

# GREAT PLAINS PSYCHOLOGICAL SERVICES



101 South Main Avenue • Suite 503  
Sioux Falls, South Dakota 57104  
Telephone 605-338-8278  
Facsimile 605-333-0631

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Brookings, South Dakota 57006  
Telephone 605-692-4560  
Facsimile 605-692-3699

## PSYCHIATRIST EVALUATION

**Client:** Chris Roller

**Date:** September 9, 1999

### IDENTIFICATION:

This is a 32 year old, Caucasian, married male from Sioux Falls, South Dakota who is currently a computer programmer at Micro Medical.

The patient is referred to me for possible med management by Dr. Steve Langenfeld.

### CHIEF COMPLAINTS:

“Medicine and Marital Problems”

### HISTORY OF PRESENT ILLNESS:

The patient states that he started coming to see Dr. Langenfeld because of mainly the marital problems. He said that in February of 1999, at the time he initially thought he had “two different wives” and this number kept increasing and now claims that he has “500” wives whom he refers to as “babes” and they all are supposed to have his baby. These wives include famous stars like Celine Dion, Cher, and Jewel. He said they are all over the country and all over the TV. He strongly and firmly believes this and then talks to wife about his wives and wife can't cope with it and then they end up in an argument. He said that these wives call him up “psychically” and says “hi” to him. He also states that all they have to do is to think about him and they will converse psychically then. He has ideas of reference in terms of ladies showing up on the TV and she calls him up and she thinks about him. He hears the voices of mainly his “babe” when these babes are talking about him, he hears the conversation.

He denies any commanding hallucinations or any verbal hallucinations. He thinks that his life is a “Big Truman Show” and his wife and family are actors. He also feels that everybody is lying to him and the TV and radio are sending special messages to him as well as giving him thoughts in his mind.

During the interview, the patient showed inappropriate laughing, tangential thinking as well as he was very distractible. He had some thought blocking noted and he was looking at blank places at

the time, just like he was listening to something. He also losing his train of thought and some increased motor activity was noted as well as some pressure of speech.

The patient was diagnosed with Bipolar Disorder in April of 1999. At that time he was put on Lithium and Risperdal. However, he stopped taking Risperdal and he is not taking Lithium regularly. He currently describes his mood as euphoric, high strung, increased energy level. He is easily frustrated, easily distracted as well as having a low concentration level. He said he "jabber". He denies any problems with sleep. He said he sleeps about six to eight hours. He also describes some hyper sexuality and he says his wife doesn't have the same sexual drive and secondarily he must masturbate at least twice per day.

The patient describes cycling his mood, in terms of depressed mood about five months ago, which lasted for three to four weeks at that time. He has depressed mood most of the time, insomnia, low energy level, inmotivation, hyperphagia, anhedonia, hopeless and helpless feelings. He said he did have depressive episodes in the past, the first being in 1995 but the last depressive mood he said was the worst. He did have many high periods but they were not to such extent.

I did talk to the patient's wife and take a history from her. It seems like she gives a similar history.

#### **PAST PSYCHIATRIC HISTORY:**

The patient has been hospitalized a couple of times. The first hospitalization was at United Hospital in St. Paul in April of 1999. He was there for three to four days and states that he was there "to unite with my babe". After that, he saw some doctor in Burnsville, Minnesota as an outpatient. Later on he was committed in June of last year to inpatient hospitalization at New Ulm. He was also seeing Mr. Roger Miller, a counselor in Marshall, Minnesota.

#### **PAST MEDICAL HISTORY:**

The patient's medical history is positive for asthma. He had a concussion, secondary to a skiing accident in March of 1999. He denies any hospitalizations or any surgeries.

#### **ALLERGIES:**

The patient is allergic to pollen and hay fever but denies any drug allergies.

#### **MEDICATION:**

The patient is on Lithium 300 mg. one po qid. He denies having any blood check done for his Lithium level or anything. He also takes Flower Essence, which is a homeopathic medication. It is prescribed by Dr. Matheny and he is on this medication for the last three weeks.

#### **SUBSTANCE HISTORY:**

The patient drinks about two to three beers about one to two times per week but he denies any abuse of alcohol more than this. He said he has tried acid three times at the age of 19 or 20 and

pot once. He denies any smoking, gambling, he drinks about two cups of coffee and three to four cans of caffeine.

#### **FAMILY HISTORY:**

The patient was born and raised in Santa Maria, California. He was later on raised in Redwood Falls, Minnesota. His bio-parents are alive and live there. Their relationship is not very close. The patient has three sisters and one brother. They are all younger than him and he is not very close to them. He denies any kind of abuse while growing up.

The patient has been married for eleven years and they have a 26 month old son and a 6 month old son as well. His marital relationship is somewhat strained because of his problem.

The patient's family history is positive for mom and maternal grandfather having depression. A maternal aunt and uncle also had some autism as well as one other maternal uncle has mental retardation. He denies any problem with CD issues or suicide in the family.

#### **SOCIAL HISTORY:**

The patient currently lives in Sioux Falls, South Dakota. He said they moved to Sioux Falls on July 15<sup>th</sup>. He was a consultant in the Twin Cities but later on he was looking for another contracting job and it took him three to four months in between to find this job in Sioux Falls. Currently they are renting their home and looking for a house. He lives with his wife and kids and does not have any friends. He said he never had any close friends.

His education includes five years of college and he has a degree in Computer Engineering from the University of Florida. The patient was in the Navy from 1985 to 1991. He has participated in Desert Storm but he denies any active combat experience. He was honorably discharged from the Navy. After the Navy, he went to the University of Florida and got his degree. He denies any legal problems at this time.

#### **DEVELOPMENTAL HISTORY:**

Non contributory

#### **MENTAL STATUS EXAM:**

#### **ATTITUDE AND GENERAL BEHAVIOR:**

The patient is alert, cooperative, he looks appropriate to his stated age and he made good eye contact during the interview. His speech is pressured. There is some increase in motor activity also noted. The patient is well dressed and groomed.

#### **AFFECT AND MOOD:**

The patient describes his mood as euphoric and his affect is euthymic, full and inappropriate. He was laughing inappropriately

## **THOUGHT PRODUCTION:**

The patient's thoughts are at times tangential and some pressure of speech noted. He also had thought blocking present and he was looking at blank place in between. He was also easily distractible.

## **THOUGHT CONTENT:**

His thought content mainly revolved around his delusional thinking about 500 wives and how they communicate with him in terms of ideas of reference. His thought content is positive for ideas of reference, auditory hallucinations, thought insertion as well as paranoia and delusion. He denies any homicidal or suicidal ideations or any obsessions or compulsions.

## **MENTAL GRASP AND COGNITIVE ABILITIES:**

The patient has a clear sensorium. He is accurately oriented to person, time and place. His memory, immediate, recent and remote appears to be all intact upon testing. He seems to be of average intelligence and displayed somewhat poor abstraction when asked about similarities between objects. The patient seems to have some decline in his attention and concentration and he was unable to Serial Seven subtractions more than one step. During the interview he was also very easily distractible.

## **INSIGHT AND JUDGMENT:**

The patient seems to have very poor insight into his problem and displayed poor judgment regarding his marriage problem with his wife

## **IMPRESSION:**

**Axis I:** Bipolar Disorder with Psychotic Symptoms vs. Schizo affective Disorder

**Axis II:** No Diagnosis

**Axis III:** No Diagnosis

**Axis IV:** Psychosocial Stressors: Marital Problems, Chronic Mental Illness with poor insight.

**Axis V:** GAF Currently: 45-50

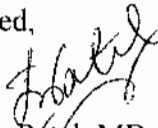
## **TREATMENT PLAN:**

- 1 I discussed with the patient about his diagnosis and he says he verbalized understanding but he still continues to be delusional. The patient however, does agree to the medication trial. He thinks that Lithium has not helped him and he would like to change it to something. I have given him a prescription for the lab test in terms of CPC \_\_\_\_\_ panel to be done as a baseline for Depakote trial. The patient will have that done by the end of next week and he will come back next week so we can start him on the Depakote.

At this time I will give him Zyprexa 10 mg. poqhs. An inform consent was obtained for this. I will continue him on the Lithium at this time. I also discuss with the patient that I do not know anything about this homeopathic medication and I do not know if there is any interactions going on or how it affects the mood and I have advised the patient to just take one medication at a time, either our medication or the homeopathic and he said he would try to do that but he did not promise anything. However, I did educate him about the dangers of taking both medications together. He verbalized understanding.

2. The patient will continue his marital therapy with Dr. Langenfeld
3. The patient will come back for follow up in one week and hopefully by that time we will have the lab test so we can start him on Depakote trial.

Signed,



Tejas Patel, MD  
Psychiatric Resident

TP/jvt

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## PSYCHIATRIST PROGRESS NOTE

**Client:** Chris Roller

**Date:** September 16, 1999

### SUBJECTIVE:

The patient came back after one week. His lab work is back and CBC and Liver Panel seems to be within normal limits. The patient continues to be delusional; thinking about having 1,000, also having thoughts about marrying twice so he can have one wife working and one wife for staying at home. We discuss how this is not possible and he should not do anything like that. He has promised that. He continues to have some pressure of speech, flight of ideas and loud speech he is easily distractible and euphoric with some inappropriate laughing. However, his inappropriate laughing is somewhat decreased today.

He has started taking Zyprexa and he said that on the first day he slept about 15 hours or so but after that he is not sleeping as much and he is tolerating it very well without any side effects.

I discuss various other options and an inform consent is again obtained for Depakote and he is started on 250 mg. one poqam and two tablets at night time.

The patient is alert, cooperative, he is easily distractible with loud and pressured speech. His mood is euthymic and affect is euthymic full and somewhat inappropriate. His thoughts are goal directed, logical and coherent with some flight of ideas noted.

He is oriented times three. His memory seems to be grossly intact. His attention and concentration is somewhat declined. His insight and judgment seems to be somewhat poor at this time.

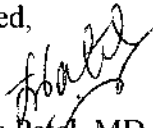
### IMPRESSION:

Axis I:           Bipolar Disorder with Psychotic Symptoms

**TREATMENT PLAN:**

1. Depakote trial as was mentioned earlier. The patient will have a Depakote level and CPC & Liver Panel done in two to three weeks. That would be one week prior to coming for a follow up appointment. The results would be faxed here.
2. I will not increase the Zyprexa at this time because the patient seems to be having some tiredness from it and I am afraid if I increase it more he will stop taking it and lose the therapeutic benefit. Probably also with Depakote he will feel somewhat more tired too so I don't want to change medications at this time.
3. The patient was advised to stop Lithium. He again is advised to stop his homeopathic medication, as we do not know the interaction within it. He does verbalize understanding, but he wants to continue it.
4. Patient will continue family therapy with Dr. Langenfeld.
5. Patient will come back for follow up in three to four weeks.

Signed,



Tejas Patel, MD  
Psychiatric Resident

TP/jvl

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## PSYCHIATRIST PROGRESS NOTE

**Client:** Chris Roller

**Date:** October 14, 1999

### SUBJECTIVE / OBJECTIVE:

This is a gentleman that carries a diagnosis of Bipolar Disorder with Psychotic Symptoms. His current medication is Depakote 250 mg. poqam and 500 mg poqhs, and Zyprexa 10 mg. poqhs.

The patient states that his mood has been coming down to a more normal mood. He has been sleeping well and he said his energy level is more normal rather than really high. However, he still continues to have problems with racing thoughts and pressure of speech. He said that his concentration has improved somewhat. He still remains somewhat euphoric, talking about when he calls the president as well as he will be a talk show host. He said he is starting to question those things. He also states that "I don't know for sure" when I ask him about his previous belief or delusion about having 500 to 1000 wives. He states that now he thinks he is only sure about maybe 42 wives. He is not able to give me more detail about his delusion now. He said he is not having ideas of reference in terms of talking with different people psychically very often now. He said that he had a couple of weeks attempted it in the past where it was more frequent but now it is going down consistently

He said that he is tolerating the medication without any side effects. His job has been going well. He has been able to get a loan for his house and is very happy about it. He denies any other adverse effects. He states that he had gotten his lab tests done about two weeks ago but we have not received any lab results yet

The patient is alert, cooperative, calm and pleasant. He described his mood as normal and affect is euthymic, full and appropriate most of the time. Some inappropriate laughing was still noted. His thoughts are goal directed, logical and coherent. He admits he has racing thoughts, however, I did not see any pressure of speech or any flight of ideas. He still does have some delusional problems, some ideas of reference but denies any hallucinations. He is oriented times three and the rest of the cognitive seems to be closely intact

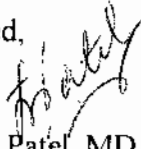
### IMPRESSION:

**Axis I:** Bipolar Disorder, Psychotic Symptoms

**TREATMENT PLAN:**

1. I think the patient is having some response to the combination of the medication. We discuss about going up on the dose to get a full response. He agreed that we would increase the Depakote to 250-mg. poqam and 750 mg. poqhs. We will also increase the Zyprexa to 15 mg poqhs. The patient is also going to have a trough Depakote level and liver panel done before he comes in to see me and that would be in about four weeks.
2. The patient is going to call me within two weeks to see how he is doing. He is going to make an appointment in the meantime if he is not doing well.

Signed,

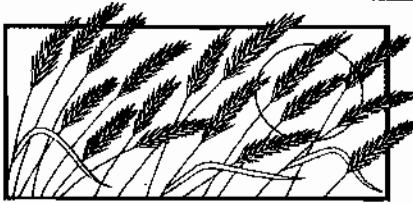


Tejas Patel, MD  
Psychiatric Resident

TP/jvl

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**Date:** September 9, 1999

### IDENTIFICATION:

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The patient is referred to me for possible med management by Dr. Steve Langenfeld.

### CHIEF COMPLAINTS:

“Medicine and Marital Problems”

### HISTORY OF PRESENT ILLNESS:

The patient states that he started coming to see Dr. Langenfeld because of mainly the marital problems. He said that in February of 1999, at the time he initially thought he had “two different wives” and this number kept increasing and now claims that he has “500” wives whom he refers to as “babes” and they all are supposed to have his baby. These wives include famous stars like Celine Dion, Cher, and Jewel. He said they are all over the country and all over the TV. He strongly and firmly believes this and then talks to wife about his wives and wife can't cope with it and then they end up in an argument. He said that these wives call him up “psychically” and says “hi” to him. He also states that all they have to do is to think about him and they will converse psychically then. He has ideas of reference in terms of ladies showing up on the TV and she calls him up and she thinks about him. He hears the voices of mainly his “babe” when these babes are talking about him, he hears the conversation.

He denies any commanding hallucinations or any verbal hallucinations. He thinks that his life is a “Big Truman Show” and his wife and family are actors. He also feels that everybody is lying to him and the TV and radio are sending special messages to him as well as giving him thoughts in his mind.

During the interview, the patient showed inappropriate laughing, tangential thinking as well as he was very distractible. He had some thought blocking noted and he was looking at blank places at

the time, just like he was listening to something. He also loosing his train of thought and some increased motor activity was noted as well as some pressure of speech.

The patient was diagnosed with Bipolar Disorder in April of 1999. At that time he was put on Lithium and Risperdal. However, he stopped taking Risperdal and he is not taking Lithium regularly. He currently describes his mood as euphoric, high strung, increased energy level. He is easily frustrated, easily distracted as well as having a low concentration level. He said he "jabber". He denies any problems with sleep. He said he sleeps about six to eight hours. He also describes some hyper sexuality and he says his wife doesn't have the same sexual drive and secondarily he must masturbate at least twice per day.

The patient describes cycling his mood, in terms of depressed mood about five months ago, which lasted for three to four weeks at that time. He has depressed mood most of the time, insomnia, low energy level, inmotivation, hyperphagia, anhedonia, hopeless and helpless feelings. He said he did have depressive episodes in the past, the first being in 1995 but the last depressive mood he said was the worst. He did have many high periods but they were not to such extent.

I did talk to the patient's wife and take a history from her. It seems like she gives a similar history.

#### **PAST PSYCHIATRIC HISTORY:**

The patient has been hospitalized a couple of times. The first hospitalization was at United Hospital in St. Paul in April of 1999. He was there to three to four days and states that he was there "to unite with my babe." After that, he saw some doctor in Burnsville, Minnesota as an outpatient. Later on he was committed in June of last year to inpatient hospitalization at New Ulm. He was also seeing Mr. Roger Miller, a counselor in Marshall, Minnesota.

#### **PAST MEDICAL HISTORY:**

The patient's medical history is positive for asthma. He had a concussion, secondary to a skiing accident in March of 1999. He denies any hospitalizations or any surgeries.

#### **ALLERGIES:**

The patient is allergic to pollen and hay fever but denies any drug allergies.

#### **MEDICATION:**

The patient is on Lithium 300 mg. one poqid. He denies having any blood check done for his Lithium level or anything. He also takes Flower Essence, which is a homeopathic medication. It is prescribed by Dr. Matheny and he is on this medication for the last three weeks.

#### **SUBSTANCE HISTORY:**

The patient drinks about two to three beers about one to two times per week but he denies any abuse of alcohol more than this. He said he has tried acid three times at the age of 19 or 20 and

pot once. He denies any smoking, gambling, he drinks about two cups of coffee and three to four cans of caffeine.

### **FAMILY HISTORY:**

The patient was born and raised in Santa Maria, California. He was later on raised in Redwood Falls, Minnesota. His bio-parents are alive and live there. Their relationship is not very close. The patient has three sisters and one brother. They are all younger than him and he is not very close to them. He denies any kind of abuse while growing up.

The patient has been married for eleven years and they have a 26 month old son and a 6 month old son as well. His marital relationship is somewhat strained because of his problem.

The patient's family history is positive for mom and maternal grandfather having depression. A maternal aunt and uncle also had some autism as well as one other maternal uncle has mental retardation. He denies any problem with CD issues or suicide in the family.

### **SOCIAL HISTORY:**

The patient currently lives in Sioux Falls, South Dakota. He said they moved to Sioux Falls on July 15<sup>th</sup>. He was a consultant in the Twin Cities but later on he was looking for another contracting job and it took him three to four months in between to find this job in Sioux Falls. Currently they are renting their home and looking for a house. He lives with his wife and kids and does not have any friends. He said he never had any close friends.

His education includes five years of college and he has a degree in Computer Engineering from the University of Florida. The patient was in the Navy from 1985 to 1991. He has participated in Desert Storm but he denies any active combat experience. He was honorably discharged from the Navy. After the Navy, he went to the University of Florida and got his degree. He denies any legal problems at this time.

### **DEVELOPMENTAL HISTORY:**

Non contributory

### **MENTAL STATUS EXAM:**

### **ATTITUDE AND GENERAL BEHAVIOR:**

The patient is alert, cooperative, he looks appropriate to his stated age and he made good eye contact during the interview. His speech is pressured. There is some increase in motor activity also noted. The patient is well dressed and groomed.

### **AFFECT AND MOOD:**

The patient describes his mood as euphoric and his affect is euthymic, full and inappropriate. He was laughing inappropriately.

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## PSYCHIATRIST PROGRESS NOTE

**Client:** Chris Roller

**Date:** September 16, 1999

### SUBJECTIVE:

The patient came back after one week. His lab work is back and CBC and Liver Panel seems to be within normal limits. The patient continues to be delusional; thinking about having 1,000, also having thoughts about marrying twice so he can have one wife working and one wife for staying at home. We discuss how this is not possible and he should not do anything like that. He has promised that. He continues to have some pressure of speech, flight of ideas and loud speech he is easily distractible and euphoric with some inappropriate laughing. However, his inappropriate laughing is somewhat decreased today.

He has started taking Zyprexa and he said that on the first day he slept about 15 hours or so but after that he is not sleeping as much and he is tolerating it very well without any side effects.

I discuss various other options and an inform consent is again obtained for Depakote and he is started on 250 mg. one poqam and two tablets at night time.

The patient is alert, cooperative; he is easily distractible with loud and pressured speech. His mood is euthymic and affect is euthymic full and somewhat inappropriate. His thoughts are goal directed; logical and coherent with some flight of ideas noted

He is oriented times three. His memory seems to be grossly intact. His attention and concentration is somewhat declined. His insight and judgment seems to be somewhat poor at this time.

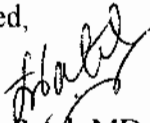
### IMPRESSION:

Axis I.           Bipolar Disorder with Psychotic Symptoms

## TREATMENT PLAN:

1. Depakote trial as was mentioned earlier. The patient will have a Depakote level and CPC & Liver Panel done in two to three weeks. That would be one week prior to coming for a follow up appointment. The results would be faxed here.
2. I will not increase the Zyprexa at this time because the patient seems to be having some tiredness from it and I am afraid if I increase it more he will stop taking it and loose the therapeutic benefit. Probably also with Depakote he will feel somewhat more tired too so I don't want to change medications at this time.
3. The patient was advised to stop Lithium. He again is advised to stop his homeopathic medication, as we do not know the interaction within it. He does verbalize understanding, but he wants to continue it.
4. Patient will continue family therapy with Dr. Langenfeld.
5. Patient will come back for follow up in three to four weeks.

Signed,



Tejas Patel, MD  
Psychiatric Resident

TP/jvl

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**Date:** October 14, 1999

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The patient states that his mood has been coming down to a more normal mood. He has been sleeping well and he said his energy level is more normal rather than really high. However, he still continues to have problems with racing thoughts and pressure of speech. He said that his concentration has improved somewhat. He still remains somewhat euphoric, talking about when he calls the president as well as he will be a talk show host. He said he is starting to question those things. He also states that "I don't know for sure" when I ask him about his previous belief or delusion about having 500 to 1000 wives. He states that now he thinks he is only sure about maybe 42 wives. He is not able to give me more detail about his delusion now. He said he is not having ideas of reference in terms of talking with different people psychically very often now. He said that he had a couple of weeks attempted it in the past where it was more frequent but now it is going down consistently.

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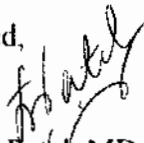
### IMPRESSION:

**Axis I:** Bipolar Disorder, Psychotic Symptoms

**TREATMENT PLAN:**

1. I think the patient is having some response to the combination of the medication. We discuss about going up on the dose to get a full response. He agreed that we would increase the Depakote to 250-mg. poqam and 750 mg. poqhs. We will also increase the Zyprexa to 15 mg. poqhs. The patient is also going to have a trough Depakote level and liver panel done before he comes in to see me and that would be in about four weeks.
2. The patient is going to call me within two weeks to see how he is doing. He is going to make an appointment in the meantime if he is not doing well.

Signed,



Tejas Patel, MD  
Psychiatric Resident

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## PSYCHIATRIC MEDICATION CHECK

**Client:** Chris Roller

**Date:** July 7, 2000

This patient was to meet for a med check at eight o'clock. He did not show and did not call to cancel or call to reschedule.

Signed,

Jason Andersen, D.O.  
Psychiatric Resident

JA/jvl

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## PSYCHIATRIC MEDICATION CHECK

**Client:** Chris Roller

**Date:** July 17, 2000

### SUBJECTIVE:

Mr. Roller has a diagnosis of Bipolar Disorder With Psychotic Symptoms. His current medications are Depakote 250 mg. in the morning and 500 mg. at bedtime and Zyprexa 10 mg. at bedtime. He presents today for a follow-up med check visit.

The patient presents using very good spirits, very energetic, and to me his speech appears to be pressured and he is somewhat grandiose in his presentation. I pointed this out to him and he laughed about that and agreed and said, "If you think this is bad you should have seen me last week" and went on to say that last week he was extremely energetic and pressured.

He admitted he has been having thoughts again about his thousand wives and his feeling that Celiene Dione is his biggest fan and wants to have his child. I asked him about compliance with his medications and he admitted that he has lately been taking his medications on "an as needed basis" and admits that this often means he will go days or weeks without taking his medications. He says that in the last two or three weeks that he has been "kind of out of control" and has started taking his Depakote and his Zyprexa again and he feels that he has actually come down to a more normal level as compared to a week and a half ago.

I am still quite concerned and I expressed this concern and the patient insured me that he was having no suicidal or homicidal thoughts and that he was taking his medications again as directed and was requesting a refill on his prescriptions. I stressed to him the importance of taking his medication as ordered rather than on an as needed basis. He admitted that the medications often made him feel sedated but I responded by saying that much of that would resolve if he would just get on the medications regularly and as directed. He promised me that he would continue to take the medications as he has for the last week or week and a half or so.

The patient is alert and oriented to person, place and time. His mood is somewhat elevated and there is some grandiosity but patient denies any suicidal or homicidal ideation. He denies any hallucinations. He indicates that the belief of having upwards to a thousand wives is a delusion and is indicative that his medication levels are not where they should be and he agrees to continue taking his medications.

**IMPRESSION:**

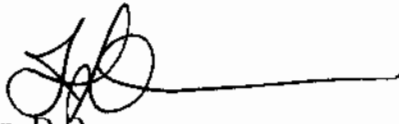
Axis I: Bipolar Disorder Hypo-Manic.

**TREATMENT PLAN:**

The patient by his own admission has been very poorly compliant with his medications but has been taking his medications now for over a week and states that his symptoms are actually improving. I re-entered the patient's prescriptions for Zyprexa 5 mg. poqhs. This is a decrease from the 10 mg dose but he states that he has been breaking the tablets in half just because he finds the Zyprexa too sedating. He stated he was either taking five mg. at bedtime or not at all and this is one concession I did make to him with the medications.

The other medication is Depakote 250 mg. in the morning and 500 mg. at bedtime. I also renewed this. I left him with instructions to call the office at the end of the week and also at the end of next week just to let us know how he is doing and at the time he left the office he was still in elevated spirits but did agree to continue taking his medication.

Signed,

A handwritten signature in black ink, appearing to be 'JA', followed by a horizontal line extending to the right.

Jason Andersen, D O.  
Psychiatric Resident

JA/jvl

# GREAT PLAINS PSYCHOLOGICAL SERVICES

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101 South Main Avenue • Suite 503  
Sioux Falls, South Dakota 57104  
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## PSYCHIATRIST PHONE FOLLOW-UP

**Client:** Chris Roller

**Date:** December 12, 2000

This is regarding a phone call received from his pharmacy stating that he was out of Zyprexa 5 mg. tablets and wishing to have an authorization for a refill. Last time I saw Chris was on the 17<sup>th</sup> of July and I was concerned because he appeared to be quite elevated and pressured at the time.

He has diagnoses of Bipolar Disorder with Psychotic Symptoms and is on Depakote 250 mg. in the morning and 500 mg. at bedtime. He was on Zyprexa 10 mg. at bedtime as well but would refuse to take it because of the sedation that he experienced. After much conversation I convinced Chris to try the medication again but he stated he would only take 5 mg. at bedtime. Although I am not comfortable that this is sufficient I had to take the approach that this would have to be better than nothing and hopefully will augment the Depakote that he is on. I would like to see Chris in again but I am concerned also that he continue to receive his Zyprexa so I authorized a refill of his Zyprexa and will attempt to get him to come into the office for a follow-up appointment with me as soon as possible.

Signed,

Jason Andersen, D.O.  
Psychiatric Resident

JA/jvl

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**Name:** Chris Roller

**Date:** December 19, 2000

This is regarding a call from a pharmacy on December 5 stating that Chris had presented requesting a refill of his medication, however, there were no remaining refills. Chris carries a diagnosis of Bipolar Disorder and in the past I have been very concerned about his compliance with medications and poor control of his symptoms specifically of mania. Although I would like to see Chris for follow-up, I did not wish to try to get him to come in by refusing to refill the medications. I feel that this would have served to provoke him and would likely achieve the opposite effect, that is, his refusing to come back and see me. I authorized with the pharmacist to fill Chris' prescription of Zyprexa, 5 mg poqhs, one months worth with one refill. As stated previously, I am not comfortable that this is a high enough dose for Chris but in our last visit assured me that he would most likely not take the medication at any higher dose. I will try to contact him and get him into see me as soon as possible so we can evaluate this and try to determine what the next best course would be.

Signed:



Jason Andersen, D.O.  
Psychiatric Resident

JA/jk

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## PSYCHIATRIC MEDICATION CHECK

**Client:** Chris Roller

**Date:** February 20, 2001

### IDENTIFICATION DATA:

Chris Roller is a 36 year old married white male who has a diagnosis of Bipolar Disorder With Psychotic Symptoms. He presents today for a medication management follow-up visit.

### SUBJECTIVE:

Last I saw Mr. Roller was on the 17<sup>th</sup> of July, 2000. I did have a telephone call with him on the 12<sup>th</sup> of December and then notification from his pharmacy on the 19<sup>th</sup> of December requesting an authorization for a refill. As I've stated before Mr. Roller has a diagnosis of Bipolar Disorder Type I and he often gets very psychotic and delusional symptoms.

My concern is that he has not been compliant with his medications. Specifically he is on Zyprexa 10 mg. at bedtime and Depakote 250 mg. in the morning and 500 mg at bedtime. The problem is the patient has not been consistent with taking his medications. He has frequently complained about the Zyprexa being too sedating and rather than take it long enough for his body to become accustomed to it he decided to decrease the dose to 5 mg. or not at all. As a consequence, I don't think he has gotten much benefit from it.

The last time I spoke with Mr. Roller he was quite delusional frequently focusing around the issue of trying to have a child with Celeine Dion the singer as well as this paranoid fear that his co-workers are jealous of him and that they have been slowly poisoning him.

He presents today less agitated but nevertheless still quite elevated and pressured and stating that he still feels very strongly that the fears and beliefs that he was being poisoned were true and he has a hard time accepting that this is just a delusion or that these are just hallucinations that he has experienced. He is not currently talking about having a child with Ms. Dion or having a harem of hundreds of wives. Nevertheless he still feels very strongly about being persecuted and plotted against at work. He also still talks about being in the middle of a "Truman Show" where he is the only one unaware that this is simply a large elaborate movie or television production and that the whole world is watching him within that context. As I said, the severity and intensity of the symptoms are better than the last time he was in but nevertheless I am still concerned because he is having some paranoid delusions. We talked for sometime about getting back on a therapeutic

**MENTAL STATUS EXAM:**

**Attitude and General Behavior:**

This is a pleasant, quite upbeat male. He makes reasonable eye contact. Dress and grooming are casual. Hygiene is appropriate.

**Affect and Mood:**

Patient's affect is full. His mood is euthymic and upbeat, perhaps even elevated but much more controlled than in the past. He is alert and oriented to person, place and time. His memory is grossly intact. He denies any thoughts of self-harm. He denies any paranoid thoughts. He denies any thoughts of harming anyone else. He does still have these delusions that he is involved and unwittingly part of "The Truman Show" and that he has a harem. He currently does not obsess over these and doesn't seem to consume his waking hours. In fact, he seems quite nonchalant about it.

**IMPRESSION:**


Axis I:           Bipolar Disorder  
                    Delusional Disorder

Axis II:           No Diagnosis

Axis III:          No Acute Diagnosis

**PLAN:**

I spoke with Mr. Roller about his medications and he states that he is tolerating the Zyprexa quite well and in fact he recognizes that it has calmed him down and made him a more secure and relaxed person. I suggested to him that we increase the dose to 20 mg per day and he seemed a little surprised by this, laughed and said he'd go ahead and try it for awhile. He assured me that if he felt like this was too high of a dose that he would notify me rather than discontinuing it. Again, I inquired about any thoughts of harming himself or others and he assures me that he doesn't have any self-harm thoughts, no thoughts of harming others and that he currently he feels quite secure and does not feel as though others are out to get him. He promises me that should he begin to feel that way he will contact me or he will let his wife know and if those options are not available then he will go to the emergency room to seek further assistance.

Signed: 

Jason Andersen, D.O.  
Psychiatric Resident

JA/jk

**THOUGHT PRODUCTION:**

The patient's thoughts are at times tangential and some pressure of speech noted. He also had thought blocking present and he was looking at blank place in between. He was also easily distractible.

**THOUGHT CONTENT:**

His thought content mainly revolved around his delusional thinking about 500 wives and how they communicate with him in terms of ideas of reference. His thought content is positive for ideas of reference, auditory hallucinations, thought insertion as well as paranoia and delusion. He denies any homicidal or suicidal ideations or any obsessions or compulsions.

**MENTAL GRASP AND COGNITIVE ABILITIES:**

The patient has a clear sensorium. He is accurately oriented to person, time and place. His memory, immediate, recent and remote appears to be all intact upon testing. He seems to be of average intelligence and displayed somewhat poor abstraction when asked about similarities between objects. The patient seems to have some decline in his attention and concentration and he was unable to Serial Seven subtractions more than one step. During the interview he was also very easily distractible.

**INSIGHT AND JUDGMENT:**

The patient seems to have very poor insight into his problem and displayed poor judgment regarding his marriage problem with his wife.

**IMPRESSION:**

- Axis I:** Bipolar Disorder with Psychotic Symptoms vs. Schizo affective Disorder
- Axis II:** No Diagnosis
- Axis III:** No Diagnosis
- Axis IV:** Psychosocial Stressors: Marital Problems, Chronic Mental Illness with poor insight.
- Axis V:** GAF Currently: 45-50

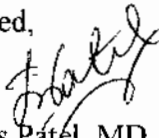
**TREATMENT PLAN:**

1. I discussed with the patient about his diagnosis and he says he verbalized understanding but he still continues to be delusional. The patient however, does agree to the medication trial. He thinks that Lithium has not helped him and he would like to change it to something. I have given him a prescription for the lab test in terms of CPC \_\_\_\_\_ panel to be done as a baseline for Depakote trial. The patient will have that done by the end of next week and he will come back next week so we can start him on the Depakote.

At this time I will give him Zyprexa 10 mg. poqhs. An inform consent was obtained for this. I will continue him on the Lithium at this time. I also discuss with the patient that I do not know anything about this homeopathic medication and I do not know if there is any interactions going on or how it affects the mood and I have advised the patient to just take one medication at a time, either our medication or the homeopathic and he said he would try to do that but he did not promise anything. However, I did educate him about the dangers of taking both medications together. He verbalized understanding.

2. The patient will continue his marital therapy with Dr. Langenfeld.
3. The patient will come back for follow up in one week and hopefully by that time we will have the lab test so we can start him on Depakote trial.

Signed,



Tejas Patel, MD  
Psychiatric Resident

TP/jvl

SC

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## MEDICATION MANAGEMENT

**Name:** Chris Roller

**Date:** July 31, 2001

### IDENTIFYING DATA:

Chris is a ~~37~~<sup>38</sup> year old married white male who has been diagnosed with Bipolar Disorder with psychotic symptoms. I also have a rule out Delusional Disorder. He presents today for medication management.

### SUBJECTIVE:

I last saw Mr. Roller on February 20, 2001 and he states he has doing fairly well since then. He had been on Zyprexa 10 mg per day and states that was increased to 15 mg per day, although I honestly do not recall increasing the dose from 10 mg to 15 mg. Nevertheless, I am more than happy to have him at a higher dose. This has been a concern of mine that he has been underdosed on the Zyprexa. Ever since I met him it has been difficult to get him to even take the medications and ultimately I wanted him to get to 20 mg per day anyway. So however this worked out, I am happy to hear that he is taking his medication.

He states that things are going much better. He is not having paranoid thoughts at work. He feels like the people who were out to get him have backed off and he currently feels safe. He states that overall he is feeling more happy and more secure. He seems to be doing well at work and things are going well with his wife. After some conversation he did admit that he still has this belief that he is the subject of "The Truman Show" and wants to know when I think it will end. This got me curious so I inquired about his harem and he sheepishly admitted that he still believes that he has a harem of women though he admits contact from them has decreased significantly. Nevertheless, he is still under the impression that occasionally one of his women will call him and then he will try to find out who it was and return her call. He tells me that he doesn't share this information with his wife because she gets kind of upset so he pretty much keeps it to himself. In spite of all this, he seems quite cheerful and does not appear to be disturbed by these feelings, these two delusions and seems to be at peace with the fact they are unresolved. He is not having any thoughts of harming anyone else nor does he feel like he wants to harm himself, nor does he feel anyone else is out to get him.

dose of the Zyprexa and he frequently complained that he does not like feeling sedated by the Zyprexa. Again I try to explain to him that this is usually a transient affect and after a few doses most people become accustomed to this and they don't find it as sedating after awhile.

**MENTAL STATUS EXAM:**

He is alert and oriented to person, place and time. His affect is expansive. His mood is labile. He goes from being pleasant to being somewhat guarded and hyper-vigilant.

**Thought Production:**

There is some tangentiality and loosening of thought. He tends to perseverate around these issues of persecution at work and of being on the Truman show.

**Thought Content:**

Patient denies any actual visual or auditory hallucinations. He denies suicidal or homicidal ideation. I dwelt on this a number of times asking him specifically if he thought about lashing out against his co-workers whom he suspects of plotting against him and he assured me that he intended no one any harm and if things got too bad he would simply quit his job. He does have paranoid delusions and grandiose delusions.

**IMPRESSION:**

Axis I:           Bipolar Disorder Type I Manic with some Psychotic Delusions  
                      Slightly improved since last visit.

                      Rule Out Delusional Disorder

Axis II:           Diagnosis Deferred

Axis III:          No Active Diagnosis

**PLAN:**

I wrote a prescription for 10 mg. of Zyprexa as well as Depakote 250 mg. with one tablet in the morning and two at bedtime. I also instructed him to take his medications about two hours before he is actually going to go to bed because he complains of being tired for the first hour or two after waking up in the morning. This way he is less likely to complain of fatigue and he may also get to bed a little earlier than he normally does.

Patient assured me that he would give the Zyprexa some time. Again I assured him that it would take a few days or a week or so before he gets over that sense of sedation but in most cases that does happen so he promised me he would try it.

He also promised me that should the sense of persecution and paranoia to the point where he feels like he has to harm someone to defend himself that he will contact me or if it is after hours he will contact the nearest emergency department or police department to seek assistance.

Signed,

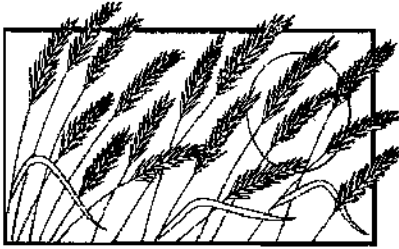
A handwritten signature in black ink, appearing to be 'JA', with a long horizontal line extending to the right.

Jason Andersen, D.O.  
Psychiatric Resident

JA/jvl

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E-mail: gppssf@aol.com

## PSYCHIATRIC NO SHOW

**Client:** Chris Roller

**Date:** 2-12-02

### IDENTIFICATION DATA:

Chris was scheduled for a 5:30 medication check. I have not seen Chris since summer of 2001. Chris did not show up for his appointment and we did not receive any word that he had canceled.

Signed,

Jason Andersen, D.O.  
Psychiatric Resident

JA/jvl

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## PSYCHIATRIST PROGRESS NOTE

**Client:** Chris Roller

**Date:** February 19, 2002

### IDENTIFICATION DATA:

This is a <sup>57</sup>38 year old married white male whom I have been following with a diagnosis of Bipolar Disorder and Delusional Disorder

### CURRENT MEDICATIONS:

Zyprexa 20 mg. at bedtime.

### INTERVAL HISTORY:

I last saw Chris in July of 2001. I don't like to let so much time lapse between appointments but he has missed a few appointments, however he continues to take his medication and my concern is that he keep on this medication rather than try to alienate him by being more insistent that he make his appointments in order to get his refills.

He does present today stating that yesterday he was put on paid suspension because of some sort of review that he is being subjected to. I did not understand what this was but apparently either he has made some procedural error and/or did something in the environment of the office to put him on some sort of suspicion for evaluation. He insists he doesn't know what it is. One time he made reference to this as being related to how he inputs data at work but another time he made reference to not realizing he was still offending people but I could never get a clear understanding of what exactly is going on.

Chris states that he is tolerating his medications well. The initial sedation that I noted in the Zyprexa seems to have resolved. He is taking 20 mg. at bedtime and he says that this is just fine. He denies any cycling of moods, any mania or depression which he has experienced in the past. Initially he stated that he wasn't having any more of the delusions such as that of multiple wives or of his being the center of this large "TRUMAN show" however after some questioning he did admit that he still believes that he is in the middle of this show and he wonders if I am not part of it. I assured him that if I were I was not aware of it myself and that he and I were both being

watched by a bunch of people if that were the case. He laughed at my joke but nevertheless admitted that he still isn't certain and I have a hard time dissuading him of this delusion and this is really why I have given him the diagnosis of Delusion Disorder as well as the Bipolar since I have seen so much improvement in his cycling of moods and yet this delusion remains constant and fairly fixed.

I have concerns about other possible things but perhaps something more serious medically going on but Chris is very hard to convince to do any kind of follow-up. Honestly I am amazed that I have been able to get him to take 20 mg. of the Zyprexa at night when initially he had said he would only take five. I have been able to just incrementally get him up to 20 but he still is not convinced that there is a problem with him and definitely does not think that there is anything wrong with him physically and doesn't see the need to get any other kind of help.

I would like to see him agree to some tests, perhaps thyroid tests as well as even a CT of the brain to rule out any kind of mass or bleed but I suspect I won't be successful in getting him to agree to this.

**IMPRESSION:**

Axis I:           Bipolar Disorder  
                      Delusional Disorder

**PLAN:**

Continue Zyprexa 20 mg. at night. I will contact him again and try to talk to him about maybe some other diagnostic tests. In the meantime he does agree to continue taking his medications.

Signed,



Jason Andersen, D.O.  
Psychiatric Resident

JA/jvl

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## PSYCHIATRIC MEDICATION CHECK

**Client:** Chris Roller

**Date:** April 9, 2002

### IDENTIFICATION DATA:

This is a 34 year old married white male whom I've been following for Bipolar Disorder and Delusional Disorder.

### CURRENT MEDICATIONS:

Zyprexa 20 mg. at bedtime

### INTERVAL HISTORY:

I last saw Chris on the 19th of February 2002 and we had a good conversation of learning his symptoms. At that time we decided to continue with the 20 mg. of Zyprexa at bedtime. In the interim he was seen by a therapist or counselor at Lutheran Social Services by the name of Rita Weber and according to Chris in regards to his current suspension status at work he saw her for a total of four times and then this was terminated. He states that he is feeling quite good. He says that he does not know what is going on at work but he is still on a paid suspension and he has not received any word that there is any decision or resolution forthcoming. He says he feels fairly good without any breakthrough symptoms. He told me that he spoke with Ms. Rita Weber about his "Truman show" delusion and he seems rather nonchalant about that unlike in the past. He did not follow-up with any inquires as to whether or not I was engaged in this show as one of the cast members or ask anything else indicating that he is concerned that this is still actively going on.

He denies any auditory or visual hallucinations. He denies any obsessions, compulsions or delusions, he denies any suicidal or homicidal ideations.

### IMPRESSION:

Axis I:           Bipolar Disorder  
                      Delusional Disorder

**PLAN:**

Continue Zyprexa 20 mg. at night.

Signed,

A handwritten signature in black ink, appearing to be 'JA', with a long horizontal line extending to the right.

Jason Andersen, D.O.  
Psychiatric Resident

JA/jvl