

Patient Name Chris Roller

Current Level of care: Inpatient PHP

MD Name DR. L. FLEVARES

MD Phone# 605-351-4100

Discharge Date: 8-26-00

Transfer To: _____

Routine AMA At patient / Family Request Other (Explain) _____

FOLLOW-UP APPOINTMENTS

Name	Address	Phone#	Date of Next Appt.	Time
Psychiatrist <u>Dr. Anderson</u>	<u>Great Plains Psych 101 S. Main Ave SF, SD</u>	<u>338-8278</u>	<u>9/12</u>	<u>5:30</u>
Individual Therapist				
Marriage/Family				
Primary Care Physician				
Continuing Care				

DISCHARGE MEDICATIONS Drug-Dose-Route-Freq

1. <u>Aspirate 250 mg po qd</u>	8.
2. <u>Zyprexa 10 mg po qhs</u>	9.
3.	10.
4.	11.
5.	12.
6.	13.
7.	14.

Send Discharge Prescriptions Yes No (Explain) Written

Physician Call to Pharmacy (Name/phone #)

Diet: Regular

Activities: No Restrictions

Other Instructions: _____

Send Discharge record to: Great Plains Psych

Obtain Release of Information for the above

DISCHARGE DIAGNOSIS

AXIS I: <u>Bipolar Disorder, manic Type I, Alcohol Abuse</u>	AXIS III: <u>No active problems</u>
AXIS II: <u>No active problems</u>	AXIS IV: <u>MS on job stress</u>
	AXIS V: <u>GAF = 40</u>

Date/Time 8-26-00 MD Signature [Signature]

Copy Distribution White Chart Yellow Patient Pin



**Physician Discharge/
Transfer Orders**

6400-0044 CHART FORM 7/99

PO

471-96-2180



3 122 885 % 326496 033Y

ROLLER, CHRISTOPHER A

M 06/14/1967

4415 E 37TH STREET

SIoux FALLS SD 57103

DR FLEVARES, JAMES W

Patient Name: Christopher Roller Admission Date: 8/24/00 Discharge Date: 8/26 Time: 1430

Phone Number: _____ Patient Accompanied by: _____

Transportation: Personal Car/Self Parent/Relative Public _____ Other (Explain) _____

Problems to be addressed in continuing care: Medication Compliance (fx. of poor compliance) - Rx Sigdal v.o.

Three month goals for continuing care: Pt will be med. compliant - Will be able to effectively deal & stress

Treatment summary: Pt. had delusions and was out of touch & reality. More appropriate today (8/26) is on Depakote & Zyprexa

PLEASE DESTROY ALL PREVIOUSLY PRESCRIBED AND / OR UNUSED MEDICATIONS

Special Instructions/ Community services:			
Referrals or Placement: <u>Dr. Jason Anderson - Great Plains Psych.</u>			
Medications have been explained to my satisfaction (Patient Initials) <u>CR</u>	Yes	No	N/A
Medications and how to administer <u>CR</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
(If patient is unable, family is knowledgeable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>L/N/A</u>
Importance of getting meds filled prior to next scheduled dosage	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Importance of communicating with attending physician if having side effects to meds	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Medical Condition <u>Yes</u>	Yes	No	
Pertinent Lab Findings <u>L/N/A</u>	Yes	No	<u>L/N/A</u>
Other Follow Up Issues <u>Yes</u>	Yes	No	
Personal items & valuables medications brought to the hospital, books (school, hospital, library) returned.	(Patient initials) <u>CR</u>		
I UNDERSTAND AND AGREE WITH THE PRECEDING INSTRUCTIONS:			
Patient Signature <u>Christopher Roller</u>	Date <u>8/26/00</u>	Family of significant Other Signature	Date

Nursing summary of patient's condition upon discharge: Pt is stable and appropriate. Demonstrates understanding of discharge instructions

Mental Status: Depressed Alert Oriented Confused Unresponsive Anxious

RN signature: Colleen Weber RN Date: 8/26/00

PLEASE CIRCLE DISCHARGE DESTINATION CODE

<input checked="" type="checkbox"/> Home - H	Assisted Living w/Home Health - N	Rehab, Other - 8	State Penitentiary/Jail - J
<input type="checkbox"/> Home with Home Health - V	Swing Bed, Skilled - Q	Mental Health Facility, Other - M	Cancer Hospital - #
<input type="checkbox"/> Nursing Home, Skilled - S	Swing Bed, Not Skilled - U	VA Hospital - 7	Other Acute Hospital - O
<input type="checkbox"/> Nursing Home, Interm. - I	Subacute/skilled - L	Supervised living - 6	Long Term Care Hospital - @
<input type="checkbox"/> assisted Living - G	Rehab SVH - 9	Hospice: home/cottage - B	Other - X

Copy distribution: White-Chart Yellow-Patient Pink-Utilization Review



Patient Discharge/
Transfer Instructions
Nursing Discharge Summary
6400-0045 7/99 -CHART FORM **N**

471-96-2180

3 122 885 % 326496 033Y
 ROLLER, CHRISTOPHER A
 M 06/14/1967
 4415 E 37TH STREET
 SIOUX FALLS SD 57103
 DR FLEVARES, JAMES W

SIOUX VALLEY HOSPITAL
BEHAVIORAL HEALTH
DISCHARGE SUMMARY

ROLLER, Christopher
ACCT NO. 3122885
MR NO. 326496
DOB: 6/14/67
DOA: 8/24/00
DOD: 8/26/00
James Flevaras, M.D.

IDENTIFICATION DATA:

This is a 33-year-old married Caucasian male with a history of bipolar disorder, voluntarily admitted on 8/24/00 and discharged on 8/26/00.

ADMITTING DIAGNOSIS:

AXIS I: 1. Bipolar disorder type I, manic with psychotic symptoms.
AXIS II: 1. Diagnosis deferred.
AXIS III: 1. No active health problems.
AXIS IV: 1. Psychosocial stressors mild to moderate.
AXIS V: 1. GAF current 25.

DISCHARGE DIAGNOSIS:

AXIS I: 1. Bipolar disorder, manic type with psychotic features.
AXIS II: 1. No active problems.
AXIS III: 1. No active problems.
AXIS IV: 1. Mild; job stress.
AXIS V: 1. GAF on discharge 40.

DISCHARGE INSTRUCTIONS/PLAN:

Diet: Regular.

Activity: No restrictions.

Discharge Medications: Depakote 250 mg p.o. q.i.d. and Zyprexa 10 mg p.o. q.h.s.

Follow Up: Appointment with Dr. Anderson at Great Plains Psychological, scheduled for 9/12/00 at 5:30 p.m.

Other Instructions: Send discharge record to Great Plains Psychological.

DISCHARGE SUMMARY CONTINUED

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ROLLER, Christopher

ACCT NO. 3122885

DOA: 8/24/00

REASON FOR ADMISSION:

The patient was admitted due to complaints of having been poisoned by his co-workers. He is at high risk of self-harm because of poor reality testing and because of grandiosity and active paranoia. He was admitted for workup, evaluation, and stabilization of symptoms.

EVALUATIONS/FINDINGS:

Psychiatric Evaluation: This is a 33-year-old male with a history of bipolar disorder and very poor med compliance who presented to the Sioux Valley emergency room today stating that he had been poisoned by his co-workers. He came with a sample of coffee in hand which he felt was the vehicle for the poison. He also told the emergency room staff that he was receiving psychic messages, and he believes that it was either an angel living or dead who whispered in his brain that the coffee was poisoned and kept him from drinking the full amount, and that is what he feels saved his life. He has a very complex delusion about seven of his office mates who he feels are actively trying to kill him because he is living in his own Truman Show. The patient has a history of bipolar disorder and at one time was even diagnosed as schizophrenic in the past. He has currently been prescribed Zyprexa and Depakote which by his own admission he only takes on an "as I need it" basis. Today he is very agitated and anxious with very rapid and pressured speech. He insists that "this is not in my head" and insists rather that people are out to get him, that he is indeed receiving psychic messages, and that we need to believe him because the problem is not him but those who are out to harm him. He is followed at Great Plains Clinic on an outpatient basis. He has also been hospitalized on three occasions: once in the Twin Cities around Easter of 1999, here at Sioux Valley in June of 1999, and also hospitalized sometime in the past at Granite Falls. On all three of these occasions, he states that it was for bipolar disorder, but there is a question that the Granite Falls admission may have actually been an inpatient substance abuse program. No known drug allergies.

Mental Status Exam: This 33-year-old male is casually dressed. He makes reasonable eye contact. He does attempt to answer questions appropriately, but he is easily distracted and tangential. His thoughts are disjointed. He demonstrates rapid and pressured speech and grandiosity. He denies any suicidal or homicidal ideation. He admits to visual and auditory hallucinations in the form of voices, both inside his head and outside, warning him of harm that might come to him or telling him of things to come. He also describes some vague visual hallucinations. The patient also admits to having paranoid feelings about co-workers trying to harm

DISCHARGE SUMMARY CONTINUED

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ROLLER, Christopher

ACCT NO. 3122885

DOA: 8/24/00

him. He also has delusions about having a thousand wives including Madonna and Celine Dion. Mental grasp and cognitive capabilities - sensorium is intact. He is oriented to person, place, and time. Memory is grossly intact. IQ is estimated to be average to slightly above. Abstractive ability tends to be concrete. Attention and concentration are poor. Insight and judgment are poor. Strengths and assets - he is reasonably intelligent, he enjoys good physical health, and he apparently has a supportive wife. Diagnostics as listed prior.

History and Physical Exam: Completed by Glen Ridder, M.D. Essentially noncontributory. Laboratory has been done and so far is unremarkable other than a valproic acid level of less than 12.5. Assessment - delusional with bipolar disorder; otherwise healthy gentleman, post laser surgery for his eyes. Plan - at this point, reassure and encourage participation in the program here; we'll follow as needed.

Psychological Testing: Not completed during this hospital stay.

Laboratory: Chemistry panel values were within normal limits. Valproic was less than 12.5. Urine drug screen was negative. On blood count, MCV was low at 79.9; other values were within normal limits. absolute elevated at 0.9, reference 0.0 to 0.7. On UA, ketones were greater than or equal to 80 which was a critical value. Urobilinogen was elevated at 2.0, reference 0.2 to 1.0. Free T-4 was 1.3, and ultra TSH was 1.17, within normal limits.

No EKG's, x-rays, or other special procedures were completed during his hospital course.

HOSPITAL COURSE:

The patient was admitted secondary to poor reality testing because of grandiosity and active paranoia. He became compliant with medication and was more appropriate on his Depakote and Zyprexa.

Problems to be addressed in continuing care: medication compliance; history of poor compliance; history of bipolar disorder. Three-month goals for continuing care: The patient will be med compliant and will be able to effectively deal with stress. Follow up with Dr. Jason Anderson at Great Plains Psychological Services.

DISCHARGE SUMMARY CONTINUED

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ROLLER, Christopher

ACCT NO. 3122885

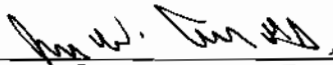
DOA: 8/24/00

CONDITION ON DISCHARGE:

The patient is stable and appropriate. He demonstrates understanding of discharge instructions. No exhibited loss of contact with reality; no suicidality. He and his belongings are discharged to home.

Dictated by:

Benita Timpe, RN, CNP


James Flevares, M.D.

BT/lvr

DD: 9/5/00 @ 15:27

DT: 9/5/00 @ 18:24

cc: Great Plains Psychological Services

Name: ROLLER, CHRISTOPHER A
Acct: 00003122885
DOB: 06/14/1967 33)
Rm#: 0109B
Att. Phys: JAMES W FLEVARES, M.D.
Admit Date: 08/24/2000
Disch Date:
MR#: 326496
Pt. Type: Inpatient

SIoux VALLEY HOSPITAL
Sioux Falls, SD

PSYCHIATRIC EVALUATION

IDENTIFYING DATA

This is a 33-year-old married white male with a history of bipolar disorder who initially presented to the emergency department with complaints of having been poisoned by his coworkers.

JUSTIFICATION FOR TREATMENT

The patient is a high risk of self harm because of poor reality testing and because of grandiosity and active paranoia.

HISTORY OF PRESENT ILLNESS

This 33-year-old male who has a history of bipolar disorder and very poor medication compliance presented to the Sioux Valley emergency department today stating that he had been poisoned by his coworkers. He came with a sample of coffee in hand which he felt was the vehicle for the poison. He also told the emergency staff that he was receiving psychic messages and he believes it was either an angel living or dead who whispered in his brain that the coffee was poisoned and kept him from drinking the full amount and that is what he feels saved his life. He has very complex delusion about seven of his office mates who he feels are actively trying to kill him because he is living in his "own Truman show". The patient has a history of bipolar disorder and at one time was even diagnosed as schizophrenic in the past. He has currently been prescribed Zyprexa and Depakote which by his own admission he only takes on a "as I need it basis". Today he is very agitated and anxious, very rapid and pressured speech. He insists that this is "not in my head" and insists rather that people are out to get him and that he is indeed receiving psychic messages and that we need to believe him because the problem is not him, but is those who are out to harm him.

PAST MEDICAL HISTORY - PSYCHIATRIC

He has a history of bipolar disorder. He is followed at Great Plains Clinic on an outpatient basis. He also reports that he has been hospitalized on three occasions, once in the Twin Cities area around Easter of 1999. He states also that he was hospitalized here at Sioux Valley in June of 1999 and also was hospitalized sometime in the past at Granite Falls. On all three of these occasions he states it was for bipolar disorder, but there is a question that the Granite Falls admission may have actually been an inpatient substance abuse program.

PAST MEDICAL HISTORY - NONPSYCHIATRIC

Significant for eye surgery on both eyes, I believe it was the LASIK procedure.

Name: ROLLER, CHRISTOPHER A
Acct: 00003122885
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PSYCHIATRIC EVALUATION

ALLERGIES

No known drug allergies.

MEDICATIONS

The patient's currently prescribed medications are Zyprexa 10 mg p.o. q.h.s. and Depakote 250 mg p.o. q.i.d., but he readily admits that he only takes these on occasion because they make him feel groggy. He cannot recall the last time he took these medications.

DRUG AND ALCOHOL ABUSE HISTORY

The patient denies any drug abuse or alcohol abuse. States that occasionally he drinks alcohol. He denies any tobacco use. He states that he has experimented lightly with illicit drugs in the past, but never had any abuse or dependency problems.

FAMILY HISTORY

Difficult to obtain an adequate family history from the patient just because he was so distractible and tangential, but he did indicate that there is a history of mental illness on his mother's side including some bipolar disorder. The patient is currently married. He and his wife have two children, a 3-year-old son and a 1-year-old daughter.

JOB

He currently works for a company called Micro Medical.

LEGAL ISSUES

None pending, none recent.

MENTAL STATUS EXAMINATION

ATTITUDE AND GENERAL BEHAVIOR: This 33-year-old male is casually dressed. He makes reasonable eye contact. He does attempt to answer questions appropriately, but he is easily distracted and tangential.

AFFECT AND MOOD: The patient's affect is expansive. His mood is elevated and grandiose. There is also some irritability.

THOUGHT PRODUCTION: The patient is tangential and easily distracted. His thoughts are disjointed. He demonstrates rapid and pressured speech and grandiosity.

THOUGHT CONTENT: He denies any suicidal or homicidal ideations. He admits to visual and auditory hallucinations in the form of voices, both inside his head and outside warning him of harm that might come to him or telling him of things to come. He also describes some vague visual hallucinations. The patient also admits to having paranoid feelings about coworkers trying to harm him. He also has delusions about having a thousand wives including the celebrities Madonna and Celine Dion.

Name: ROLLER, CHRISTOPHER A
Acct: 00003122885
Page 3

PSYCHIATRIC EVALUATION

MENTAL GRASP AND COGNITIVE ABILITY: 1) Sensorium is intact. 2) Orientation, he is oriented to person, place, and time. 3) Memory is grossly intact. 4) Intelligence estimated to be average to slightly above average. 5) Abstractive ability, he tends towards concrete. 6) Attention and concentration are poor. 7) Insight and judgment are poor.

STRENGTHS AND ASSETS: He is reasonably intelligent. He enjoys good physical health and apparently he has a supportive wife.

SUMMARY AND FORMULATION

This is a 33-year-old married white male who has a history of bipolar disorder and poor medication compliance who presents to the emergency room stating that he is certain he has been poisoned by his coworkers.

IMPRESSION

AXIS I: Bipolar disorder, type I, manic with psychotic symptoms.
AXIS II: Diagnosis deferred.
AXIS III: No active health problems.
AXIS IV: Psychosocial stressors are mild to moderate.
AXIS V: GAF is 25.

PLAN

We will admit him to the service of Dr. Flevares, will restart his medications and will use serentil and droperidol as needed for extreme agitation. We will continue to evaluate and adjust treatment as is appropriate.

JASON L. ANDERSEN, D.O.



JAMES W FLEVARES, M.D.

ejs/954010

DD: 08/24/2000 6:40 P

DT: 08/24/2000 7:56 P

cc: JAMES W FLEVARES, M.D.

Name: ROLLER, CHRISTOPHER A
Acct.: 00003122885
DOB: 06/14/1967 (33)
Rm#: 70 0109B
Att. Phys: JAMES W FLEVARES, M.D.
Admit Date: 08/24/2000
Disch Date:
MR#: 326496
Pt. Type: Inpatient

SIoux VALLEY HOSPITAL
Sioux Falls, SD

**HISTORY & PHYSICAL
EXAMINATION**

This is a consultative H&P.

CHIEF COMPLAINT

Bipolar with grandiose and delusional thinking.

HISTORY OF PRESENT ILLNESS

The patient is a 33-year-old white male with a history of a bipolar disorder for quite some time. He has had two previous admissions for bipolar. This is his first one here. Prior to this, apparently a few years ago at New Ulm and prior to that in the cities in a hospital for bipolar. He was apparently taking his medicine kind of on an as needed basis until he had significant problems and brought himself to the emergency room last night thinking that his coworkers were poisoning him. With his history and his presentation in the emergency room, it was decided to bring him over here for admission and further evaluation.

PAST MEDICAL HISTORY

Only operation is eye surgery approximately two months ago according to him for vision correction.

ALLERGIES

No allergies.

MEDICATIONS

Supposed to be taking Depakote 250 mg q.i.d. and Zyprexa 10 mg q.h.s.; both of these he kind of uses on an as needed basis. He admits that when he takes them as needed then he does not recognize the need.

SOCIAL HISTORY

Married and living with his wife and two kids, one 3-year-old and a 1-year-old I believe. He does not smoke, occasional beers. He is a computer programmer at Micromedical. He has been there for about a year. He has been married for about 12 years.

REVIEW OF SYSTEMS

ENT: Denies any problems other than just getting his eyes used to his surgery for his corrective laser vision.

RESPIRATORY: Denies any problems.

CARDIOVASCULAR: Denies any problems.

GASTROINTESTINAL: He states that he lost about five pounds in the last week, though at this point he says that his appetite is good.

GENITOURINARY: No problems.

NEUROLOGIC: Denies any problems.

MUSCULOSKELETAL: Denies any problems.

...continued

Name: ROLLER, CHRISTOPHER A
Acct: 00003122885
Page 2

HISTORY & PHYSICAL EXAMINATION

PHYSICAL EXAMINATION

GENERAL: A well-developed and well-nourished gentleman who appears his stated age, in no acute distress at this point.

VITAL SIGNS: Temperature is 97.5, blood pressure 120/70, pulse 60, and respirations 20 and unlabored. Height is five feet and eleven inches, 190 pounds.

HEENT: Pupils equal, round, reactive to light and accommodation. Extraocular muscles intact. Fundi are okay. Ears are clear. Throat is clear.

NECK: Supple. Trachea midline. No palpable adenopathy or thyroid.

LUNGS: Clear to auscultation.

HEART: Regular rate and rhythm without murmur.

ABDOMEN: Bowel sounds positive, no masses or organomegaly. No scars.

SPINE: Straight.

GENITOURINARY: Bilateral descended testes. Circumcised with no hernia.

EXTREMITIES: Unremarkable. Good peripheral pulses. No edema. No obvious deformities.

SKIN: Intact.

LYMPHATICS: Intact.

CRANIAL NERVES: He does not have any problems with odors as far as his sense of smell. Visual acuity is okay with his new corrective vision. Extraocular eye movement and conjugate gaze unremarkable. Pain, temperature, and light touch to face unremarkable. Facial muscle movements are equal bilaterally in the upper and lower. Hearing by the Weber test is unremarkable. Negative Romberg. Gag reflex and palatal elevation unremarkable. Shoulder shrug, sternocleidomastoid, and trapezius strength normal. Tongue strength and deviation unremarkable. Sensory and motor functions appear intact. Coordination: Can heel walk, toe walk, and stand on either leg independently. Deep tendon reflexes are about 2/4 and equal bilaterally in the upper and lower.

LABORATORY

The laboratory that has been done so far is unremarkable other than supposedly on valproic acid; his level is low at less than 12.5.

ASSESSMENT

Delusional with bipolar disorder. Otherwise, healthy gentleman post laser surgery for his eyes.

PLAN

At this point, reassure, encourage participation in the programs here, and will follow up as needed.



GLENN A RIDDER, M.D.

js/954178

DD: 08/25/2000 7:13 A

DT: 08/25/2000 7:36 A

cc: JAMES W FLEVARES, M.D.
GLENN A RIDDER, M.D.

Name: ROLLER, CHRISTOPHER A
Acct: 00003122885
DOB: 06/14/1967 (33)
Rm#: 70 0109B
Att. Phys. JAMES W FLEVARES, M.D.
Admit Date: 08/24/2000
Disch Date: 08/26/2000
Date Seen: 08/27/2000
MR#: 326496
Pt. Type: Inpatient

SIOUX VALLEY HOSPITAL
Sioux Falls, SD
PSYCHOSOCIAL ASSESSMENT

INTERVIEW INFORMATION

Interview information obtained from an interview with the patient on 08/25/00 at Sioux Valley Behavioral Health. Telephone contact made to patient's spouse were additional history information on 08/25/00. Additional and/or supporting information also retrieved from the patient's chart. Quality and reliability of the information received appears to be good.

PRESENTING PROBLEM

This 33-year-old white, married, male was admitted to Sioux Valley Behavioral Health on 08/24/00. The patient indicates that on 08/24/00 he presented at Sioux Valley Hospital Emergency Room requesting that his blood be tested. The patient states that he had eaten something at work that caused him to be sick and suspected that he had been poisoned by coworkers. Upon evaluation, it was determined that the patient should be transferred to Sioux Valley Behavioral Health.

According to the patient, he has had a history of bipolar diagnosis for the last year and a half.

The patient indicates that at the time of interview and admission he was not suicidal. The patient does state that he has had a history of suicidal ideations in the past with no plan.

The patient's spouse reports that the patient had not been medication compliant over the last two to three weeks prior to his admission. Spouse indicates that as a result, the patient began displaying manic and psychotic symptoms.

The patient indicates that his biological mother has a history of bipolar diagnosis.

MAJOR SYMPTOMS

Include a decrease in sleep, difficulty concentrating, racing thoughts, mood swings and increasing anxiety, feelings of hopelessness, auditory and visual hallucinations, delusions and paranoia.

The patient states that a major stressor for him is financial worries.

The patient has been seen several times at Great Plains Psychological Services, first by Dr. Patel and most recently by Dr. Jason Anderson. The patient indicates that this is his third psychiatric hospitalization. The other two inpatient hospitalizations occurred in April 1999 in the Twin Cities for approximately three days and in June 1999 in New Ulm, Minnesota, for approximately three days. The patient reports that he has not received outpatient therapy.

Name: ROLLER, CHRISTOPHER A
Acct: 00003122885
Page 2

PSYCHOSOCIAL ASSESSMENT

FAMILY INVOLVEMENT AND EXPECTATIONS

The patient's spouse indicates that she will be involved in the patient's treatment. Spouse reports that she will visit patient while he is hospitalized and participate in the patient's outpatient treatment as needed.

Spouse indicates that it is her expectation that the patient will receive a medication adjustment as well as education on the importance of remaining medication compliant.

PHYSICAL DISORDERS AND DEVELOPMENT HISTORY

The patient states he believes he achieved developmental milestones at appropriate ages without significant delays. The patient does believe that he received speech therapy while he was in grade school for a year or two.

According to the patient, he has had eye laser surgery in the past. The patient also indicates that within the last year he had a snowboarding accident where he injured his head and states that he did have a concussion. The patient was not hospitalized for this condition.

Upon admission, the patient was on the following medications:

1. Zyprexa.
2. Depakote.

According to the patient, he drinks one to two times weekly, a couple of beers, he states. The patient indicates that he does not drink to the point of intoxication.

The patient denies using illegal drugs at this time but does indicate that in his early 20s he experimented with acid and marijuana.

According to the patient, he has never had a gambling addiction. The patient reports that he has never received drug or alcohol treatment.

FAMILY HISTORY

The patient's biological mother, age 53, resides in Redwood Falls, Minnesota. The patient's biological father, Ernest, age 55, is employed as an electrical engineer and resides in Redwood Falls, Minnesota. According to the patient, his parents have been married for approximately 33 or 34 years.

The patient indicates that he was born in Santa Maria, California.

The patient states that he has three sisters and one brother. The patient states that his brother, Aaron, age 26, resides in San Jose, California. The patient's sister, Carrie, age 28, resides in Winthrop, Minnesota. The patient's middle sister, Stephanie, age 30, resides in Colorado, and finally the patient's oldest sister, Ramona, age 32, lives in the Twin Cities.

According to the patient, he gets along "alright" with all of his siblings. The patient feels that he has a good relationship with his parents and feels that overall his family is supportive.

Name: ROLLER, CHRISTOPHER A
Acct: 00003122885
Page 3

PSYCHOSOCIAL ASSESSMENT

According to the patient, his parents have a "loving" marriage. The patient feels that they get along well.

The patient states that he has fond memories of his early home life and describes it as a "pretty relaxed" period of time in his life.

According to the patient, he has never been a victim of verbal, physical or sexual abuse.

SOCIAL HISTORY

The patient indicates that he has a high school diploma as well as a bachelor's degree in computer engineer from the University of Florida.

The patient states that he has good memories of his school experiences and describes himself as a "book worm". The patient reports that he took school very seriously and recalls that he studied very hard throughout his school years.

The patient has been employed for the last year at a company by the name of Micro Medical. The patient is employed as a computer programmer. Prior to this, the patient worked for several years in the Twin Cities as a computer programming consultant.

The patient reports that he was in the Navy for approximately six years.

The patient reports that in his leisure time he enjoys watching television and golfing.

The patient states that he is a member of Unity Church in Sioux Falls and states that he attends regularly. According to the patient, he finds strength in faith. The patient reports that he does volunteer his time at church and serves on various boards as needed.

MARITAL HISTORY

The patient's wife, Maria, age 35, is a full-time mom. The patient states that they have been married for 12 years and have a very good marriage. The patient also indicates that Maria is attending school on a part-time basis to become a medical assistant.

This union has produced two children, Dillon, age 3, and Nicole, age 1. The patient reports that his wife and children are very important to him.

LEGAL STATUS

The patient indicates that approximately two to three years ago he threw a rock through a window in the apartment complex where he lived. The patient states that the occupants of that apartment were loud and out of control. The patient states that he threw the rock in an attempt to quiet them down. The patient indicates that he received a misdemeanor charge and was required to pay for the cost of the window. The patient states that he has never been on parole and does not have a probation officer. According to the patient, he has never been involved with the Child Protection Service Agency.

Name: ROLLER, CHRISTOPHER A
Acct: 00003122885
Page 4

PSYCHOSOCIAL ASSESSMENT

INITIAL DISCHARGE PLAN

The patient reports that his discharge goals include obtaining blood work so that he can find out if he was poisoned by coworkers.

The patient is currently residing in a house in Sioux Falls with his wife and two young children.

According to the patient, his spouse and extended family are supportive.

The patient's strengths include his intelligence, his involvement in the mental health system and family support. The patient's challenges include the difficulty he has had in maintaining medication compliance.

While the patient is hospitalized, he will receive a psychiatric evaluation, a medical exam, attend group therapies and individual therapy.

Treatment team will determine treatment goals and discharge takes on an ongoing basis.

Probable follow up and/or aftercare will include medication management by Dr. Andersen at Great Plains Psychological Services. The patient also indicates that he would be open to individual outpatient therapy.


KELLY CHRISTENSEN, MSW

rlr/955917

DD: 08/27/2000 9:43 P

DT: 08/28/2000 7:52 A

cc: JASON L ANDERSEN, M.D.
KELLY CHRISTENSEN, MSW
JAMES W FLEVARES, M.D.