Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
6/25/03	cont	was excused 6/20 due to discharge planning meeting.
		A. Good progress. Patrick was organized & able to
		focus on task better than last week.
		P. Continue current outcome. Rhiney Nason coun

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

SIDE 2

Facility Name:

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

AMRTC DUNN'S #399012
20042 ADM 9-10-02
DOB 12-11-46

ANOKA-METRO REGIONAL TREATMENT CENTER

Patient Orientation Checklist

The following was reviewed with the patient:	Initials
Procedure for reporting alleged or suspected abuse or neglect	JP
Seclusion/Restraint Philosophy/Notification	JP
Grievance procedure	JP
Patient complaint procedure	JP
Tour of unit	JP
Unit guidelines	JP
Unit program	JP
Unit abuse prevention plan	JP
Patient Bill of Rights	JP
Emergency evacuation plan	JP
Orientation to bulletin boards – location & content	JP
Informed of primary nurse, psychiatrist, social worker, and clinical lead	DP
Patient responsibility form	JP

Comments: pt slightly disinterested in orientation to unit,

Staff Signature: _____ Date: 09/10/02

Staff Signature: _____ Date: _____

Staff Signature: _____ Date: _____

PZ-81776-03 (2/02)

ANOKA-METRO REGIONAL TREATMENT CENTER

Patient Orientation Checklist

Procedure for reporting alleged or suspected abuse or neglect	MH
Seclusion/Restraint Philosophy/Notification	MH
Grievance procedure	MH
Patient complaint procedure	MH
Pass and Visitor procedure	MH
Rounds procedure	MH
Tour of unit	MH
Unit guidelines	MH
Unit program	MH
Random urine screens	MH
Random unit searches	MH
Safety Reporting Procedure	MH
Community Meetings	MH
Unit abuse prevention plan	MH
Patient Bill of Rights	MH
Emergency evacuation plan	MH
Orientation to bulletin boards – location & content	MH
Informed of primary nurse, psychiatrist, social worker, and clinical lead	MH
Patient responsibility form	MH
Visiting policy	MH

Comments: _____

Staff Signature: Margaret Hansen Date: 1/08/03

Staff Signature: _____ Date: _____

Staff Signature: _____ Date: _____

PZ-81776-05 (7/02)

ANOKA METRO REGIONAL TREATMENT CENTER

Patient Orientation Checklist

The following was reviewed with the patient	Initials
Procedure for reporting alleged or suspected abuse or neglect	POD
~~Seclusion/Restraint Philosophy/Notification~~ NA	———
Grievance procedure	POD
Patient complaint procedure	POD
Tour of unit	POD
Unit guidelines	POD
Unit program	POD
Unit abuse prevention plan	POD
Location of the patient Bill of Rights	POD
Emergency evacuation plan	POD
Orientation to bulletin boards	POD
Informed of primary nurse, psychiatrist, social worker, and clinical lead	POD

Comments: _____

_____

Staff Signature: Werner Kuttner Date: 1-27-03

Staff Signature: _____ Date: _____

Staff Signature: _____ Date: _____

PZ-81776-03 (5/01)

O'DOHERTY, PATRICK

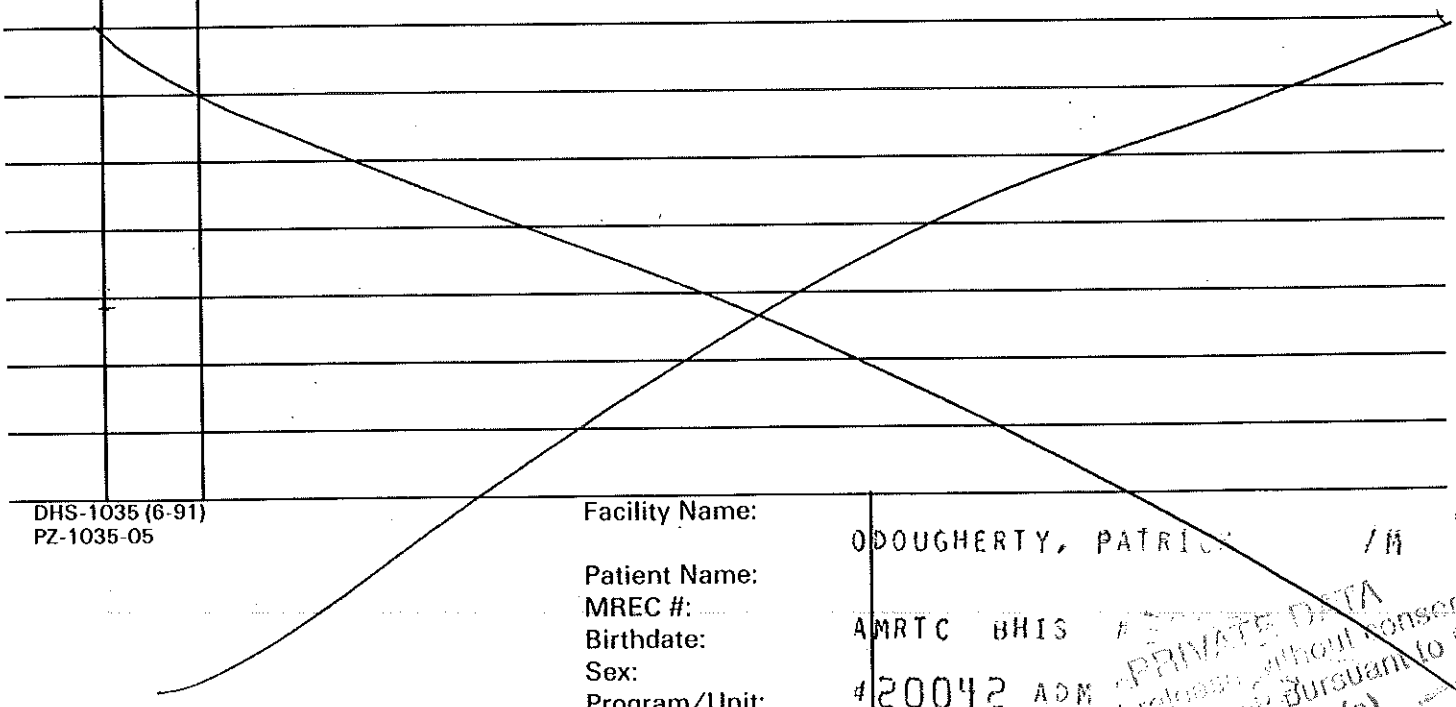
AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
9-10 0900	(cont)	He can become very threatening. At HCMC, he was on phone restriction He has no CD issues. He's a non-smoker. He denies suicidal attempts or ideation. He is verbally aggressive but denies physical aggression He states he has an advance directive & would be willing to provide AMRTC a copy if he could go home to get it. He denies pain or problems c falls. ~~He would like~~ Seclusion & restraint form was reviewed c him. He denies current medical concerns. No problems c bowel elimination. He states he's lonely at times. He says he has a PHD in hy and was a teacher but he didn't like it. States he has published 10 books. A) Cooperative & pleasant at time of admission B) escorted to unit. Belongings & chart sent c. Taped report to follow.

Dorcas Davis RN -



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

SIDE 2

Facility Name:
Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate: AMRTC BHIS
Sex:
Program/Unit: # 20042 ADM

DOB 12-11-[illegible]

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
9-11-02 NSG	10:00 PM	Pt had his hair cut. Compliant & escorting. Had dinner on unit. Very pleasant to staff & peers.
9/12/02 NSG	6a	D) Pt has been in bed all night - 15 5:30a & in day room - press - resting - resps noted @ check
9-12-02 NSG	1pm	D attending grps - community meeting, care mind, mall walk and 1 pm relaxation group. Happy with escorted privileges Good ADL's - A pleasant - cooperative D remains positive both S/Cdell
9-12-02	10:20 pm	Pt. was pleasant on this shift, he went to bible study, ate supper, and was appropriate, when escorted to the cafeteria and the mall. He has voiced no complaints at this
9/13/02 NSG	6a	D) Pt has been in bed all night - resting - resps noted
9-13-02	10/p	D) Pt. very appropriate with priv's. and keeps
	NSG	mostly to self. Otherwise pt. goes & visits

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

Facility Name:

Patient Name:
MREC #: 00DOUGHERTY, PATRICK
Birthdate:
Sex:
Program/Unit: AMRTC BHIS DOB 39972
#20042 ADM 9-10-02
DOB 12-11-45

SIDE 2

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

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

ASSESSMENT OF CURRENT STATUS: Patrick still demonstrating delusional and paranoid thinking with manical behavior.

DIAGNOSIS: Schizophrenia, paranoid type.

PLAN:
- add a pharmacological agent to help with current manic behavior. after discussing first with patient.
- Restrict discussions with patient to things grounded in reality
- Add Lithium Citrate for mood.

UNIT/FLOOR TIME: 40 min. OVER 50% COUNSELING/COORDINATION OF CARE ✓ YES ___ NO

SIGNATURE: Richard Tinsley MSW

PRINT NAME: Richard Tinsley, MSW

Patient, team case discussed

MD

Facility Name:

Patient Name: O'DOUGHERTY, PATRICK

MREC #:

Birthdate:

Sex:

Program/Unit: AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB - 12-1957 45 Psychiatry

DHS-1035C (1-98)

SIDE 2

PZ-82350-01 (4/01)

Physician's Progress Notes

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

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

ASSESSMENT OF CURRENT STATUS: Patrick's mania under better control, still demonstrating paranoid delusion in his behavior.

DIAGNOSIS: Schizophrenia, paranoid type.

PLAN:
- continue Lithium Citrate and obtain blood Lithium level on Wednesday.
- Coordinate staff of Felony charges with Case Coordinator into treatment plan.
- Consider Unescorted privileges during team on Tuesday

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

SIGNATURE: [signature] MD / Has Dangerous Patients, yes,

PRINT NAME: Richard Tuohy

Facility Name:

Patient Name: DOUGHERTY, PATRICK

MREC #:

Birthdate:

Sex:

Program/Unit: AMRTC BHIS #39972 #20042 ADM 8 Psychiatry

DHS-1035C (1-98)

SIDE 2

PZ-82350-01(4/01)

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
9-16-02		quiet, interacting well Peers & Staff. No complaint, No Concerns Behavior appropriate this Shift. Good night reports Adam Hst.
9-17-02 weekly Nursing assessment		Weekly Nursing Assessments from 9-10→9-17-02 (P) Patrick has no incidents of aggression on or off unit - pleasant and cooperative. Medication compliant able to identify his meds, expresses a good understanding of the need for his medications. Stated he's ready to put the U of M behind and the need to move on with his life. Still faces legal issues. Reports no side effects from his meds. Attends and participates in groups. No gradious or impulsive behaviors noted for the last several days. Denies any medical concerns. Sleeps well at HX. appetite good (A) pleasant and cooperative (P) engage in 1:1's to discuss tx goals, meds, legal issues and discharge plans. Shoals

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

Facility Name:
Patient Name: DOUGHERTY, PATRICK /m
MREC #: AMRTC BHIS #39972
Birthdate:
Sex:
Program/Unit: #20042 ADM 9-10-02
DOB 12-11-45

SIDE 2

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

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

ASSESSMENT OF CURRENT STATUS: Mania well controlled with Lithium Citrate regimen, however still holds paranoid delusions and compromised insight. Better insight into mood problems, but still ↓ insight into psychosis.

DIAGNOSIS: Schizophrenia paranoid type with mood D/O NOS.

PLAN:
- continue group management with 1:1 with chaplain and spiritual Group,
- Consider unescorted privileges on ward in team meeting.
- meet with SW.

UNIT/FLOOR TIME: 25 min. OVER 50% COUNSELING/COORDINATION OF CARE ✓ YES ___ NO

SIGNATURE: [signature], MD3 / Patient seen, care discussed

PRINT NAME: R. Turley, MD3.

[signature]

O'DOUGHERTY, PATRICK FM

Facility Name:
Patient Name: AMRTC #39972
MREC #:
Birthdate: #200[illegible] M 9-10-02
Sex:
Program/Unit:
DOB 12-11-45 [illegible]

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
9/20/02 NSG	Cont 945 pm	D: plans to go travel in the southern States. Tangible, loose association, rapidly switching ideas. A: Manic but pleasant P: Reinforce ⊕ behaviors, report above to team. [illegible] RN
9-21-02	2pm	Pt. was up using his privs, going to meals, resting in his room. Pleasant when approached, and has voiced no complaints today. [illegible] HST
9-22-02 NSG	1120 PM	Pat went to dinning room for both meals using his priv's compliant c̄ check ins. isolative when on unit spends alot of time in bed. [illegible] HST
9.23.02 Weekly Nursing assessment		Weekly Nursing Assessment from 9.17 → 9.23.02 ① Pleasant and cooperative. No incidents of aggressive behavior. No angry outbursts. Grandiose thoughts of travel. Some rapid speech pattern. Social c̄ staff. minimal interactions c̄ peers. Med compliant denies side effects. able to identify (continued) [illegible]

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 12-7-1948

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/22/01 cont		sentencing. patient will keep current apt. and decide 2 cancel if he wants to end lease, put belongings in storage. Rent currently being paid automatically through banking feature. Received info from AMRTC financial worker re: medicaid status. D active, client needs to spend-down $2700 and pay $500/mo spend-down to qualify. Patient declines to apply and does not feel this is an issue for D/C meds or psychiatry. CCM to help client 2 services @ D/C, see D/C meeting note. A) Patient to complete relapse prevention plan, including behaviors to avoid difficulty related to current changes. SW to refer for ins. if client changes mind.

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

Facility Name:

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

ODOUGHERTY, PATRICK

AMRTC

#200

DOB

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 ☐ Continue to assess ☐ Yes: Has an apartment ccm will address LT Housing ē legal hearing	ccm to see if patients Section 8 voucher active - ccm to assist client w/ decision to move or remain ē court.
Transition Needs:	☐ No ☐ Continue to assess ☒ Yes:	- ccm, patient to determine plan ē apt - keep or store belongings.
Finances (income & insurance) ☐ SSI ☒ SSDI ☐ GA ☐ Veteran benefits ☐ GAMC/MA ☐ Paycheck ☐ Private Insurance	☐ No ☐ Continue to assess ☒ Yes: no active MA Refuses spenddown on application.	- cm to renew benefits w/client - ccm to assist w/ benefits @ D/C from corrections @ D/C
Psychiatric/medication follow-up ☐ verified can return to previous dr.	☐ No ☐ Continue to assess Dr. Hall HCMHC - not due to location ☒ Yes:	RCMHC - Refer for Y. → SW, CCM
Mental Health Aftercare (day tx. therapy, CSP, Intensive case management or adjunct support services etc)	☐ No ☐ Continue to assess ☒ Yes: Psychiatry, case manager	- ccm to coordinate svcs. @ D/C. from jail.
Vocational/Educational	☒ No patient plans to work ☐ Continue to assess when D/C to ☐ Yes: community. MA EPD	post D/C
Legal Status:	☐ No ☐ Continue to assess ☒ Yes: Rule 20/complete	Psychiatry nursing/all staff 90 days
Relapse Plan/ Crisis Supports Relapse Plan Developed? ☐ yes ☒ no Relapse Plan reviewed/updated between passes? ☐ yes ☐ no N/A	☐ No ☐ Continue to assess Delete #'s from fax ☐ Yes: Review @ D/C	- patient to complete relapse plan w/RN. next mo.
Medical Needs	☒ No ☐ Continue to assess ☐ Yes:	

Client Comments and Signature:

I THINK TREATMENT TEAM AT AMRTC IS A VERY COMPETENT, EXCELLENT AND PROFESSIONAL + EMPATHETIC TEAM

Case management/family Comments and Signatures:

[signature]

Date of next Discharge Planning Meeting:

AMRTC Social Worker: [signature] MSW Date: 9/23/02

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

[signature]

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

ANOKA METRO REGIONAL TREATMENT CENTER

SOCIAL SERVICE
DISCHARGE PLANNING MEETING

PATIENT: Patrick O'Dougherty
DATE OF DISCHARGE PLANNING MEETING: 9/23/02

ATTENDANCE: (client, members of AMRTC treatment team, county case manager/community supports, family)
George Lopez, CCM/RC, Hien Dam, MD, Richard Tuohy, MSS, Ann Hagman, RN, Patrick O'Dougherty, Tona Willand, LSW

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)
Will county case manager/team visit client during passes? ☐ yes ☐ no
If yes, identify process for notifying client's county team of planned passes: N/A D/c to jail. not on comm. passes @ this time.

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)
☐ 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 Adult Detention Center f/u w/ CCM re: placement

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
when D/C to community vs. jail

Recommendation for provisional or direct discharge, with supporting data: Direct to jail.

Anticipated length of stay: (address any Utilization Management issues) 90 days

IV. FAMILY & SOCIAL SUPPORT SYSTEM INVOLVEMENT:
Client's identified support system:
Release of information signed ☐ yes ☒ no
Comments: no contact c̄ family, no identified support system.

IV. REASSESSMENT AND INTERVENTIONS
Based on the above information, are modifications or additions recommended for treatment or discharge planning?
☑ Yes Describe: Educate client re: benefits here/@ discharge (MA-EPD, how to spend-down) to assure continued care - Declines @ this time -
☐ No

P282354.01

P282354.01

[...]GHERTY, PATRICK
UHIS # 3[...]
[...]-05[...] 10-[...]
DOB [...]2-11-45

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

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

ASSESSMENT OF CURRENT STATUS: Patrick continues to show signs of mood stability but with some hints of mania. Also still showing psychotic features.

DIAGNOSIS: Schizophrenia, paranoid type & mood D/O NOS.

PLAN: (1) Increase Lithium dosage to 300 q AM + 600 q HS from 300 BID for mania.
(2) Switch Lithium Citrate to Lithium Carbonate to help somnolence.
(3) Consider increase in Risperdal dosage after Lithium increase is stabilized.

UNIT/FLOOR TIME: 60 min. OVER 50% COUNSELING/COORDINATION OF CARE ✓ YES ___ NO

SIGNATURE: Richard Tuohy, MS3 / Patient seen case discussed

PRINT NAME: Richard Tuohy, MS3 / Heidi Dawson

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M

MREC #:

Birthdate:

Sex:

Program/Unit: AMRTC [illegible] #209[illegible]

DHS-1035C (1-98)

SIDE 2

PZ-82350-01(4/01)

Physician's Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
9-26-02 weekly Nursing assessment		Weekly Nursing Assessment from 9/23 → 9/26/02 (A) No angry or aggressive behaviors. Some grandiose comments about starting an internet business. Expressed a limited understanding of his legal charges. Rule 20 status. Expressed need to develope better coping skills and positive supportive people in the community. Gets lonely in his own apartment. Expressed signs of mood stability less manic. Compliant with meds, tolerating 1 Lith. at present stated no sign. changes since 1 of Lith. on 9/23 a few days ago. Denies side effects, Denies constipation or medical concerns. Able to identify his meds, schedule and dosages. Sleeps well at ARC, Appetite good. Attended all assign grps. Request more grp. esp on the weekends. (A) V. manic behaviors. Pleasant and cooperative. (P) Continue 1:1's to discuss W. goals, meds, discharge plans once Rule 20 resolved. Steele

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

Facility Name:

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

SIDE 2

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

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

ASSESSMENT OF CURRENT STATUS: mood continues stable, but still very delusional.

DIAGNOSIS: schizophreniform, paranoid type.

PLAN: ① change Risperdal dosage to 4mg qhs.
② Reevaluated neuroleptic regimen at Kent meeting

UNIT/FLOOR TIME: 20 min. OVER 50% COUNSELING/COORDINATION OF CARE ✓ YES ___ NO

Patient's Dsen & Case discussed

SIGNATURE: Richard Trotty, MS3

PRINT NAME: R. Trotty, MS3 / Peter Dawson MD

DDOUGHERTY, PATRICK

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

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
10/1/02 cont	5:00pm SW	A) Patndc has identified concerns he's persecuted for unpaid auto accident in a no fault state, explaining this is cause for current legal issues 2 court. Discussed how this behavior may be related to sx of MI and how refraining from accusing others of his concerns repeatedly may help him stay out of trouble (relapse prevention). Reviewed role of ccm in helping coordinate 2 lawyer re: defense of D.C. Client also concerned his landlord is persecuting him for his age and this trashed his apt. Reviewed Rule 20, eval 2 begin when psychiatrically stable. P) cont. cudent tx plan, address patient concerns. coord 2 ccm. — Donald Gilbert

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

Facility Name:

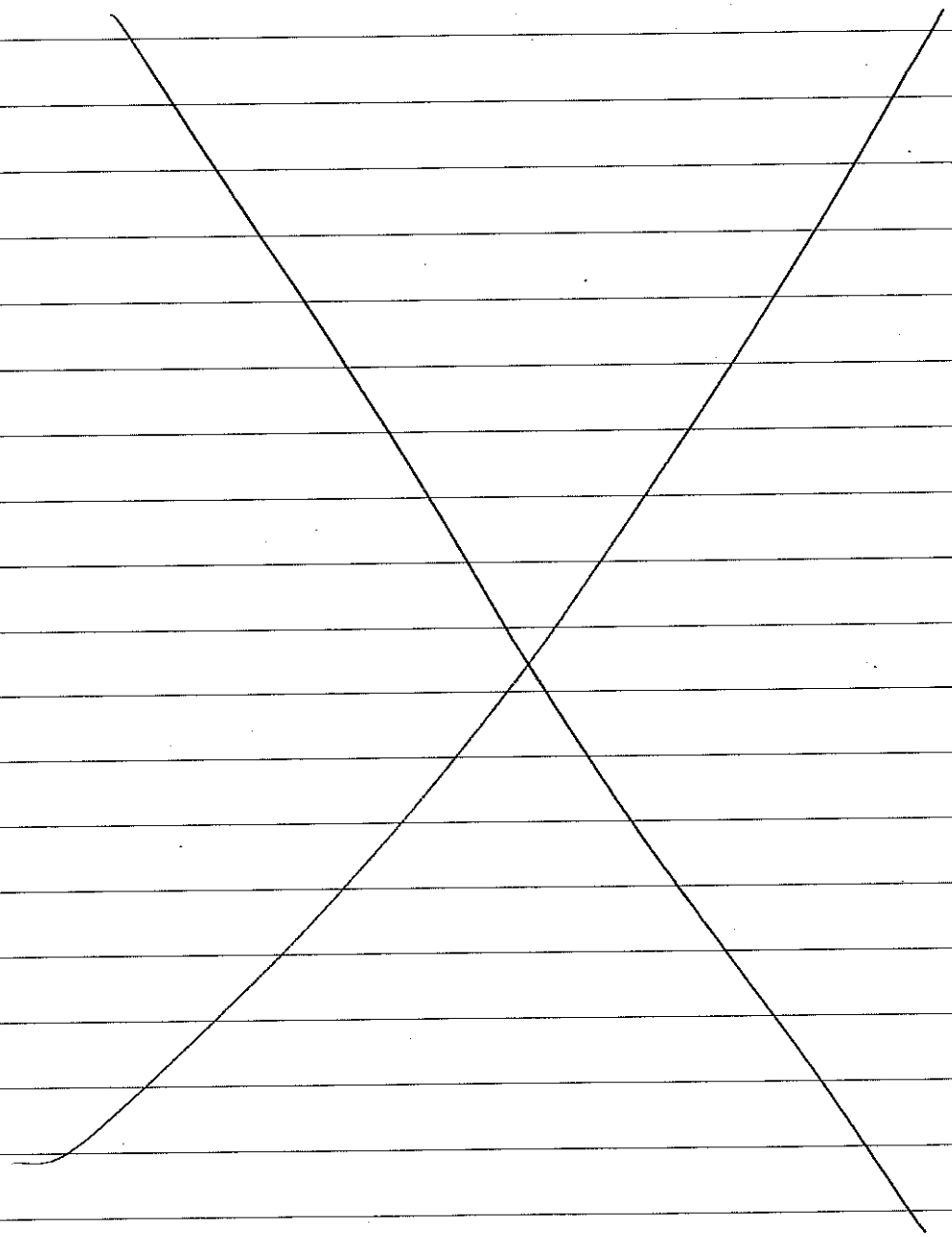
Patient Name: ODOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972

#20042 ADM 8-10-02

DOB 12-11-[illegible]

SIDE 2

Date/Time Discipline	Problem Number	All Progress Notes Must Show Signature and Title



Facility Name: DOUGHERTY, PATRICK /M

Patient Name:
MREC #: AMRTC BHIS #3995 DATA
Birthdate:
Sex:
Program/Unit: #20042 ADM 9-10-
DOB 12/21/45

DHS-1035A (6-97)

SIDE 2

Physician's Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
10-4-02 weekly Nursing assessment		ADL's good, appetite good and sleeps well at NOC - Addressed Pt engage in 1:1's to discuss tx goals, meds and discharge plans once Rule 20 Resolved. Skills
10-4-02 NSG	1:50 PM	Pt was up for both meals attended groups quiet low keyed HST
10-4-02 NSG	8P 45	D) Pt stated "It's been a good day." He showed me his point sheet and said "It's quite heavy. It's quite filled up. I'm going to take that point 20 test and then see what my options are. I want to go to a warmer climate." Pt had a ~~good~~ good shift. Pleasant. Talked to staff. Minimizing HST SR.
10/5/02	3:00 p.m.	pt has had a good day. Quiet, low key. Isolative in room. Showed, Meals, Med, Compliant, Voiced No Concerns HST.
10/7/02 2:30pm	NSG	Pt got up early today and did self care. Pt has had several conversations with writer. Pt becomes confused in directions of what he is talking about. R to staff HST

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

Facility Name:

Patient Name: DOUGHERTY, PATRICK

MREC #:

Birthdate:

Sex:

Program/Unit: AMRTC BHIS #20042 ADMIT

DOB 12/11/46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
10-8-02 1:30p	NSG	Pt. Making odd comments about writing his name on a scroll and putting it on a cross in the cathedral. He stated "I put my name in the scroll at the cathedral on top of the cross, it is a great honor for me". Also He was talking about the Oklahoma City bombing and how they never had Timothy McVeigh but that the CIA had the day and they won't get off his back about it. S. [illegible] HST
10/8/02	10[illegible] p	D: Pt showed a picture of a cathedral c a cross on it to staff & stated that his name was in a scroll in the cross because he was one of the the original people to donate money to build the cathedral. M. [illegible] HST
10/9/02 NSG		D- Mr. O'Dougherty spoke c writer of his feelings regarding the legal system. His frustration regarding legal processes was his main topic. Patrick voiced his concerns appropriately c no aggression & normal tone of voice. No accusations mentioned @ this time. [illegible]
10/10/02	D25	Behavior appropriate, staying in room resting listening to radio. Interacting with peers no concerns. Med compliant. [illegible] HT

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

Facility Name:

Patient Name: O'DOUGHERTY, PATRICK
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC

#200[illegible]

DOB 12-[illegible]-[illegible]

SIDE 2

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		✓ paranoid delusions	Fund of knowledge	✓	
Suicidal/homicidal ideation	✓		Mood and affect		✓ Hypomanic

No frank delusions

ASSESSMENT OF CURRENT STATUS: Hypomanic
Improved from previously manic mood

DIAGNOSIS: Schizophrenia, paranoid

PLAN: ↑ Lithium carb. to 600 mg bid
(PCP on need for ↑ Risperdal
re: paranoia)

UNIT/FLOOR TIME: 20 min. OVER 50% COUNSELING/COORDINATION OF CARE ___YES ✓NO

SIGNATURE: Helen Dam MD

PRINT NAME: Dam

Facility Name:

Patient Name: DOUGHERTY, PATRICK
MREC #:
Birthdate:
Sex:
Program/Unit: MRTC 200

DHS-1035C (1-98)

SIDE 2

PZ-82350-01(4/01)

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
10/11/02 SW	50min	D) Weekly summary. SW has met with patient and responded to numerous phone calls regarding grandiose stories of his involvement with churches, courts, academia and etc. SW continues to provide information re: role of lawyer, criminal courts, CMHC and corrections. SW has communicated patient request to proceed w/ Rule 20 to MD, Rule 20 evaluator as well as communicating process such as referral records (MD refers to Forensic Psychology when stable). Discussed appropriate communication with lawyer and how repeated calls or letters may be pestering. Discussed how documentation and communication style contribute to legal issues

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

Facility Name:

Patient Name: DOUGHERTY, PA[illegible] /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS
[illegible]20042 [illegible]M [illegible]2
DOB 12-11-45

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
10/12/02	11-3	(D) pressure manic delusional speech. Showed a picture of a church stating his name is under the platform of the cross - asking if he should contact the Judge - or the police in regards to his apartment being broken into - shown writer some pictures - thanked writer for listening - attended church - demonstrated no manic beh. during the service. (A) pleasantly delusional (P) redirect to reality based conversation. [illegible]
10-13-02	2:30 P NSG	(D) Pt. resting most of day today. While awake pt. uses priv. appropriately, but keep's mostly to self. R.K. HST
10/14/02	1:30	D: Pt has been using his privs. appropriately. in his room lying down most of shift. [illegible] [illegible] HST

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

Facility Name:
Patient Name: DOUGHERTY, PATRICK
MREC #: AMRTC BHIS #39972
Birthdate:
Sex:
Program/Unit:
#20042 WDM 9-10-
DOB 12-31-

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
		given by this writer and agreed he wants to make changes that will keep him out of the hospital. He seemed a little more stable and easy to work with since his lithium has been increased. Continue with psychotherapy. Jerry Day MSW
10-15-02 NSG	2:05PM	PT ATE MEAL, ATTENDED SOME GROUPS, Low Keyed, NO INAPPROPRIATE BEHAVIOR, NO COMPLAINTS
10-16-02	2PM	Pt. was up for groups, used his prns appropriately, isolates and naps in his room a times. He has been pleasant when approached and voiced no complaints. KM TST
10/16/02	6p SW	D) Weekly summary. Patrelc leaves SW messages up to 3 times daily. SW has met x Patrelc several times to review DLC plan, role x cm, court and previous conversations SW has had x client regularly.

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

Facility Name:

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

SIDE 2

DOB 12-11-45

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	✓	mod FOS	Orientation	✓	
Thought processes		✓ paranoid	Recent and remote memory	✓	
Associations/psychosis		✓ grandiose	Fund of knowledge	✓	
Suicidal/homicidal ideation	✓		Mood and affect	✓	

ASSESSMENT OF CURRENT STATUS: Cooperative
↓ paranoid thoughts; ↓ agitation/mood
Risperdal started

DIAGNOSIS: Schizophrenia, paranoid (work diagnosis)
R/O schizoaffective d/o, bipolar type

PLAN: - check blood Lithium level for Li dose adjustment
Continue Risperdal
- Abilify R.23 to resolve.

UNIT/FLOOR TIME: 20 min. OVER 50% COUNSELING/COORDINATION OF CARE ✓ YES ___ NO

SIGNATURE: Ken Daum MD

PRINT NAME: KDaum

Facility Name: DOUGHERTY, PATRICK

Patient Name:
MREC #: [illegible] TC BHIS # 999[illegible]72
Birthdate:
Sex: [illegible]0042 ADMDate 12-11-45
Program/Unit:
DOB 12-11-45

PRIVATE DATA
Do not release without consent of the Subject, pursuant to MN Stat. 13.43, subd. 2 (a)

DHS-1035C (1-98)

SIDE 2

PZ-82350-01(4/01)

Progress Notes: Psychiatry

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
10-18-02 (c 05 pm)	Nsg	D: Offers no C/O constipation, ∅ other physical complaint. * Patrick remains delusional with religious themes. Also exhibiting some paranoia. Did comply ± LiCO3 level this week. Has been med compliant. Has full knowledge of medications. Is able to visually identify, name correct schedule + dosage, SE, interactions + purpose of meds. * Patrick is isolative, spends much time in his room. Rarely initiates conversation, however is pleasant when spoken to. There has been no acting out behavior. Patrick has poor insight into MI, * LiCO3 was ↑ this week. * ADL's adequate. A: No insight into MI. Remains paranoid + delusional. Isolative. Med compliant. Exibits full knowledge of meds. Behavior appropriate. P: 1:1 ± PN to discuss tx goals/med ed. Encourage pt cooperation to resolve Rule 20 issue. Discharge to Adult Detention Center once Rule 20 resolved. Weekly nursing assessment [signature]
10/18/02	QP Nsg	D: Pt has been on unit, in room. Pt has minimal interaction ± peers. Pt ate at dinning room. Pt compliant ± unit rules. Pt offers ∅ complaints. Pt has been med compliant. [signature] RN/HST

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

Facility Name:

DOUGHERTY, PATRICK M

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

AMRTC # 29972

200[illegible]

DOB 12-[illegible]

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

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
10-22-02	130/p	(D) Pt. using prius appropriatly and attends his assigned groups, while on unit pt. spends most of time in room alone. — RK Hs.
10-22-02	Psy. 1545	Rule 20.01/5 Consultation: Met ē pt. ≥ 1.5° today for Rule 20.01 interview. Pt. was talkative & circumstantial; he was able to answer questions eventually. Pt. has solid grasp of courtroom proceedings, and appears able currently to work ē defense counsel. Pt. appears to understand the charges against him, potential consequences of the charges if found guilty & has the capacity to understand & reason ~~dsp~~ KR abstract legal processes. Pt. acknowledges that he has a mental illness & requires medication although he minimizes the dx by saying "all politicians & writers have a paranoid profile." Pt. indicated that he would behave in a "contrite & restrained" manner, while allowing his atty. to represent him. This writer's opinion is that the pt. is currently competent to return to court to proceed ē his criminal charges. The pt. is currently stll (cont).

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

Facility Name:

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

2004 ADAM

DOB 12

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
10-22-02 1555	Psy. (cont)	under the belief that he is the leader of several political groups & holds a doctorate in "intellectual history." He will require ongoing psychiatric care & medication supervision. K. Kyzu, Psy.D.
10-23-02 NSG	3P 1P	Has been up all shift. No delusional talk heard! Attended grps. + ate meals. Quiet c̄ staff & peers. B. Larson SPN
10/23/02 Nsg 6pm		D- Patrick denies allergy to eggs. His Temp: 99.6, he denies any physical c/o. Received flu vaccine this pm. [signature]
10-24-02 1155 psychology		(D) In CD Film Group everyone had left except Mr O'Dougherty and a peer of spanish american heritage. Mr O'Dougherty started talking about mexico and how one could get a couple of maids down there. This writer was concerned that the peer may have been offended if he did not understand what Mr O'Dougherty meant so he talked to him and made him aware that it is important to be sensitive what is said as he may have had the impression he meant something that was offensive. Mr O'Dougherty took the feedback well and clarified to peer he meant nothing that - Cont.

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

Facility Name:

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

ODOUGHE[illegible], PATRICK /M

SIDE 2

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

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

ASSESSMENT OF CURRENT STATUS: Improved
Rule 20 stable → competent, PCS update report

DIAGNOSIS: Schizophrenia, paranoid (work dx)
R/O schizoaffective disorder, bipolar

PLAN: Continue Lithium, Risperdal
Proceed to Rule 20

UNIT/FLOOR TIME: 20 min. OVER 50% COUNSELING/COORDINATION OF CARE ✓ YES ___ NO

SIGNATURE: [signature]

PRINT NAME: D [illegible]

Facility Name: [illegible]

DHS-1035C (1-98)

SIDE 2

PZ-82350-01 (4/01)

Patient Name: DOUGHERTY, [illegible] A

MREC #:

Birthdate: [illegible] MRTC

Sex:

Program/Unit: 1200

DOB [illegible]

[illegible] Psychiatry

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
10-24-02 NSG	2 20	D) Pt has been oK. Went to self-care, relaxation, mall walk, C.D. group, and comm. mtg. Cooperative. Pleasant. No complaints. M [illegible] HST SR.
10-25-02 10:10pm	NSG	Pat has had a great day. He was pleasant and social with no delusional talk noted. S. [illegible] HSP
10-26-02 1pm	nsg.	Pt has been pleasant and cooperative. Took a shower and washed his clothes. To dining room for lunch. [illegible]
10/27/02	2-10	Resting in room most of shift. ate lunch. Social. No complaints. [illegible]
10-28-02 nsg	1:30 pm	Pt. has been pleasant and interacting with his peers and staff, he asked about going to another unit and was informed that it could delay his discharge, and he is currently waiting for his court date to be set. [illegible]
10-28-02 NSG	9:45	PT RESTING MUCH OF SHIFT, ATTENDING GROUPS, EATING SUPPER, LOW KEYED, NO COMPLAINTS. [illegible] HSP

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

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

AMRTC BHIS
#20042 ADM 9
DOB 12-11-45

SIDE 2

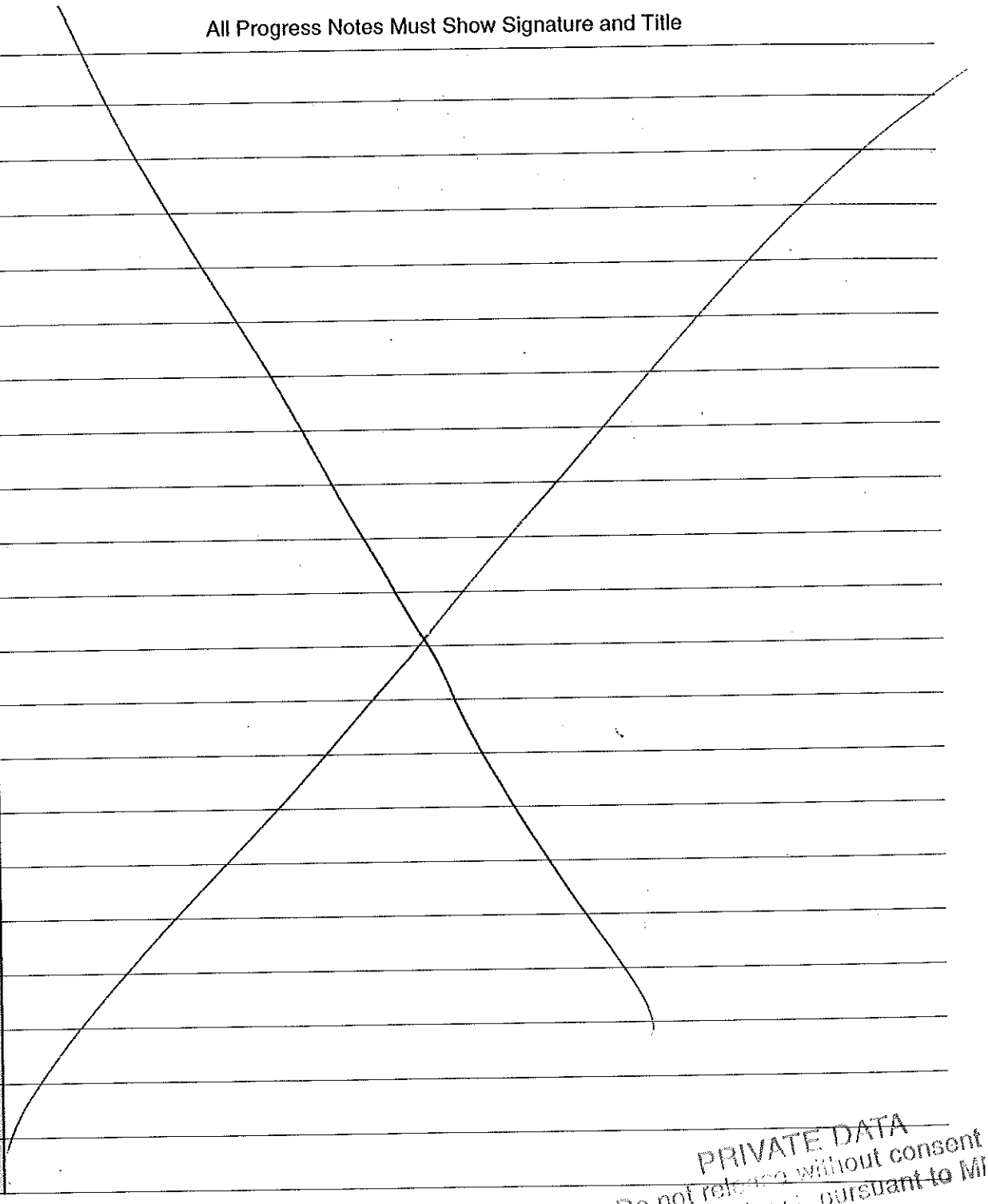
Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
10/30/02 weekly Tues assessment		groups. Meets with Larry A. for 1:1 therapy States he has passed his Rule 20 testing and believes he can be discharge. Limited understanding - encouraged to get w contact with his attorney. Med compliant able to name his meds, dosages and time schedules - Denies physical problems, denies constipation. Sleeps well at HOC, needs encouragement to improve his ADL's. Talks about moving out of State once he's out of the hospital - No religion content to his conversation - No talk of starting a business. Minimal insight into his mental illness and Rule 20 status. Engages in 1:1's to discuss tx plan goals, meds and discharge planning. Rule 25 status resolved. Skills
10-31-02 N.S.	4S 1 P	D) Pt. had a good day. Went to groups. Pleasant. Used prns appropriately. Saw Jody Steele about medical aid. No assaultive behavior noted. [illegible]

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

Facility Name: DOUGHERTY, PATRICK
Patient Name:
MREC #: [illegible] BHIS 39972
Birthdate:
Sex:
Program/Unit: 120042 ADM 9-10-[illegible]
DOB 12-11-45

SIDE 2

Date/Time Discipline	Problem Number	All Progress Notes Must Show Signature and Title



Facility Name:
Patient Name: DOUGHERTY, PATRICK
MREC #:
Birthdate: AMRTC BHIS # 3983
Sex:
Program/Unit: 20042 ADM 9-1
DOB 12-11-45

DHS-1035A (6-97)

SIDE 2

Physician's Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
11/1/02	SW 7p	~~D) Biweekly summary/ social work. This SW has met with patient on numerous occasions and receives several~~ phone calls and messages from him daily. Patient also contacts and leaves messages daily for CCM and regularly ~~for public defender, landlord. SW assisted client with signing release for CCM to follow up with patients landlord.~~ CCM has been unable to contact landlord despite numerous attempts. For weeks patient reported he had rent paid automatically from his bank account and was unconcerned about apartment. Patient reports discovering his rent has not been paid since September and is concerned he has been evicted and that his belongings may be thrown away. Discussed rule 20 evaluation with patient numerous times, role of CCM, public defender and need to apply for medical assistance. Patient passed Rule 20 evaluation and will proceed with legal matters. Patient met with financial worker Jody Steele and obtained information about medical assistance and the need to verify assets to become eligible. A) At this time, patient needs to verify his reported 3 checking accounts at Twin City Federal Bank, 2 savings account (totaling $5200.00), an investment account with Vanguard and reports he has life ~~insurance and an insurance settlement pending. It is unclear how much of this information is accurate or~~ delusional, as patient reported his contact with the court that resulted in his current legal charges were related to ~~this accident and settlement (thus prompting his to demand the judges release their bank statements or something~~ to that nature). He would need to spend about $2700.00. He could set up one of his accounts as a burial account ~~and put up to $1500.00 in it. That would leave him with about $1200.00 to spend down and verify (which could~~ be done on a damage deposit and furniture at a new apartment, medical bills to reduce his assets and become eligible for medical assistance). He could qualify for medical assistance with a $500.00 monthly spend-down (and would be unable to fill prescriptions or get coverage for any service without paying that money directly to the cost of his care). SW has provided patient information about Medical Assistance for Employed Persons With Disabilities and informed his that he will need to discharge with insurance coverage to refill his prescriptions as part of his provisional discharge. If he is able to get on a prescription assistance program in the community, he may do so if it is agreeable to his CCM. Patrick continues to believe his landlord may be persecuting him for being a senior. P) Meeting scheduled with patient and CCM next week to discuss progress with treatment and ~~discharge plan, apartment, legal matters and insurance issues for aftercare services.~~ Tom Mulland, LSW
11-1-02 NSG	9:40PM	PT ATE Supper, ATTENDED GROUPS, NO VERBAL OR PHYSICAL THREATS, Good SHIFT, MED COMPLIANT, NO COMPLAINTS W[illegible] RT
11-2-02 2:25p	NSG	Pt. has been in bed most of shift he gets up to get his meals and has had no observed delusional talk. He has had no observed anger problems and has been med compliant. S. Ak HST

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

Facility Name:

Patient Name: QDOUGHERTY, 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
11-5-02 1/45 pm		Pt. was up to groups, pleasant when approached, friendly towards his peers, used his prns appropriately and has voiced no complaints [illegible]
11-6-02		Weekly Nursing Assessment from 10/30 → 11-6-02
weekly Nurs assessment		D no aggressive or harassment behaviors No angry outbursts. Patient passed Rule 20 evaluation and will proceed with legal matters, court next for Feb. Urgent to Court moved ahead. Informed Pat to have CCM or SW deal with the court regarding the date - agreed to allow time SW to deal with the court - Med compliant has a good understdg of his meds able to name his meds, dosages and time schedule denies side effects. Continues ↓ I:I's ↓ Larry Adey. Denies any physical concerns or problems - Sleeps well - appetite good (A) demonstrates some insight into his MI (P) continue ↓ I:I's to discuss tx goals, meds and discharge plans when Rule 20 Received 11/6/02

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

Facility Name:

Patient Name:
MREC #: 0DOUGHERTY, PATRICK /M
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-45

SIDE 2

ANOKA METRO REGIONAL TREATMENT CENTER

SOCIAL SERVICE
DISCHARGE PLANNING MEETING

PATIENT: Patrick O'Dougherty
DATE OF DISCHARGE PLANNING MEETING: 11/7/02

ATTENDANCE: (client, members of AMRTC treatment team, county case manager/community supports, family)
George Lopez, CCM; Patrick O'Dougherty, Larry Addy, Psych
Sandy Childs, RN
Patrick O'Dougherty; Tona Dilland, SW

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)
Will county case manager/team visit client during passes? ☐ yes ☐ no
If yes, identify process for notifying client's county team of planned passes: none under Rule 20 current - reassess

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.

family/friend)
☐ Supported Housing /Apt. Training Program/Shared Housing
☐ Rule 36
☐ Inpatient or Residential Chemical Dependency

☐ Sober House
☐ Corporate Foster home
☒ Private Foster Home after community
☐ 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 CCM monitor benefits open
wants PT work, MA-EPD

Recommendation for provisional or direct discharge, with supporting data:

Anticipated length of stay: (address any Utilization Management issues) PD - extend ~ 60-90 days

IV. FAMILY & SOCIAL SUPPORT SYSTEM INVOLVEMENT:
Client's identified support system: Sisters
Release of information signed ☐ yes ☑ no
Comments:
Maureen 612 285-9419
Mary Ann (612) 724-8305
Frankie Kaplanski 800 445-9617
get releases, update

IV. REASSESSMENT AND INTERVENTIONS
Based on the above information, are modifications or additions recommended for treatment or discharge planning?
☑ Yes Describe: Refer to community unit when legal issues resolved
☐ No

PZ82354.01

PZ82354.01

SW to get releases, contact family.
- SW/ P.W. to assist 2 MA.

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

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

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

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

No acute paranoid delusions. No hallucinations

ASSESSMENT OF CURRENT STATUS: cooperative, mentally improved/stabilized

DIAGNOSIS: Schizophreniform, paranoid

PLAN: - Continue meds
- Avoid Rule 20 leave.
- P.P. planning 5 CCM

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

SIGNATURE: [signature]

PRINT NAME: D Dam

DHS-1035C (1 98)

SIDE 2

PZ-82350-01(4/01)

Facility Name:

Patient Name: DOUGHERTY, 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
11-7-02 1pm NSG		@ Cooperative & conference meeting with Svetana and CCM George Roper regarding his progress. Tonia working & Pat to obtain medical assistance. Rule 20 hearing sooner than Feb within the next 2 wks - Feb hearing is in regards to his recommitment. His apartment is secure along with his belongings - Pat will/has to come once Rule 20 status resolved and then to work on independent skills @ Cooperative @ continued D encourage approp. behaviors Skoell
11-7-02 NSG 10:25 PM		Off unit for groups, had dinner & snacks. Very quiet low keyed. Did c/o roommates radio after 10:00 pm. Staff turned off radio. Lts HST
11-8-02 Nsg 2pm		@ attended groups @ pleasant and cooperative @ continue D encourage approp. beh. Skoell

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

SIDE 2

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

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
11/8/02 lep		D) SOCIAL WORK PROGRESS NOTE: SW met with Patrick several times and received numerous phone calls related to concerns about his apartment, Rule 20 status, criminal defense and medical assistance. SW continues to reiterate information to help client understand the interventions and processes occurring on his behalf. Met with CCM George Lopez, Ramsey County, MD, RN, Psychologist, patient and SW for discharge planning meeting. Reviewed recommendation of Rule 20 examiner that patient is competent to proceed with legal issues. Reviewed progress with 1:1 therapy. Patient is thought to be at baseline with insight and judgment and will continue to have grandiose and delusional thought processes. Discussed with patient the need to avoid contact with the courts, U of M and others and identified the type of contact which could be considered annoying or harassing, such as repeated letters, accusations based on delusions, multiple phone calls and etc. Recommended that CCM review with patient when d/c into the community for relapse prevention. Discussed the need to complete and maintain MA when in the community to remain stable, housed, out of trouble and competent to continue with criminal issues. Reviewed the distinction between Rule 20, commitment and criminal charges, SW will reiterate as needed as patient becomes confused regularly. Discussed and identified current, transitional and discharge housing plans. CCM did speak with patient's landlord. Patrick does not have an apartment but rents a room from a private home owner. The homeowner has received all rent due and payments are being made through TD Waterhouse, as Patrick initially reported. Landlord has placed a lock on patient's room to protect his belongings. Landlord / homeowner did indicate to CCM that he will continue to store patient's belongings, but that he would like him to find a new place to live. Reviewed discharge options available including a Rule 36 facility, SASH transitional housing, apartment living and adult foster care. Currently no housing subsidies are available through Metro HRA, St. Paul Public Housing or Ramsey County, so transitional housing at SASH (3 month maximum) would not resolve patient's need for permanent housing. Patient is unable to afford a market rate apartment without subsidized housing. He is unsure if he plans to stay in Minnesota following the resolution of his criminal hearing and provisional discharge. Adult foster care was identified as the most appropriate discharge setting for the patient by the team, CCM and patient. Patient will be referred to the Como Community Unit when his Rule 20 status has been ruled on by the court and he is determined to be psychiatrically stable for transfer. At that point, SW will request that the court liaison contact the criminal court, requesting patient be allowed to transfer. When at the community unit, CCM will refer to Adult Foster Care and assist patient with touring facilities. SW identified the proofs of information needed to complete medical assistance application (3 checking accounts, 2 investment accounts, 2 savings accounts, burial accounts, life insurance), the need to spend down hisassets from an estimated $5200 to $2700 to qualify for benefits and to pay a monthly spend down. SW will provide a list of instructions for what is needed, Patrick will complete with assistance of Victoria Williams in the mall and SW. A) Patient calls CCM, SW about the same things regularly as well as asking nursing staff about the same things. Becomes confused or ruminates about Rule 20, his apartment and financial issues (related to paying a spend-down) which feed into his delusional system. Refer to Como Community Unit when Rule20 resolved to work on medication and symptom management, learning community resources, apartment (or room) upkeep, scheduling and maintaining appointments, benefits, budgeting and organization. P) Rule 20 hearing needs to be scheduled, when found competent by court, can proceed with criminal charges. SW to request court liaison seek permission of court for placement at community unit. CCM to seek adult foster home at that time. SW and financial worker to assist client with completing requirements to obtain medical assistance. SW to refer patient to Ramsey County Mental Health Center at discharge. Tonda W. Olson

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

Facility Name:

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

SIDE 1 (OVER)

Progress Notes

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		✓ moderate paranoid delusions	Fund of knowledge	✓	
Suicidal/homicidal ideation	✓		Mood and affect	✓	

No acute paranoid delusions

ASSESSMENT OF CURRENT STATUS: mental state stable

DIAGNOSIS: Schizophrenia paranoid

PLAN: Continue meds + supportive therapy
Await court hearing

UNIT/FLOOR TIME: 20 min. OVER 50% COUNSELING/COORDINATION OF CARE ✓ YES ___ NO

SIGNATURE: [signature] MD

PRINT NAME: [illegible] MD

Facility Name:
Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate: AMRTC BHIS # 39972
Sex:
Program/Unit: 72042 ADM 9-10-02
DOB 12-11-46

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
11/21/02 2230		Quiet, low key. Resting in room, using privs. M.O. compliant, voicing no concerns or complaints. Behavior appropriate c̄ staff. No re[illegible] today [illegible]
[illegible]-21-02 NSG.	45 9 P	D) When I was doing core mindfullness group tonight, pt. started saying how "We should pray for the upcoming holiday cases. We should pray for JUSTICE, Not JUST ICE in these cases." He wrote or typed this on a piece of paper and put this on his door. He labeled it as a "PRAYER VIGIL". A copy of this paper is put in the correspondence section. M. [illegible] HST SR.
11-22-02 1:45pm	NSG	HAS BEEN UP AND ABOUT, USING PRIVS. APPROPRIATELY, INTERACTING c̄ STAFF AND PEERS, ATTENDING GROUPS. TOOK PRESCRIBED MEDS. AND ATE MEALS. NO c/o OR PROBLEM BEHAVIORS NOTED. [illegible] HST.
11-22-02 2P NSG		D) C. Nelson spoke to Patrick regarding posting of a prayer vigil notice outside his bedroom Door - C. Nelson

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

Facility Name:

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

SIDE 1 (OVER)

Progress Notes

DOB 7S-TT-4P

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
11-27-02 Bi Monthly Assessment		Bi Monthly Assessment from 11-13 → 11-27-02 (D) No aggressive behaviors - expresses gradious thoughts that affects his judgment. Denies hallucinations - expresses no harassment to others, agrees no contact to Unit. Attends groups - respectful to honor others privacy of their religion. Med compliant, good knowledge of his meds, able to name them, dosages and time schedule, denies any side effects. Sleeps well at HOC, appetite good. Patient reports his uncle wants to set up a special needs trust; when SW contacted Uncle he expresses no interest. (See SW note from 11/22/02) Denies medical concerns or problems. (A) no inappropriate behaviors noted. gradious thoughts and thinking (P) continue to 1:1's to discuss family, tx goals discharge plans once Rule 20 Resolved. S Roell RN

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

Facility Name:

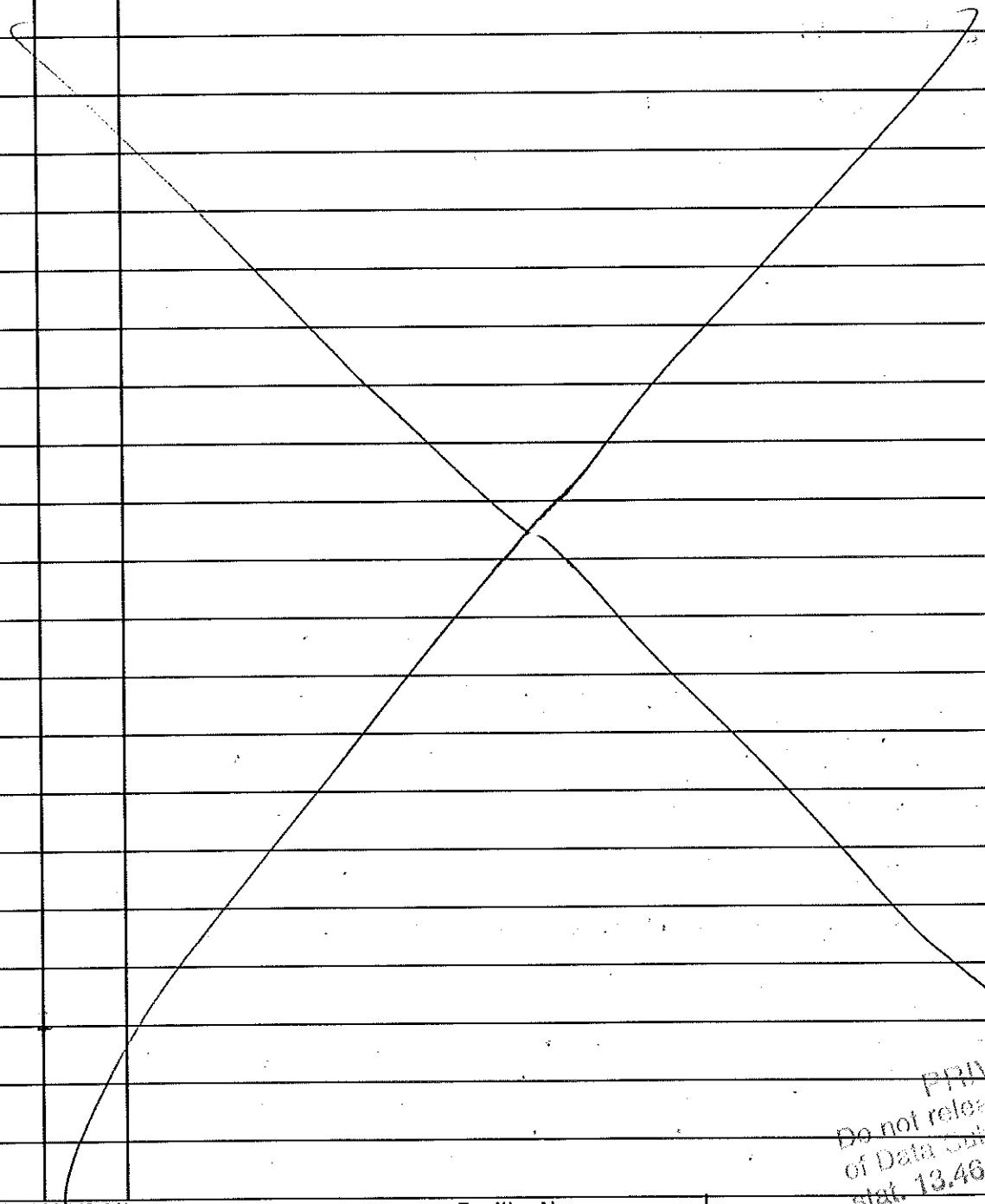
Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

ODOUGHERTY, 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



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

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M

MREC #:

Birthdate:

Sex:

Program/Unit: AMRTC UHIS #39972

#20042 ADM 9-10-02

DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
11/30/02 1830	NSG	upon lib went to dining room for supper - went to church pt started rambling type speech which didn't make any sence - he was smiling and pleasant when talking — Symptom
12-1-02	115 pm	Pt. was up early going to meals using his privs, napping after lunch and voicing no complaints his day was uneventful
12-1-02	945 pm	@ had ten emesis - he thought it was the peanut butter - jelly sandwich he had at 830 pm Vitals BS 106/66 - P80 R16 T 98.6 - "feels better" had not felt ill prior to the emesis @ flu ? @ continue to monitor Skoal
12-2-02	115/p	(D) Pt. using privs. appropriatly today and attends assigned groups. RK HST
12-3-02	130/p	(D) Pt. appropriate with privs. attends his assigned groups and keeps mostly to self. RK HST
	NSG	

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

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

Facility Name:

Patient Name: ODOUGHERTY, 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
12-10-02 NSJ	9:35Pm	Pt ATE Supper, Low Keyed, ~~ATE~~ ERROR, MED COMPLIANT, NO COMPLAINTS [signature] HST
12-11-02	1:30p N26	(D) Pt. using privs. appropriately and attend his assigned groups. R.[signature] HST
12-11-02 NSG	10:20 PM	Pt very quiet low keyed, spending most of shift in his room, Pt signing pictures of his self handing them out to staff, very pleasant, [signature] HST
12-11-02 weekly Nursing assessment		Weekly Nursing Assessment from 11-27 → 12-11-02 Pt Continues to have no insight into his mental illness or with the people at the U of M - No reports of harassment - Denies any harm to self or others - Wants to work and discharge - eager for legal charges to be resolved - Delusional comments in regards to being a publisher and writing several books and documents. Attends all assign groups. Med compliant - denies any side effects - able to name his meds, dosages and time schedule. feels meds benefit him for not feeling

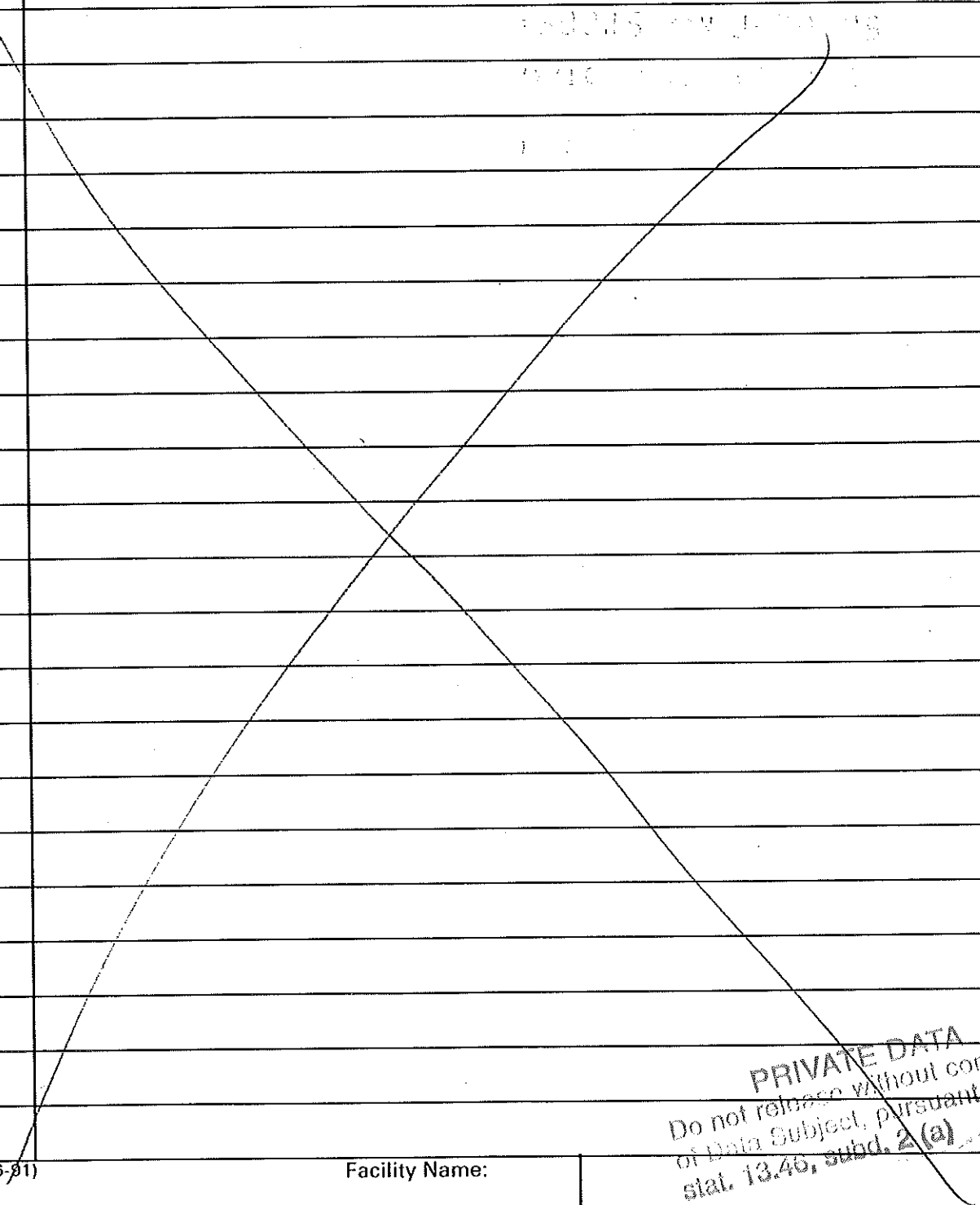
DHS-1035 (6-91)
PZ-1035-05

SIDE 2

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

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

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title



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

Facility Name:

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

DOUGHERTY, PATRICK /M

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

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
12.14.02 10pm NSG.		D spoke about his upcoming court hearing - express regret for not being able to talk with his lawyer - "leaves messages but he never calls" attended church - enjoyed snacks in bed by 9:30pm A pleasant P observe and document. [signature]
12.15.02 1PM	NSG	Layed back, uneventful shift. Slept in this AM. Up for meals & meds. R Tudick RN
12.15.02 NSG	10pm	D quiet low key - spending most of his time in his Room A pleasant P observe and document. [signature]
2-14-02	130p NSG	D Pt. keeping to self more today while on unit. He does attend some groups and uses privs appropriately. [signature] HST
12-17-02	1:30 pm	Pt. attends all of his assigned groups he has used his privs. appropriately and has interacted well with his peers and staff. He has voiced no complaints [signature]

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

Facility Name:

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

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

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
12-18-02 weekly Nursing assessment		(A) minimal insight into his mental illness or Rule 20 charges. Expressed some anxiety over court hearing on 12/19 (P) continue to talk to pt's to discuss upcoming court and discharge plans once Rule 20 status resolved. [illegible]
12-18-02 1:50 PM Psychology		(S) He met for psychotherapy today. He processed feelings and plans for upcoming Court appearance. He stated what he would like in his discharge. He was also given some suggestions about appropriate Court behavior. His insight level remains limited. (P) Meet with him after Court appearance. Nancy Lee, MS-LP
12/18/02 PEC 4pm		S: During unit search & seizure for contraband staff noted a large sum of Money. Patrick O'Dougherty reports he closed his acct's and was just keeping the money in his room. Agreed to place money in pt's acct. or the safe. Escorted by staff & 1500.00 placed in his acct. Bethany Lane RN

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

SIDE 2

Facility Name:

Patient Name: O'DOUGHERTY, PATRICK
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
12-19-02 NSG	12[30] P	Left c deputies from Hennepin Cty, to go to court. Await return. Was properly dressed for the weather. TB Lawson LPN
12/19/02 550	NSG P	PT. returned for court via deputies No hearing held cont'd till 12/26 @ 3pm. pts lawyer didnt show up for hearing - pt pleasant upon return given supper — [illegible]
12/20/02 Nsg	D	(D) disappointed over court hearing - no attorney showed up. frustrated with the lack of legal help for his Rule 20 - court rescheduled for 12/26 (A) able to express his frustration in a approp. fashion (P) continue to engage in 1:1's to discuss his progress. S Kroells

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

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

SIDE 1 (OVER)

Progress Notes

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 guardiose thinking

ASSESSMENT OF CURRENT STATUS: Baseline functioning

DIAGNOSIS: Schizophrenia, paranoid

PLAN: 1) Avail court 12/2002, then transitional plan re. placement
2) Continue supportive therapy & meds

UNIT/FLOOR TIME: _____ min. OVER 50% COUNSELING/COORDINATION OF CARE ___YES ___NO

SIGNATURE: Hein Daniels

PRINT NAME: Dan

Facility Name: DOUGHERTY, PATRICK M
Patient Name:
MREC #: AMRTC BHIS 399972
Birthdate:
Sex:
Program/Unit: 20042 ADM 9-13-02
DOB 12-11-45

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

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
12-22-00 NSG	150 pm	D pt. has been in Room most of shift, talking c staff some. using prns appropriately twice re meals. No complaints. Kristi HST
12-23-00 NSG	11:55 AM	PT COOPERATIVE WITH RANDOM DRUG SCREEN, RESULTS NEGATIVE — Wanda A HST
12-23-00 NSG	1:20 pm	PT ATE lunch, LOW KEYED, ATTENDED GROUPS, MED COMPLIANT, NO COMPLAINTS, Wanda A HST
12-24-00 2:20 p	0930	Pt. has been QUIET and low key. He has been using his prns appropriately and has had no delusional talk or angry feeling expressed toward anyone. S. Ok PSD
12-24-00 NSG	10 P	D Pt was low key. Pleasant when talked to. Went on mall walk. Ate dinner. Had X-mas snacks tonight. No anger problems noted. [illegible] HST SC
12-25-00 NSG	1pm	D did ADL's - on the phone visiting people a Merry Christmas. during visit unescorted privilege A pleasant E encourage appropriate behaviors & give positive feedback. [illegible]

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

Facility Name:

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

ODOUGHERTY, PATRICK M

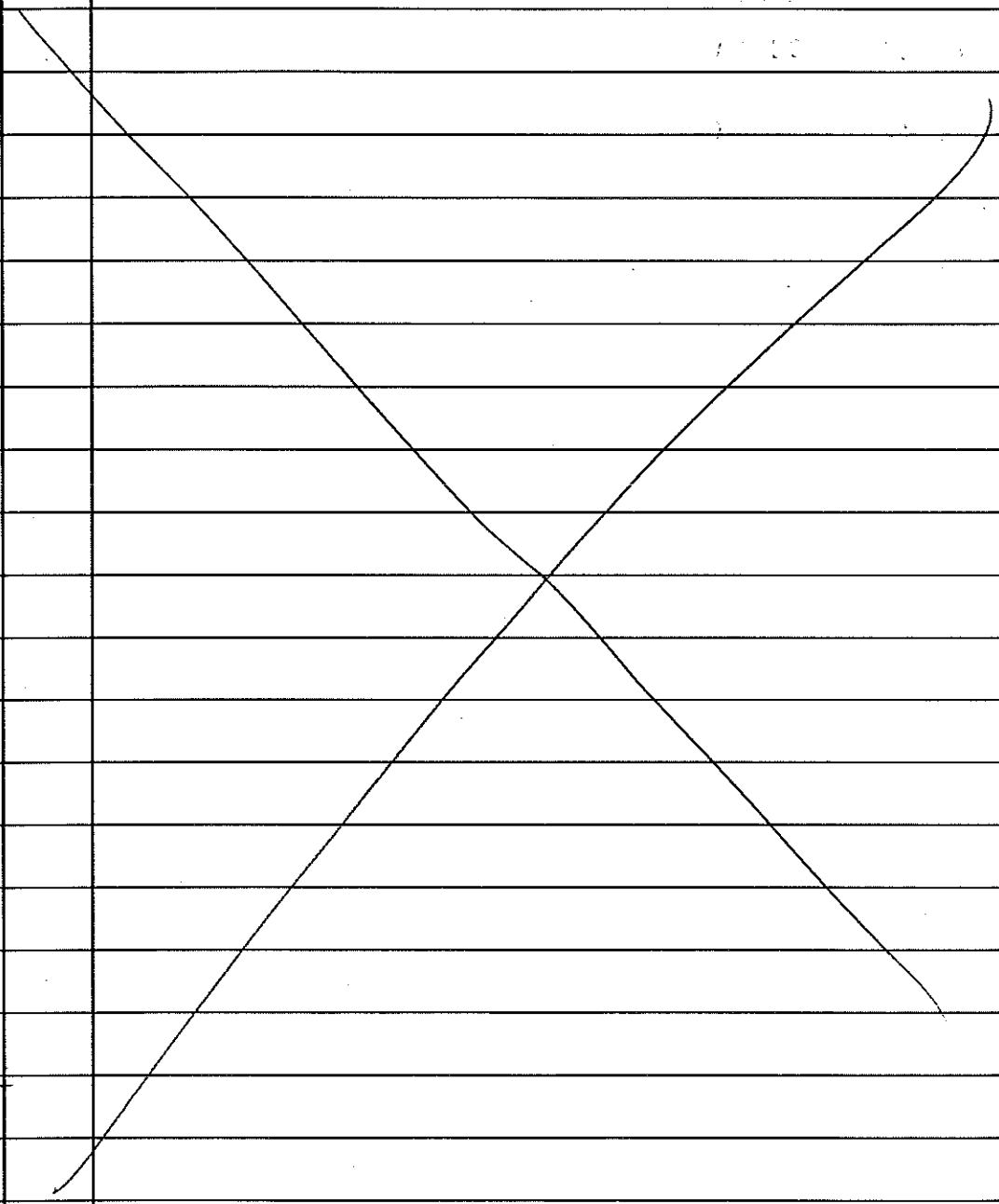
AMRTC BHIS # 39972

20042 ADM 9-10-02

DOB 12-1 [illegible]45

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title



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

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M

MREC #:

Birthdate:

Sex:

Program/Unit: AMRTC DHIS # 39942

#20042 ADM 5-10-02

DOB 12-11-45

SIDE 2

DATE: 12/27/02 TIME: 11:00 am

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

F.U or progress
Patient is in good mood - pleasant / appropriate in talks about cooperation with treatment plan and transition plan
No aggressive / intrusive / harassing behaviors

COUNSELING/COORDINATION OF CARE AND/OR OTHER INFORMATION: Court Hearing 12/26/02 Judge Belos' decision ⇒ issue of patient's competency to proceed under advice, with ruling on 2/12/03 3pm hearing ⇒ Rule 20.02 evaluation for Ft Norfolk Co District Court Psychologist by 1-28-03 and provisional discharge plan & specific place for patient
Team makes referral to Comm. Mental

RESPONSE TO AND COMPLICATIONS OF CURRENT MEDICATIONS: Med compliant
No Co side effects

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

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

DHS-1035C (1-98)
SIDE 1 (OVER)

Physician's Progress Notes - Psychiatry

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
12/27/02	1:15P SW	D) SOCIAL WORK PROGRESS NOTE: Met with Patrick. His court hearing on the 23[rd] was cancelled, which was a disappointment. He returned to court on his competency hearing and was found competent. A Rule 20.02 has been ordered . Court liaison Cheryl Hansen is verifying that a transfer to the Como Community Unit is approved by the court. A) SW and treatment team agree that patient no longer requires this acute level of inpatient care and would be better served by a transition and or community unit to proceed with skill-building for discharge. P) Refer patient to Como Community Unit and Miller in the event of a waiting list, once cleared with the court. [signature], LGSW
12/27/02 NSG	2:00 pm	(D) pt. up all shift. attending groups & using privs. Talkative c staff & pleasant. Pt. expressed no complaints. [signature] LPN
12/28/02 3:15p	NSG	Pt. has slept most of shift with no delusional talk while awake. He went to lunch and then came back and went to bed. S. [signature] HSP
12/28/02 Nsg	9:30 pm	(D) interacting with female peer # 45248 they graduate from the same school - Pat is willing to go to Como, Bloomington or adult foster care. he feels he's ready - (A) positive outlook (P) give positive feedback. [signature]
12/29/02 Nsg	1:40 pm	Pt quiet low keyed spending time in own room resting. Had received tip from Pete (pop distributor) for host ... Pt reports possible OK to new facility. Has to go to court

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

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

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
11-13-02 Weekly Nursing Assessment		Weekly Nursing Assessment from 11-6 → 11-13-02 @ no aggressive or inappropriate acting out behaviors towards others - Very polite and pleasant with requests - Exhibits little insight into the Wag Mn staff and how this is their fault - Graduation of his degree) and as a writer - No harassment of the Wagmn staff, police or judges noted, explained to Pat to have his CCM, SW or lawyer in contact w them not him, he agreed Unrealistic on leaving the state and starting a whole new business - Competent awaiting hearing in regards to Rule 20 charges - Attends groups, refer to Shingle note - discharge plans to his own apartment w story community support services or perhaps Cond Unit. He will consider adult Foster Care - Med compliant able to express good understanding for the benefit of his meds.

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

Facility Name:

Patient Name: ODOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: 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
11/15/02 SW		D) SOCIAL WORK PROGRESS NOTE: Met with Patrick on several occasions and reviewed the list of assets that need to be verified for medical assistance application. Looked up phone numbers. Contacted all third parties identified and requested verification of assets be mailed to AMRTC or his home address. Completed change of address form for the US Post Office and mailed in, all mail will be forwarded to AMRTC. Contacted medical discount card source and determined that it has no insurance coverage, benefit or cash value. It offers a discount at certain providers. Reviewed timeline and process of attending Rule 20 hearing, beginning criminal hearings, receiving permission from the court to go to a less restrictive setting, being referred to Como Community Unit and then preparing for discharge to an adult foster home through his CCM. Reviewed that he would be referred to the CCM's vocational specialist when he is at CCU and that he could access a job counselor and DRS worker through the county vocational contact. Reviewed that vocational specialist and CCM could help him convert to MA-EPD when working. Signed release to uncle, SW to contact with update. Patrick does not know his mother's phone number or address, decided jointly that we don't need at release at this time as we can't and don't plan to contact her. P) Patrick reports his uncle, an attorney will help him set up a special needs trust and obtain a guardianship. SW to verify with uncle next week. Donald L. Olson, LSW
11-15-02 NSG	940 pm	D) Pt. has been on + off unit some at beginning of shift. At 4pm mall walk. Talked some with staff but was mostly kept to self and resting in bed. Pt. had no complaints this shift. Kristal Hill
11-16-02 2:50 pm	NSG	Pt. has been in bed most of shift, He got up for lunch and then went back to bed. He has not expressed any suspicious delusions. Also he has been med compliant. Sybil Hill
11-18-02	Psy. 1320	Rule 20.01/5 Consultation: Pt. asked writer to speak c his friend, Mike Franey, re: his Rule 20 process (see release). Mr. Franey contacted writer by telephone on 11-15-02. Writer clarified several (cont.)

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

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

SIDE 1 (OVER)

Progress Notes

DATE: 11-13-02 TIME: 12:50 pm

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

Patient states he like the recent schedule listing and related responsible people information given to him by team S.W - It helps him to know the plan & date in organized way. He's cooperative with Tx programs, group attendance

COUNSELING/COORDINATION OF CARE AND/OR OTHER INFORMATION: Grandiose thinking noted as he talks about unrealistic plans regarding job & business, and moving out of state. No aggressive behaviors. No self harm behaviors

RESPONSE TO AND COMPLICATIONS OF CURRENT MEDICATIONS: Med compliant
No reports of side effects

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

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
12/31/02 OT	11:00	Pt participated in a kitchen evaluation due to some questionable answers given on the Kitchen Safety screen. Patrick did very well during the cooking task, but did need min assistance for cleaning. A. deHaase OTR/L
12/31/02	1156 2:45 PM	Quiet, low key, in room resting a lot. Pad Compliant, Voicing No Concerns or Comments. Behavior appropriate. Not much interacting with staff or peers.
1-1-03 Bi Monthly Weekly Nsg		Nursing Assessment form 12-18-01-1-02 (D) No aggression - no harassment or threatening behaviors. Minimal interaction w peers - spends approp. time w female peer H 40379 they went to the same school - Rule 20 resolved - acute level of care - no longer needed - to work on transitional visits to community perhaps Cerro or Bloomington for skill building for discharge. Good group attendance, refer to Shingle note - Med compliant able to name his meds, dosages and

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

SIDE 1 (OVER)

Progress Notes 12-11-45

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1-3-03 1015 am Psychology		(D) Present for psychotherapy today. (A) He reported he's doing well and hoping he will be discharged to Como. He continues to make grandiose statements but is emotionally stable and appears to be ready for discharge. (P) Continue to offer support. Tomorrow MSW.
1-3-03 Mon	11 15 Hrs	(D) Worked on Wellness Program worksheet for Tona SW. Using his level C privileges with no noted problems (A) pleasant (P) encourage positive beh. SKoelbl
1-3-03 Mon	1pm	(D) Happy to hear from Hon. Court that he is able to receive passes from AMRTC and also permitted to be provisionally discharged from AMRTC. Currently interested in transfer to Como Community unit (A) pleasant and happy with court outcome (P) encourage positive beh. SKoelbl
1-3-03	Psy. 1340	Rule 20.01, 5, Consultation: Pt. has been calling writer on telephone several times daily for past few days. Cont'd

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

Facility Name: DOUGHERTY, PATRICK /M

Patient Name:
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit: DOB 12-11-45

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1-7-03 Transfer Summary Nursing		noted by staff - Has a four pass to Riverdale on 1-8-03 - Appetite good - on regular diet - Sleeps well at night. Not a smoker - ADL's fair - needs a prompt from staff - Dtca Rule 20 was resolved on 1-2-03. Patrick can be referred to Comm Unit in the community for placement, meanwhile to be transferred to Miller South on Wed 1/8/03 — (A) cooperative and pleasant (P) transfer to MS with chart - MAR - meds - Blue card, overflow chart and all personal belongings. Dietary & pharmacy notified of transfer to MS 1-8-03. S Kroell/ addendum: Patrick has a court eval. on 1/28/03 and court on 2/12/03 2pm for recruit/ parole. S Kroell/
1-8-03 10AM MS		(A) left for 4° pass to Riverdale for transition pass to community. Explored reasons for the pass. Able to verbalize plan and goals (A) pleasant (P) pleasant return. S/ Kroell

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

SIDE 2

Facility Name:

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

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

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1/9/03 1:45p	NSG	@ Pt was attending groups on unit. Pt ate both meals. Has been med compliant. Patrick did his laundry. Is pleasant when interacting c staff & peers. Adjusting to unit. Mr. Idarson Idst
1/9/03	NSG 9:15PM	D @ Pt watching some TV, went escorted to dinner, had snacks, Pt asking staff about passes, was explained how to fill out pass slip, "Okay I'll wait a couple of days." Manning HA
1/10/03	5 10 PM	D.) patient in bed all rounds of shift, eyes closed, respirations noted. Judge HST
NSG. 1/10/03 2:30p	NSG	@ Pt interacting c peers + staff. Has been pleasant and attending groups. Was encouraged to take a shower and pt stated "Is it alright if I do it after supper thats better for me." Pt told that was fine and to keep up this hygiene. No C/o @ this time. Adjusting to unit. McMahon Idst

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

Facility Name:

Patient Name: ODOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-45

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1/15/03	NSG LCSW	D- Returned from pass c green slip. Stated "I walked to China buffet had a good dinner, walked to the library looked into the internet, looked for a Harrison Keiller book." Pt went c peer #45173, stated to peer "thanks your a great guy." Pt cooperative c checking for contraband - found (Harry HST
1-18-03 3p	NSG	B- Left on prn pass to Caseys + surrounding area. Pt had to borrow winter jacket + gloves from fellow peer. Pt states "I do not have a winter jacket or gloves. Pt states pass helps him transition back into the community. DMagerLpn
1-18-03 5p	NSG	D- Pt returned from pass at this time. Stated he went to Caseys and the China buffet. Said all went well. Turned in green slip. Was checked for contraband - found. Pt Back HST
1-18-03 9:30pm	NSG	D- Pt has been socializing with staff + peers. Went to dinner 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

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		✓ bizarre paranoid	Fund of knowledge	✓	
Suicidal/homicidal ideation	✓		Mood and affect	✓	

ASSESSMENT OF CURRENT STATUS: Baseline Function
Adjusting well to Cmo.
Refusal to Cmo / Rule 20.02 & Calm

DIAGNOSIS: Schizophrenia Paranoid - R/O Bipolar/Schizoaffective Psychotic features

PLAN: Continue meds & supportive therapy
F/U on refusal to Cmo
(Rule 20.02)

UNIT/FLOOR TIME: 20 min. OVER 50% COUNSELING/COORDINATION OF CARE ✓ YES ___ NO

SIGNATURE: [signature] MD

PRINT NAME: DAM

Facility Name: DOUGHERTY, PATRICK /M
Patient Name:
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit: DOB 12-11-45

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
1-22-03 11:45A	NSG	PT. GAVE URINE SPECIMEN FOR RANDOM DRUG SCREEN AT THIS TIME. RESULTS WERE NEGATIVE FOR ALL SUBSTANCES TESTED. [illegible] HST
1/22/03		D) Pt left unit to go to Downtown Anoka on PRN pass by bus. Going to look at all the shops. Pass to re-establish independent living skills. Took green pass slip c̄ him. To return by 9p. [illegible] LPN
1/22/03 NSG	5:55 pm	D) Returned from pass. Turned in pass slip. Pt. checked for contraband & none was found. He returned c̄ a new book he bought. He reports he enjoyed walking around Anoka A) Successful pass P) Cont passes as ordered & requested to help [illegible]
1/23/02	SW 10A	Patrick [illegible] [illegible] unit. He likes the [illegible] - This writer attempting to contact CCM, [illegible] Lopez to consider placement. Will coordinate with Patty [illegible] MA SW. [illegible]

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

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

C 8HIS #59972
#200412 AD 9-10-02
12-11-46

SIDE 2

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	✓	

NO SI
NO HI

FOD c grandiose/paranoid delusions, ↓
NO hallucinations

ASSESSMENT OF CURRENT STATUS: Baseline functioning

DIAGNOSIS: Schizophrenia Paranoid R/O Bipolar mania c psychotic features

PLAN: Continue meds
- Transfer to Cmo 1-27-03
- To resolve Rule 20.02
(see Transfer summary)

UNIT/FLOOR TIME: 20 min. OVER 50% COUNSELING/COORDINATION OF CARE ✓ YES ___ NO

SIGNATURE: Helen Dam MD

PRINT NAME: H Dam

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

DHS-1035C (1-98)
SIDE 2
PZ-82350-01(4/01)

Physician's Progress Notes - Psychiatry