03 10 15a Psychology		(D) He met for psychotherapy today. (A) He reported his mood is good and that he had a good week. He worked on trying to heal some problems he has had with family members especially one brother & sister. He is going to talk to sibling he does have a relationship with and see if they can help other sibling to be more accepting of his mental illness. (P) Met with him next week. Tony Dew, M.S., L.P.
4/16/03	730p NSG	D: Pt noted to go grocery shopping c Box HST. NO problems noted. Pt has reported for filling his medication minder c Cindy LVN. Pt has NO complaints @ this time. Brandt RN
4-17-03	PSYCH 1600	Rule 20,5, Consultation: Met c pt x 80 min. to update le mo. competency eval per order of Hcty. Cty. Court. Pt. continues to be cooperative, alert, oriented & appears to have maintained psychiatric baseline. Mood ranged fr. euthymic to bright c congruent affect. Pt. has good understanding of legal system & is cooperative & able to asst. in his defense. He understands his plea options & potential sentences if found guilty. (cont.) HM

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

[illegible] PATRICK

AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB: 12-11-45

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4/15/03	cont.	compliant. Patrick has moved to a single
	11sg.	apt. We frequently review need for refraining from giving out unwanted communication via phone, fax or email. Pt. agrees however he has several exceptions. He has cont. to call c some tangential topics that are difficult to follow. Affect has been mildly restricted. He cont. w/ therapy @ AMRTC. Pt. reported that he was last a DDS approx. 1 yr. ago. Writer contacted dental coordinator and referral sent up, Dawn Chaffee agreed to schedule an appointment. Confirms c community DDS that pt. remains c an active file. Pt. has debt + is working on resolution + housing issues A) Cont. c discharge barriers of housing, debt and med compliance. Level IV made but Haldol to explore his skills in this area. P) Cont. Dc planning, monitor behaviors. -PASchweller

DHS-1035 (6-91)
PZ-1035-05

Facility Name: DOUGHERTY, PATRICK /M

Patient Name:
MREC #: AMRTC BHIS #39972
Birthdate:
Sex:
Program/Unit: #20042 ADM 9-10-02
DOB 12-11-46

SIDE 2

Patient Name: Patrick O'Dougherty **BHIS:** 39972

Axis V. Current GAF -- 30
Past Year GAF –

STRENGTHS
1. Highly educated.
2. Gentlemen with good communication skills.
3. Positive attitude about self-improvement and takes medications.
4. Good physical health.

WEAKNESS
1. Legal problems.
2. Poor insight into the delusional thoughts.

TREATMENT AND MANAGEMENT PLAN
1. Psychological assessment for appropriate group therapy referral.
2. Continue psychotropic medication treatment and adjustment.
3. Assessment of chemical dependency potential.
4. Follow up on legal problems.

Richard P. Tuhy, MS3
Medical Student

9/16/02
Date

Hien Dam, MD
Hien Dam, M.D.
Staff Psychiatrist /dkc

9-16-02
Date

Date Dictated: 09/12/2002
Date Received: 09/16/2002
Date Typed: 09/16/2002
Date Printed: 09/16/2002

STATE OPERATED SERVICES
Bio-psycho-social assessment component

PSYCHIATRIC ASSESSMENT

IDENTIFICATION DATA

Patient Name: PATRICK O'DOUGHERTY BHIS #: 39972

Date of assessment: 9-10-02 Time of assessment: 3:15 pm, 1.5 HRS interview two, 45 minutes reviewing records + compiling report

Gender ☑ M ☐ F Age: 55

Marital status: Single
Education: PhD. History
Occupation: professor, college

Race: Caucasian
Religion: Roman Catholic

Referral source: Home and courtpapers, patient himself who was unhabitable.
Advanced Directive status: yes - living will
Substitute decision maker:
Court authorized medication status: ~~pending~~ NO

1.COMPLAINT/PRESENT ILLNESS

Chief complaint: I'm here bc I harassed some people, & courts sent me here.

History of present illness: Brought here from Home after threatening letters and phonecalls to colleagues at U of M, police, and Judges, including bizarre accusations of elaborate conspiracies

2. HARM POTENTIAL/ALCOHOL/DRUGS

HARM POTENTIAL

Ever thought about suicide ☐ Yes ☑ Denies
Circumstances:

When was the last time:

History of suicide attempts ☐ Yes ☑ Denies
When and how:

Current self harm potential
☐ Current suicidal thoughts
☐ Current suicidal command hallucinations

Current harm to others potential
☐ Expresses concern about hurting others
☐ Current homicidal thoughts

Explain: Denies

ALCOHOL/SUBSTANCE USE

Average number of drinks per day: Denies Explain

Has patient ever felt or been told that he/she is drinking too much: ☐ Yes ☑ Denies

When and how:

History of Blackouts, Delirium Tremors, Seizures: ☐ Yes ☑ Denies

Explain:

Ever used drugs of abuse: Denies Explain:

Last time patient took drugs: Denies

Drugs of abuse

☐ Marijuana ☐ Cocaine/crack ☐ Amphetamines/stimulants ☑ Denies
☐ Heroin/opiates ☐ PCP ☐ LSD/hallucinogens
☐ Barbiturates/sedatives ☐ Other street drugs ☐ Prescription drugs

Explain: Vitamins

3. PSYCHIATRIC/FAMILY HISTORY

Past Psychiatric History: Bipolar schizophrenia 1996 hypochondriasis, defensive MMPI not outside 20's. Risperdal thorazine

Childhood developmental/psychiatric problems: Denies Started 19th. August

History of physical, emotional or sexual abuse: Denies

controlled delusional thinking. Ativan prolixin → TD Haldol → gagging. Cogentin

Family structure

Mother's age	82	Mother's occupation	Social worker, retired
Father's age		Father's occupation	Deceased

Parents marital status ☑ married ☐ divorced ☐ never married ☑ widowed ☐ father re- married
☑ mother re-married ☐ separated ☐ unknown

Comments:

Sibling 1 Bro Mike 54 ☑ biological ☐ step ☐ adoptive ☐ alive ☐ deceased How related
☑ half

Sibling 2 Sister Margaret 52 ☑ biological ☐ step ☐ adoptive ☐ alive ☐ deceased How related
☐ half

Sibling 3 sis Marianne 49 ☑ biological ☐ step ☐ adoptive ☐ alive ☐ deceased How related
☐ half

Sibling 4 sis Maureen 48 ☑ biological ☐ step ☐ adoptive ☐ alive ☐ deceased How related
☐ half

One of best tax preparers. made family tons of money. Kennedy high prominent friends, Ralph Nader.

Family history of psychiatric problems, suicide/attempts, drug abuse/alcoholism, psychiatric medications

☐ Mother ☐ Father ☑ Denies
☐ Brother(s) ☐ Sister(s)
☐ Grandparent(s), uncle(s), aunt(s) ☐ Children pat. Aunt w/ MR

Explain:

Legal history: H/o repeated harassments towards depts at U of MN beginning in 1989.

Military history: ROTC in college

Social history: 0 children, 0 married. lived in 3 bedroom apt in St. Paul + 2 other student roommates.

4. MEDICAL HISTORY

Sleep difficulties

☐ Difficulty falling asleep
☐ Tired upon waking
☐ Bad dreams
☐ Wets bed
☑ Snores heavily
☐ Falls asleep during strong emotions
☐ Difficulty falling back to sleep
☐ Early morning awakening
☐ Walks in sleep
☐ Stops breathing during sleep
☐ Other
☐ Denies problems

Comments : A little sleep apnea

Smokes ☐ Yes ☑ No **Packs per day** Several yrs as teen

Other uses of tobacco No

Number of cups of coffee, tea and cola per day 3-4 coffee, 1 cola.

Allergies: Haldol - gagging

Health problems (including surgeries and traumatic brain injuries): tonsillectomy as child. pneumonia in

Sexual history: straight, celebrate.

Current medications: Risperidol 3mg. Ativan, Haldol? from 2-3 several days ago.

Medication history: Risperidol, Thorazine, ativan, prolixin, Haldol, cogentin

5.MENTAL STATUS EXAM

General appearance

- ☐ Over weight
- ☐ Older than age
- ☐ Under weight
- ☐ Younger than age
- ☑ Normal weight
- ☑ Age appropriate

Comments:

Attitude during interview

- ☐ Indifferent
- ☐ Passive
- ☐ Dependent
- ☐ Aggressive
- ☐ Hostile
- ☐ LaBelle indifference
- ☐ Suspicious
- ☐ Manipulative
- ☐ Anti-authority
- ☑ Dramatic
- ☐ Change during course of interview
- ☐ Normal

Comments:

Dress and personal habits

- ☐ Poor personal hygiene
- ☑ Appropriately groomed
- ☐ Bizarre or unusual appearance
- ☐ Under the influence of alcohol and drugs

Comments:

Motor Behavior

- ☐ Increased amount
- ☐ Decreased amount
- ☐ Pacing
- ☐ Hand wringing
- ☐ Posturing
- ☐ Unusual motor behavior
- ☐ Compulsive acts
- ☐ Mannerisms
- ☑ Normal

Comments:

Speech

- ☐ Increase Speech Latency
- ☐ Monotone speech
- ☑ Excessive verbalization
- ☐ Normal
- ☐ Voice loud

Comments:

Facial expression

- ☐ Sad
- ☐ Angry
- ☐ Elated
- ☐ Expressionless
- ☑ Anxious
- ☐ Appropriate
- ☑ Stares into space
- ☐ Avoids direct eye contact

Comments:

Affective states

- ☐ Inappropriate
- ☐ Blunted
- ☐ Labile
- ☐ Ambivalent
- ☐ Fearful
- ☑ Euthymic

Comments:

Mood

- ☐ Apathetic
- ☐ Depressed
- ☐ Anxious
- ☑ Elevated
- ☐ Labile
- ☐ Normal

Comments:

Thought processes

- ☐ Perseverations
- ☐ Fragmentation
- ☑ Tangentiality
- ☑ Blocking
- ☐ Neologisms
- ☐ Confabulations
- ☐ Clang associations
- ☐ Circumstantiality
- ☑ Loose associations
- ☑ Flight of ideas
- ☐ Autistic thinking
- ☐ Normal

Comments:

Disorders of perception

- ☐ Illusions
- ☐ Hypnopompic
- ☐ Hallucination - tactile
- ☐ Hypnagogic
- ☐ Déjà vu
- ☑ Denies
- ☐ Hallucination - auditory
- ☐ Hallucination – visual
- ☐ Hallucination - gustatory
- ☐ Hallucination - olfactory

Comments:

Thought content

- ☐ Obsessions
- ☐ Ruminations
- ☐ Doubting and indecision
- ☐ Phobic thoughts
- ☐ Compulsions
- ☐ Isolation
- ☐ Self-criticism
- ☐ Thoughts of unreality
- ☐ Depersonalization
- ☐ Somatic preoccupation
- ☐ Unworthiness
- ☐ Helplessness
- ☑ Paranoid ideation
- ☐ Hyper religiosity
- ☐ Hopelessness
- ☐ Normal

Delusions

- ☑ Persecutory
- ☐ Jealousy
- ☐ Sin or guilt
- ☑ Grandiose
- ☐ Religious
- ☐ Somatize
- ☐ Ideas of reference
- ☐ Being controlled
- ☐ Mind reading
- ☐ Thought broadcasting
- ☐ Thought insertion

Suicidal ideation ☐ Ideation ☐ Intent ☐ Plan

Homicidal ideation ☐ Ideation ☐ Intent ☐ Plan

Comments: Denies

Physiological parameters of psychological significance

☐ Conversion symptoms ☐ Somatization ☐ Other
☐ None ☑ Hypochondriasis
Comments: H/O hypochondriasis per patient

Somatic complaints

6.7 lbs JHW

☐ Diarrhea ☐ Emesis ☑ Weight gain
☐ Allergic symptom ☐ Enuresis ☐ Decreased sexual interest
☐ Pain ☐ Loss of appetite ☐ Increased sexual interest
☐ Constipation ☐ Weight loss ☐ Impotence
☐ Hypersomnia ☐ Early morning awakening ☐ Insomnia
☐ Repetitive or disturbing dreams ☐ None

Comments:

Alertness and level on consciousness (* alternative for cognitive exam is to use MMSE)

☐ Clouding ☐ Somnolence ☐ Stupor
☐ Lethargy ☑ Alert ☐ Fugue state

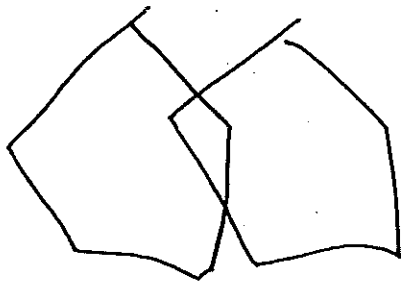
Orientation

☑ Time ☑ Place ☑ Person ☑ Situation

Memory

OK all.

☐ Remote memory ☐ Recent past memory
☐ Recent memory ☐ Immediate retention and recall



Concentration

☑ Serial 7s ☐ Serial 3s ☐ Unable to do -2

Abstract thinking

☑ Able to abstract similarities ☐ Unable to abstract similarities

Fund of information and intelligence

☐ Below average ☐ Average ☑ Above average

Comment on how intelligence was estimated: going on history

Judgment

☑ Social judgment ☐ Employment judgement ☐ Family judgement ☐ Future Plans

Insight

☐ Recognition that one is ill
☐ Recognition one's contribution to the illness
☐ None
☐ Recognition need for help
☑ Limited recognition hypochondriasis, manic

Comments: Conf, grief, relocation, state fair
limited insight, not delusional

6.MINI MENTAL STATUS EXAM

ORIENTATION

What is the (year-1) (season-1) (date-1) (day-1) (month-1)? (Maximum 5 points.) 5
Where are we (state-1) (county-1) (city-1) (hospital/clinic-1) (floor-1)? (5 points.) 5

REGISTRATION

Have patient repeat three words after you have said them. Examiner says, Tony, purple, 128 (1 second to say each). Give 1 point for each word repeated correctly. (3 points) 3
Then repeat the words until patient learns all three. Count trials and record. ____

ATTENTION AND CALCULATION

Serial 7s (begin at 100 and subtract backwards by 7). Stop after 5 answers. One point for each correct (5 points) 3
Alternatively, spell, "earth" backwards. The score is the number of letters in correct order. ____

RECALL

Ask for the 3 objects repeated above. One point for each correct. (3 points) 3

Close your eyes

LANGUAGE

Name a pencil and a watch. (2 points)	2
Repeat "No, ifs, ands, or buts." (1 point)	1
Follow a 3-stage command: "Take a paper in your right hand, fold it in half using both hands, and put it on the floor". (3 points)	
Read and obey the following: "Close your eyes" (1 point)	3
Write a sentence. (1 point)	1
Copy design (1 point)	1
Total score	28

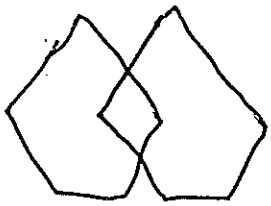
LEVEL OF CONSCIOUSNESS

☑ Alert ☐ Drowsy ☐ Stupor ☐ Comatos

Comments:

BIOPSYCHOSOCIAL FORMULATION

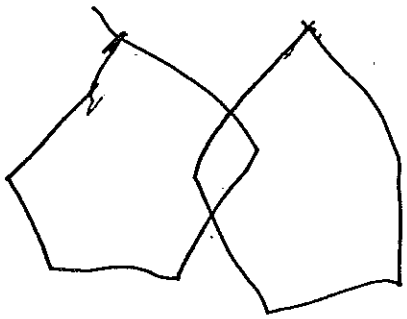
was 55 yo caucasian ♂ Here under Rule 20.01



DIFFERENTIAL IMPRESSION

Axis I Schizophrenia, paranoid type

Axis II Deferred.



Axis III None

Axis IV legal problems, lack of social support housing problem after DC

Axis V Current GAF = 30

TONY LIKES PURPLE PEOPLE EATER LIKING DRINKING.

STRENGTHS AND PROBLEMS

Strengths:- highly educated gentleman with good communication skills
- ~~motivated to get into Affective Disorders.~~
- positive attitude about self improvement and takes medications
- good physical health

weaknesses - Legal problems
- poor insight into Delusional thought

TREATMENT AND MANAGEMENT PLAN

(1) psychological assessment for appropriate group therapy referral
(2) Continue psychotropic medication treatment and adjustment
(3) Assessment of CD potential
(4) F/U on legal problems

Name of Preparer: Richard Tuohy ms3

Signature Richard Tuohy Date 9/10/02

Hien Dam, MD 9-10-02

SOCIAL SERVICES ASSESSMENT

ODOUGHERTY, PATRICK /M
AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-45

1. REASON FOR ADMISSION

Patient name: Patrick O'Dougherty | BHIS#: 20042

Date of assessment 9/16/02 Time of assessment 5:00 pm

Gender ☒M ☐F Age 55

Source(s) of information

☒Patient ☐Family
☐Previous records ☒County
☐Other

Comments: "I had a hate crime happen to me" (religious persecution) people breaking into my apt

Reason for admission including client statement (F1): Rule 20.01 after one count felony terroristic threats. Threatened judge, court clerk repeatedly - disorderly conduct and harassing behavior. Long hx of harassing dists. of U of M, others due to delusions.

Significant issues which may affect treatment (F1): Long hx of harassing behavior, poor insight into MI, delusions. Fixed delusions? (Fixation c law, hx grandiose, feels justified in harassment and fixed delusion)

2. HISTORY

Chronological development/childhood history (F1): (Conflicting hx, reports) Born in Michigan at a military base. Moved to St. Cloud until kindergarten then Montana; S. Mpls. Reports he went to several colleges

Family constellation (F1): 3 sisters) Has a sister living who has severed contact c him for repeated calls letters of threatening nature - Mother 86 in Florida, no contact for several years, due to conflict. Father died 1986 - no contact c sisters x several years. Feels rejected/abused by family.