

ORIGINAL

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Casey Manning

Appellate Case No. 2016-001494

RECEIVED
NOV 28 2017
SC Court of Appeals

...Respondent.

Theodore P. Polansky, Employee,

v.

SC Office of Attorney General, Employer,
and State Accident Fund, Carrier,

.....Appellants.

APPENDIX TO THE RECORD ON APPEAL

Volume 2 of 2

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Columbia, SC 29201
Attorney for Respondent

INDEX TO APPENDIX TO THE RECORD ON APPEAL

Claimant's Amended Notice of Witnesses and APA Submissions, dated March 4, 2015.....1

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teel Palowsky Date 5/25/2010

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN will miss next week

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep</u>			✓		
<u>anx / panic</u>			✓		
<u>low activity / se iso</u>				✓	
<u>neg impact chronic pain</u>				✓	
					<u>low energy exhausted from pain</u>

Treatment provided** on new pain med Exalgo - morphine - cannot have RSD pain stimulator right now

Treatment planned*** waited @ volcs in yard, also dog enters to Discourage w. pen next door go after Mr. Funn

Current/Charged medications*** + Exalgo See Forstseful / Rober for pain dia review last med

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes** Can best tx for depression per patient
Can best repress neg percept

Persons completing this form: CJTJ alone

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teel Plarsky Date 5/18/2010

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep			✓			Cog Skills ↓↓
anx / panic			✓			
low activity / exercise				✓		could BD parts -
neg impact chronic pain				✓		couldn't talk to - It smarts! "I" and

Treatment provided** Cog reframe - Mindfulness w/
chronic pain, Acceptance

Treatment planned*** Encouraging new interests Gail retrieved -
giving to Do List

Current/Changed medications**** same See BCS, Reher

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes** _____

Person completing this form: C J U P. 502

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teel Palensky Date 5/11/2010

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic			✓		
survival / functioning		✓			
neg impact chronic pain					
					✓ many of continued

Treatment provided** Cog rehab & Mindfulness unabating pain
work assist w/pain mgmt - Adv to return

Treatment planned*** E/S/V
Cont to build adaptive coping

Current/Changed medications**** same See Forstafil Med
ck last

Prognosis: ☒ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____
1 year severe pain stimulator
not broken

Person completing this form: CJT alone

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teel Polansky Date 4.2.2010

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	Very frustrated
anx/pain				✓	no: pain
social/low activity				✓	ST - control
neg impact somatic pain				✓	more consult to RSD stimulator

Treatment provided** Had Dr. Behan appt - Probably here to redo the whole thing - May have to

Treatment planned*** go to Colorado - A trial to have continue to build adaptive coping

Current/Changed medications**** same See Farabee in to per

Prognosis: ☒ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Person completing this form: C. J. J. P. 498 504 shen

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teal Polansky Date 4/20/10

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep</u>				✓	
<u>anx / panic</u>				✓	
<u>social / low activity</u>				✓	
<u>neg impact chronic pain</u>				✓	

Treatment provided** talk + smooth! Pain is enormous
stressful, cannot get things done, ACHV

Treatment planned*** tail down natural
Continue to build hard to keep manual

Current/Changed medications**** adaptive caps same Forestry Cap ref

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Person completing this form: CJT
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teel Polansky Date 4/6/20 10

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep</u>				✓	
<u>anx/pain</u>			✓		
<u>neg impact from pain</u>				✓	
<u>SI</u>					
<u>DA Denies review</u>					

Treatment provided** Very disappointed in contract for safety
RSD pain stimulator problems, unsure

Treatment planned*** re: ability to tolerate over time, very
Continue to build worried, Gail returning = A
adaptive coping
Current/Changed medications**** 50ml See Farstapel, EIS/1

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☒ Fluctuating ☐ _____

Notes ** _____

Person completing this form: _____

Signature/Initials

Printed

Title

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teel Polarsky Date 3/30/2010

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>depression</u>			✓		
<u>anxiety/panic</u>				✓	
<u>no important chronic pain</u>				✓	
<u>SI</u>			✓	<u>assess</u>	

Treatment provided** Pain is really wearing, Gael veterinarian will expect more from her - She does not

Treatment planned*** understand cognitive impairment - Cognitive
Cope w/AD Continue to build adaptive coping
negative perspective

Current/Changed medications**** 50mg See Foresterful E/S/L

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes ** _____

Person completing this form: _____

Signature/Initials

Printed

Title

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P. 507

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teel Polansky Date 3/23/2010

Duration: 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					
anx/pain			✓		denies SI
social / learn activity			✓		
neg impact pain				✓	still not resolved go on Jan

Treatment provided** Pt very frustrated in waiting for relief from pain - stimulator broken & not resolved

Treatment planned*** Moodfulness work to minimize pain

Current/Changed medications**** Continue to build adaptive coping same See Forstaefer

Prognosis: ☒ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

N ** _____

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P. 502

Person completing this form: C J J

al. n. n

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Dee Polansky Date 3/16/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 49 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>depression</u>			✓		
<u>anxiety/panic</u>			✓		
<u>low activity/loss</u>			✓	<u>emphasizing activity</u>	
<u>neg impact chronic pain</u>				✓	

Treatment provided** still waiting for referral from Rehab - encouraging to get out of the house more

Treatment planned*** Goal to reduce apprehensions - Cog rehab
Continue to build adaptive coping SE work - E/5/11

Current/Changed medications**** same See Farstoefer

Prognosis: 0 Guarded 0 Improvement 0 Recovery 0 Fluctuating 0 _____

N/A ** _____

Person completing this form: C. J. Jonet

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C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teal Polansky Date 3/9/2010

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / pain			✓		
social / low activity				✓	
neg impact somatic pain			✓		

Treatment provided** Pt not getting progress in getting RSD surgery - Neg cog set - Refrains

Treatment planned*** Mindfulness ELS/L
Continue to build adaptive coping

Current/Changed medications**** same See Forester

Prognosis: ☒ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐

N/ ** _____

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C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teel Polansky Date 3/2/20

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep</u>			✓		
<u>anxiety</u>				✓	
<u>attn / conc / ST memory</u>				✓	
<u>neg impact somatic pain</u>				✓	

Treatment provided** Dr. Polansky supposed to call re. setting up nose surgery but has not called; forgetting so

Treatment planned*** much - Bail will return & be home - Continue to build adaptive coping skills re: A

Current/Changed medications**** same Sec Forstaefer

Cog Reframp
neg cog sat
E/S/L

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

N. **

Person completing this form

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P 200

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polansky Date 2/23/2010

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depression	SI	depression SI	✓		
anxiety/panic				✓	
neg affect chronic pain			✓	may have surgery	expect to get stimulus fixed
low activity / social				✓	have been motivated

Treatment provided** 1st Ane = 1st to beel → going to beel
Retreating Made - Encourage early &

Treatment planned*** activity - Self-esteem doing not by work
Continue to build adaptive coping E/S/V

Current/Changed medications**** same See Jan 2008

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes** Coil leaves me tests every day
I don't do anything

Person completing this form: CJT P. 506

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teel Palensky Date 2/16/2010

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.5X

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep</u>				✓	
<u>SI</u>				✓	<u>says he will contact for safety</u>
<u>neg impact somatic pain</u>					✓ <u>even worse!</u>
<u>relat family stress</u>				✓	<u>Quite upset bc</u>

Treatment provided**

Pt doing poorly - Very upset w/ pain Cog Refractive ET/IV he did not understand

Treatment planned***

Frustrated w/ cog impairment Financial paper
not to build adaptive Call Dr. Baker for extra she does not comprehend that
Copy Forster I don't comprehend

Current/Changed medications***

same

See

Forster

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

N: # _____

507
500

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polansky Date 2/11/20 10

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep</u>				✓	
<u>anx / panic</u>				✓	
<u>low activity / social</u>				✓	<u>not getting out</u>
<u>neg impact pain</u>					<u>continues to be a</u>

Treatment provided** Assess SI - Cog reframe severe problem
depressive perspective - Cerebrate - leg + back!

Treatment planned*** activation - Rein strength
Cont to build adaptive cap 5/5/11

Current/Changed medications**** ↑ Aedon See Forstafel
? ↑ Cymbalta

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teal Polansky Date 2/2/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased	Lessened	No change	Increased	Much increased	
<u>attn / conc</u>	<u><<</u>	<u><</u>	<u>=</u>	<u>></u>	<u>>></u>	<u>cannot even read</u>
<u>depr</u>			<u>✓</u>			
<u>anx / panic</u>			<u>✓</u>			
<u>neg impact somatic prob</u>				<u>✓</u>		<u>continued severe</u>
<u>soc iso / low activity</u>				<u>✓</u>		<u>prob RSD limiting</u>

Treatment provided** Cog reframe negative percepts - Decision importance of developer
Treatment planned*** new interests

Current/Changed medications**** same See Farstaad

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☒ Fluctuating ☐ _____

Notes **

Person completing this form: CJJ P. 509
Signature/Initials Printed alone

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polansky Date 1/26/2010

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
ST				✓	✓ trend to increase
neg impact chronic					✓ pain
cognitive impairment				✓ confused	✓ bad

Treatment provided** Cog Beh dep & ST can't reel (2) anal probe
pt Contractions Build optimism (3) tenderize

Treatment planned*** Cog reframe - E/S/V in elbow
Build adaptive coping - Counters May have to
same See Forstachel go to CO
Current/Changed medications**** For surgery
Prognosis: 0 Guarded 10 Improvement 0 Recovery 0 Fluctuating 0 for pain
tes** stimulate

complication w/ scar tissue keeps
spinal cord stimulator from working
having anal bleeding & irritation
Person completing this form: CJ J 510 alano

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teel Palant Date 1/12/20

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					
anx/pain					
neg impact chronic pain					
SI					

Treatment provided** Cog Beh tx depressive feeling of inveter
cognition - Pain mgmt - Rein strength to give up

Treatment planned*** Cont to build adaptive copy
EIS/✓

Current/Changed medications**** same See Forstrefel

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes** _____

Person completing this form: CJT shane

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510

Case Progress Note

Name of client Teal Polansky Date 1/12/2010

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep</u>				✓	
<u>SI</u>				✓	
<u>low activity / social</u>			✓		
<u>anx / panic</u>			✓		
<u>neg impact chronic ps</u>					

Treatment provided** very bad, still not fixed
Cog Beh for dep - reframe - been struggling

Treatment planned*** Continue to build adaptive coping E 2 S/L

Current/Changed medications**** same See Lexapro

Prognosis: ☒ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes** _____

Person completing this form: CJT 512
5189

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Reber 779-3263
Tel 732-2593

Case Progress Note

Name of client Ted Polansky Date 12/21/2009

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
--------------------------	----------------------	---------------	----------------	----------------	----------------------

dep				✓	
anx / panic					
irritability					
neg impact chronic pain					

Treatment provided** Appears very sedated - Call Dr. Reber -
pt nearly nodding off in chair. Dr. Reber

Treatment planned*** _____

Current/Changed medications****

Exxon + See Forstaefer

P/C Hettler
T Morphine
Adel Percocet

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____
Exxon + Trazodone for sleep - 100mg at night

Notes ** saw Dr. Reber this morning, he is
getting consultant from Colorado to
help w/ wks it isn't working right
alone

Person completing this form: _____

Signature/Initials

Printed

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teed Polansky Date 11/10/2009

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	bc procedure did not help that much
anx / panic					
neg impact somatic pain			✓		had another procedure but it did not help as much
soc iso / low activity			✓		

Treatment provided**

Cog Reframe pessimism - Engender hope #7 or 8 last week

Treatment planned***

Cont to build acceptance cap but NOW #6 Pain level

Current/Changed medications****

same

See

Foretold

Prognosis: ☒ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

cs **

Person completing this form:

CJJ

P. 514

above

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

CC: Dr Forstaefer - c/o severe insomnia

Case Progress Note

Name of client Teel Palansky Date 12/1/2009

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
--------------------------	----------------------	---------------	----------------	----------------	----------------------

<u>Dep</u>				✓	✓
<u>neg impact chronic pain</u>				✓	✓
<u>insomnia</u>					✓
<u>anx/panic</u>			✓		

Treatment provided** Pt very insomnia - Needs help w/ sleep - Cog Deficiency to build optimism

Treatment planned*** Cog Beh t + depression & chronic pain

Current/Changed medications**** same See Forstaefer seeing Thurs

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

tes ** _____

Person completing this form: CJT 515 521 also

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teal Polansky Date 11/3/2009

Duration '90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.21

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/anx				✓	crying a lot
anx/pain				✓	
neg impact chronic pain				✓	continued severe
social isolation				✓	pain
Cognitive impairment				✓	still can't sleep & hope

Treatment provided** pain still not improved - stimulant not working correctly - Cog Reframe

Treatment planned*** Feelings of hopelessness - Rebuild adaptive coping strength

Current/Changed medications**** same See Forsterful E/S/V

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

1-s** meeting w/ MD in Chas on Mon

Person completing this form: C J J

P. 516

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

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Case Progress Note

Name of client Teal Polansky Date 9/8/2009

Duration 90 75 60 50 45 30 15 minutes.

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Cognitions impaired</u>				✓	<u>Pain makes it =</u>
<u>SI</u>			✓	<u>Continuity, but no plan</u>	
<u>neg impact pain on life</u>				✓	<u>vague</u>
<u>insomnia</u>				✓	<u>wakes up in the night - several</u>

Treatment provided** Tranquil w/ cogn are apparent the night - several

guarantees safe driving. Assess status hours before sleep

Treatment planned*** Plan to call Gail tonight & Dr Reher ASAP

Current/Changed medications****

same

See Reher & Maduwan

Prognosis: ☒ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

es **

Person completing this form:

C. J. J.

517

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Palansky Date 9/1/2009

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep</u>		✓	↓ SI φ		
<u>anx/pain</u>		✓			
<u>neg impact chronic pain</u>				✓	Continues -
<u>low activity / social</u>				✓	

Treatment provided** will see neurosurgeon in Chas for surgery to T vert - Decides SI can he wait that

Treatment planned*** Pain meds are helping long - Yes he says Cent to build adaptive coping E/S/V

Current/Changed medications**** 7 Pain meds See Rabon / Morphine
Same 4 meds

Prognosis: ☒ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes** _____

Person completing this form: CJJ P 518 alone

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C 422-9277

H 732-2593

Case Progress Note

Name of client Teel Polansky Date 8/25/2009

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep</u>					<u>✓✓</u> ? IP- R# say diff w/ need
<u>SI</u>				<u>✓</u>	<u>whistle OK for but</u> <u>has no</u>
<u>anx/irritability</u>					<u>✓ controls for</u> <u>safe</u>
<u>low activity</u>					

Treatment provided** still does not have stimulator fixed

Cal Dr Reba & let them know status

Treatment planned*** I have to go off to cry - Called Dr Reba in

Continue to build adaptive coping - Deal session with
Neurotin Mortimer with made note

Current/Changed medications**** ✓ Morphine Sec Redox pan

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

tes ** _____

Person completing this form: _____

CJT P 579
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alesae

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Case Progress Note

Name of client Teel Polarsky Date 8/18/2009

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / mania		poor self care		✓	dep ↑ - losing weight
anx / panic				✓	lost 1 pint size
neg impact chronic pain					✓✓ horrible ↑
soc iss / low activity					✓

Treatment provided** attn / care / ST memory ↓ - can't remember or even write reminder notes right - Explain

Treatment planned*** relat dep, anx, pain & ACH skills
Cont to build adaptive coping Coping w/ distractions - Coping
E/S/V

Current/Changed medications**** same See Marturano

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** surgery done for RSD Stimulator -

Chantix would not work - Still Not Working!

Person completing this form: CJT 520
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Case Progress Note

Name of client Toel Polinsky Date 7/3/07

Start 2:30 Ending 3:00 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
Dep mood / mood				✓	depression ↑ since
anx / panic				✓	2 days since
enkephalin				✓	Thurs / Fri
low activity / social			✓		

Treatment provided== Pt would drop out - E/S/V
Cognitive reframes - Pt needs to increase

Treatment planned*** interest - Bird in jail?
Buddhist - Activity Level -

Current/Changed medications==== same See Martinez - next week after
on Monday

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes ** 5 star wall & going well @ home
Baby - Kinky, came w/ Paul's D
went out on late w/ naber & saw July 4 Firework

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- Problems w/ Medical Billing - Mistake - they
hurt my credit record

- Upset re. Work Camp 3/21 to get med man

only much

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Case Progress Note

Name of client Ted Polensky Date 6-26-07

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep</u>		☒			
<u>anx/panic</u>		☒			
<u>excess worry</u>		☒			
<u>Soc iso / lack activity</u>		☒			

Treatment provided==

Pl takes re-multiple activities having extracurricular

Treatment planned==

in case - Showing interest in life
continue to build - F/15/V Circumscribed best. less
adeptus cope same See Martinez limited

Current/Changed medications==

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☒ Fluctuating ☐

Notes ==

really help

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Case Progress Note

Name of client Paul Polansky Date 16-12-07
Start 2:40 Ending 3:20 times. Duration 90 75 60 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures: _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
Dep/mood			✓	still	a little up but
anx/pain			✓		not in a box
anhedonia		✓			was
lack of interest/energy		✓			in various

Treatment provided==

Encourage continued interest in details of Therapy - Property

Treatment planned==

Try to P func while pt improves his home

Current/Changed medications==

same See Martians FLS/C

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☒ Fluctuating ☐

Notes == Lenny work done the same

Lami cil
chase
seem
helpful

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chase
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Case Progress Note

Name of client Leol Palamby Date 6/12/07

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Depression</u>					
<u>Lack of activity</u>					<u>✓ Pt speeds recovery</u>
<u>anhedonia</u>					<u>thought, energy</u>
<u>exhaustion</u>					<u>appear</u>

Treatment provided== Pt may be similar to hypomania -
Pt's Lamictal not helping mood? - Rapid

Treatment planned=== Conversation - No similar - Ben program
Continue to build adaptive coping skills

Current/Changed medications=== Lamictal added See Maintenance keep up

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Relapsing ☐

Notes == migraines interfere w/ sleep

Person completing this form: CJJ also
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Case Progress Note

Name of client Teel Polansky Date 6/5/07

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures: _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
Dep/mania			✓	mb a little more	
anx/panic			✓		energetic
anhedonia			✓		mb a better day
low activity		✓			

Treatment provided** reverted enjoy trip to HI - anhedonia

Worries w/ my injury - I can't believe how long ago

Treatment planned*** Salad what I cannot do - read depression

Continue to build

adaptive coping

Cog. Rehearsal E/S/V

Current/Changed medications Same See Martians

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Frustrating ☐

Notes ** Heel to CK last apt bc of migraine for 2 days!

RSD surgery postponed till mb July bc of CK CG

Funding issues - pain very difficult to bear

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pt's plumbing broke @

Dad's BD today - He is going to St. Martin
May take severin, less so I might enjoy water now

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Case Progress Note

Name of client Teal Polansky Date 5-22-07

Start 2:30 Ending 3:20 times. Duration 90 75 60 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.23

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures: _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep</u>				✓	
<u>anx/pain</u>			✓		
<u>low activity</u>		✓			
<u>social</u>		✓			

Treatment provided== Motivate to participate - enjoy
interest, build confidence around him

Treatment planned=== Does not want to get in his boat - asking
continue to build confidence - talk w/ housekeeper

Current/Changed medications=== adaptive copy new list provided See Martinez D/C Topamax
1 with eye - now gaining wt back

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes == S's D - my niece - great from
Swansea HS - I'm not looking forward to
that - Has to have colonoscopy - has to go

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to go to Augusta

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Case Progress Note

Name of client Fred Pelarsky Date 5/15/07

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures: _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep/anxiety</u>			✓		
<u>anx/panic</u>			✓		
<u>excess worry</u>				✓	
<u>concentration/acc</u>		✓			

Treatment provided== Pt burned again - Needs to remember sun blocks bc of skin Cx - emphasize self care -

Treatment planned=== Has been crying over RSD - it
Continue to build coping skills - hints so good - trying to keep
effort to be well pt call - waiting for

Current/Changed medications=== Same See Martine
Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____
E/S/V

Notes == getting physical Dr Deschamps
has a migraine right now - left eye really
problematic - needs more adjusted to deal

Person completing this form: CJJ above
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of other problems - Injured D/C when bad episode
last Sept - Topamax caused wt loss - Van what -
Since infection gone - Waiting re: approval

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Case Progress Note

Name of client Teal Polansky Date 5/8/2007

Start 3:15 Ending 4:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/anxiety		✓			
anx/panic		✓			
excessive		✓			
poor		✓			

Treatment provided** Pt activity level down after trip - Need to make effort to keep up activity & v. said

Treatment planned*** Pt believes I will fix - E/S/L Continue to build adaptive coping

Current/Changed medications Add Lamictal Wellbutrin 150 mg
No been off Prozac for awhile Also D/C
See Adderall 80mg
Prognosis ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ Lithium

Notes **want to see surgeon re: spinal cord stimulator & is going - RS D is better bet from Dr. Fisher - Methadone D/C & Percocet last 20# - Had

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hurt when it rain - will have surgery @ HCG
Still waiting on memory center approval

528
P. 600

Taking antiepileptic for seizure reflexes
Augmentin
Reglan for nausea

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Case Progress Note

Name of client Tara Polenta Date 5/1/2007

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures: _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep.</u>		✓			<u>mood is improved but</u>
<u>anx/panic</u>			✓		<u>try not to</u>
<u>excessive worry</u>			✓		<u>drop</u>
<u>RSD pain</u>			✓		

Treatment provided** Pt was on vacation for 50th B.D.
Pt cheered morale - here for positive outlook

Treatment planned*** Pt is going to have to watch see
continue to build adaptive to prevent drop in

Current/Changed medications**** Same See Particulars meds
low

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** general 54, Color looks good - had
a sinus infection

Person completing this form: CJJ alone

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Case Progress Note

Name of client Teal Polansky Date 4/3/2007

Start 2:30 Ending 3:30 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN But will miss 3 weeks due to cruise

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depression			✓	moderately	even, but fatigued
anxiety/pain		✓			maybe getting more depressed
excessive worry		✓			
low activity			✓		

Treatment provided*** getting ready for cruise Hawaii - not looking forward to it - it is Gail's present to him for

Treatment planned*** 50% BD not enthusiastic re. Easter - try to expect to look forward to him in life

Current/Changed medications*** same See Marbux D/C Topamax completely has tapered off

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ Completely

Notes ** _____

Person completing this form: _____

Signature/Initials

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Case Progress Note

Name of client Ted Polansky Date 3/27/2007
Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depression			✓		mood seems more
anxiety			✓		energetic but
insomnia	✓				insomnia so
social/interactivity		✓			probably
					not much

Treatment provided** Pt. seen for small active
improvements - denied side effects on what fixed

Treatment planned*** will & life ins
continue to build adaptive coping

Current/Changed medications**** Same See Martus
Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ except Topamax

Notes ** lost 20# since last Oct due to
Topamax - may be Midura PRN for
migraines instead

Person completing this form: CTJ Signature/Initials adams Printed Title

Had to Cx last week bc truck broke down
became very worried - days off last

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Case Progress Note

Name of client Teal Polinsky Date 3/13/2007

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
insomnia				✓	did not sleep
excessive			✓		last night
low activity		✓			getting outside a little more
Treatment provided**	Discuss possibility of substance abuse Olanzapine or past guilt? etc.				
Treatment planned***	Continue to monitor medication				

Current/Changed medications****

See

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☒ Fluctuating ☐

Notes ** cat right 6f Ambien
have empty stomach

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Case Progress Note

Name of client Paul Polansky Date 3/6/2007
 Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 24 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
Dep / mood			✓		
Insomnia				✓	
anx / panic			?		
stress H of sig			✓		

Treatment provided** exploring reasons problems manifested
for insomnia - pt seems over the time from

Treatment planned*** stressed - Worried - Very worried re his
continued physical status boat - Large right @ side wonder
Copy - A. 5 sess insomnia what had with work

Current/Changed medications*** Same See Martinez - 500mg
 Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ taking Aulon CR -

Notes ** for last several months not sleeping
will off & on - more so lately - last night
didn't sleep all night - on & turn - face real

Person completing this form: CJT above
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very fatigued

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Case Progress Note

Name of client Leah Palanich Date 2/27/2007
Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep</u>					
<u>anx/pain</u>					
<u>C & less want</u>					

low activity, so it so v because of funeral weight loss
Treatment provided** Pt handling stress of partner's grief well - Adjusting - E/S/V 156# - Gail is
due to Topamax

Treatment planned*** M. gain 7 = 7 Topamax - watching weight & this continues well
Continue to build adaptive coping

Current/Changed medications**** Same See Marbucis Esca Orlebr
Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ Topamax 7

Notes ** mother - in-law figure - sig other H died 100 to 200#
- getting her 20 y old will uplatter
No - he does not plan to die
↑
Had d/c it entirely

Person completing this form: CJJ alone
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Case Progress Note

Name of client Teal Polanski Date 2/13/2007

Start 2:30 Ending 3:30 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep</u>		✓			
<u>anx/panic</u>		✓			
<u>excessive</u>		✓			
<u>Proactivity</u>		✓			

Treatment provided** It enjoying warm weather yesterday - Dog in yard - Sig other's It may

Treatment planned*** be dying - E/S/V - E ne T Continue to build adaptive coping activity

Current/Changed medications**** same See Martians lared

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☒ Fluctuating ☐ _____

Notes ** _____

Person completing this form: CJJ
Signature/Initials _____ Printed _____ Title above

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Case Progress Note

Name of client Teal Polansky Date 2/6/2007

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep</u>			✓		
<u>anx / panic</u>			✓		
<u>excess worry</u>			✓		
<u>social / out activity</u>					✓ in bed all

Treatment provided** Low activity - isolation - day

Client Pt toward Spring plan & T activity level -

Treatment planned*** Home run to work on goal - Flowers -

Continue to work on T activity level Try to get on pontoon boat Boat safety

Current/Changed medications**** same See Martinez bed all day

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery, ☒ Fluctuating ☐ _____

Notes ** Gail's M back @ nursing home again after C H F episode - Gail BP low - dizzy she is losing weight - 30# safer she needs to go to MD - on BP med

Person completing this form: CJT above MD - on BP med

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Pain from RSDT due to cold weather
Has been staying in bed all day

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Case Progress Note

Name of client Tael Polansky Date 1/30/2007

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>depression</u>			✓		
<u>anxiety</u>			✓		
<u>excess worry</u>			✓		<u>5 other M. 1F</u>
<u>psychosocial stress</u>				✓	<u>massive</u>

Treatment provided** upset bc ins co / Work Comp denied part for severe med unexpectedly - Anx

Treatment planned*** Reduction focus of cognitive reframing
Continue to build adaptive coping Discontinue E/S/V

Current/Changed medications**** same See Maintenance

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Gail's M had another 11D due to CHF
Had another Migraine this week & lost work
Prozac dose increased from 60 due to pain

Person completing this form: CJJ above increase
Signature/Initials Printed Title

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Case Progress Note

Name of client Ted Polansky Date 1/23/2007

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296-52

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>depression</u>		☒		☒	
<u>anxiety</u>			☒		
<u>cross worry</u>		☒		☒	
<u>social activity</u>			☒		

Treatment provided** Discussing goals for NY - remember
really dying in Fall 2006 - B as 10

Treatment planned*** see activities this year - 70
continue to build adaptive coping skills

Current/Changed medications**** same See Martian Quality of life

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** has been sick w/ migraine for 2 days
RSD pain better

Person completing this form: C J J above
Signature/Initials Printed Title

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Case Progress Note

Name of client Seal Polansky Date 1/16/2007

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures*

	Much decreased «	Lessened <	No change =	Increased >	Much increased »
Dep			}		
anx					
Excessive worry					
physical pain					✓

Treatment provided** Pt doing alright - Need to
↑ activity level - but worsens T pain.

Treatment planned*** Depression may be Rx & rechecked daily
Continue to build adaptive coping Lyrical Back to 80mg
150mg Wellbutrin

Current/Changed medications**** D/C Testosterone - AndroGel Glendon
See
Re: Continued Metoprolol & not nodules for 4
Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐

Prognosis: ☒ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes ** Increasing RSD since Kwan
- Has been posing in circles for release
agitation - Carl: M. Improvis

Person completing this form: CJJ above
Signature/Initials Printed Title

Signature/Initials _____

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Title

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Case Progress Note

Name of client Carol Polansky Date 1/9/2007

Start 2:30 Ending 3:20 times. Duration 90 75 60 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures: _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep</u>			✓		
<u>anx/panic</u>			✓		
<u>low activity</u>				✓	
<u>RSD pain</u>				✓	

Treatment provided** was able to enjoy visit - Xmas car

Activity level - Pt needs to support sig other - say

Treatment planned*** This is OK but RSD pain ↑ - Pressure = Pain

Pt needs more medication. Pt needs to emphasize ↑ activity

Current/Changed medications*** Sero See Medication & self-care

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Carol's M side = stem on family unit

Person completing this form: CJJ alone
Signature/Initials Printed Title

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Case Progress Note

Name of client Ted Polansky Date 12/19/2007

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures: _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep/mania</u>				☒	
<u>anx/panic</u>				☒	
<u>excessive worry</u>				☒	
<u>anhedonia</u>				☒	

Treatment provided** Glad to see visit for Xmas - doesn't care so -
Gail's Xmas decs - takes us to it for in Xmas celebration -

Treatment planned*** mood flat - Cognitive reframing to enhance
positive outlook - Engagement of life - Mindfulness
Coaching to build adaptive coping

Current/Changed medications*** same See Pharmacist

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☒ Fluctuating ☐ _____

Notes ** visit 5 & her signed offer for Xmas

Person completing this form: CJJ alone
Signature/Initials Printed Title

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Case Progress Note

Name of client Teal Pelonick Date 12/12/2007

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>depression</u>				✓	
<u>anxiety</u>				✓	
<u>excess worry</u>				✓	
<u>low activity/energy</u>				✓	

Treatment provided** Processing pt's fear of dying on boat he has bought - Need to expose self in life - fear/guilt

Treatment planned*** in past interfered w/ exposure now?
further Mindfulness Mindfulness work done
pt cannot expose life

Current/Changed medications**** same See Martinez

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Person completing this form: CJJ alone
Signature/Initials Printed Title

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Case Progress Note

Name of client Teal Polansky Date 12/5/2006

Start 2:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.53

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased .. <<	Lessened .. <	No change .. =	Increased .. >	Much increased .. >>
Depression				✓	
anxiety			✓		
exhaustion			✓		
low activity	5 or less			✓	← Etc to 15 or more activity

Treatment provided** Processing fear of driving -
relating to concerns? - E/S/V - Kac to get started

Treatment planned*** 100mg Tapering
Continue to good adaptive therapy

Current/Changed medications**** See Markman

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** getting back from rehab - afraid of driving

on completing this form: CJT above
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Case Progress Note

Name of client Ted Polansky Date 5/16/2006

Start 2:15 Ending 3:15 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep/mania</u>			✓	<u>seem even</u>	
<u>anx/panic</u>				✓	<u>upset w/ sig other</u>
<u>irritable</u>				✓	<u>for scheduling</u>
<u>social inactivity</u>			✓		<u>back trip w/ dog</u>

Treatment provided** pt focus on common enhancement - needs to try & not harbor resentments, which

Treatment planned*** negatively impact on relat. - F/S/V
try to work into Mindfulness Practice - 7

Current/Changed medications**** same See Marturano

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Adaptive
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Case Progress Note

Name of client Teal Polansky Date 5/2/2006

Start 2:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep/mania</u>			✓	<u>possibly becoming more depressed due to depression + stress by people working on his horse</u>	
<u>anx/panic</u>					
<u>excess worry</u>					
<u>social/low activity</u>					

Treatment provided** PT recalls details of previous professional work, very reasonable position, and all previous

Treatment planned*** relatives he has lost as a result of physical decline -

in future is error of ID w/ previous abilities, ie he
Current/Changed medications**** same See Markman
did not lose himself, his life still has value

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

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Case Progress Note

Name of client Pat Parker Date 4/25/2006

Start 2:15 Ending 3:15 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased .. <<	Lessened .. <	No change .. =	Increased .. >	Much increased .. >>
<u>Dep/anxiety</u>				✓	<u>mb hypomanic -</u>
<u>anx/panic</u>			✓		<u>agitated thoughts</u>
<u>excess worry</u>			✓		<u>valing</u>
<u>irritability</u>			✓		

Treatment provided** Cog reframes pt is worrisome thoughts which lead to Panx - Accepting

Treatment planned*** circumstances of life - E/5/1
Continue to build adaptive coping

Current/Changed medications**** same See Martinez

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** pt appears to be losing wt

Person completing this form: CJJ above
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Case Progress Note

Name of client Les Polinsky Date 4/4/2006

Start 2:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep / mania</u>				☒	<u>appears mania</u>
<u>anx / panic</u>					<u>sleep ↑ racing</u>
<u>ex on work</u>					<u>thought ↑ fast speed</u>
<u>soci iso / loc activity</u>		☒	<u>being more</u>		<u>↑ start & finish projects</u>

Treatment provided** educational re: mania, discuss DSM symptoms of mania

Treatment planned*** ask manifesting - verbalization is
continue to build coping skills
contract on content - Difficult to
W/S/V

Current/Changed medications**** same - continue Mirtazapine
addition of Wellbutrin per Mirtazapine

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Person completing this form: CJJ alone
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Case Progress Note

Name of client Paul Polansky Date 3/28/2006

Start 2:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>depression</u>			✓		
<u>anxiety</u>			✓		
<u>concentration</u>				✓	
<u>insomnia</u>			✓		

Treatment provided** Very worried re: Cognition
resign up comment - VOC focus

Treatment planned*** Cog Rehearsal - E/S/V
At need to find more awareness of self to

Current/Changed medications**** ↑ Lyrica See Dr. Hendrick
deleted

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Had some Cognition study

VOC
focus -
Hendrick
technique

Person completing this form: CJJ a psycho
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Case Progress Note

Name of client Seal Palantky Date 3/21/2006

Start 2:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 4.5 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/anxiety			✓	not	more but
anx/panic			✓		a little anxiety today, fast
excessive			✓		
low activity		✓			seeing a little more active,

Treatment provided** PT discussing his sleeping loss interests (dog, cancelled), feeling that

Treatment planned*** Things always go wrong, cognitive reframing continue to build adaptive coping, EIS/L

Current/Changed medications**** same See Medication

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** not sleeping a week, concern expressed re: Carl's M who had lost all of her short memory before

Person completing this form: CJTJ alone

Signature/Initials

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Case Progress Note

Name of client Teal Polensky Date 3/1/2006

Start 2:15 Ending 3:15 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/worried			stable mood		
anxiety/pain				✓	
excessive worry			✓		
low activity			✓		

Treatment provided** Pain level up due to RSD -

Talking re: pain from the past - Family

Treatment planned*** background of pain - what he experiences

Continue to build adaptive coping - work is

Current/Changed medications**** same See Machuca - 80. ✓

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Saw Pain MD - may do Zanax in the
future but wants to do Kerner Conclusion study

Person completing this form: CJJ Signature/Initials Printed Title

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Case Progress Note

Name of client Deel Polansky Date 3/7/2006

Start 2:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Depression</u>				✓	<u>on hypomania</u>
<u>Anxiety/panic</u>				✓	<u>some agitation</u>
<u>Excessive worry</u>				✓	
<u>Low activity</u>				✓	<u>feel = slowed down</u>

Treatment provided** from Provigil

Treatment planned*** c/o feeling motivated & slow from cocaine
if Provigil - even to feel human -
Build Depression copy ex press multiple concern re:
repar work @ home & school
 Current/Changed medications**** D/C Provigil See Manturano
otherwise he save FI/5/V

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Person completing this form: CJT also
 Signature/Initials Printed Title

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Case Progress Note

Name of client Teal Polansky Date 2/28/2006

Start 2:15 Ending 3:15 times. Duration 90 75 60 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/anx			✓	?	mb hypochondria?
anx/pain				✓	head chest pain
low activity		✓			I feel it
soo to so		✓			

Treatment provided** Rein pt increased activity level engaging in more activities - has 7 goals

Treatment planned*** Emphasis on trying to engage life
Continue to build adaptive coping - E/L/V

Current/Changed medications**** same See will have Martus

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** busy w/ sig other H's 1P8
heart attack
still having GI distress

Person completing this form: CJJ above
Signature/Initials Printed Title

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Case Progress Note

Name of client Paula Perry Date 2/21/2006

Start 2:15 Ending 3:15 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom

Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
----------------------	---------------	----------------	----------------	----------------------

Dep					
anx/perse				✓	5 on 100mg 12/23
ACM				✓	1/200mg 12/23
low activity/sa iso			✓		ST nurse 3/27 seeing neuro

Treatment provided** pt getting shot of breast 1/10

Treatment planned*** to perse but pt having neuro work-up

Current/Changed medications****

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes ** visiting GF's M in PBMIC bc

Person completing this form: CJJ Signature/Initials alone Printed _____ Title _____

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Case Progress Note

Name of client Joel Palardy Date 2/14/2006

Start 7:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Depression</u>					
<u>Anxiety</u>					<u>? getting hypomanic</u>
<u>Low activity</u>		<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>anxious</u>
<u>Proximal work</u>		<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>talk fast</u>
					<u>seem less OC</u>

Treatment provided** Talking fast, seem Joel to return after 2 week hiatus - re-les the car but

Treatment planned*** processing feelings re: past

Current/Changed medications**** same See Markus

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** returns from trip - seem burn
Talking re: past - college, marriage I
low was betrayed

Person completing this form: CJJ Signature/Initials claw Printed _____ Title _____

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Case Progress Note

Name of client Dee Palardy Date 1/31/2006

Start 2:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN 2 weeks -

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / mood			✓	✓	✓
anx / panic				✓	✓
OC-excessive worry				✓	✓
low activity				✓	✓

Treatment provided** Anger Mgmt - Discussion re: anx
reduction - Coping skills - E/S/V

Treatment planned*** Focus on building positive activities
in life I ↓ anx / panic - Continued build

Current/Changed medications**** same See Medications adaptive coping

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Person completing this form: CJT Signature/Initials
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Case Progress Note

Name of client Teal Polinsky Date 1/12/2006

Start 2:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep/mania</u>					
<u>anx</u>				✓	<u>appears very worse</u>
<u>OC cog</u>				✓	<u>up, talks fast</u>
<u>low activity</u>			✓	✓	<u>penic attacks</u> <u>up, conflicts</u> <u>w/ others, worse</u> <u>no: contractors</u>

Treatment provided** Pt anx input from - Method
to cope w/o heavy panic attack

Treatment planned*** Pt talks fast - getting very worse
continue to build adaptive coping

Current/Changed medications**** Lyrica See Addictive neurologist attended
Martians

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Change activities, helps appear
back to signs other, back to 4x4

Person completing this form: CT J also
Signature/Initials Printed Title

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Case Progress Note

Name of client Tal Polansky Date 1/17/2006
Start 2:15 Ending 3:05 times. Duration 90.75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since 1/10 date

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/anxiety				✓	seem hypochondria
anx			✓		speedy conversation
OC worry				✓	no-hand
social			✓		more, & proportion
			✓		but very active w/ hypochondria

Treatment provided** At week 10: good bladder, veg to get EEG, just had Nucleo Remove drugs for

Treatment planned*** good bladder - E/S/V - PT stressed
Continue to build adaptive coping Shy person

Current/Changed medications**** Geodon 100mg See Markman

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Person completing this form: CTJ Olson
Signature/Initials Printed Title

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Case Progress Note

Name of client Traci Palardy Date 11/11/2006

Start 2:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased «	Lessened <	No change =	Increased >	Much increased »
Dep/mania			✓	still mania	
OC worry				✓	moderate prob
Soc ISO			✓		
anxiety				✓	

Treatment provided** Can refer to OC doctor 10:00 AM
Refer problem @ home - floor/floor in

Treatment planned*** Decrease stress - PT to deal
worry - PT
upset - F/S/V -

Current/Changed medications**** (Le caproin with mood)
on Cedar street 11-2-2006 See Med check
Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☒ Today - Monitor

Notes ** Very nervous - decreased app/physical
health - worry
worried @ night - interfering w/ sleep

Person completing this form: CJJ above
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12/19/05 - 12/21/05 Crisis telephone consult for
P. Dep w/ suicide ideation - evaluated safety
plan reviewed - Crisis
ingest

Case Progress Note

Name of client Toel Polansky Date 1/3/2005

Start 2:15 Ending 3:15 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depression				✓	hasn't been
suicide ideation			Ø	safety	not happy
anxiety			✓	plan reviewed	
irritability				✓	gets agitated

Treatment provided** Prozac 20mg last
Haloperidol 1mg suicide ideation - E15/L

Treatment planned***

Continue to send adaptive copy more for
DC Zyprexa See melchior 1/19 suicide ideation
Porter

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes ** int less - diarrhea - down mood
but busy up all night 1/2 day

Person completing this form: CJT alone
Signature/Initials Printed Title

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Case Progress Note

Name of client Seel Palensky Date 12/13/2005

Start 2:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.5 4

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased --<<	Lessened <	No change =	Increased >	Much increased >>
Irritable		✓			
anemia			✓		
mania		✓			
ACMN				✓ but new appt = good	

Treatment provided** PT appears more stable
Wt good - food more even - Beer Progress
Treatment planned*** 15/V - Coping Xmas Vir. Blue @ home
Continue to build adaptive coping

Current/Changed medications**** Consider See Markman
Lamictal Wellbutin after EEG

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Jan 3 - appt w/ neurologist in TX
Dr Markman believes w/ Dop 2 - prexa &
Lexapro continue to irritability

Person completing this form: CJJ alone

Signature/Initials

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Title

Less irritable today
manic & disturbed all weekend & fear

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Case Progress Note

Name of client Teal Polansky Date 12/6/2005

Start 2 Ending 3 times. Duration 90 75 60 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 291.0, 54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>manic</u>				✓	<u>still manic</u>
<u>insomnia</u>				✓	<u>not sleeping enough</u>
<u>ACM skills</u>				✓	<u>forgetting more</u>
<u>irritability</u>					<u>really not renewed</u>

Treatment provided** Prob Severe depression consult
from conflict w/ Gail - they not to isolate

Treatment planned*** Stabilize mood - Cope w/ stress Court to 10 in order
not to react angry

Current/Changed medications**** D/C Zyprexa Write Tardion
on Gail's See Montana - sees

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____ Person

Notes ** 166# from 130's

depressed - sick son

Has been very irritable over vacation in FL

Person completing this form: CJT clerk
Signature/Initials Printed Title

getting new case info @ Work Camp to think

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Case Progress Note

p. 51

Name of client Teal Polansky Date 11/15/2005

Start 2:30 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.43

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

MB shifts
to 296.54

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
- Dep (not main issue)				✓	- irritable,
anx			✓		aggravated
O.C cog.			✓		at work
ACM deficits			✓		c/o memory
insomnia			✓		sleep not sleep

Treatment provided** Aug 14th re: Cerebral & Plurality

Treatment planned*** None - Pt concerned w/ med -

Current/Changed medications**** D/C Zyprexa See Martens

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** 168 # 25+ # not gain since Goals added

Person completing this form: CJJ slave

Signature/Initials

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Title

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Case Progress Note

p. 50

Name of client Teel Polansky Date 11/8/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes.

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.43

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>irritability</u>				☒	<u>impatient w/</u>
<u>hyperactivity</u>				☒	<u>numerous situations</u>
<u>confusion</u>				☒	<u>some confusion</u>
<u>depression</u>		☒			<u>w/ Gail</u>

Treatment provided** Remaining symptoms - Pt let's some
some benefit of med change but hopes temporary

Treatment planned*** effects which are better than are temporary
continue to build Pt very happy - T Awareness symptoms

Current/Changed medications*** 2 Zyprexa See Markman
Add Gabapentin to go off it

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** See journal 204 - T Pain - Spinal Cord
4 months for RSD - need adjustment done - Insomnia
T. Mark - like quality to facial expression - Very fast speech

Person completing this form: CJJ alone

Signature/Initials

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Title

Activity level has not gain activity
more concentration irritability
T starts task, do not finish concentration

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Case Progress Note

Name of client Teal Palant Date 11/1/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.43

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 ~~55~~ Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep / mania</u>					<u>still mania</u>
<u>anx</u>			✓		
<u>ACM</u>				✓	<u>more forgetful</u>
<u>OC ber</u>				✓	<u>up mania</u>

Treatment provided** pt reports slightly reduced mania w/ some OC reduction - I haven't been sitting

Treatment planned*** around cleaning the floor - Pt was in a mood to continue to build adaptive coping

Current/Changed medications**** Zyprexa See Portman
Lexapro

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** mb still gaining wt bc eating a lot of ice cream, candy, chips - I just have a craving for food

Person completing this form: CJTJ above

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Case Progress Note

Name of client Paul Polansky Date 10/25/2005 p. 48

Start 2:00 Ending 3 times. Duration 90 75 (60) 45 30 15 minutes

Intended schedule: Biweekly Weekly 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.43

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 MA 66 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
manic (not dep)				✓	→
anx		✓			
ACM ↓				✓	greater or faster ST Manic

Treatment provided** Problems focused on ACM, sleep, mood, very hyper - Edman's manic

Treatment planned*** none - Reconsider w/ Hest
Continued to study Pt left list to Hest

Current/Changed medications**** Stelzyprexa See Marturano
reaction

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** from Quinex today from migraine
going out - eating extremely

Person completing this form: CJT abono
Signature/Initials Printed Title

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Case Progress Note

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.43

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

very thought long there
 APT to call Dr. (last year)
 P. 540
 540
 540

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Case Progress Note

Page 46

Name of client Teal Palardy Date 10/16/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 ~~55~~ Other measures* _____

Change in target symptom since <u>10/4</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>dep mood</u>				✓	
<u>OC cog</u>				✓	
<u>SOC ISO</u>			✓		
<u>low activity</u>			✓	✓	<u>lost 2 days hrs</u>

Treatment provided** has been dep since last week decreased - waiting for more session

Treatment planned*** to get neuro consult - to S/H to Cog continue to build adaptive coping - refuse

Current/Changed medications**** same but See Markman
 Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ has not started yet bc OK ins

Notes ** _____

Person completing this form: CJJ Shane
 Signature/Initials Printed Title

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Case Progress Note

Page 95

Name of client Teal Polansky Date 10/4/2005

Start 2 Ending 3 times. Duration 90 75 60 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>9/20</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep mood</u>				✓	<u>was 4 after return vacation</u>
<u>ACHV composite</u>			✓		<u>still no news appt</u>
<u>anx</u>			✓		
<u>OC Cx</u>			✓		

Treatment provided**

Treatment planned***

Current/Changed medications****

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes **

Person completing this form:

Signature/Initials

Printed

Title

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Case Progress Note

Page 44

Name of client

Teal Palardy

Date 9/20/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD)

Code # 296.33

Diagnosis (DSM-IV/ICD)

Code #

GAF score today

45

Other measures*

Change in target symptom since 9/13 date

Much decreased

Lessened

No change

Increased

Much increased

Depressed / Irritable	<<	<	=	>	>>
Low self-esteem			✓		
anx			✓		
DT Cox			✓		

Treatment provided**

Really need neuro consult primary rec with ap - Seeking help - observe spontaneous

Treatment planned***

join whole family therapy - ACTH today Continue to build coping skills

Current/Changed medications****

Nothing was added

See

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐

addition of Antidepressant last week by Mark

Notes **

going 2 weeks to beach / Grief - this far away to this - will not be here next week Mark, Kim C & on case - removed

Person completing this form:

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Title

also feed bc knee gave way & large abrasion on knee

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Case Progress Note

Name of client Teal Polansky Date 9/13/2005 p. 43

Start 2 Ending 3 times. Duration 90 75 60 45 30 15 minutes

Intended schedule: Biweekly Weekly 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep mood</u>		✓	<u>agitation</u>		<u>- in 6 weeks?</u>
<u>anx</u>		✓			
<u>ACHV</u>			✓		
<u>SOCIAL</u>			✓		

Treatment provided** Focus on engaging in more interesting activities, less social - F/S/V

Treatment planned*** continue to build adaptive coping - interest, engaging in life

Current/Changed medications**** still working See Marburano
an mood change

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Person completing this form: CJT above
Signature/Initials Printed Title

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Case Progress Note

Page 42

Name of client Joe Palomsky Date 9/6/2005

Start 2:15 Ending 3:15 times. Duration 90 75 (6050) 45 30 15 minutes

Intended schedule: Biweekly (Weekly 2) 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 ~~45~~ Other measures* _____

Change in target symptom since <u>8/30</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>depressed</u>		✓			
<u>anx</u>		✓	✓		
<u>ACHV</u>			✓		
<u>social so</u>		✓	✓		

Treatment provided**

Cog Reframing - E/S/V - pt mood good lake house

Treatment planned***

Continue to send adaptive copies depressed side

Current/Changed medications**** Topamax See Martiano D/CLi thin

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Has a painful kidney stone, water, it to pass, throwing up, described

Person completing this form: CJT above

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Title

(Ability)
(Response)

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Case Progress Note

Page 41

Name of client Teal Palumbo Date 8/30/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>8/23</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep mood</u>			←	✓ a little better	
<u>SOC 150</u>			✓	more active w/ family	
<u>Co. activity</u>			✓	busier w/ (more work)	
<u>O.C. Cx</u>			✓	handled (I saw surgery)	

Treatment provided** discuss RSD since 2000 - discuss after injury - cog. behavior re: pain - goal - he

Treatment planned*** he talk to himself - Visual Imagery

Current/Changed medications*** same See Martinez Pain

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** had lunch w/ I today - good -

Sick 2 wks w/ diarrhea

from RSD? due to cold air from AC

Person completing this form: CJT abuse

Signature/Initials

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Title

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Case Progress Note

Page 40

Name of client Seal Polansky Date 8/23/2005

Start 2 Ending 3 times. Duration 90 75 60 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since 8/16 date.

	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Depressed</u>				<u>✓</u>	<u>increased</u>
<u>low activity</u>				<u>✓</u>	<u>hard</u>
<u>anxiety</u>			<u>✓</u>		
<u>ACT dep</u>			<u>✓</u>	<u>no neuro consult yet</u>	

Treatment provided** Motivational Interviewing, Problem Solving, CBT, Relaxation, Coping Skills for ACT dep

Treatment planned*** PT already needs neuro consult
Activity level - for neuro consult

Current/Changed medications**** same See Martinez

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** PT not being able to keep track of when paying for merchandise
dearlier for the last week - all w/ longgi

Person completing this form: CJJ Signature/Initials above Printed Title

trouble counting when paying for things

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Case Progress Note

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Name of client Teal Palenky Date 8/1/2005

Start 2:15 Ending 3:10 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>8/9</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>depressed</u>			✓		
<u>ACTHamp</u>			✓		<u>Phet bolus need</u>
<u>anx</u>			✓		<u>neuro too</u>
<u>OC Cx</u>			✓		

Treatment provided** hol operant surgery, Dr. J. C. Jones
Pharmaceuticals in Atlanta have discontinued - C. J. Jones

Treatment planned*** Stress Mgmt - Pt. coping
Continue to deal w/ it stress journal

Current/Changed medications**** DR. ABILITY See Medicine

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ May start Lamictal before EEG

Notes ** _____

Person completing this form: CJJ above
Signature/Initials Printed Title

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Case Progress Note

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Name of client Ted Polansky Date 8/10/2005

Start 3 Ending 4 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 29633

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>8/5</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Depressed</u>			✓		
<u>Unknown</u>					✓
<u>Insulated</u>					
<u>Problems/symptoms</u>					

Treatment provided** Contact Dr. DesChamps & Dr. Marturan re: pt's medical symptoms - Supply them

Treatment planned*** urgent - see DesChamps tomorrow at 10:15 AM

Current/Changed medications*** addition See Marturan/DesChamps

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Sat - fever, chills disorientation, bad dreams, moaning in sleep spots on legs, bleed, tingling fingers

Person completing this form: CJT above

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Last nite - asleep w/ eyes open
does not understand what is going
on - info not available

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P. 37

Case Progress Note

Name of client Teal Polarky Date 8/2/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep mood</u>					
<u>anx</u>					
<u>OC cog - ADHD</u>					
<u>Insomnia</u>					

Treatment provided** Pt showed up medical symptoms -
Very socially isolated - Cog refractory depressive

Treatment planned*** out loan - RPS/V
Build coping strategies - assist pt w/ therapy

Current/Changed medications**** Same See Martiano

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** seeing interest today

kept
met
meds
need
to be
meds
confusion

Person completing this form: CJJ above

Signature/Initials

Printed

Title

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Case Progress Note

Page 36

Name of client Tal Palaty Date 7/26/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>7/19</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep</u>				<u>✓</u>	
<u>anx</u>				<u>✓</u>	
<u>OC Co - ACTN</u>		<u>✓</u>			
<u>Insomnia</u>					<u>✓</u>

Treatment provided** exposed to com resp's in med state

but pt sleepless in 1 week - kept pt in

Treatment planned*** depleting, correction with Cog - sleep

adjust to med - O.C. Co -

Current/Changed medications**** see Hantover

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Had contact CT scan - no result yet

struggling w/ laundry bc of phlegm

had to consult w/ abt

Adol Ability

Person completing this form: CTJ alone

Signature/Initials

Printed

Title

nausea, losing weight, fatigued,

can't sleep though

Why?

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Case Progress Note

Page 35

Name of client Teal Palansky Date 7/19/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>7/10</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>depressed</u>			<u>✓</u>	<u>→ ? stress</u>	
<u>ACH computer</u>			<u>✓</u>		
<u>daily living skills</u>			<u>✓</u>	<u>still sat</u>	
<u>OC worry</u>				<u>✓</u>	<u>COG reframed</u>

Treatment provided** I will have bypass heart surgery
Talking re various stresses in life of

Treatment planned*** modulating effectively
continue to build adaptive coping & dep

Current/Changed medications**** same See Krebs → Martovano

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** personal kidney stone - had pain script
but did not over
- list to 144# - Heavy CT scan block

Person completing this form: CTJ above

Signature/Initials

Printed

Title

not last - seeing now about Dr. Martovano
tomorrow - lost 15# in 3 mos
no appetite, I decrease

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Case Progress Note

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Name of client Teal Polansky Date 7/12/2005

Start 2 Ending 3 times. Duration 90 75 60 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>7/5</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep mood</u>		<u>✓</u>	<u>✓</u>		
<u>Low energy</u>			<u>✓</u>	<u>→ better</u>	
<u>ACM compensation</u>			<u>✓</u>		
<u>socialized</u>			<u>✓</u>		

Treatment provided** work on interest in activities in the laboratory feel more comfortable

Treatment planned*** (activities are)
continue to build adaptive coping

Current/Changed medications**** Same but See Dr. rebs
Cognitive altered

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes ** Agree to move & damage from nose
F had open heart surgery
had best 1 call skin ck removed

Person completing this form: CJT about

Signature/Initials

Printed

Title

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Case Progress Note

Page 33

Name of client Teal Palensky Date 7/5/2005

Start 2:20 Ending 3:15 times. Duration 90 75 60 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>6/21</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depressed			✓		
Cog deficits-ACM			✓		
anx/OC				✓	
insomnia		✓			

Change in target symptom since <u>6/21</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depressed			✓		
Cog deficits-ACM			✓		
anx/OC				✓	
insomnia		✓			

Treatment provided** pt has gone thru more work -

Handy stress worksheet described down

Treatment planned*** Stress input today - Fri 5/1

continue to build adaptive coping

Current/Changed medications**** same new see Krebs

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ Cosertix 1mg

Notes ** _____

Person completing this form: CJ J above

Signature/Initials

Printed

Title

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Ct last wk bc sick

Case Progress Note

Page 32

Name of client Tal Plandy Date 6/21/2005

Start 2:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>6/7</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>depressed</u>			✓		
<u>Cog defc - ACFT</u>				✓	<u>still strange</u>
<u>OC cop</u>				✓	<u>spans</u>
<u>insomnia</u>			✓		

Treatment provided** Pt upset re: contact with work done at home - Stress input - Cog response 15/SL

Treatment planned***

Continue to build to build O.D. slices

Current/Changed medications**** Same See same plan to change

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Have been feeling well physically
IDK

Missed appt last week bc dizzy & felt bad
alone

Person completing this form: CJT

Signature/Initials

Printed

Title

out of control, sometimes even vision affected
Can last several, still having balance
spans -

P. 12/10

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Case Progress Note

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Name of client Jul Polarsky Date 6/7/2005

Start 2 Ending 3 times. Duration 90-75(60.50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>5/3</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep mood</u>		☒	☒		<u>but anx</u>
<u>ACH Defs</u>			☒		<u>Compensating well</u>
<u>OC cogs</u>				☒	
<u>Insomnia</u>				☒	<u>not sleeping well - Aulin</u>

Treatment provided** veg started w/ Citalopram helps
Swanson the home - Anx Mgmt - Cog

Treatment planned*** Refill - R/S/V

Continue to assist w/ Adaptive coping

Current/Changed medications*** same See Kreb's - getting new

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ med

Notes ** need to see demo promptly consult
for bc of facial growth - nose & lip age

Person completing this form: CJT above

Signature/Initials

Printed

Title

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Case Progress Note

Page 30

Name of client Teal Pillock Date 5/30/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 5 Other measures* _____

Change in target symptom since <u>5/24</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>depressed</u>		✓			
<u>Cog def's ACM</u>			✓		
<u>anx</u>				✓	
<u>hypersomnia</u>			✓		

Treatment provided** Rein for appropriate use w/ cash reward - deal required tool; been re: damage to property

Treatment planned*** E/SPV

Continue to build adaptive coping

Current/Changed medications**** same See Krob S

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Dermatology appt next week -

Nose bleeding - concern expressed

Rain level ↑

Person completing this form: CJJ above
Signature/Initials Printed Title

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Case Progress Note

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Name of client Joel Polansky Date 5/24/2005

Start 2:10 Ending 3:10 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>5/17</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Dep mood</u>					✓
<u>anx</u>				✓	
<u>COG def. ACH</u>			✓		
<u>hypersomnia</u>			✓		

Treatment provided** Focus on reasons for increasing depression - Assess Pt's situation, 44% pt says session and

Treatment planned*** helpful, also scheduled for 7 dep Build adaptive but says the K/S/V above, keep it

Current/Changed medications**** same See _____

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Following up on 4/11/05 with O.K. progress seen - says he may be appointed to a new psychiatric and Dr. Baker relieved pain was

Person completing this form: CJT above
Signature/Initials Printed Title

losing weight - 3 mos # since last month - appetite is back
Gail is going thru her VP 204 in alcohol
on pain AT L.T. called. I was back

* 10/20/05

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Case Progress Note

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Name of client Tal Polach Date 5/17/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>5/10</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Depressed</u>			✓		
<u>Anx</u>			✓		
<u>Cog Defs</u>				✓	
<u>Social Iso</u>			✓		

Treatment provided** Very upset w/ combination - ex. Sept

offering Cog process - recently thought starting

Treatment planned*** Boundary setting

Current/Changed medications**** Same See Krebs

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** did not check w/ either MD re. insulin
policy or dexam (you really on too)
seeing GI & Pan MD tomorrow

Person completing this form: CJT chano
Signature/Initials Printed Title

Also a pet bc lady did beg her car who said she was

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Case Progress Note

Page 27

Name of client Teal Polansky Date 5/10/2005

Start 2:30 Ending 3:15 times. Duration 90 75 60 50 (45) 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>5/8</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
--	----------------------	---------------	----------------	----------------	----------------------

increase fure prol			✓		
ACH def			✓		
dep mood		✓			
hypersomnia				✓	

Treatment provided** Pt describes motorized rhythmic jerky - distressing from arm is - Cardiac - feeling some

Treatment planned*** keep re. stress of this

* Thank you neuro consult due to jerky prob

Current/Changed medications**** See Krebs
Benadryl added but did not help jerky prob

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Upset re. see that won't heal on nose -
Strongly sugg prompt derma consult

Person completing this form: CJT IT alone
 Signature/Initials Printed Title

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Case Progress Note

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Name of client Poland Tool Date 5/3/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>25</u> date	Much decreased ≪	Lessened <	No change =	Increased >	Much increased ≫
---	---------------------	---------------	----------------	----------------	---------------------

increase fun level		✓	very stressed		lost function
--------------------	--	---	---------------	--	---------------

ACM def			✓ →		w/ADL's
---------	--	--	-----	--	---------

depression				✓	
------------	--	--	--	---	--

hypersomnia			✓		
-------------	--	--	---	--	--

Treatment provided** very stressed - 7 prob names of ACM
skills - stressor related lack of care

Treatment planned*** Talking to prob of F class and med

continue build so giving him 1/2 hour - Asset

Current/Changed medications*** Depression

same See Kreber

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** describing levels of job @ site & how

Vocalization R/O Restless Leg

Person completing this form: _____

Signature/Initials

Printed

Title

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Case Progress Note

Page 25

Name of client Teal Pelamby Date 4/26/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>4/19</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>increased fear level</u>			<u>✓</u>	<u>→</u>	<u>moderately</u>
<u>compensatory defense</u>				<u>✓</u>	<u>compensatory more</u>
<u>Dep</u>			<u>✓</u>	<u>but not 100%</u>	
<u>hypersomnia</u>			<u>✓</u>		

Treatment provided** Upset Re. Contention, Anger
Management - Coping Reframing - Pt increasingly stable

Treatment planned*** Continue to build depressive coping

Current/Changed medications**** same See Krebs

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Person completing this form: CJT also
Signature/Initials Printed Title

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Case Progress Note

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Name of client Leol Palmy Date 4/19/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.32

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>4/12</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>increased fear</u>			✓		
<u>cooperative reports</u>			✓		
<u>depression</u>		✓		<u>but anxiety</u>	
<u>hyper-anxiety</u>			✓		

Treatment provided** Anger Mgmt re: collect
Prox Solace & Cop Reframe - Entire
conducted w/ Carl

Treatment planned*** Social Contact - E x p l o r e further

Current/Changed medications**** same See Kuebler

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** show Pks 1986 Awa to a nurse today
will tell - a work of Kuebler
Veg upset Re: Cushman on new base

Person completing this form: CJT above
Signature/Initials Printed Title

Carolann J. Jonet, Ph.D.

C. Jean Jonet, Ph.D.

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Case Progress Note

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Name of client Val Palandy Date 4/12/2005

Start 2:15 Ending 3:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>4/5</u> date.	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>low SE</u>			<u>SE much better</u>		<u>low of ability</u>
<u>ACTH deficit</u>			<u>✓</u>	<u>correctly able</u>	
<u>Dep mood</u>				<u>✓</u>	<u>proposed getting started</u>
<u>h + person</u>					<u>Cooperating self-worth</u>

Treatment provided** Remaining records skipped in go - cannot have MRI - Jitly during sleep - Plan

Treatment planned*** To see Nurse - Dr. Pusey ref by

* Doyan Internal Med Dr due to sporadic

Current/Changed medications*** a better quality of life? Same See Krahn

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes ** Thinner, GI, Int Med, Urologist, Pain Mgmt &

Bladder - urinary incontinence - taken med for it
Taken med for this - it is demersilip

Person completing this form: CJJ alone

Signature/Initials

Printed

Title

Embarrassment w/ Gail - charge paid so
she hopefully will not notice - weaker sheets
I charge bt she will know - Bladder Control
due to physical need
in pain
in pain

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Case Progress Note

Page 2

Name of client Teal Polinsky Date 4/5/2005

Start 2 Ending 2:50 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>3/25</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>increase here 10x</u>					
<u>Compensate depts ACH</u>					
<u>depts increased</u>					
<u>hypersomnia</u>					

Treatment provided**

Cog Rebalance depts outlook - 7 activity - drill, E/S/V

Treatment planned***

Continue to build adaptive coping

Current/Changed medications**** same See Krebs

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes ** STZ other went to Cooper Bridge when she
felt OK - PT BDA. Then - enjoy
plans for new lake house

Person completing this form: CTJ above
Signature/Initials Printed Title

Deel not eat while Gail was gone but
deed make herself a salad & dea
hoola bowl of P. 10/20

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Case Progress Note

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Name of client Tael Palansky Date 3/29/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom since <u>3/22</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>increase function</u>			☒		
<u>Compensate deficits ACH</u>			☒		<u>Needs neuro referral</u>
<u>Dep</u>				☒	
<u>hypersomnia</u>				☒	

Treatment provided** Review reasons for need for neuro consult - Pt knows to explore reasons for

Treatment planned*** Capable decline I K10 Chronic degenerative
Met u/legalside I can ugr - splenid

Current/Changed medications**** same See Krebs notes

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Pt did not tape, I put articulating the
reason except have to talk when feeling down

Person completing this form: CJT clean
Signature/Initials Printed Title

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Case Progress Note

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Name of client

Geel Polack

Date 3/22/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD)

Code # 296.33

Diagnosis (DSM-IV/ICD)

Code #

GAF score today

55

Other measures*

Change in target symptom since 3/16/05 date

Much decreased
<<

Lessened
<

No change
=

Increased
>

Much increased
>>

Increase fear level

✓

Compensate deficits

✓

Dep

✓

hypersomnia

✓

Treatment provided** clonazepam 1 week - a lot of "sad" days
- lived on loss with - Tapeskan to help

Treatment planned*** @ home - need cry @ interview

work on adaptive level & accepting loss

Current/Changed medications****

See
Success pt to change/keep redep & insomnia

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes **

give our Fontanfel's info - what
happened w/ ref to Dr. Ngo - AHY has
more record

Person completing this form:

CJJ

Signature/Initials

Printed

Title

Strongly re pt contact K's office w/ 1 hour

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Case Progress Note

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Name of client Teal Palinsky Date 3/15/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>3/8</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>increase fear, lead</u>			☒		
<u>compensate deficit</u>				☒	
<u>Dep</u>				☒	
<u>Hyperactive</u>				☒	
					<u>more late to C feel been asleep in bed</u>

Treatment provided**

Focus on accepting life change, adapt to

Treatment planned*** change - find satisfaction in life

Adaptation copy - bring tape &

Current/Changed medications**** same See Krebs Remain Over

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** guessed 2#

- did not bring tape today - agree to

Person completing this form: CJJ allow

Signature/Initials

Printed

Title

do tape for next time

Had a good day w/ Carl & Betsy &
a good day w/ ... w/ ... not even day

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Case Progress Note

Page 1

Name of client Les Polarsky Date 3/8/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since 3/1/05 date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>increase Fier level</u>					
<u>Compensate deficit</u>					
<u>days</u>					
<u>hypersomnia</u>					

Treatment provided** discussing what he worries about on down days - re: loss of previous life, career

Treatment planned*** worries of being a burden to Carol
Adaptive Coping Cognitive 5/5/11

Current/Changed medications**** same See Krebs

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes ** 155H

bring tape again - says the
skating is helping him

Person completing this form: CJT Chase
Signature/Initials Printed Title

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Case Progress Note

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Name of client Teel Polansky Date 3/1/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>2/2</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
increase fire level				✓	
compensates deep				✓	benefit
deep		✓			in activity
hyperpersonality				✓	decreasing goal ok

Treatment provided** decreasing sleep

Treatment planned*** decreasing difficulty entering sleep
particular at night (8-9 p.m.)
was thinking it's good enough she wants
to be a burden
Current/Changed medications**** Bring her See Krebs none

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** upbeat, visit to new lake house
conductor for guitar, providing advice
for Commander to get social isolation

Person completing this form: CJJ alone

Signature/Initials

Printed

Title

did not do tape bc "no real bad days"
 but no particular events - has been
 busy too

6937
P. 823

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

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Missed 2 weeks bc of my illness after vacation

Case Progress Note

Page 16

Name of client

Teal Polansky

Date 2/22/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD)

Code # 296.33

Diagnosis (DSM-IV/ICD)

Code #

GAF score today

55

Other measures*

Change in target symptom since 2/1 date

Much decreased

Lessened

No change

Increased

Much increased

<<

<

=

>

>>

increase from 0 to 1

✓ → m.b. improvement

compensated deficit

✓ importance of limits

depression

✓ → ? continue emphasis

hypersomnia

✓ to evap

Treatment provided**

*bracing tape - a few signs of activity
level histamine to 4 days - some vagie sin*

Treatment planned***

*idiot - safety plan removed (cell +
Tyrone) See about 1000s today - are -
negative for.*

Current/changed medications****

*D/C Celebra
Start Lexapro*

*See Krob - well being
last check*

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes **

*15.5# - Oct 6# - Med n.b. having
33 deeper interaction - has been sick too
Nelson hit to explore - was get involved in dual on*

Person completing this form:

CJT

Alan

Signature/Initials

Printed

Title

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Case Progress Note

Page 15

Name of client

Teal Polensky

Date

2/1/20 OS

Start

2

Ending

3

times

Duration

90

75

60

50

45

30

15 minutes

Intended schedule: Biweekly

Weekly

2

4

6

8

12 weeks

PRN

Diagnosis (DSM-IV/ICD)

Code #

296.33

Diagnosis (DSM-IV/ICD)

Code #

GAF score today

55

Other measures*

Change in target symptom since 25 date

Much decreased

Lessened

No change

Increased

Much increased

depression

<<

<

=

>

>>

compensate left

adaptive

fun

daily

living

skill

depression

<<

<

=

>

>>

hypersomnia

<<

<

=

>

>>

Treatment provided**

wants to try to eat breakfast

Treatment planned***

Reason for decrease in activity -

Head vs sleep

Current/Changed medications****

D/C Seren

D/C Bexen

See

5/16/20

Reber

-

Tapering

ADL

Prognosis:

☐ Guarded

☐ Improvement

☐ Recovery

☐ Fluctuating

☐

Percocet PRN

Notes **

pt denies feeling overwhelmed - all the

Rate

fair

level

today

as

6/7

on

all day

10ptscab

-

Gelexa

Provigil

Amlier

Imitrex

-

formigai

Metadone

Person completing this form:

CJJ

alone

Signature/Initials

Printed

Title

Please to have lunch
w/ all work buddies
in the Spring

3/02

Spinal

cored

stimulants

D/C oxycotin

D/C Morphine

1.000 a day

to 0

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Case Progress Note

Page 14

Name of client Teal Polansky Date 1/25/2005

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>1/18</u> date	Much decreased <<	Lessened decreased <	No change =	Increased >	Much increased >>
<u>Intensive Care</u>			✓		
<u>Compulsive disorder</u>			✓		
<u>Dep.</u>			✓		
<u>Hypersomnia</u>			✓		

Treatment provided** play tape of daily activities -
shows slightly ↑ activity level - Ask is

Treatment planned*** record a good day for good activity
continued to take care of self

↑ activity level
Current/Changed medications**** same See Krieb's

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** connected w/ Work Comp Caseworker
and discussed need for background
material & questionable Cognitive

Person completing this form: CJT above
Signature/Initials Printed Title

impairment - she will discuss pt's
needs & get back to me

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Case Progress Note

Page 13

Name of client Joe Polansky Date 1/18/2005

Start 2 Ending 3 times. Duration 90 75(60)50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>1/11</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>Depressive Case</u>					
<u>Compensate Defect</u>					
<u>Depress</u>					
<u>Impression</u>					

Treatment provided** Review daily activities as
usual

Treatment planned*** Review another activity for day
up to 7 fun level

Current/Changed medications**** Same See Krebs

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** same doesn't know what guy to do today
let's do out, send paper, day laundry, keep
say not day at, not think Pat (5 time cry)
Person completing this form: CJJ above
Signature/Initials Printed Title
w/5 sheets

Saw Pam MD today - disc pushing on nerve
in back - D/C Becken for awhile P/C
Serrone - 161# gained 3# - a good
weight -
606
P. 822
544

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Case Progress Note

Page 12

Name of client Teal Polerak Date 1/11/2005

Start 2 Ending 3 times. Duration 90 75 6050 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>1/6</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
--	----------------------	---------------	----------------	----------------	----------------------

depressive mood

✓

compensatory deficits

✓

depression

✓

hypersomnia

✓

noticed that he slept

Treatment provided** Motivate to record daily

all

activities & moods & thoughts

day

Treatment planned***

7-9 Func Level

Current/Changed medications**** Same See Kvach

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Person completing this form: CJT Chase

Signature/Initials

Printed

Title

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Case Progress Note

Page 11

Name of client

Teal Polansky

Date

1/16/2008

Start 2 Ending 3 times. Duration 90 75 (60) 45 30 15 minutes

Intended schedule: Biweekly (Weekly 2-4) 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD)

Code #

296.33

Diagnosis (DSM-IV/ICD)

Code #

GAF score today

55

Other measures*

Change in target symptom
since 12/2 /date

Much
decreased
<<

Lessened
<

No change
=

Increased
>

Much
increased
>>

depressive case prob

<

<

preps case of new

compensate dep prob

-

<

case using

dep mood

<

hyperosmia

<

Treatment provided**

assess status & goal for NT
- agree to 7-10 level

Treatment planned***

Pt to do verbal log on a day
of activities

Current/Changed medications****

meds had been adjusted - know
See
old that cause GT levels - DC
Serrone

Prognosis:

☐ Guarded

☐ Improvement

☐ Recovery

☐ Fluctuating

☐

Notes **

has been reg. sick for weeks w/ GT

depression - wonder if change of mood - Deo

look to external - taking, limited for stonax

Person completing this form:

CJJ

above

Signature/Initials

Printed

Title

seeing Paul MD on 1/17 - will

last mb 5# in 1 mb

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Case Progress Note

Page 10

Name of client Leel Polinsky Date 12/31/2004

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>12/14</u> date	Much decreased <<	Lessened decreased <	No change = =	Increased >	Much increased >>
<u>depression</u>			✓		
<u>compulsive for sex</u>			✓		<u>while sex role</u>
<u>depression</u>				✓	<u>making around</u>
<u>hypersomnia</u>			✓		<u>days around though the day</u>
					<u>even w/ heavy</u>

Treatment provided**
Coz Refine Self Feels Xmas I debauched

Treatment planned*** family

Try Herb Dmager

Current/Changed medications**** same See Krell

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Xmas plans - 2 wks sick - nausea
I deauher - feed me game conig on

Person completing this form: CJT alone
Signature/Initials Printed Title

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Case Progress Note

Page 9

Name of client Joel Ribery Date 12/14/2008

Start 2:15 Ending 3:15 times. Duration: 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>12/14</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
determine cause			✓		get name of SW
compensate for deficits		✓			heats raised
dep mood		✓			seems better
hypersensitive			✓		

Treatment provided** was able to repress neg traumatic memory from bf - now have I feel better - OK re;

Treatment planned*** reel of used name - F/S/V - Log repress
Kept best bc of old trauma but 7/1/09 neg precept

Current/Changed medications**** same See Bleed Krao

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Person completing this form: CJT adon
Signature/Initials Printed Title

6594-
P. 100

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Case Progress Note

Page 8

Name of client Tal Polansky Date 11/30/20

Start 2 Ending 3 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>11/6</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>determine cause</u>			✓	PT to bring him to see up next week	
<u>compensate for losses</u>			✓		
<u>depression</u>			✓		
<u>hypersexuality</u>			✓		

Treatment provided** As sessing for trauma re: revelation of molestation - has pain when remember had

Treatment planned*** denies bad dreams (has wake in a sweat), Near total denies flashback - clo guilt, betrayed

Current/Changed medications*** same See Kraus

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____ repeated session

Notes ** revels age 8 molested by priest - non-violent, also in school, also by school teacher, across by scoutmaster - non violent - all repeated encounters

Person completing this form: CJJ above

Signature/Initials

Printed

Title

Wor
give to
Hofmann
1300

over age 8-11, no anal penetration, anal sex & touching - clo nighttime, bad feelings re: people who take advantage of for other & I children - had TP. over Fontaapel & Bait for

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Case Progress Note

Page 7

Name of client Ted Polach

Date 11/16/2007

Start 2 Ending 3 times. Duration 90 75 60 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____

Code # 296.33

Diagnosis (DSM-IV/ICD) _____

Code # _____

GAF score today 55

Other measures* _____

Change in target symptom
since 11/2 date

Much
decreased
<<

Lessened
<

No change
=

Increased
>

Much
increased
>>

determine cause

compete for sleep

depression

hypersomnia

Treatment* provided** _____

E/S/V - orient toward improvement

Treatment planned*** _____

future outlook

Track down Case Mgr - 7 level of care

Current/Changed medications****

same

See Kren

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes **

pt says Jane Beal not working
for him any longer - new case mgr. w/
assigned

Person completing this form: _____

Signature/Initials

Printed

Title

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Case Progress Note

Page 6

Name of client Teal Polansky Date 11/2/2004

Start 2:10 Ending 3:45 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>10/12</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
--	----------------------	---------------	----------------	----------------	----------------------

<u>Determine Cause</u>			✓		<u>Contact Jane Beard</u>
<u>compensate deficits</u>			✓		<u>avail KC</u>
<u>Depressed</u>			✓		
<u>hypersomnia</u>			✓		

Treatment provided** Cagage in lively discussion re:
how we can have a plan to get ready - social

Treatment planned*** contact I mental perception
7 days time (as journaling + pt for notes)

Current/Changed medications**** same See Krebs

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes **

Person completing this form: CJT above
Signature/Initials Printed Title

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Case Progress Note

Page 6

Name of client Neal P. Remy Date 10/26/2004

Start 2 Ending 3 times. Duration 90 75 (60) 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>10/20</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
<u>determine cause</u>			✓		
<u>compensate memory</u>			✓		<u>denies words to remember</u>
<u>depressed</u>			✓		<u>appts</u>
<u>hypersomnia</u>			✓		

Treatment provided** provided info re. M's death in 1983

he was 1/3 kids who were involved in

Treatment planned*** pride in work in the past & giving
to help activities - explore volunteer

Current/Changed medications*** See Krabs

Prognosis: ☐ Guarded ☐ Improvement ☒ Recovery ☐ Fluctuating ☐ _____

Notes ** _____

Person completing this form: CJJ alone
Signature/Initials Printed Title

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Case Progress Note

Page 5

Name of client

Leol Polinsky

Date

10/20/2004

Start 2 Ending 3 times. Duration 90 75 60 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD)

Code #

296.33

Diagnosis (DSM-IV/ICD)

Code #

GAF score today

55

Other measures*

Change in target symptom
since 10/20 date

Much
decreased
<<

Lessened
<

No change
=

Increased
>

Much
increased
>>

Determine Cause

attempting to contact case mgr

compensate for deficit

✓

depression

✓

hypersomnia

✓

Treatment provided**

Cog Reframe dep outlook

Treatment planned***

7 Adaptive Functions

Current/Changed medications****

same

See Krebs

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes **

pt maintaining

Person completing this form:

CJT
Signature/Initials

about
Printed

about
Title

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Case Progress Note

Page 4

Name of client Teal Polansky Date 10/12/2004

Start 2:20 Ending 3:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>10/6</u> date	Much decreased <<	Lessened decreased <	No change = =	Increased >	Much increased >>
--	-------------------------	----------------------------	---------------------	----------------	-------------------------

depression

anxiety

depression

hypersomnia

Treatment provided** expressing soc an - concern in group -
c/o trouble remembering - sad mood - Co Region
F/S/V

Treatment planned***

Ask Pt to Journal - Soc trouble remembering

Current/Changed medications*** still ready See Krebs

Prognosis: ☐ Guarded ☒ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes **

Person completing this form: CJT also
Signature/Initials Printed Title

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Case Progress Note

Page 3

Name of client Seal Palanch Date 10/6/2004

Start 1:15 Ending 2:05 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>9/24</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
---	----------------------	---------------	----------------	----------------	----------------------

determine cause of

memory

impaired for

sex mood

hypersomnia

sleep hygiene

Treatment provided**

Work on motivation to engage in more pleasurable activities for

Treatment planned***

contact Carolyn -

quality of life

Current/Changed medications***

Hasoprolone still working

See

Krebs

reducing Percocet

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** Gail Gail 2 S's, daughter, H, baby ← All @ Edisto Bk

Gail's S's grandson - Show he's in Gail

but due to his needs of sex - He's a good teen

Person completing this form: CJJ alone

Signature/Initials

Printed

Title

but Seal not even walk down to the beach - IDK

waking up @ night w/ urinary incontinence - causing Dr. Beasley - I assume P. 601 sure why this happen

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Case Progress Note

Page 2

Name of client Teal Polinsky Date 9/2/2004

Start 1:30 Ending 2:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since 9/14 date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
--	----------------------	---------------	----------------	----------------	----------------------

- ① determine cause of market for
- conspire for
- ③ dep mood
- ④ depression
- ⑤ sleep apnea

Treatment provided happy he can cut back on pain med - talk therapy & up med anxiators then in past -

Treatment planned*** family, niece + support
reach case mgr - work on future

Current/Changed medications*** cutting back on Percocet
See Krebs

Prognosis ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐ _____

Notes ** called case mgr to discuss case

she was in bed from hip replacement & well
take care - lgy forward to going to beach w/ GF

Person completing this form: CJT above
Signature/Initials Printed Title

for
vacation
next wk

5 am new interview, cannot remember
his name

childhood military - born Md - PA - CO - Germany - 25%, 13 yrs old, 2 yrs
guy, E in med in VIP. 082 - PTSD dream - temper outburst

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Case Progress Note

Page 1

Name of client Teal Polansky Date 9/14/2004

Start 2:30 Ending 1:20 times. Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 55 Other measures* _____

Change in target symptom since <u>9/8</u> date	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
--	----------------------	---------------	----------------	----------------	----------------------

- | | | | | | |
|--------------------------------------|--|--|---|---|--|
| 1. determine cause of mental illness | | | ✓ | + | not concerned or relieved |
| 2. cooperate for therapy | | | | | but upset re. inconvenience of memory loss |
| 3. Dep. mood | | | | | |
| 4. Hypersomnia | | | | | |
| 5. sleep hygiene | | | | | |

Treatment provided ID goals - clarify tx needs

Treatment planned*** Co. Beh. work Dep. Coping with loss
grief loss of profession, social contact (pt reluctant here but
Current/Changed medications**** same See Krebs until help

Prognosis: ☐ Guarded ☐ Improvement ☐ Recovery ☐ Fluctuating ☐

Notes ** going to meet new internist tomorrow -
will bring some old records for my perusal

Person completing this form: CJT alone
Signature/Initials Printed Title

refers symptoms to depression - only affects her

9/8/04

Tool Polaris

D: The whole thing is when @ Rehab @ PBM I was told I could get back to work.

Admitted to P B H C - Vegas
@ the Pain Mgmt place - I went
beside b/c I do not go back to
work look @ disability - Age 42/43
4-5 yrs ago
that's when went to Fort Lauderdale

After knee, then back injury

Remarkable loss of the memory
in patients - do not even
know if head was hurt in
back injury —

Neura - or Neura Y
Tall to Broad

Why Henry Jones; unexplained

Very hard time staying consistent -
behaviour: 1 i chain levels

At Bipolar $\{y, nx\}$ - ? ⁶²⁰ ₆₂₂ ₆₀₄ ⁶⁰⁴ogenicity - P (Contact B per
sent to Kretz)

9/2/04

Test Polansky -

47 DWM

D worked for Atty General Office

Chief Investigator - Atty Gen
Health Care Fraud

1978-1999

Chief Supp at first - 1982 then
Health Care Fraud

no Yth h x b f the Food in 1999

GF I He bought house together on
Royatta Rd - Chief State Atty Gen
gets along w/ GF well - 15 yr
relat

Both of us married b f -
Gale -

I need to be total for L. Then lead -
I saw Dr Forstner every week
for an hour

I have a real hard time remembering
things

Difficultly w/ memory -

I used to have a mind like a
steel trap

Can't say what he worked on
w/ Dr Forde -
we worked on trying to remember things
He was trying to get me to remember
things in the newspaper
would write things back to Cole -

Slow loss of memory loss -

- Pittwick -
Tired day (smile slightly) -
She adapted me

Veg flat, weak like expression
in general - but smile when
I pick up dog -

I stay in the back part of the taxi -
But drove home

Dislike
1 x 4th IP for sexual abuse
(left knee) - and then viz it after
the pneumonia I blew up

May Dep for Nov
As DX (Hx) (Hx)
P. Return week
get Wood Comp
(nervous at one point)

9/21/09

Ted Polansky

Hid battery tested 1 1/2 yrs inst of 5 yrs

Surgery rescheduled in Charleston in Oct.

Depression is bad - excruciating pain - good time in bed
first he went out in garage first time in awhileDr Robert T. Morphine to 60 TID plus 15 pm
make said No Neurontin

Woke up @ 1 AM for a while sleep at 3 AM up 1-2 hrs

Wb xl 300 AM

Suicidal thoughts resolved for now

07 flax seed Momey pain Dolor 120 @ 7 PM
(no A) A7 296-7208 move Dolor to 60 BID + 7th then Allen Am
Cymbalta 30

Lamictal 200 AM #30 PMS

Wellbutrin x 300 mg AM

No Prosigil until
surgery in Charleston

J. Marturano

1/20/09

07 no Δ affect. Smiles fairly often. Speech + thoughts
no different.

A7 Depressant 2nd & pain

P1 Provigil 200mg 1x #10 #60. Pys- Prodon 5 Day

X Wellbutrin XL 150 to Am #90 Ref 1yr

Cymbalta 60 #84 Zometal 200 Pregabalin ER 16

Ambien CR 12.5

Immunosuppressant

8/19/09

Longer only pay for battery replacement of spinal cord stim,
my battery & pump compared to pump & wire - cat didn't work
"Depression is worse than pain" Dr. Ribes T narcotic tabs
still have real difficulty comprehending newspaper
ask Doyle for help

Ambien 12.5 #84 @ 3 AM from pain

07 enthusiastic speech & thoughts no different
memory is intact for daily events & may articulate for
needs but forgets words once. H No Δ

P1 add Neurontin 300mg 1-2 HS for sleep + i BID for pain
back + vbxv #84 300 (1/10) Provigil 200 H=0 (1/10) Cymbalta 60 (14)

T Prodon to 120 for 1st 9d. #60 Ref- NE/protonix response

Zometal 200 11/09 Pregabalin ER 16 need to discuss

memory E. Dr Jones.

Ambien 12.5 11/09 Immunosuppressant

PROGRESS NOTES

NAME Richard + Ed Polinsky DATE OF BIRTH _____ PG# _____
 DATE - TIME _____ HT _____ BMI _____ BP _____ P _____ T _____ ALLERGIES _____
 CPT CODE _____ WT _____

Formedic

3/23/09 Neck pain + shot in rear (for pain) CT scan
 + muscle relaxer → either Mar 9 or 11
 Colonoscopy - still bleeding P 1mo 6 days @ seas
 Trip ^{April} cruise to Caribbean then to Italy Spain
 closed for Easter his body "suffers" 2 days in libration
 Pain meds changing off methadone, taking Morphine
 instead by time vacation
 Neurologist also changed "services" instead "Dated"
 Working 15 x 1 day 67. thickened bladder wall
 I didn't sleep
 Depression? "I feel pretty depressed" I got depressed by
 I couldn't help Eds when the pouring rain was really
 messed up the house. Upst he couldn't contribute
 Got wrong flood pump 2x for kitchen can light
 01/24/09 + tone WNL Did not appear sad or downed down
 At 276.31 by report but at last pretty situation
 It will not be today bc of upcoming interventional +
 recent med changes by pain dr. + urologist (Masturano)
 Copaxone 600 #14 samples for trip Ambien CR 12.5 #5
 Phosil 20. B12 500 R/L Raloxifene CR 16 20 #90 R/L
 only Wbke 300 qd + Janumet 500 qd Masturano

5/6/09 I got lag, were going East, OK now Phineas for nausea
 Depression? Didn't have a good time - didn't go to show
 Didn't go on tours with walking on stairs
 Doesn't remember a lot of the places they visited
 Some people got sick + were removed by ambulance, others died
 Not successful Not eating much in 36 hrs since back
 ↓ Motivation 7/10 depression from trip
 Not a perfect meals + didn't interact + then sat 2 days with
 full sleep easily on trip in middle of day
 Pain is worse now than over the last year. Got + moving around
 Dog is playing a lot. Dr. Riba appt next wk for pain

PROGRESS NOTES

NAME

Ted Polansky

DATE
OF BIRTH

PG#

Formedic

DATE - TIME

HT

CPT CODE

WT

BMI

BP

P

T

ALLERGIES

4/12/09 Dennis & Dale's note for Christmas
 He got Dale a rain gauge for Christmas - Taxis H!
 30" Neer & nephew - didn't get them anything this year
 Had to get Savings Bond
 Available? arguing over little things, if washing day beds
 & stayed mad (didn't speak) for 1 day
 Can't comprehend newspaper asks Dale to explain
 Can't figure train season anymore - gets frustrated
 Has never done Sudoku
 Overall - not sure if memory is better or Kagadze
 Got lost on way to Dale's note but hasn't gotten
 lost on way to his apt lately
 Co. Guessing calculator not sure why
 Depression feels better Anxiety & i for best issues
 About these are realistic financial/logistic issues
 1) Speech & thought process w/le
 Reflections Good Clear flat!
 At 296.31 P/ No A in med today. Biting Dale
 to next apt to discuss whether med is needed
 Plu 1mo after Mattman on

2/23/09 Lot of pain - morphine received Friday by mail 15mg
 42 Tried Oxycodone - 10mg HS "methadone Holiday" 9d after
 more dysphoric lately? Not sure - Pain makes it worse
 Turned stimulator up to 20 usually 30 & removed
 which hurt grain
 Trip end of April, early May - Italy, Barcelona - a good deal
 cruise ship was quite Ranting re: 100 per...
 4. dry mouth (but not constipation) & 1 wh
 from writing same checks 3 times last wh
 & focus but "I think I'm doing pretty good!"
 Of a little more rambling than usual but not manic or suspicious
 a little dazed in writing room but at later At 296.35

P/ Re Prolog 200 b12 x lano + combi 12.5 mg + 100 mg

A POWERFUL SSRI
 that's well tolerated

Forest Pharmaceuticals, Inc.

628

See Dosing & Warnings for Full Prescribing Information.

Lexapro
 escitalopram oxalate

POWER TO ENJOY LIFE

©2006 Forest Laboratories, Inc.

45-100710

7/06

PHONE CALL

FOR	J.M.	DATE	11/18	TIME	AM PM
M.	Dr. Jones				
OF					
PHONE/MOBILE	779-7500	FAX	732-2573		
MESSAGE	re: Ted Polansky, seems more depressed, can't ident. percipitants, may have seasonal affective components				
SIGNED	needs may need to be adj. b/c she may not help w/ therapy				

12/21/08

33

needed refill of Ambien + Lamictal in Fla.

He visits mother's friend in Fla. 7 yr. on water

He was not talkative, but "pretty enjoyable"

He took them out - 2 other ladies, i. Skye + Margaret

His focus in conversation + directions are worse

He can't remember zip code, forgets PIN code for ATM

Depression is better since last visit

Did go to Charleston to keep friend company + drive down.

Talks sporadically - Randy. Did enjoy trip OK yeah!

Depression - 6-10 (was). Thinks more about his dog dying. (He friends' dog, an dying) Set someone's dog is fine for age.

Dismissal Amanda possibility for memory issues.

I am not certain if repeat neuropsych testing would tell us anything! of a little more anomalous +

optimistic. At 296.32

7) Gynabette 60 grd + 1yr

Droton 100 grd #90 Ref 1yr

Lamictal 200 grd 11/09

Prosigil

Ambien CR 125 mg 09

Razadone 16 CR 11/09

The two

Wellbutrin XL 300 grd 11/09

Mattabow

PALMETTO COUNSELING ASSOCIATES, L.L.C.

1903 Gadsden St., Suite 204, Columbia, SC 29201 (803) 254-9767 Fax (803) 254-9740

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Shantelle Smalls
Student Intern

Fax Confidential

DATE: 4/2/2008
TO: McDaniel Law Firm *attn*
Fax No.: 803-252-0709 *Kari*
FROM: Carey for Dr. Marturano
Phone No.: 803-254-9767
Fax No.: 803-254-9740
No. of Pages: 4 (including cover page)
COMMENTS: RE: Ted Polansky *4/5*

This fax contains confidential information, if error, please notify our office immediately and return mail to the address above.

JO A. MARTURANO, M.D.
1903 GADSDEN STREET, SUITE 204
COLUMBIA, SC 29201
(803) 254-9767
DEA # 12445(SO)
NPI # 1609875244
NAME Ted Polansky AGE 41
ADDRESS 11712 DATE 4/2/08
RX ILLEGAL IF NOT SAFETY BLUE BACKGROUND

Mr. Polansky needs
memory medication
Razadone, Namenda
or other memory agents
because of prior diagnosis
due to his work accident
Please authorize needs
accordingly
Refill _____ times
Label ☐
DISPENSE AS WRITTEN
SUBSTITUTION PERMITTED
7KPS7005117

Ted Polansky Depression 7/1-10

11/19/08

"Fair level really bad lately - really got me down"

Can't sleep i. course, only a sheet

Think about it a lot

His dog is more attentive, judging

Can't suicidal - thought about it, but not going through it

Cymbalta 60

Wellbutrin XL 150

Proxigil 200 AM - forgets 2d dose sometimes

Dolox 100 mg

Lamictal (11 mg) 200 in AM brand name Rubix 457-2632

Ambien 12.5 CR

Rozadyne 16 ER

Difficulty comprehending newspaper
paperwork

Can't prepare themselves

Frustrated - take it out on people - business, his Dad, i. Doyle
a renewal of contract not specified in receipt

Doyle gets testy i. him for asking for help reading paper
of book - thought content discouraged, self castigating

Don't suicidal intent + will call if it worsens psychosis
memory poor by his

4/29/33

P1 Proxigil 200 BID 4:00 4:00 R45 - remember 2nd dose!

Wb XL 300 #30 R45

Lamictal 200 q AM 11:30 R45

Ambien CR 12.5 #30 R45

For time
Manturano

Ted Polarsky
 9/15/08 He stayed on ship⁺² while Gayle went off to tour on land
 one night went to concert in Russia. folklore

Long: 600 LONDON, DENMARK, BERLIN, ESTONIA, FINLAND, HELSINKI, RUSSIA, AMSTERDAM, LONDON

Short term memory already failing He can't remember parts

of the trip already

Ship holds 3500 people - dining room - assigned seating

He felt uncomfortable speaking to people at their table - same
 people entire cruise. Afraid he'd say the wrong thing

Sweated every day - drenched - everywhere I went - Not anxious

Depression

? 1-10

moping around, with heavy

ULX 150 (Holding off) - should have ~~rested~~ from Gayle but didn't

of speech & thoughts not, affect - a little tactless, not mean

At 206-32

P1 Janicotol 200 AM - no change

Togamax 200 BID

Provigil 200 qd or BID

Cymbalta 60

Geodon 100

Razadine 16

Roxatril wbx 150

Flu T mo

gabapentin 1500

Dr Riber Rx new pain patch to calf for calf pain
 Feel uncomfortable talking to his friends. old college
 roommate, has known her over yrs. Has been to her house

He was outgoing prior to accident for depression

Resumed 150 XL Wellbutrin - no SE

Conc. & Takes longer to read newspapers -

Worse on comic strip Tues. "6 things different in 2 pictures"

Provigil 200 AM, sometimes BID

Forgetful driving - might miss a turn. Can't take phone message

of speech & thoughts wbx, ~~not~~ worried

At 206-32

P1 Needs Wellbutrin - still not at 100% Mod med

wt 183
 at home

BS 116
 repeated 111
 10 min

10/22/08
 950

BS=106
 repeat x2

BS changes
 use flu
 n. PBS

Ted Polansky

8/20/08

① Kazdane 16

Nurses on + 571

occasional (Kazdane)

845 - 9pm

② Gymbalta 60

③ Zoladon 100

(5+20)

Never tried Suboxone

Stopped Zoladon in July 8 tapered

Valbuterol name

Last change added to Zoladon 100 B.I.D. 4-8 hrs. Dr. Kiber

Dr. Kiber agrees he's depressed

Tried
Prosigil

Not engaged in anything 9:00 to 11:00 PM plus nap only around 2 hrs

Sleeping is increasing. Total lack of motivation

Not doing household chores without reminding

Dr. Mardel no. Kibler's overall

lost 7 lbs

meds. ↓ focus, conc, atten Not dementia or Alzheimer's
Pain is no better on Gymbalta.

actually worse - but weather is blame put on it

Dr. Gont just noticed his speech was odd, he was out of it

+ sitting & a blank stare He says

No suicidal thoughts just dull, empty, down

Of Psychomotor retardation evident - slow speech

Poor eye contact. Does stare off if not

answering questions but is listening
& answers appropriately

Thought content depressed Denies suicide
Memory not tested

No psychosis ATTN ↓ No bizarreness today

AJ 296.33, multi physical probs

P/ cont. above 3 medr. Add back Zoladon per
instructions up to 100 B.I.D.

Ref 5

Jm, 2008

PAST
Kazdane 20
Gymbalta
Zoladon

Also had mem. prob then

250
B.I.D. 2008

11/21/08

pc to
pt.

we had difficulty in for jamming so I
 spoke to pt - He has appt with Dr. Mandell Aug 17
 He is no better or worse since changing meds.
 Currently on Cymbalta 60

no Wellbutrin

Will Dr. Zarnickal try Dose of 1/2 tab of 200 = 100
 in order to eval if it is affecting his daytime
 awareness. Also, it has not been useful for
 depression that we can tell. He is agreeable.

J. Mantarano MD

Ted Polasky

7/9/08

10.15

Dr. Kuber didn't make anything of the staring off spells that Dr. ^{PhD} ~~font~~ noticed yest. - she called me alarmed that he would "I look into space often" ^{go out due to overmedication}

Depression? "I thought it was better"

Unstable & dog whining at the storm - yell @ dog "No" "Quiet" Cruise upcoming x 3 wks ^{8/27} ~~can't get excited~~

agust

London Helsinki Russia Denmark end of August Work have as much income & retirement - Doyle is 56 -

Sleep better & happier - No off during Day will return @ 58

Has a lot of pain in @ foot. Got a new patch today for foot on Cymbalta x 7d ^(5/1904) off work & resumed

Getting better on "Brain Tamer" in cornies (6 things diff in 2 pic)

No dry mouth or constipation

Puccoon

no 2

metadone

Typanax 100 BID - pain

Or Tylenol

Diet

Razadyne 16mg qd

Cymbalta 30 qd (↑60) today

Lamictal 200

Wellbutrin XL 150 (2c) today

Ekobon 80 @ HS

Lamictal & pain patch for foot &

Of laugh + thoughts were good eye contact No staring spells witnessed by me but Dale/Gilfriend has been seeing staring spells for 1-2 years

03-285-

6192

At 286.35 P1 P2 says Dr. DesChamps wants him to see the neurologist Dr. Mandell for memory loss evaluation

This pt does not have dementia. The neurologyologist overinterpreted his results & clarified later verbally to me & to pt. He is ^{becoming} well monitoring his own med & could do daily ADLs better if he weren't so bored & unmotivated

We will change to Cymbalta 60 for depression & pain syndromes @ also have evaluate Staircase Dr. ... (Mandell ...)

non fasting
BS
lunch
last visit

Ted Polansky

4/30/08
p2

Q no & in affect, WNL & hard on himself.

M 296.35 E MCI

P/Razadyne T to 16 mg (later 16) - adjust to this first
Phenergan 25 per (1/2 of 70 left)
Ambien 2.5 CR low from 4 1/2 (forced)
Wellbutin XL 150 qam Sonnetal 200 mg (eyes in future)
Eliquis 80 HS Flu Tms Mirtazapine (not helping)

5/28/08

Razadyne 16 x 1mo, but no improvement. worsening of
depression. Men don't for long and depression started
Also says forgetfulness is better. (leaving deep out, hardly)
Spelling is notably bad. "dollars" "hundred" "quadrillion"
Brian Tera in newspaper. Compare 2 pictures. 6 things diff.
Dr Jones asked about Provigil + noted depression is worse
Topamax 150 BID

rain
190

150 BS
155
ice accumulated
at 1pm

3.4 calcs/day. Sit 7 in chair, present.
At 11:30 Chicken French fries for lunch.

Falls asleep during day Needs Ambien but stays ok
of hard sugar not fasting weds 150, repeated @ 155

M 296.32 depression is worse Memory loss 76 (max)
#70 Rq5

P/Cymbalta 30 mg x 1mo. Cont. Wellbutin XL 150 for now
if Cymbalta is tolerated, then may do Wellbutin
Needs IM Flu for ADDM work up 2nd wt gain
Eliquis is not guilty of wt gain or diabetes like the
other atypicals but the FDS required class labelling
Flu Tms
175 CR # 90 Rq1
cont Ambien for sleep 636
Razadyne 16 # 90 Rq3

Dr Jones:
Provigil
less
w. fatigue
not so much
depression

To Ruston McDaniels
 4 pages from J. Montemurro
 3/26/08 PM

Ted Polarsky

3/26/08

Phenirgen 3-4x/day - can tolerate

1055

Loose stools frequently

Drinking 4 sodas - regular / day plus water

3/26/08
 in June
 178-181

Makes self eat breakfast - cereal & 1/2 milk 1/2

(Try vanilla soy milk)

Better in general overall in last 2 m

Depression - Down

Delir - not but

Anxiety - crazy lately - MVA - insurance, body - keep

it in tank of the water - Has a pontoon boat

but afraid to summerize it. Very seldom if on dock

Samuel at 200 9 AM

Deborah 89 100

William 150

0/ a little stressed but WNL

A 296.35 300.00 mild cognitive deficits

R/ Neuroster 500 qid per #120 P45 for anxiety

Cont others above

Regadgen drug only don't A

J. Montemurro

2/27/08
one of
Tad Polansky
ARICOT
RAZADINE } plus
EXERON }
↳ LAST
NAMENDA - glutamate
can help w/ damage to brain
from anxiety
affects nicotine receptors - which help depression, anxiety, cognitive disorder
D. L. Polansky, WNL & memory 4/29/05 300.00 294.9
P) Nos accept add RAZADINE for memory (coupon) #70 Ref 1
then 16 HS #30 Ref 1
Maturansky

PHONE CALL

DATE 5/12 TIME 9:30 PM
Tad Polansky
732-2593 FAX 407-2632
MESSAGE on RAZADINE - since last time
having lost appetite
I will try to take RAZADINE at night
TELEPHONED
RETURNED YOUR CALL
PLEASE CALL
WILL CALL AGAIN
CAME TO SEE YOU
WANTS TO SEE YOU

DATE 3/5 TIME 10:40 AM
Tad Polansky
732-2593 FAX
MESSAGE please call at your convenience - questions re: prescription
RAZADINE @ HS not an
SUN 4/12/08 for 2
8mg vs 9mg
TELEPHONED
RETURNED YOUR CALL
PLEASE CALL
WILL CALL AGAIN
CAME TO SEE YOU
WANTS TO SEE YOU

PHONE CALL

FOR Mr. Ted Polansky DATE 1/3 TIME 2:10 PM

OF 732-2593 Has been taking for 3 mos

PHONE/MOBILE 732-2593 FAX

MESSAGE Lamictal 200mg qd TELEPHONED

#90 RETURNED YOUR CALL

pls mail Rx to him PLEASE CALL

for mail order WILL CALL AGAIN

forgot to get when home WANTS TO SEE YOU

SIGNED [Signature] B. 3/8

Sent 1/10

12/10/08
25

met & pt - discussed results of neuropsych testing + lack of dementia. Memory loss is real but not of severity to classify as dementia or anything close. Results are likely due to narcotics affecting memory. Pt is worried but was reassured + both husband would discuss w/ Dr. Jorut + Dr. DesChamps. I would only order the CT scan if Dr. DesChamps feels it is clinically necessary.

(message relayed to his office today)

07 no B A no B 296.35 300.00 294.9

C/ No change in med.

J. Venturini MD

12/20/08
105

Spoke to Dr. DesChamps + Dr. Jorut

CT not necessary. Will cancel orders.

J. Venturini MD

Bought numbers for house which they didn't need then + bought numbers that matched his old house.

Re: Regan + Pharynge

Nov 06 2007 11:31AM

ETTO PAIN MANAGEMENT

SU-10-2001

DATE: Monday, November 5, 2007

PATIENT: Ted Polansky

CHIEF COMPLAINT: "I'm doing better"

FOLLOW-UP CONSULTATION

3-4 J

HISTORY: Mr. Polansky is back today for follow-up. He now has the pulse generator replaced. This was performed by Dr. Holbrook on October 9, 2007. After the battery replacement, he was seen here in this office for reprogramming on October 9, 2007. This was performed by Steve Gruman. He was also seen on October 23, 2007, by Cathy, the other local Medtronic rep. He now has excellent coverage once again. This is just in time as far as he is concerned as he typically has increased pain with the weather turns cooler, which it has in the past week or so.

CURRENT MEDICATIONS: Methadone and Percocet written by me. He is also on Wellbutrin, Geodon, ^{XL 150} ~~Pexid~~ ^{Lamictal 200} ~~Androgel~~, Nexium, Ambien, Promethazine, Singulair, and Lomotil. *OXYTRON - bialla DETRO LA*

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: As per HPI.

PHYSICAL EXAMINATION:

Weight: 164 lbs (This is essentially unchanged.)

Blood Pressure: 127/82. Pulse: 91. Respirations: 16. Temperature: 99.5. Recheck temps were 99.2 and 99.1. He was reminded to keep track of his temperature over the next couple of days. SaO2: 98%. Pleasant man in no acute distress.

HOENT: Alert and oriented. Good historian. He is in very good spirits. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: The incisional site for the pulse generator is already very well healed. Exam and complaints are otherwise unchanged.

IMPRESSION:

1. RSD, left lower extremity.
2. Radicular syndrome, right lower extremity.
3. Spinal cord stimulator functioning well.
4. Pulse generator successfully replaced by Dr. Holbrook 3 weeks ago.
5. Status post-work related injury, October 19, 1999.

PLAN:

1. Refill Methadone 40mg bid.
2. Refill Percocet 10/650mg, #60.
3. I will see him back in one month or sooner if necessary.
4. We will have him follow up for reprogramming as needed.
5. We will be in touch with him regarding any changes in coverage.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Ribor, MD

cc: Jo Martinano, MD

Meelung Khour-Gould, Case Manager

254-9740

612-2734

DICTATED BUT NOT READ

10/1/07 Visit E.D. Martinano: 101°

migraine today, it's better now

4. -livable! + 2 wks

Armed Dad + 30 5c spot - him

Geodon 80 cont'd b/c he still up

10/10 staying in bed napping around

PE 2 mo ago - 14yr - lots recently

See Dr Lind + 2 for memory testing + 2 who a

somewhat depressed. Not extreme

Dr Lind agrees his depressed - new

swearing now even in cold - didn't help to L. Geodon

9/1 smiling, memory clear in 10/1

4/296 31 to 296.35 - water for wearing memory eval pending

(R. talk 10/1)

9/1 Jancitol has room to 5 to 300 for worsening depression but I think

he had reason to be anxious with last month will have for

worsening of depression + Jancitol if he calls. Dr DesChamps

believes he contributed to syncope, so it won't raise it for now

Ambien 12.5 mg qd #30 Reg 5 641

Geodon 80, w/ XL 150 (Hawes 10/10)

P. 125

(Martinano)

Ted Polensky

2/10/67

Stimulator problem - can't get battery replaced in Augusta
so pain is worse - have sleep me better, from sleep
better methadone + Percocet

Reglan from Dr. Rice for nausea & Phenazone.

no sweating all over not just by arm

Ambien 10

WB XL 150

Diodor 80

Famital 200 qd

Energy is not great.

Memory is still problems - ^{not recall} appt.

For writing:

[Finish to Gold Thru 60 qd #30 Pys Consider to
of euthymic, core & is intense, Memory recall home
speech & thoughts and 4/29/63]

nd P/
grouse

Ambien 12.5 cc #30 Pys Cont Famital 200 qd + WB XL
↓ Diodor 60 qd #30 samples for sweating trial for improvement
Au 2mo + for 8 months

[Mue Ling says pt has appt 9/20 & Dr. Nichols Level PhD]

1 Week ____ 2 Weeks ____

1 Month 2 PRN ____

Other: ____

Literature Request:

Mae Ling Khor - Gould
State Accident Fund
PO Box 102100
Columbia, SC 29221
1999-003671
803-846-5800 (o)
803 612-2734 (FAX)

JO A. MARTURANO, M.D.
1903 GADSDEN STREET, SUITE 204
COLUMBIA, SC 29201
(803) 254-9757
DEA # AM2777994
LIC # 12465 (SC)
NPI # 1509875244

NAME: Ted Polarsky AGE: ____
ADDRESS: ____ DATE: 7/16/07
Rx ILLEGAL IF NOT SAFETY-BLUE BACKGROUND
B
Ambien CR 12.5mg
T9H #30
R/S

Refill: ____ times
☐ Label
DISPENSE AS WRITTEN
SUBSTITUTION PERMITTED
7DES7005117

Ted Polansky

5/1/07

MCG - Augusta Dr Jander will redo whole unit
New one would last another 5 yrs. buy some leads
Bad day - moving around, stare into space
Not SOB till 10th - bedtime ~ 10p

Stopped Tapanac b/c 2 lb wt loss (wore b'd for
still visit remember Bayle's phone # at work ^{migraines + faint}
Dr Kim: Reglan (+WB) AM PM Doda 80 ^{original} Percocet
methadone 40 BID

D) euthymic, upbeat good eye contact speech + thoughts WNC
M 296.35 300.00

P) Cont-Gordon 80 qd 3 WB 150 in AM
Ambien CR 12.5 #30 R/S

Add Lamictal orange tablet for depressive spells

+ PO 100 1-2 AM #60 R/S - but don't ↑ to 2 qts

11/9/07

"Better" on Lamictal = took 200 - misunderstood above instruction
Collection agency b/c he didn't pay meth whoops obsessing
Almost got suicidal - didn't want gem around so he sold it
Didn't tel Bayle. Doesn't think he would s.d. ^{the thoughts} - they went away
Battery for spinal stimulator is @ 10%.

* Mind is not good + understanding telephone info. Power of atty → Bayle
Dr Jost thinks Lamictal helps him open up 200 qts
methadone Percocet

Dietrol 115 original patch 2x1 wk

Reglan works well Churgan per

PO Ambien 12.5 CR #30 R/S

Still needs memory + atten testing - of Difficulty attending
to my med directions today, ^{+ last visit} tho was alert M 296.35, 300.00

P) Lamictal 200 qd #90 R/S 1 WB 150 qd #90 R/S 1 ⁶⁴⁴ Mortimer

Ted Polansky

11/10/07

140-215
presents from

5) Resumed 80 from Gordon - Falls better!
 NST is bad as when he was mooring + phoned out. ^{became} ^{out}
 P. especially. RSD was pretty bad - ^{11/2/20} ^{over} ^{Holiday}
 Some days he does feel depressed, down, defensive, with drawn
 but not as often as in the past

Hypocrites of going around in circles "excited" for 20"
 Doing that more than usual

Also W6 XL 150 flonidien. sleep well Day is up 6"¹⁵
 he gets up ~ 8 AM

He was only 3rd person in line to get Sp. Arch Stimulation

of entymic speech attempts WNL

to memory. "forget had to spell (his) last name"
 Memory not tested

since MASE done recently 8/29/06, 30000

6) Needs neuropsych testing for memory - Dr. John Taylor
 Cont W6 XL 150 7th Gordon 80 gts \$30 for 1yr
 Maintenance on Ambien 12.5 cr (5 mg per pt)

3/7/07

203

"Pretty good" Hasn't heard from anyone about neuropsych
 testing

Still have moments of mooring - small seem to be doing pretty good
 Does Dr. Jost of wh-everyday things

He's working on his will. Glad to discover beneficiary was ex-wife

He changed to father + sister - some prop + bank acts to Eagle

Topiramate for migraines 100 nightly, 200 pr

Spoke to Crystal re: neuropsychological testing for memory &
 entymic not WNL, 645 8/20/06

P/N.D. Has refs Maintenance on



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #
296-002-0128-0	S	BN	COMPLETE	1
ADDITIONAL INFORMATION			SS#: ***-**-4408	

fax to 2549740 12909		FASTING: N	
PHONE: 803-732-2593		DOB: 4/07/1957	
PATIENT NAME		SEX	AGE(YR/MOS)
POLANSKY, THEODORE P		M	49 / 5
PT. ADD.: 331 REGATTA RD			
COLUMBIA	SC	29212-0000	
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME
10/23/2006 15:18	10/23/2006	10/24/2006	16:35 9470

CLINICAL INFORMATION	
CD- 20194019623	
PHYSICIAN ID.	PATIENT ID.
DESCHAMPSE	214664408
ACCOUNT: Edgar G Deschamps III MD	
Columbia Medical Group PA	
1301 Taylor Street	
Columbia	SC 29201-0000
ACCOUNT NUMBER: 39434830	

TEST	RESULT	LIMITS	LAB
Testosterone, Free and Total			
Testosterone, Serum	425 ng/dL	241 - 827	DN
Free Testosterone (Direct)	10.8 pg/mL	5.8 - 21.5	BN

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

Ind. no. on med.

DEC 3 8 AM
BY: *[Signature]*

Pat Name: POLANSKY, THEODORE P Pat ID: 214664408 Spec #: 296-002-0128-0 Seq #: 9470

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

P 120

Mini-Mental State Examination (MMSE)

Maximum
Score

Score

5

(4)

5

(3)

3

(2)

5

(4)

3

(2)

2

(2)

1

(1)

3

(1)

1

(1)

1

(1)

1

(1)

Total Score

22

ORIENTATION

What is the (year) (season) (date) (day) (month)?

Where are we: (state) (county) (town or city) (hospital) (floor)?

REGISTRATION

Name 3 common objects (eg, "apple," "table," "penny")

Take 1 second to say each. Then ask the patient to repeat all 3 after you have said them. Give 1 point for each correct answer.

Then repeat them until he/she learns all 3. Count trials and record.

Trials: 2

ATTENTION AND CALCULATION

Spell "world" backwards. The score is the number of letters in correct order (D _ L _ R _ O _ W _).

RECALL

Ask for the 3 objects repeated above. Give 1 point for each correct answer. [Note: recall cannot be tested if all 3 objects were not remembered during registration]

LANGUAGE

Name a "pencil," and "watch."

Repeat the following. "No ifs, ands, or buts."

Follow a 3-stage command:

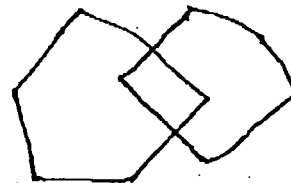
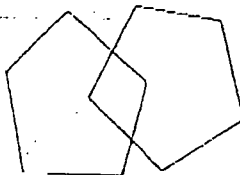
"Take a paper in your right hand,
fold it in half, and
put it on the floor."

Read and obey the following:

→ Close your eyes.

Write a sentence. Close your eyes.

Copy the following design.



No construction problem.

Ted Polansky

12/11/06 No difference in GAD-80 to 60 + 3 hrs (Decreasing to 0 all lower
205 stayed on 80 through 7.4. wk, then decreased no prob.
Testosterone didn't improve sexuality but did T acne

memory: Still can't get messages right on phone - can't get
phone # or message for Bill - can't focus & write at
same time. "Moping around," per Bill
Chief concern is memory

O/ MASE (23/30) after flat No spontaneity. Speech &
A/ 296.35 (↓ dose) thoughts WNC

P/ Doda to 70 (↓ dose) #30 of 5
Lost W6X2 150 indefinitely

Consult Dr. Rabin to see if Methadone can be ↓
due to some memory test results & over sedation reported
at home? Apper speech at home could be caused
by Methadone? J. Marturano

Ted P. Polansky 04-07-57 732-2593

Publix Pharmacy 407-2632

MEDICATIONS 12-08-06

AM	LUNCH	EVENING	BED
Riber			
Methadone 40 mg Topamax 100mg			Methadone 40 mg
Beasley			
			Detrol, I.A 4 mg
oxytrol 3.9 mg patch (twice a week)			
Maturano			
Wellbutrin 150 mg			Geodon 60 mg
Deschamps			
Pepcid 20 mg <i>de</i> Andro-gel 5 gm			Nexium <i>40</i>
Rice			
Reglan (metoclopram) 4 times daily, 1/2 hour before meals and at bedtime.			

As needed:	Ambien CR 12.5 mg	sleep	Maturano
	Promethazine (Phenergan) 25mg	nausea	Deschamps
	Lomotil 2.5mg	diarrhea	Riber
	Percocet 10-650	pain	Riber

Todd Polinsky

10/23/06

48

Throwing up a lot x 1 mo daily. Phenylephrine doesn't help
Nexium } new meds
Perocet

Work on Dr. Dischamps + 2 mo

Talks physically, sick + probably dyspepsia b/c nauseated
This wk into down methadone w/ 1/2 the 88 x 1 wk or more

To see if it improves sweating

O/ face flushed, otherwise well & forgetful name of med
+ water at home

1) Diuron 80 mg #32 Refs For testosterone test

Not worse 150 mg

Check for pre memory testing

(There are none)

Ignore, well need neurophysiological testing
for memory, to be approved by SC&AF Mortenson

Amber

11/13/06

Testosterone in mid range - he has report

40 "Breakfast" (finger), body color Rx Plesion for face
Tapered off methadone + 2 wk sweating didn't stop

Can't remember telephone conversations or short term
memory issues, e.g. memory for just what's supposed

Can't focus on telephone while writing may deviate from what
are dictated. Doesn't remember what he reads.

Forgets Paul's phone no. at work. Fewer episodes of missing

or Reglon gut for vomiting. Don't not as bad

O/ bright quiet conc + attention speech + thoughts WNL

M/ 29.6-35, poss. mild cognitive impairment

P/ Ambien CR 12.5 #30 T9d Ref 5

↓ Diuron + 60 + 2 wk 650 then 40 + 2 wks.

Amber

1999-3671 *

PALMETTO COUNSELING ASSOCIATES, L.L.C.

1903 Gadsden St., Suite 204, Columbia, SC 29201 (803) 254-9767 Fax (803) 254-9740

Daniel E. Shoultz, Ph.D.
Licensed Social Psychologist
Mark Bolte, Psy.D.
Licensed Clinical Psychologist
Susanna Varghese, M.A.
Licensed Professional Counselor/Intern
Wendi Robishaw
Student Intern

Jo A. Marturano, M.D.
Board Certified Psychiatrist
Barney M. Davis, Jr., M.D.
Board Certified Psychiatrist
Kim Neely, M.A.
Licensed Professional Counselor/Intern
Bill Rogers
Student Intern

Daniel K. Murdaugh, M.A.
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Judy Long, M.A.
Licensed Professional Counselor/Intern
Krista Bellomy
Student Intern
Denise Broadwater
Student Intern

Dale Salter, Ed.S.
Licensed Professional Counselor
Carrie Caudill, Ed.S.
Licensed Professional Counselor/Intern
Elise Bowers
Student Intern

Fax Confidential

DATE: 10/30/06

TO: Ms. Khari Givens c. Preston McDaniels, Esquire

Fax No.: 612-2734

FROM: J. Marturano MD

Phone No.: 7 down

Fax No:

No. of Pages: 2 (including cover page)

COMMENTS:

I have reviewed the record.
This fax contains confidential information, if you have received this transmission in error, please notify our office immediately and send the original transmission to us by return mail to the address above.

I see no reason to blame the Wellbutrin XL. Mr. Polonsky was stable on dose of Wellbutrin for several months. There is no drug drug interaction with Wellbutrin XL and Zyprexa according to PDR + Wellbutrin is not an SSRI so there is no Serotonin interaction. However I cannot comment on Zyprexa. I have never prescribed it. Serotonin was also listed as a possibility in the narrative. However in medicine, you don't always find the cause as we would like. (Preston)

9/28/06 Tell Polansky (2 more days)
 after tapering off Lyrica, he's supposed to take 100 Tylenol
 then 200 qd for + Greek Festival
 sinus infection, sick as dog, antibiotic
 sweating is still bad showers Testosterone 1 wk daily
 afraid of Percocet + nausea med not daily
 Don't feel that great (vomiting), sinus infection
 I affect unchanged, speech + thoughts not obsessive, well \$296.35
 P/wk 150 qd good till Jan 31/07 300.00
 Good to go " " 11/07
 Take testosterone daily - don't miss doses
 Ambien 125/2 till 11/07 Flu Tmo (Matterand) M

Ted P. Polansky 04-07-57 732-2593

Publix Pharmacy 407-2632

MEDICATIONS 08-29-06

	AM	LUNCH	EVENING	BED
Riber				
	Methadone 40 mg			Methadone 40 mg
Beasley				
	oxytrol 3.9 mg patch (twice a week)		Detrol, LA 4 mg	
Maturano				
	Wellbutrin 150 mg *			Geodon 80 mg
Mandell				
	Lyrice 150 **			Lyrice 150 mg **

As needed Ambien CR 12.5 mg
 Lomotil 2.5 mg

Percocet 10-650 as needed for break through pain

* Wellbutrin reduced from 450 mg while in hospital 8-18-06 to 8-28-06. Recommended that this be discontinued and replaced with alternative.

**Lyrice dosage reduced from 300 twice a day to 150 twice a day while in hospital. This is to be tapered off and discontinued if tolerated.

Deschamps

Prescribed and taken in hospital:

Zyrtec 10 mg
 Singulair 10 mg
 Pepcid 20 mg twice a day
 Andro-Gel 5gm.

*Dr Rhabdomyolysis CK 3000 to 10000
 Don't take ibuprofen again*

*Toradolone 100 (rel 2250)
 Limiting either Friday or Tuesday*

Wep released Monday pm 8:20

653
 P1637

UNIVERSAL MEDICATION FORM

Fold this form and keep it in your wallet

Date form started: / /

Name: <u>Theodore Polansky</u>	Address:	Emergency Contact/Phone numbers
Phone Number:		
Birth Date: <u>04-07-1957</u>	Organ Donor: ☐ Yes ☐ No	

IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)

FLU VACCINE	PNEUMONIA VACCINE	HEPATITIS VACCINE	TETANUS	OTHER
Allergic To /Describe Reaction:		Allergic To /Describe Reaction:		Allergic To /Describe Reaction:
<u>Seroquel</u>				

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacid & herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin).

DATE	NAME OF MEDICATION / DOSE	DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)	Notes: Reason for taking and Doctor Name	DATE STOPPED	Notes: Reason for stopping; complications, etc
	Methadone 40mg	one tablet twice a day			
	Detrol LA 4mg	one tablet daily			
	Androgel 56mg	apply to chest wall once daily			
	Wellbutrin XL 150mg	one tablet daily			
	Lyrica 75mg	one tablet twice a day			
	Geodon 80mg	one tablet every evening			
	Zyrtec 10mg	one tablet every evening	- will get called in to pharmacy		
	Singulair 10mg	one tablet every evening	-		
	Pepcid 20mg	one tablet twice a day	-		
	Oxytrol 3.9mg	change patch on Sunday and Wednesday			

Refer to back of form for directions and benefits for using the form. Additional copies can be obtained at www.scha.org

8/3/06

45"

Ted Plankley

aug 18

adm Friday to Bayfront

Girl found her, changed in chair, blue, & no response, purple

Non responsive, CPR

called ambulance 911. Gave Narcan - He woke up & had pain all over in ambulance. No evident O.D. (ingestion not implicated)

H. dolls. 8/1-4 Resumed 300 on Aug 5th & other per Bill
Resumed 450 on 8/7 (at least 5 days)

Tyrica was raised 2 ways 300 BID after mid July

Wellbutrin now 150 XL Resumed here. 8/20 tail now no P.E.
Has nuclear stress test next Wed, tho' cardiologist cleared himPoss combination of Tyrica + Wb XL caused thalidomide-like
but PDR lists no interactions of Tyrica & Doxan & Wb
of methyline, good eye contact. Speech & thought WNL

No recent mem. loss while in hospital At 276.35, 300.00

plus recent some medical advice 8/1 Det records 11/5 @ 250
Cont Wb XL 150 unless he gets depressed. (note to me 7/31)

Cont Doxan 80 HS (1/100) He & mo (Martinez) m

Ted Polarsky

7/3/00

25

Dr Edgar Deschamps - 3 & 3 ms - last ms
Dr Fibu asked if my mds cause sweating
Methadone, Percocet, Zolot, pr. Dr Kibu
Lyrica

No mds in yrs ^{never had testosterone} ~~checked~~ checked

> 1/2 of month sits around staring

of aspect unchanged, inclusive of details, not manic
depression not apparent - but endorses on mood chart
3-4 days

M/296.3

P) OK to stop Wellbutrin as trial for sweating
and Ativan 500 if no benefit on sweating
resume ~~the~~ Wellbutrin for 2 days then

1) 45000 in AM's for depression

✓ Testosterone @ Dr Deschamps

2) Cort. Dexam 80 90

Opportunity in

Ted Polarsky

7/3/06

"Hyper"

Not angry

Very Gail 95

Talking too fast - "don't make sense" - rambling
switching subjects, w/ migration system & dog
impulsive shopping; mad w/ shopping notification

buying unnecessary - 3-4 items they don't need - soda

Went 2 nights out of 7 without sleep w/ trying

Still prefers Provigil b/c trouble waking up in AMs

Some days he sits & stares or slumps over @ table

His purpose? Some days he does sleep over at projects

Can walk dog 5 houses down the street

Talking fast but easy to interrupt. Overinclusive

in a non-targeted way. Smiling in office, not depressed
here, or manic. At least bipolar, prob o/c personality

P) Stop Provigil (has 3rd supply filled yet)

Stop headache. re: sleep hygiene

Next visit stop for since he didn't stop this time

Prozac 80mg HS (11/06)

Wellbutrin XL 150 qd Has tel 12/06 Take it by 8 or 9th
(Mattermost)

Ted Polansky

6/5/06

10:53

Real irritability - think he's still depressed.
 Did go to beach he Dayle wanted him to go
 Contractor for sprinkler \$150 to \$1500 to repair.
 Stressed + got frustrated re: shoddy work + overcharging
 Memory worse - went to wrong appt location today
 Urologist gave Viagra, Cialis
 1) got distracted, overinclusive, difficulty + stress
 Memory intact during interview

AJ 29631

since EEG
was ok

all
 P1 Walbuten 150 x L #30 700 mg for mood, core, man
 ↑ energy
 Ambien CR 12.5 #30 700 mg
 Neptuno In 200 mg CR to Lc Lc 400 mg memory poor
 Cont Z Provigil 200 + Cholan 80 by appt. J. M. M. M.

5/10/06

Dyslexic again since last visit. Recently he's
 adamant about ^{NOT} going to beach & wife + his daughter
 overheard him in car. Problem getting up & night
 due to pain. ~~He~~ ^{He} liked beach in part since Tim to 225 B11
 financial problems -

He ~~just~~ ^{has} trouble making change at stores
 architect charged too much ^{gtr discouraged}

Things are going against me. Concrete re-do \$10K
 despite it doesn't look good.

Buying a portion vs. garage for his tools from the house.
 Pain in back from 3 weeks ago. timber - almost 200 gills up

Tired again - resumed Provigil 200 1-2

He's making effort to get up & structure, though it's not
 enjoyable. Dr. Gout said "Do what you want to do"
 (He used to love going to the beach)

↓ comprehension (also was ↑ since over the last mo)

Q) not, perhaps has initiated but marginal. Goal directed

A) Dapphonia? 2nd to 4th vs due to pain or stress ^{were}

P1 Provigil 200 79d #3 145 g

Shedon 80 9d #3 145 g

Cont. Gokalith 450 (1/10) (2/07)

Provigil 200 not everyday

Jonathan as

Start w/ one in A.M. + call
back if not working

PHONE CALL

FOR JM DATE 3/8 TIME 10:25 A.M.

M Ted Polansky

OF 732-2583

PHONE ☐ FAX ☐ RETURNED YOUR CALL

MESSAGE Taken off Provigil last wk having trouble staying awake + wanted to know could start back was on 20mg

SIGNED Opt would be willing to OFFICE 3/8/06

close you recommend.

3/25/06

Saw Dr Mandell - EEG, ENG test results 4.2
 Taking ~~one~~ Provigil - now awake but more over keeled
 Lyrica was increased from 300 to 450 qd 75mg 3 BID
 His Enfamil left on Ambien ^{reg} - wakes up quicker on reg Ambien
 Doing better this visit ^{stays} he was hyper + more calm now
 Getting contractor back to house since they poured concrete
 i crack. He insisted on doing it right, not a refund
 Gayle's mother had m1 - moving out of apt + items in storage
 Gayle is irritable but he's handling it OK.

Methadone)
 Lyrica

Restful sleep is better. Depression under control I guess
 1) bright affect, not manic or depressed, but directed, more calm
 At 226.90

P/ Phoson 800 qd Tel 4100 Total 450 qd - has 2102
 Provigil 200 qd 271003 Ambien 10 mg reg. Maintenance
 (Can discontinue sleep med appt since sleeping well)

5/10/06

Saw Dr Riben 6/24, last visit 4.2
 See next pg

Start w/ one in A.M. + call
 looks if not working

PHONE CALL

FOR JM DATE 3/8 TIME 10:25 A.M.

M Ted Polansky

OF PHONED

PHONE 732-2583 RETURNED YOUR CALL

MESSAGE Taken off Provigil last wk having trouble staying awake + wanted to know could start back was on 200 mg PLEASE CALL

SIGNED Off would be willing to do what ever close you recommend. WANTS TO SEE YOU

3/25/06

Saw Dr Mandell - EEG, ENG test results 4/12
 Taking one Provigil - now awake but more over balanced
 Zypica was increased from 300 to 450/d 75mg 3 BID
 His profile left on Ambien ^{reg} - wakes up quicker on reg Ambien
 Doing better this visit ^{stop} He was hyper & more color now
 Getting contractor back to house since they poured concrete
 & crack. He insisted on doing it right, not a refund
 Gayle's mother had m1 - moving out of apt & items in storage
 Gayle is irritable but he's handling it OK.

Methadone
 Zypica

Restful sleep is better. Depression under control "I guess"
 bright affect, not manic or depressed, Goal directed, more color
 At 296.90

P/ London 809th good Tel 4160 Sakalith 450 7d - her 2402
 Provigil 200 7d (7104) Ambien 10 mg reg. Maintenance m
 (Can discontinue sleep med apt since sleeping well)

3/1/06

Ted Polansky

Contrace 1-2/wk

Had bad chest pains

Tylenol up to 300mg 1 day

More active "Hypn" speech is rapid

more aggressive + irritabile driving

Geodon 80mg QHS

occasional missed lunch time

Ambien takes a longer time to work (up 2 hrs p dose) - no Δ

Sleeps p 12 awake 8²⁰, set to sleep to 10, 11, 12Sleep disorder - Sleep study ⁽¹⁰⁾ yes and

of no diff in speech or tangentiality. Mood + affect well

At 296.90

Consider sleep apnea vs. idiopathic hypersomnia

P1 Stop Provigil for excess energy

Make effort to get OOB + distinguish habits for biological contribution

Escalate 450

Haven't filled 7/1/06 Rx

Q Geodon 80mg #30 Ref 2

Sleep Med Dr Bogan referral for Hx hypersomnia

Jonathan M

2/1/06
 13
 Ted P. Slansky
 Syrice 75 BID currently Am +HS EAs mandated
 aim for 150 BID

Nexium 80 (40x2) cab/pcr ml
 Depressed feels better on Zoloft than ss. who age. Out of bed longer
 during day for workmen @ house

Panic attack is mostly panic but lets go more
 & more calm, smiling, more optimistic

At 296.25 doubt bipolar, much physical probs. Axis II
 P) Cont Zoloft 40 # HS await testing

Escalith CR 450 # 30 Rx up

Ambien CR 12.5 prob has sup.

Propranol 200 BID (Hes till 7/1/06)

Recheck Li level
 TS (Hes) ml 7/05

PHONE CALL

TO	7/1	DATE	12/19	TIME	7:30 AM
FROM	Unit DeBose - Jefferson	TO	Unit DeBose - Jefferson	TO	Unit DeBose - Jefferson
OF		OF		OF	
PHONE /		PHONE /		PHONE /	
MOBILE		MOBILE		MOBILE	
MESSAGE	Re: Ted P. Slansky. If not the he told her last night call having suicidal thoughts again wanted to make sure you're aware of it.				
SIGNED	Off	SIGNED	Off	SIGNED	Off

111506

10⁴ A

Ted Polansky

Neurologist Monday. Took Hiv! US Lancaster

Dr House & Marshall want 2 new vols. - *Cymbella* & *Lyrical* prepped
GB up for Tuesday the nausea & vomiting

GB up last Friday the nausea & vomiting

Thurman P.O. BIO Key for new list 90

need going a lot at night

can't get problems out of mind - worry reemerging

25 Dwell on floor upstairs & bed & pipes broke

Gravel 60' + from 100' - no lignite in shale

Beach trip in Oct - he's not excited to go

Feb. cruise #15 Caribbean

O/ not depressed today outwardly but oriented,
tensed spirit & thought state +5 or -10 to +10
scale
A/ 29c.90

A/ 29c.90

PP Obtain psychological testing results from
 atty: "MMPI" or "Miller" MCMI - Florence?
 or psychologist on Hand Scabble Rd

I prefer Will Weather & Cymbalta but writing for EEG

W E

Could still add something for para control
but less likely ^{to cause} ~~the~~ ^{anxiety} + triggering manic spells
Let me know if Bipolar is present but needs to say

Post non-response to SSRI - Lixapen

OK for Zepeda

Amber 10 gHS #30 Rays

Copied Privately 200mg BID \$1.60 Ref 5

Marked by

ATTN
WILLIAMSON
DEMAND

Ted Palanster

12/19/05 Suicidal thoughts wed - Thurs + last 2 days
 Had not out of bed Sat 8pm → Sun 4³⁰p (did see Sat night bus)
 vomiting Sat pm. & previous Sat as well - Has wanted all of
 stomach tight wound up
 Was not scheduled to see Dr Jost till Jan
 Thinking of finances being tight, & direct deposit to bank not
 Neurologist Dr. 3 in Aiken, but Dr. Tibon request Dr. Mendel
 in Rock Hill.

Trouble getting up & down stairs

Doctor now coming x 1st - EEG not approved

Has loaded gun under bed & rifle

Has not done any Christmas shopping

inset
EG
before
suicidal
thoughts

Effect unchanged. Speech fast but not manic. Content is negative
 + black & white thinking evident

296.30 AM 3B 5 suicidal ideations

RSD & mult panic symptoms

Exacerbated 450 CR one in AM

Doctor 40mg it x 1st

Proxigil 200 BID

the 11/2 490 492

Fr 3 to 4 Mortimer's

12.9 I promise not to hurt myself by accident or
 on purpose in any way. I will call Dr. Jost
 if I feel I cannot control these thoughts or urges

Mr. N. N.

12/19/05

12/2/05

1043

15

16

160

Todd Polansky
Not eating (↓ appetite)

Didn't sleep well in Florida
Slept 2 days in bed pre-surgery

Really irritable

Saw Dr. Jost post

Driving fast to Fla. 90-95. Received his advice

wants to be left alone depressed - No desire for Christmas parties

Still sweats excessively @ night & clothing

Sleeping 4 hrs last 2 nights total - ^{was in America} agitated + restless this A.M.Of mood, verbal, goal directed, was ^{Agitated} 90-95 Mood disorder NOSP/ Decolon 40 at night for 1 wk, ^{the} 60 at night

* Really needs to ^{start} start treatment for depression and
mood swings but we are unable to use until

~~neurology~~ EEG is done & doesn't have to see the
neurologist - just needs the EEG.

J. Matthews

11/05

Ted Polansky

Hyper, talking fast, racing thoughts, ^{skip} sleep topics
 > 5 hrs to put up client stuff. still not done. ^{distractions}
 Dr. Ribon concerned about facial expressions ^{normal facial prob.}
 " " " 20+ min time eating like crazy
 Getting in night to rest

1715

Shoony mood, pink face
 Dry mouth, night sweats from chest down ^{neck? constant}
 Got 1000 dollar by ^{not done}
 0/ calm goal divided, ^{not manic or depressed}
 M296.33 i agitation vs 296.90 Bp 140/90
 H. Dr. Ribon Sedon 20mg x 70. out: major
 consider 4mg qts he says it 610 #12
 Cont. Insulin type despite sweating, not just with sweat
 Epinephrine m

PHONE CALL

FOH	JM	DATE	11/15	TIME	10:00	AM
M	Ted Polansky					
OF						
PHONE/	732-2595		422-9277			
MOBILE						
MESSAGE	has been on Sedon 20mg for 1 wk. hasn't seen any difference but was supposed to clear in 1 wk. what to do. Also, new hypria Rx says 10mg when Dr. Ribon says 5mg. directions look like says to discontinue.					
SIGNED						

12/31/04
1148-12¹⁵₂

Red Polansky

Resumed Eskalith 450 AM

migraines were unbearable

20 another dose since last here - migraines started again
after restarting Lo

Coordination is off - backing up car - hit something with a g
& just backed it into Explorer, perception is off

Overall feeling better

Stopped Risperidol ^{only Aug.} & briefly p potashine

Traxo 15 BID Feels pretty good right now

Like say he's up more - only 1 day w. bed in beach
at home lies around 2 nights in a row not sleeping 2 hrs/24 L
wound up, wide awake 4A-6A

01 brighter affect, focused speech good oriented, appropriate

M 296 90 Mult. med. problems

P1 1) Traxo to 10 mg BID till 10/25 then

↓ " 5 mg BID

2) Provigil 200 BID 8A + 12P

4) Add Zyprexa 5 mg 12 @ HS per sleep + 100 mg 10mg 12 (1/2 HS)
for sleeplessness + mood stability

Immital + Wellbutrin or hold for open EEG.

Flu 4 wks

Intattensons

Still need EEG + wks for psych disorder! Jon

PALMETTO COUNSELING ASSOCIATES, L.L.C.

1903 Gadsden St., Suite 204, Columbia, SC 29201 (803) 254-9767 FAX 254-9740

Daniel E. Shultz, Ph.D. Licensed Social Psychologist	Jo A. Marturano, M.D. Board Certified Psychiatrist	Daniel K. Murdaugh, M.A. Licensed Professional Counselor	Dale Salter, Ed.S. Licensed Professional Counselor
Charlie Koestline, MA Licensed Professional Counselor	Mark Bolte, Psy.D. Licensed Clinical Psychologist	Barney M. Davis, Jr., M.D. Board Certified Psychiatrist	Paul Bishop, M.A. Licensed Professional Counselor
Jane Whitaker, M.A. Licensed Professional Counselor	Judy Long, M.A. Licensed Professional Counselor	Kim Neely Student Intern	Krista Bellomy Student Intern
Laura Player Student Intern	Rachel Maw Student Intern	Carrie Caudill Student Intern	Deb Moseley Student Intern
Melissa McGee Student Intern			

Re: Theodore Polansky

To Whom It May Concern:

Based on my evaluation and treatment of Mr. Ted Polansky, it is my opinion that he is in need of a complete neurological work-up, by a neurologist, for many of the problems he is having. The neurological evaluation should include EEG Testing. I would also recommend neuropsychological testing of Mr. Polansky.

I hope this is sufficient to have a referral made. I would be glad to make recommendations on a neurological consult, if that would help.

*The pt 90 spells of weakness, dizziness, disoriented
and "body won't function"*

Jo A. Marturano, MD

Date: *9/19/05*

*he seizure disorder
according to pt*

& memory, at least for 3 yrs

Ted Polansky

9/6/05

Still awaiting approval of Tife to see neurologist

Escalith 450 in AM only ^{late} go p 100 x 220

Tofenac 25 by Dr. Ribon Metabolon 40 B.D.

Lexapro 20

Had recent kidney stone

Provigil 200 AM + lunch

Forgetfulness ^{29 Sept} & less courage "Don" ignored

6-7/10/05

Pushing self to get up more - RSD - walking by 2:30 PM

Of smiling more, more optimistic in tone + content

M 29th 311.0 Depressor NOS, 300.4 dysthymia

mild axis II w/ or w/o comment by Dr. Jones

mild mood problems

add WB XL 50 capsules

P/ do Escalith + advise Dr. Tofenac

Later in 2 wks Lexapro to 10mg 1 1/2 qd #60 Rf -

Cont. Provigil 200 B.D

J. Marturano M

2520700
To Stophanie

JOA. MARTURANO, M.D.
1903 GADSDEN STREET, SUITE 204
COLUMBIA, SC 29201

(803) 254-9767

NAME Deborah Polansky AGE 42
ADDRESS 1000 1st St DATE 1/20/06
ALLCEXAL IF NOT SAFETY BLUE BACKGROUND

Re: Depressed
EEG ATAP
to R. p. seizure disorder
No confusion, disorientation
while driving or at home
in last 1-2 days away
for months, hospitalized
Not unconscious
di. of 1st seizure disorder
for Dr. Forsthafer
for 254 9760

DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

2457085113

Ted Plensky

8/1/05

Drowsy, Provigil wakes up Lying around all day

9/12

Forgets where I'm going - misses visit

* Memory + Depression main complaints

Awake till 4am - awake - Tired but can't sleep Up all night
Dr. Doughty 3:45

144#

↓ 17# in 1 mo HP is checking CT scan, mood

5'8"

Dr. Forthoff called him schiz. affective or Bipolar in hospital
Twitching 24hr

dr. Young says could go 2-3 days & sleep

Reviewed records - presumed schizophrenic also incoherent then

DI good eye contact

A 300.4, chronic pain, probable axis II Start tonight

P Risperdal 1mg for 1 week and Abilify 5mg at night

Hub

Swan

Dr. Doughty

2nd wk stop Risperdal + ↑ Abilify to 10 mg

due to dystonic jabs

Dr. Cozzetta who all

Cont others no &

7 say Dr. Bule

Dr. Eskalith next visit

Eventually & Loxapine to ab

Considered amphetamine

Martinez on

8/15/05

Spells of weakness, dizziness, "body won't get" } for yrs

114#

disoriented, say driving, car stop + stop

? seizure disorder only on Depakote in past also did

Last wk he had a bleeding rash on lower legs

Abilify was the only Δ in months' Dr. Dr. Champs said to stop again

Risperdal was not restarted but no deterioration

Bipolar dx not well documented + no cycles while here

Plautkyne - reg. content of thought - self pity & suicidal

A 300.4

P Loxapine 5mg, Eskalith 450, Provigil 200 BID

memory ↓
and Gale

in

BipolarMania?*

Section Two

The patient should answer YES or NO to the following question:

14 Did any of those situations you said yes to ever happen during the same period of time?

Yes	No
☒	☐

Section Three

The patient can choose only one response.

but not often

15 How much of a problem did any of these situations cause you (ie, being unable to work; having family, money, or legal problems; getting into serious arguments or fights)?

☐ A. It was no problem.

☐ B. It was a minor problem.

☐ C. It was a moderate problem.

☐ D. It was a serious problem.

Please discuss the results of this questionnaire and the important product information with your physician.

Commonly observed events associated with RISPERDAL at an incidence of $\geq 5\%$ and at least 2x placebo: In a monotherapy trial—somnolence, dystonia, akathisia, dyspepsia, nausea, parkinsonism, abnormal vision, saliva increase, and myalgia. In an adjunctive therapy trial with mood stabilizers (lithium and valproate)—somnolence, dizziness, parkinsonism, saliva increase, akathisia, abdominal pain, urinary incontinence, diarrhea, and rhinitis.

*The questionnaire used here was adopted from the one developed by Robert M. A. Hirschfeld, MD, of The University of Texas Medical Branch at Galveston, and published in *The American Journal of Psychiatry*.

Please see accompanying full Prescribing Information.

JANSSEN



PHARMACEUTICA
PRODUCTS, L.P.



Risperdal
tablets and
oral solution 1 mg/mL
RISPERIDONE



© Janssen 2004 01-RS-1378 Printed in U.S.A. January 2004

Therapeutic Record

NAME

☒ M ☐ F

D.O.B.

HT

WT

BMI

Formedic

PHARMACY

PHONE

DRUG PLAN

☐ Y ☐ N

ERGIES - (PRINT IN RED INK)

9/6/05

MEDICATION	DOSAGE / FREQ. AMOUNT	PATIENT DIRECTION	START DATE	REFILL DATES WITH CHANGES IN DOSAGE / FREQ.	STOP DATE
DC Eschall		150 90			
Wellbutrin XL		in 2 hrs #14			
↓ 9/27		11/2 2			
Levamisole 10 mg		11/2 2			
Cort Provigil		200 BID			
Methadone		40 BID			
Sevocal 10-650		pm			
Combien		p to pm As T. med			

COMPLIANCE / NOTES

Sevocal - allergic rxn
Wellbutrin - Took for a long time

the management of ADHD

ADDERALL XR® improves Academic Performance

Please see important safety information and references on the back of this page and full prescribing information enclosed.

Shire US Inc.

...your ADHD support company
1-800-829-2066

www.ADDERALLXR.com

©2003 Shire US Inc., Newport, Kentucky 41071

ADDERALL XR Enhances Social Functioning

ADDERALL XR®

1 mg, 5 mg, 15 mg, 20 mg, 25 mg, 30 mg CAPSULES
(Mixed Salts of a Single-Entity, Amphetamine Product)
Dextroamphetamine Sulfate, Dextroamphetamine Succinate
Amphetamine Aspartate Mixture, Amphetamine Sulfate
Removing obstacles in ADHD™



September 2003

AYM177

Shire

674
P658

Gould

Ed Polanski

Ed - no one else in family w/ mental illness
His 2 sisters - Older sister ^{has} 49 years 46 TN
Now married x 1 yr, separated x 5 yrs, Divorced '86
No children

Ed is primary support. They moved in together w/ 1 yr ago
Died 5 yrs, got along real well

Depressed - real down stay in bed all day, w/ 1 yr
Previously made him drawy also

Suicidal ideations w/ 1 yr ago. Dr. [unclear] gave him
first hospital stay @ Baptist H. - thinking of suicide
but he has "put it out of my mind"

He was molested by priest, parentmaster & teacher. ^{from} 1970s
from 2001 - Aug 2004. Ed did help to her therapy

Second hosp stay w/ emotional breakdown. can't remember
but it lasted 12 wks.

Ed - is illegal drug. No h/o abuse

Q on MSE to follow ① A/ 296-33 ± no. Dr. [unclear] prob. ^{in pain} ^{I 506}

P/ Suggestions - Change Risperdal to Abilify ^{in AM}
6 mg Risperdal @ PM. Abilify 5mg x 7 d

Then Abilify 10 mg in AM + 1/2 Risperdal PM
Then Abilify 15 mg in AM (or PM) stop Risperdal
x 7 days

② Take all Provera in AM, not @ lunch

③ Either add Lamictal & stop Gabapentin

④ Change Sertraline to Wellbutrin - GRADUALLY to avoid
discontinuation withdrawal

⑤ After depression better, & organize to improve memory
and change tomorrow back to Neuroleptic Administration

675659

MEI L STATUS EXAMINATION II			
NAME	DATE OF BIRTH	DATE	Initials
<u>Ted Plavsky</u>	<u>4/25/79</u>	<u>8/16</u>	<u>SLK</u>
CHECK (✓) IF W.N.L. - EXPLAIN OTHER FEATURES			
APPEARANCE & BEHAVIOR			
1. Dress - Grooming	☒	<u>Wants a second opinion -</u>	
2. Posture - Gait	☒	<u>Sees a psychologist Dr. Jan Jones Aug 04</u>	
3. Physical Characteristics	☒	<u>Used to see Dr. Motterfield weekly.</u>	
4. Facial Expressions	☒	<u>Still depressed</u>	
5. Eye Contact	☒	<u>Staying in bed all day. Dr. Ricks says stop.</u>	
6. Motor Activity	☒	<u>Grokking problem - motor @ night</u>	
7. Specific Mannerisms	☒	<u>Dr. called Plavsky</u>	
SPEECH			
1. Rate	☒	<u>normal</u>	
2. Pitch, Volume, Clarity	☒	<u>Dr. called Plavsky</u>	
3. Abnormality	☒	<u>Dr. called Plavsky</u>	
EMOTIONS			
1. Mood	☒	<u>appears "too fast"</u>	
2. Affect	☒	<u>appears "too fast"</u>	
a) Variability	☒	<u>Dr. called Plavsky</u>	
b) Intensity	☒	<u>Dr. called Plavsky</u>	
c) Lability	☒	<u>Dr. called Plavsky</u>	
d) Appropriateness	☒	<u>Dr. called Plavsky</u>	
THOUGHT			
1. Process	☒	<u>Dr. called Plavsky</u>	
a) Flow of Ideas	☒	<u>Dr. called Plavsky</u>	
b) Quality of Associations	☒	<u>Dr. called Plavsky</u>	
2. Content	☒	<u>Dr. called Plavsky</u>	
a) Distortions	☒	<u>Dr. called Plavsky</u>	
b) Delusions	☒	<u>Dr. called Plavsky</u>	
c) Ideas of Reference	☒	<u>Dr. called Plavsky</u>	
d) Depersonalization	☒	<u>Dr. called Plavsky</u>	
3. Preoccupations	☒	<u>Dr. called Plavsky</u>	
a) Obsessions	☒	<u>Dr. called Plavsky</u>	
b) Phobias	☒	<u>Dr. called Plavsky</u>	
c) Somatic Concerns?	☒	<u>Dr. called Plavsky</u>	
d) Suicidal or Homicidal	☒	<u>Dr. called Plavsky</u>	
PERCEPTION			
1. Illusions	☒	<u>Dr. called Plavsky</u>	
2. Hallucinations	☒	<u>Dr. called Plavsky</u>	
SENSORIUM & INTELLECT			
1. Consciousness	☒	<u>Dr. called Plavsky</u>	
2. Orientation	☒	<u>Dr. called Plavsky</u>	
3. Concentration	☒	<u>Dr. called Plavsky</u>	
4. Memory	☒	<u>Dr. called Plavsky</u>	
a) Immediate	☒	<u>Dr. called Plavsky</u>	
b) Recent	☒	<u>Dr. called Plavsky</u>	
c) Remote	☒	<u>Dr. called Plavsky</u>	
5. Fund of knowledge	☒	<u>Dr. called Plavsky</u>	
6. Abstraction	☒	<u>Dr. called Plavsky</u>	
7. Judgement	☒	<u>Dr. called Plavsky</u>	
8. Insight	☒	<u>Dr. called Plavsky</u>	
9. Attitude toward interviewer	☒	<u>Dr. called Plavsky</u>	
INTERVIEWER			

8/11/05
9/12

14th
5'8"

had
2 way
Dr. Jones
1 way Dr. Rhee

memory &
Shirley Dale

Ted Polinsky
Dr. Jones, Prizil woke up Lying around all day
Forgets where it's going - mixes up
+ memory + depression main complaints
Awake till 4 - awake - tried but can't sleep Up all night
Dr. Dr. Jones 3:30
↓ 17th in room 11 is checking CT scan, blood
Dr. Rothkopf called her schiz. affective or bipolar in hospital
Watching 24hr
ser. younger days could go 2-3 days & sleep
Revised words - presumed schizophrenic and incoherent then
Dr. god eye contact
At 300.4, chronic pain, probable axis II
Risperidone 1mg for 1 week anal. ability 5mg at night
Dr. wh. Top Risperidone + 1 ability to 10 mg
due to dystonic jabs) Dr. Cogentin when all
Cont. thus no Δ
Dr. Eskalith not wait
considered limited Δ
Eventually 2.5mg per day ab
Dr. Mantel was

8/15/05
11/9

Spells of weakness, dizziness, body won't stop } for yrs.
disoriented. eye dizziness, can't stop + stop
? Seizure disorder only on Depakote in past also Dr. D
Just when he had a bleeding rash on lower legs
Dr. Dr. Champs said to stop again
Risperidone was not restarted

At 661

Shinn Dixie Pharmacy 865-6604

AM

LUNCH

EVENING

BFD

Riber.

Methadone 40 mg

Paracet 10-650 as needed for break through pain

Topiramate 400 mg

Methadone 40 mg

Beasley

oxytrol 3.9 mg patch (twice a week)

Dextrol, LA 4 mg

Forsthoefelkrebs

Lexapro 20mg

Lexapro 20mg

Esklith CR 45 mg

Risperdal Zing

Provigil 200mg

Provigil 200 mg

As needed: Amitrex 50

Lomouil 2.5 mg

Amibien 10 mg

3-23-05

On at least 3 days in the last 10, Ted has started a repetitive rocking motion. When he gets in the bed, whether on his left or his right side, with his legs curled up, he will lift the upper leg about a foot, at the same time rocking his shoulder and upper body back and then forward and putting his leg back down. He does this about every 7 seconds. He is unable to stop. The first time it happened, I wanted to call 911 but he refused. The second time only lasted a few minutes. The last time this happened on 3-21, I asked him to try and get up. He was able to get up and walk away. He left the room for several minutes but when he returned and got back in bed, he started again. This continued for over 15 minutes, when I left the room. I checked again in 15 minutes and he was still rocking. I left again and am not sure when it stopped. The 3 times that I have seen it were all at bedtime. I do not know if he is doing this during the day. When I spoke to Ted, he was coherent and appeared awake. He said "I have a problem, don't I?"

The only thing I have seen that is similar is when I have seen autistic children on TV who rock back and forth.

Typed by his girlfriend

NEW
ABILIFY™
(aripiprazole)

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Ted P. Polansky 04-07-57 788 2453

Winn Dixie Pharmacy 865-6604

MEDICATIONS 03-22-2005

AM

LUNCH

EVENING

BED

Riber

Topomax 400 mg

Methadone 40 mg

Methadone 40 mg

Percocet 10-650 as needed for break through pain *none i/mo*

Beasley

Dextrol, LA 4 mg

oxytrol 3.9 mg patch (twice a week)

Forsthoefel/Krebs

Lexapro 20 mg

Lexapro 20mg

Esklith CR 45 mg

Risperdal 2mg

Provigil 200mg

Provigil 200 mg

As needed:

Imitrex 50

Ambien 10 mg

Lomotil 2.5 mg

Follow up Medication Management

Patient: Theodore Kolansky Date: 7/5/05
(Did not keep appointment Canceled Reason:)

REVIEW OF PRESENT MEDICATIONS:

1. Respected 2y old
2. Benzene 25y 950
3. Cefepim 20y 400
4. Proxigel 200y 400
5. P. shalika 40 950
6. Anzen 10y 950

SIDE EFFECTS:

PROGRESS NOTES:

Because I don't help much
for activities which parents
we are all together for the
Feels woods are otherwise
about the same.

CHANGES IN MEDICATION: No Yes; Changes made:

PATIENT/GUARDIAN EDUCATED: No Yes Next follow up appt.

PATIENT/GUARDIAN UNDERSTANDS ACTIONS AND SIDE EFFECTS: No Yes

Follow up Medication Management

Patient: _____ Date: _____
(Did not keep appointment _____ Canceled _____ Reason _____)

REVIEW OF PRESENT MEDICATIONS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SIDE-EFFECTS:

PROGRESS NOTES:

CHANGES IN MEDICATION: No Yes; Changes made:

PATIENT/GUARDIAN EDUCATED: No Yes Next follow up appt.

PATIENT/GUARDIAN UNDERSTANDS ACTIONS AND SIDE EFFECTS: No Yes

Follow up Medication Management

PATIENT: Theodore Polansky DATE: 2/7/05
(Did not keep appointment Canceled, reason _____)

REVIEW OF PRESENT MEDICATIONS:

- | | |
|-----------------------|--------------------|
| 1. Prunized 200 g lid | 4. Viperid 2 g 945 |
| 2. Eshalt CR 450 g 2d | 5. |
| 3. Iolapa 20 g lid | 6. |

SIDE EFFECTS: none

PROGRESS NOTES:

Pt: reports that his mood has
 he - no no time left and
 mood never gets too good. It's very
 now a problem = insomnia

CHANGES IN MEDICATION: No ☒ Yes; Changes made; add Anzide 10 mg + HES
which has helped in pain. O/C Celestone
for leg pain. 20 mg bid.

PATIENT EDUCATED: No Yes Next follow up appt.

PATIENT UNDERSTANDS ACTIONS AND SIDE EFFECTS: No ☐ Yes ☒

Follow up Medication Management

PATIENT: Medore Tolansky DATE: 7/9/68
(Did not keep appointment ☐ Canceled ☒ Reason

REVIEW OF PRESENT MEDICATIONS:

- | | |
|-----------------------------|--------------------------------|
| 1. <u>Expend 200, bid</u> | 4. <u>E. Shalith CR 450, 7</u> |
| 2. <u>Prorated 200, bid</u> | 5. _____ |
| 3. <u>Dispersed 200, MS</u> | 6. _____ |

SIDE EFFECTS: Appetite Disturbance Sleep Disturbance *long abrasion*

PROGRESS NOTES:

~~brotherhood~~ reports none will
do secondly in Asian etc
help E. Neep.

CHANGES IN MEDICATION: ___ No ☒ Yes; Changes made; add Zovirax 250 mg po bid
order effeta

PATIENT EDUCATED: No ☒ Yes Next Follow up appt. 3 months

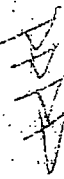
PATIENT UNDERSTANDS ACTIONS AND SIDE EFFECTS: No ☐ Yes ☒

PROGRESS NOTES

NAME		NUMBER
ADDRESS		SHEET NUMBER
DATE / PROBLEMS (and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
9-16-04	DNK	
10-5-04	Pt. seen in t/c on Encladith, Cela, 1/2 mg, 1/2 mg + Dispersal 8.55.3 noted. Still feels that combination provides the best relief for him. Still having problems in disrupted sleep, poor concentration + forgetfulness. Will cont. with at least dose. Will cont. with to	
12-2-04	Pt. seen in t/c as mch. at above doses. Feels he is doing fine with this combination and wants to try to get by without having to take as many medications. Will discontinue 1/2 Dispersal to 2mg qd.	

RECEIVED JAN 10 2 00 PM '05

8.17 04



Theodore Polansky

seeing Dr. Porthofel
x 3 years

lost job 3 years ago

falling down
stairs at VA Hosp

Med Rx

in past

① leg + knee

back injury
later

Metamora

Sheloxin

1 poliozone

Calixa 20g bid

Serzone 200g qHS

Propranol 200g of + 2 can

Aspirin 300g, 4 can

Enbrel 450g - 2 day
or

past

serogel

Pin Hn

wave

hosp x2 R2 P

poor Antoin
trouble consistently

lives E
gulf coast
6 months

birds

Dr. [unclear]
depression

wave
about
mely

RECEIVED

PALMETTO BAPTIST MEDICAL CENTER
Taylor @ Marion, Columbia, S.C. 29220

DISCHARGE SUMMARY

NAME: Polansky, Theodore
HOSPITAL NO: 435519
DOCTOR: Frank E. Forsthoefel, M.D.
DICTATED: 03/18/2002 11:09 A
TRANSCRIBED: 03/18/2002 11:14 A

ADMITTED: 02/21/2002
DISCHARGED: 3-8

cc: Frank E. Forsthoefel, M.D.

CHIEF COMPLAINT: This patient is a 44-year-old bipolar depressed male who has experienced a deterioration of his cognitive functions over the past few months in the form of forgetfulness, inability to read, comprehend, and retain information. His cognitive decline has become more progressive and includes both visual and auditory hallucinations and paranoia upon admission. There was no suicidal ideation at the time of admission.

PRESENT HISTORY: This patient's mental deterioration with hallucinations has occurred over the past couple of months in a progressive fashion. At times, his rapid speech would approach the level of incoherence. His recent decline in cognitive functioning has interfered with his activities of daily living and his activities have become more scattered and less goal-defined, with inability to follow through with scheduled tasks and activities. There also has been some near accidents. There has been some confusion as to his medications and the timing of his medications. Accordingly, he was readmitted to the hospital for further evaluation of his cognitive decline and further evaluation of any confusion in the timing of his medications.

MENTAL STATUS EXAMINATION: This patient presented as an alert, but depressed male who spoke in a scattered and loosened fashion. He had obvious paranoid thoughts and visual hallucinations, as well as auditory hallucinations. He said he saw dogs all over the place. He denied any suicidal ideation.

CLINICAL IMPRESSION:

Axis I - Bipolar disorder (depressed type).

COURSE IN HOSPITAL: The patient's course in the hospital was complicated by a reaction to the Seroquel medication in the form of edema in all four extremities with swallowing difficulties and an edematous tongue. His pre-hospital confusion was aggravated by the drug-reaction to Seroquel and he became even more confused with weight gain and increased appetite as part of the reaction to the Seroquel. In the hospital setting, as also a part of the Seroquel reaction, he had episodes of weakness as well as difficulty swallowing and enureses.

The patient was withdrawn from the Seroquel, due to the medication encephalopathy. During the most severe aspects of the encephalopathy, due to the medication, he did not know the president before President George Bush, Jr, he could not do serial subtractions, and he could not quickly identify the particular day of the week. It was during this period of time that he experienced pneumonia with temperatures above 102 with treatment by Dr. Huffman with full recovery from the pneumonia. Neurology saw the patient and concurred that he was experiencing a medication

OP. 624 VAL
685

P.I. 1.9

nm

PALMETTO BAPTIST MEDICAL CENTER
Taylor @ Marion, Columbia, S.C. 29220

DISCHARGE SUMMARY

NAME: Polansky, Theodore
HOSPITAL NO: 435519
DOCTOR: Frank E. Forsthoefel, M.D.
DICTATED: 03/18/2002 11:09 A
TRANSCRIBED: 03/18/2002 11:14 A

ADMITTED: 02/21/2002
DISCHARGED:

continued page 2

encephalopathy. The patient's brain scan was within normal limits. The patient was unable to be cognitively tested due to the confusion, but after full remission of the encephalopathy, after withdrawal from the Seroquel, his neuropsychological testing was within normal limits. Once the drug reaction fully remitted, the patient talked logically and coherently with good retention of what he read, with good reading skills and with good comprehension about what he had read. The patient's memory returned to normal.

The patient experienced some elevated liver tests during the allergic drug encephalopathy, but these liver values returned to normal. Discussions were held about other diagnostic possibilities such as Hodgkin's disease and a recurrence of asbestosis. The patient was also withdrawn from his Anafranil and Effexor medications during the process of elimination as to the nature of the drug encephalopathy.

At the time of discharge, the patient's mental state had returned to the approximate mental state of some two months ago with some pressured speech and flight of ideas, but with normal cognitive functioning in terms of memory and reading comprehension. His enuresis even cleared up totally.

Retrospectively, it appeared that there was some obvious confusion as to his medications prior to his hospitalization, compounded by a drug reaction to Seroquel within the hospital situation.

At the time of discharge, he had normal cognition with full remission of his hallucinations and with an improved sense of well being.

DISCHARGE MEDICATIONS: Included only Depakote extended release 500 mg p.o. t.i.d.

DISCHARGE INSTRUCTIONS: The patient was discharged to be followed up by this examiner in his office in a greatly improved state and to go forward with the implant for pain control.

PALMETTO BAPTIST MEDICAL CENTER
Taylor @ Marion, Columbia, S.C. 29220

DISCHARGE SUMMARY

NAME: Polansky, Theodore
HOSPITAL NO: 435519
DOCTOR: Frank E. Forsthoefel, M.D.
DICTATED: 03/18/2002 11:09 A
TRANSCRIBED: 03/18/2002 11:14 A

ADMITTED: 02/21/2002
DISCHARGED:

continued page 3

CLINICAL IMPRESSION:

Axis I - Bipolar disorder (depressed type).
Axis II - None.
Axis III - Drug encephalopathy to Seroquel.

Frank E. Forsthoefel MD

Frank E. Forsthoefel, M.D.

FF/as

Job ID: 610690

Section of Neuropsychology

Psychological Consultation

To: Dr. Poehling
Orthopaedics

Re: Theodore Polansky
MRN: 154 96 09

Date: 1/11/01

Presenting Problem:

This 43 year old man is seen for psychological evaluation having kindly been referred by Dr. Poehling of the Orthopaedics Department. Dr. Poehling had seen Mr. Polansky on 11/13/00 for a one time consultation. He is seen for psychological consultation at the request of both himself and his attorney as well as the referral by Dr. Poehling.

Consistent with Dr. Poehling's evaluation of 11/13/00, Mr. Polansky reports chronic pain in his left knee and leg which he states began following a work related incident on 10/19/99. He reports constant pain and swelling in his knee as well as sweating and rash of the leg. He describes the pain as a constant throbbing sensation and reports that periodically he has a giving away of the leg with falling. Mr. Polansky reported a second work related incident on 5/31 when while cleaning out his office he had muscle spasms in his back which have continued to bother him. Mr. Polansky had arthroscopic knee surgery on 12/22/99 done by Dr. Robert Peele in South Carolina. Dr. Peele as well as Dr. Poehling diagnosed Mr. Polansky as suffering from chronic regional pain syndrome of the left lower extremity. Mr. Polansky has subsequently been treated for his back pain with three epidural steroid injections. He reports that one led to relief of pain for sixty hours. He reports though that following one epidural steroid injection in May of 2000 he suffered loss of bladder control and since has had urinary urgency and difficulty with control. Referrals have been made for both a urologist and neurologist to evaluate Mr. Polansky concerning these difficulties. Mr. Polansky has a history of multiple surgeries prior to 1978 involving the removal of his spleen, appendix, and lymph nodes. He had three surgeries on his hand for a trigger thumb.

Mr. Polansky currently takes Vioxx, Prilosec, Luvox, Neurontin, Amitriptyline, Klonopin, and Librium. He also takes Midrin p.r.n. for headaches stating that recently migraines have been chronic and daily. He is on Klonopin for a sleep disorder which his chronic pain condition evidently exacerbates. He stated that last night he did not sleep at all. Please refer to Dr. Poehling's evaluation for a more thorough summary of Mr. Polansky's medical history and current condition.

Background Information:

Mr. Polansky works as a chief investigator of health care fraud for the government. He, to his credit, has continued to work full time despite his ongoing chronic pain conditions. He reports being highly dedicated and enjoying his work. Mr. Polansky lives by himself but has maintained a fifteen year relationship with a significant other who accompanied him to the interview. His girlfriend is an attorney who specializes in child support cases. They report that things work well between them with each of them having their own home. Mr. Polansky reports that his girlfriend comes over frequently to assist him with things, as he did when she had surgery in the recent past. His significant other seemed reasonably supportive without being overly solicitous.

Psychological Status:

Mr. Polansky presented as a pleasant, friendly gentleman who spoke in a rapid and well educated manner. He used crutches to ambulate to the office but sat and interacted in no observable distress. Mr. Polansky readily identified himself as a "perfectionist" with a "critical manner." He clarified that he is a detail oriented person who wants things to be perfect. He further described himself as a "type A" individual who has always been somewhat "hyper." While denying significant symptoms of anxiety disorder, he did describe what appears to be an obsessive compulsive personality style, if not disorder. We discussed how in many ways this personality style works well for him on his job but can create a lot of current difficulty for him since he cannot do things with his house and cars in the manner that he would like.

Mr. Polansky scored a 24 on the Beck Depression Inventory which places him at the lower part of the "mildly depressed" range. He indicated that he is "so sad or unhappy that he can't stand it," that he feels discouraged about the future, and doesn't enjoy things the way he used to. He indicated congruent with his personality style that he is critical of himself for his weaknesses and overall "disgusted" with himself. He stated that he cries more than he used to and gets more easily annoyed or irritated than he used to. He acknowledged suicidal ideation but indicated that he would not carry that out. He does not appear to be a significant suicidal risk at this time.

On the short form of the McGill Pain Questionnaire, Mr. Polansky endorsed four adjective descriptors in the severe range, eight within the moderate range, and three in the mild range. He endorsed all four of the affectively charged adjective descriptors and overall described his pain level as being "excruciating." Such a pattern of response generally is interpreted as indicating a high degree of psychological distress associated with the pain.

Mr. Polansky scored a 17 on the Roland and Morris Disability Questionnaire which is just about at the mean score of 18 seen in my experience amongst individuals presenting with chronic pain syndrome. In other words, despite his ability to work full time he reports a very high degree of perceived disability secondary to his pain. This he also indicated on the Pain Disability Index where an individual is asked to rate on a scale of 0 to 10 with 10 being "total disability" the degree to which pain interferes with a range of day to day activities. Mr. Polansky rated himself as follows: family/home responsibilities - 9, recreation - 9, social activity - 9, occupation - 9, sexual-behavior - 10, self-care - 8, and life-support activities - 6. Here too he endorsed a very high level of perceived disability secondary to his pain. He is also distressed about his reported

lack of ability to perform sexually, something he indicated was problematic on the Beck Depression Inventory, the Pain Disability Index, and upon interview.

Overall Impression and Recommendations:

Mr. Polansky is a pleasant, well spoken gentleman dedicated to his line of work who unfortunately suffered a work related injury on 10/19/99 and has continued to suffer from ongoing symptoms of complex regional pain syndrome of his left leg. He has further been plagued by low back pain. He further reports that in response to an epidural steroid injection he has had loss of full bladder control and an inability to sexually function. I would obviously concur with Dr. Poehling's recommendations of further evaluation by a neurologist and a urologist to clarify the nature of these symptoms.

I had a long talk with Mr. Polansky and his significant other concerning the nature of chronic pain syndrome and how best to deal with RSD. I indicated that many of his reactions from a psychological perspective are quite characteristic of chronic pain syndrome. In accord with Dr. Poehling's recommendation, I indicated that what was most appropriate for him was participation in an interdisciplinary pain rehabilitation program that emphasizes functional restoration. Mr. Polansky discussed with me a five week program six hours a day in Columbia, South Carolina. This program incorporates the services of a supervising physician, psychologist, and physical therapist. From a psychological and rehabilitation perspective, this appears to be the most appropriate course of treatment for Mr. Polansky and I encouraged him to follow through with this. I discussed with him reasonable expectations for such a program as well as some suggestions for resumption of sexual functioning with his significant other. I would concur with Dr. Poehling's recommendation that he be weaned from many of the current medications and would concur with recommendations for continued use of Amitriptyline and the introduction of a SSRI inhibitor.

Mr. Polansky and his significant other seemed grateful for the time spent with them, with it left that he would follow up on the proposed interdisciplinary treatment in Columbia, South Carolina. Thank you for your referral of this pleasant but unfortunate gentleman.

Jeffrey B. Feldman/jac
Jeffrey B. Feldman, Ph.D.

cc: The McDaniel Law Firm
1315 Elmwood Avenue
Columbia, SC 29201

Wake Forest University Baptist Medical Center
Medical Center Boulevard
Winston-Salem, NC 27157

WN

Office Visit

Orthopaedic Services

POLANSKY, THEODORE P

NCBH# 1549609

Visit Date: 11/13/2000

SUBJECTIVE: This 43 y/o gentleman is here for one time consult only. He was involved in a fall at work while working at the VA Hospital. He investigates health care fraud. He was in the stairwell of his building and he had fallen. He went on for surgical care by Dr. Peele. Had arthroscopic examination. Was told he had cartilage tears and he has had chronic pain since the injury. PT makes the pain worse. He also had a second incident that is a problem with his back lifting and that was on May 31, 2000 while at work, as well. As far as his leg pain is concerned, it hurts constantly, it burns, swells, aches. He has giving-way sensations. Patient walks with the aid of crutches. Robert Peele has taken care of him in South Carolina and he has seen a number of physicians at the VA. Plain x-rays November and December 1999, March, May, June 2000. He has had MRI of the knee, as far as his pre-operative work-up.

REVIEW OF SYSTEMS: Positive for abnormal heartbeat, fever, chills, frequent urination, frequent diarrhea, frequent headaches. He is under the care of a primary care doctor.

PAST MEDICAL HISTORY: Positive for osteoarthritis, stomach ulcers, mental illness, kidney stones. Back injury May 31st.

PAST SURGICAL HISTORY: Arthroscopic left knee surgery by Dr. Peel 12/22/99. Multiple surgeries prior to 1978.

FAMILY HISTORY: Heart trouble on his father's side. Cancer on his mother's side. Arthritis.

CURRENT MEDICATIONS:

1. Vioxx.
2. Prilosec.
3. Luvax.
4. Neurontin.
5. Amitriptyline.
6. Midrin.
7. Elavil.
8. Clonopin.
9. Librium.

ALLERGIES: None.

SOCIAL HISTORY: He is working. Divorced. No children. No history of alcohol or drug problems.

OBJECTIVE: Height 5 feet 8 inches. Weight 142. Pulse 78. Respirations 20.

ASSESSMENT: Chronic regional pain syndrome involving left lower extremity secondary to work related injury.

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PLAN:

1. Patient has had some side effects with some of the medicines. We recommend that some of those medicines be deleted and we usually would put him on just a tricyclic and a serotonin reuptake inhibitor. We usually start at 10 mg of Elavil, titrate to effect of 50-75 mg at night and start him on Paxil or Zoloft during the daytime. Neurontin is a good adjunct. He probably does not need the Vioxx. We certainly would recommend a functional restoration program and see how he does with that and then a functional capacity evaluation should be ordered and he be placed at MMI and given a permanent partial disability rating. We don't feel he has any need for surgical intervention. He will probably need to take some dystrophic for several months, possibly a few years. At this point in time he can start coming off of the crutches as tolerated and he will continue with the present course. Fortunately, He is able to work and that is to his benefit. Hopefully, he will be able to come off the crutches soon and possibly use a cane.

ADDENDUM: The patient called his attorney and the attorney requested that we initiate treatment. We had a long discussion with Mr. Polansky and told him that he needed interdisciplinary team approach to his problem and it would be quite a distance for him to come here for his regular health care needs. What we have recommended is that he can certainly try the Paxil 10 mg once a day, has his family physician adjust it, call the local teaching center in the community, see who deals with pain and chronic pain problems, preferably an interdisciplinary approach would be the most beneficial for him. He agreed to do that and we would be happy to facilitate that process any way we can.

Frank Caruso, PA-C
Physician Assistant - Certified

Gary G. Poehling, M.D.
Professor and Chairman
Department of Orthopaedic Surgery
(336) 716-8200

FC/jc T 11/13/2000 D 11/13/2000 2100139390
Electronically authenticated by Gary G. Poehling, M.D.

Manual CC's:

Chart

Robert M. Peele, Jr., M.D. - 1910 Blanding Street; Columbia, SC 29201
Daniel Matonak - Corvet Corporation; 140 Stoneridge Drive; Suite 150;
Columbia, SC 29210

Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Award

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: November 2, 2001
Claim Number: 214-66-4408HA

Remailed, Nov. 19, 2001

THEODORE P POLANSKY

|||||

You are entitled to monthly disability benefits beginning August 2001.

The Date You Became Disabled

We found that you became disabled under our rules on February 16, 2001. This is different from the date given on the application.

Also, you have to be disabled for 5 full calendar months in a row before you can be entitled to benefits. For these reasons, your first month of entitlement to benefits is August 2001.

What We Will Pay And When

- You will receive \$3,479.00 around November 8, 2001.
- This is the money you are due for August 2001 through October 2001.
- Your next payment of \$1,031.00, which is for November 2001, will be received on or about the second Wednesday of December 2001.
- After that you will receive \$1,031.00 on or about the second Wednesday of each month.
- These and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.

The day we make payments on this record is based on your date of birth.

Enclosure(s):
Pub 05-10018
Pub 05-10153
Pub 05-10058

S

See Next Page

Jim Hodges, Chairman
Governor

Grady L. Patterson, Jr.
State Treasurer

es A. Lander
omptroller General

State Budget and Control Board

South Carolina Retirement Systems



Robert C. Toomey
Director

1-800-868-9002

Hugh K. Leatherman, Sr.
Chairman,
Senate Finance Committee

Robert W. Harrell, Jr.
Chairman,
Ways and Means Committee

Frank Fusco
Executive Director

(803) 737-6800

July 30, 2001

THEODORE P. POLANSKY

RE: 214-66-4408

Dear Payee:

We are pleased to provide information regarding the monthly benefit check you are to receive from the South Carolina Retirement Systems. Your benefit may be estimated until information is available to finalize your record. You will be notified if changes are made to your retirement account.

The first check you receive may be more, or less, than your normal monthly benefit amount depending on the date of retirement. Your check may include more than one month's benefit or, if your date of retirement is other than the first day of the month, you may receive benefits for only part of the month.

Status of Account: Estimated Benefits
Date of Retirement: 08-09-2001
Monthly Benefit: \$1,707.68
Option Selected: A (see explanation below)
Type of Retirement: Service
Service Credit: 24 years, 5 months, and 19 days
Average Final Compensation (AFC): \$46,014.73
 (highest 12 consecutive quarters of salary)

Contributions-Tax Paid:	\$	7,201.23
Contributions-Deferred:		30,284.34
Interest:		28,438.26

Total Contributions plus Interest: 65,923.83

You selected the maximum benefit formula which provides the largest monthly benefit available to be paid to you as a retired member for your life. If you should die prior to recovering the total amount of your contributions plus interest, the balance of your account will be refunded in one payment to the designated beneficiary(ies).

694628

Jim Hodges, Chairman
Governor

Grady L. Patterson, Jr.
State Treasurer

Les A. Lander
Comptroller General

State Budget and Control Board

South Carolina Retirement Systems



Robert C. Toomey
Director

(803) 737-6800

1-800-868-9002

Hugh K. Leatherman, Sr.
Chairman,
Senate Finance Committee

Robert W. Harrell, Jr.
Chairman,
Ways and Means Committee

Frank Fusco
Executive Director

July 30, 2001

THEODORE P POLANSKY

RE: 214-66-4408
Police Officers Retirement System

Dear Payee:

We are pleased to provide information regarding the monthly benefit check you are to receive from the South Carolina Retirement Systems. Your benefit may be estimated until information is available to finalize your record. You will be notified if changes are made to your retirement account.

The first check you receive may be more, or less, than your normal monthly benefit amount depending on the date of retirement. Your check may include more than one month's benefit or, if your date of retirement is other than the first day of the month, you may receive benefits for only part of the month.

Status of Account:	Estimated Benefits
Date of Retirement:	08-09-2001
Monthly Benefit:	\$991.06
Option Selected:	A (see explanation below)
Type of Retirement:	Disability
Service Credit:	1 year, 5 months, and 0 days
Average Final Compensation (AFC):	\$46,014.73
(highest 12 consecutive quarters of salary)	

Contributions-Tax Paid:	\$	0.00
Contributions-Deferred:		4,354.88
Interest:		143.37

Total Contributions plus Interest: 4,498.25

You selected the maximum benefit formula which provides the largest monthly benefit available to be paid to you as a retired member for your life. If you should die prior to recovering the total amount of your contributions plus interest, the balance of your account will be refunded in one payment to the designated beneficiary(ies).

P66579

South Carolina Workers' Compensation Commission
P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WC File # 9922954
Carrier File # 1999-003671
Carrier Code # 500 - SF
Employer FEIN 570000E20

Edodore Polansky 214-66-4408

ATTORNEY GENERAL'S OFFICE
Rembert C. Dennis Office Bldg., Columbia, SC 29211

(home) (work)

Preparer's name: Meè Ling Khor-Gould (803) 896-5834 State Accident Fund, Insurance Carrier

A. Total Wages Paid

Date of injury: 10/19/1999

1. Check Applicable Method:

- ☐ Report of earnings of injured employee based on four completed quarters.
- ☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
- ☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury.
Hire date: 12/08/1978.
- ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just. (Attach documentation to show how average weekly wage and compensation rate were calculated.)

2. List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1 st	09/30/1999	11525.70
2 nd	06/30/1999	11190.24
3 rd	03/31/1999	11190.24
4 th	12/31/1998	11190.24
		Total Paid 2 45096.42

List total value of other allowances of any character made in lieu of wages during four quarters above.

4. Add lines 2 and 3.

TOTAL WAGES PAID: 4. 45096.42

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. 52.00

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE: 6. 867.24

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

7. 483.47

8. The compensation rate is as follows (choose one):

☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.

☐ When the estimate compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.

☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.

☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8:

☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. 483.47

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See 1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803) 737-5723.

WCC/ALH McDaniel 3/17/11

P. 6650

STATE OF SOUTH CAROLINA)
LEXINGTON COUNTY)

MEDIATION AGREEMENT

WCC# 9922954 and #0024408

Theodore Polansk,)
Claimant)
vs.)
SC Attorney General's Office,)
Employer.)
SC State Accident Fund,)
Carrier.)

On November 12, 2014, the parties and their attorneys mediated this action with Amy V. Cofield serving as a mediator.

After considerable work and discussions the following is agreed:

1. Claimant is Permanently and Totally disabled.
2. The issue as to the compensability of the alleged brain injury remains in dispute.
3. Carrier will provide lifetime medical care for all currently accepted medical conditions for which the State Accident Fund is currently paying under the care of the following authorized treating physicians and such other medical providers as these physicians deem necessary to treat the authorized conditions:

- a. Dr. Forsthoefel
- b. Dr. Jonet
- c. Dr. Riber
- d. Dr. Beasley

3. If any of the named authorized physicians shall become unable to treat the claimant, then the parties will select a mutually agreeable qualified replacement. If no agreement is reached then the new treating physician will be determined by order of the Commission. In either event, consideration will be given to the recommendation of the current treating physician.

I Consent:



Preston McDaniel
Attorney for the Claimant

I Consent:



Peter Leventis
Attorney for Carrier/Employer

November 12, 2014

Lexington, South Carolina

FRANK E. FORSTHOEFEL, M.D.

PSYCHIATRY

1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201

TELEPHONE 256-2748

July 27, 2004

Ms. Jeanne Beard, RN
Case Assessment Team
PO Box 429
Chapin, SC 29036

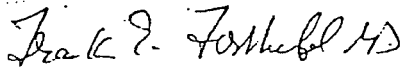
RE: Theodore Polansky

Dear Ms. Beard:

As you know, effective July 27, 2004, I am going into full retirement and am closing my private practice. I am referring Mr. Polansky to Dr. Kevin Krebs for continuing psychiatric care. He is located at 1415 Blanding Street, Suite 4, Columbia, SC 29201 and his phone number is (803)779-2002.

If you should need anything further from me in order to facilitate this referral, please contact me at 920-1969 and I will be more than happy to provide any additional information.

Sincerely yours,



Frank E. Forsthoefel, M.D.

FEF:aag

cc: Mr. Preston McDaniel, Esq.
Ms. Mee Ling Khor-Gould c/o State Accident Fund
File

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

PRESTON F. McDANIEL
DANIEL E. PEAGLER, P.C.

Telephone (803) 771-7211
Facsimile (803) 252-0709

August 10, 2004

Jeanne Beard, RN, NP, CCM
Case Assessment Team, LLC
P.O. Box 429
Chapin, SC 29036
Via fax and mail: 345-6627

RE: Theodore Polansky v. SC Attorney General's Office
WCC File No.: 9922954

Dear Jeanne:

Enclosed please find the referral from Dr. Forsthoefel to Dr. Ngo with the explanation.

Please keep me posted as to when the referral is authorized and the appointment date. In the meantime, I will send this to Dr. Ngo and let him know his office should be hearing from you soon on the appointment and authorization.

Thank you for all the help with Ted and I look forward to hearing from you soon.

Sincerely yours,



Katie Morris
Legal Assistant

/kfm

Enclosure

FRANKE FORSTHOEFEL, M.D.

PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SC, CAR. 29201

TELEPHONE 256-2748

July 29, 2004

Dr. Thuy Ngo
SC Neurological Clinic
Post Office Box 1488
Columbia, SC 29202

RE: Theodore Polansky
Chart No.: 166965

Dear Dr. Ngo:

I hope you are well. I am referring to you Mr. Ted Polansky who has a work related schizoaffective schizophrenia with residual concentration and memory problems as secondary symptoms of schizophrenia. Further, he sustained an allergic encephalopathy to Seroquel a couple of years ago which I believe added to his concentration and memory problems. Recently for no apparent reason, he has suffered a cognitive decline, in which he cannot perform even simple calculations and in which confusion is such that he cannot drive. In earlier years, he was worked up for Lyme's disease and I would appreciate your consideration of any organic mental condition.

Sincerely yours,

Frank E. Forsthoefer MD

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

PRESTON F. McDANIEL
DANIEL E. PEAGLER, P.C.

Telephone (803) 771-7211
Facsimile (803) 252-0709

August 25, 2004

Jeanne Beard, RN, NP, CCM
Case Assessment Team, LLC
Post Office Box 429
Chapin, SC 29036
Via fax and mail: 345-6627

RE: Theodore Polansky v. SC Attorney General's Office
WCC File No.: 9922954

Dear Jeanne:

Ted and Gale came to see me after the appointment with Dr. Adams and I am know you are aware of how upset they are regarding this appointment. Gale told me she was going to call you about it.

It astounds me the treatment, or lack thereof, he received from Dr. Adams. According to Ted and Gale, Dr. Adams looked over the medication list and once he saw Methadone, he went no further; assumed Ted was a heroine addict; accused him of being an alcoholic; and then did not even address the cognitive or other problems Ted is experiencing. It further baffles me that although he is a neurologist, he was not familiar with RSD and the ramifications.

I also received your message Monday afternoon and appreciate your concern over this incident. I understand that you passed along the information to Mee Ling so she is in the loop, too. I understand that while you cannot do anything further until you receive his report, you don't think there will be any problem getting authorization to send Ted to another neurologist.

Once you receive a copy of Dr. Adams' report, I would appreciate you faxing me a copy for our office. I would also like to talk with you about where we want to send him for the neurological evaluation or at a minimum, know where he will be going prior to the appointment.

Sincerely yours,



Katie Morris
Legal Assistant

/kfm

CC: Ted Polansky and Gale Dubose 702

P686

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

PRESTON F. McDANIEL
DANIEL E. PEAGLER, P.C.

Telephone (803) 771-7211
Facsimile (803) 252-0709

August 30, 2004

Jeanne Beard, RN, NP, CCM
Case Assessment Team, LLC
Post Office Box 429
Chapin, SC 29036
Via fax and mail: 345-6627

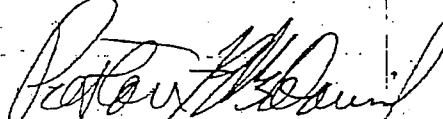
RE: Theodore Polansky v. SC Attorney General's Office
WCC File No.: 9922954

Dear Jeanne:

Based on our previous conversations expressing concerns over certain referrals that were being made and not getting Mr. Polansky to the neurologist that Dr. Forsthoefel had referred him to or to another neurologist that we all felt would do a thorough job and based on the fact that you then communicated directly with my client concerning another neurologist and set up an appointment without advising this office of that communication, from this point on you are not to communicate with Mr. Polansky in any way, shape or form or with Gale Dubose without my direct permission or without contacting me first. You may advise them of any appointments requested by treating physicians or IME appointment by written correspondence but only if copied to me. All communication should be directed to me or Ms. Katie Morris, the legal assistant assigned to this file.

By copy of this letter, I am advising the adjuster of this communication. I am also advising Mr. Polansky to contact me so that he, Ms. Dubose and I may discuss his available legal remedies in light of the Brown v. Bi-Lo Decision and this latest referral to Dr. Julian Adams.

Sincerely yours,



Preston F. McDaniel

PFM/kfm

CC: Mee Ling Gould
Ted Polansky and Gale Dubose

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

PRESTON F. McDANIEL
DANIEL E. PEAGLER, P.C.

Telephone (803) 771-7211
Facsimile (803) 252-0709

May 16, 2005

By Facsimile to 612-2734
And U.S. Mail

Ms. Mee-Ling Khor-Ghould
State Accident Fund
Post Office Box 102100
Columbia, SC 29221-5000

Re: Theodore Polansky v. SC Attorney General's Office
W.C.C. File No.: 9922954
S.A.F. File No.: 1999-3671

Dear Mee-Ling:

I received a call from Gail DuBose and Ted Polansky notifying me that ~~Fi-fi Jubran~~ Ted's assigned rehabilitation counselor and case manager had advised them that Dr. Riber had written something about maximum medical improvement in a report. It is my understanding that as a result of that statement you had asked Fi-Fi Jubran to see about an impairment rating. When I heard this I called Fi-fi and asked her to get me a copy of the report and it appears that the only thing Dr. Riber is referring to is that he feels like Mr. Polansky is at maximum medical improvement from the standpoint of, "Interventional Pain Management". He is not at MMI in any other respect.

First, because Mr. Polansky is under the care of other physicians and continues under the care of Dr. Riber I believe that this issue is premature at this time and something we do not have to address in any type of a hurry as there is no indication that he is at maximum medical improvement even from Dr. Riber and definitely not from the other physicians that are seeing him. In fact, you are just transferring him to another psychiatrist and he has been under the care of a new psychologist for only a couple of months. Also we have heard nothing about the request of him being sent to a neurologist nor has the neuropsychological testing that has been recommended by his treating physicians been addressed.

Mee-Ling Khor-Gould, Adjuster
May 16, 2005
Page Two

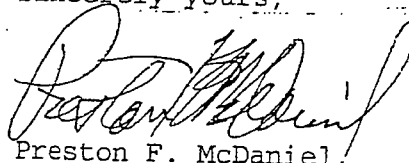
Second, while we have allowed Ms. Jubran to work with Ted Polanksy as a case manager and to discuss his treatment with the doctors, we have not authorized questions being addressed to the doctor outside his records and treatment recommendations that are without my consent on behalf of my client. Under the Brown vs. Bi-Lo decision, questions that are not addressed in the doctor's reports can only be addressed to the doctor with our permission or at a scheduled deposition. Therefore, we are not granting our permission to go outside of the doctor's records except for the purpose of clarifying what the doctor means for example, in reference to a referral to a neurologist as to what testing/treatment, etc. is to be performed. If there are a list of questions that you would like to have addressed by the doctor at any point, I would be glad to go over those with you and see if we can consent to those being asked or if we would be better served for us to have a deposition scheduled where we can all be together and can fully ask him any and all questions we think need to be asked.

At this point or at any point Mee-Ling, if you do feel like we are at a point that you have a question that you need to have asked, if you will submit it to me, I will be glad to see if we can agree to have Dr. Riber addressing it.

Finally, I thought we had an agreement that whenever you or Ms. Jubran or I communicate with each other that we would copy each other of the communication. Ms. Jubran has been very faithful in doing that as far as I am concerned by providing me information at the same time she is sending information to you. I would hope and would ask you in the future if you would also make sure that I am aware of any communication with Ms. Jubran.

I am sure you can understand our position in this and I look forward to hearing from you and how you wish to proceed. By copy of this letter I am notifying Fi-fi Jubran of this communication and that are do not consent to any issues being addressed unless we have notice of and consent to those in advance. Please give me a call to discuss at your convenience.

Sincerely yours,



Preston F. McDaniel

PFM/sll

cc: Fi-fi Jubran (via fax)
Theodore Polanksy

705
P689

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

PRESTON F. McDANIEL
DANIEL E. PEAGLER, P.C.

Telephone (803) 771-7211
Facsimile (803) 252-0709

September 15, 2005

FiFi Jabran, M.A., CRC, CCM, CDMS
Rehabilitation Consultant
P. O. Box 290609
Columbia, SC 29229-0609

RE: Theodore Polansky v. SC Attorney General's Office
WCC File No. 9922954

Dear FiFi:

I would appreciate it if you would get in touch with my new paralegal, Ginger Hughes, or me to discuss the status of Ted's medical treatment. Right now, I am trying to set up the neurological consult that the doctors are recommending and I really need to know where you are and what your plans are concerning Ted.

I look forward to hearing from you soon.

Sincerely yours,



Preston F. McDaniel

PFM/gch

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

PRESTON F. McDANIEL
DANIEL E. PEAGLER, P.C.

Telephone (803) 771-7211
Facsimile (803) 252-0709

October 20, 2005

Ms. Mee-Ling Khor Gould
State Accident Fund
P. O. Box 100200
Columbia, SC 29221-5000

RE: Theodore Polansky v. SC Attorney General's Office
WCC File No. 9922954
SAF File No. 1999-3671

Dear Mee-Ling:

Pursuant to our telephone conversations of last month regarding the above referenced matter, enclosed herewith please find the recommendations of Mr. Polansky's two treating physicians, Drs. Riber and Marturano, requesting that Mr. Polansky receive a complete neurological evaluation, including EEG testing.

As we discussed, Mr. Polansky was previously given an inadequate examination by Dr. Julian Adams. During the course of that examination, Dr. Adams made assumptions concerning Mr. Polansky that simply were not based in fact and resulted in hard feelings between Mr. Polansky and Dr. Adams. As such, when you schedule the appointment, we do not want Mr. Polansky examined or evaluated by anyone at the South Carolina Neurological Clinic. As there is a dearth of neurologists in Columbia, we are willing to have Mr. Polansky seen by a practice out of town. Dr. Riber, as you see, suggested Howard Mandell, MD in Rock Hill. If he is unable to do the examination/evaluation, the best neurologists I know of are in the Charleston area, attached to the Medical University of South Carolina.

As this evaluation/examination has been needed for some time, I would request that you contact me regarding same within seven (7) working days of the date of this letter. If we cannot agree to this medical treatment, I will have no choice but to file a form 40.

I look forward to hearing from you and getting this gentleman treatment that is long overdue.

Sincerely,



Preston F. McDaniel

PFM/gch

Enclosures

cc: Ted Polansky

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

PRESTON F. McDANIEL
DANIEL E. PEAGLER, P.C.

Telephone (803) 771-7211
Facsimile (803) 252-0701

November 18, 2005

By Facsimile to 612-2734
And U.S. Mail

Ms. Mee-Ling Khor-Ghould
State Accident Fund
Post Office Box 102100
Columbia, SC 29221-5000

Re: Theodore Polansky v. SC Attorney General's Office
W.C.C. File No.: 9922954
S.A.F. File No.: 1999-3671

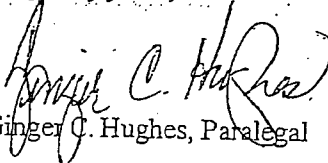
Dear Mee-Ling:

On October 20, 2005 we forwarded to you two recommendations for a complete neurological evaluation for Mr. Polansky from his treating physicians, Dr. Ezra Riber and Dr. Jo Marchurano. To date we have not received any correspondence from you regarding this matter.

Please give me a status as to the authorization of a neurological evaluation for Mr. Polansky.

I look forward to hearing from you soon.

Very truly yours,


Ginger C. Hughes, Paralegal

gch

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

PRESTON F. McDANIEL
DANIEL E. PEAGLER, P.C.

Telephone (803) 771-7211
Facsimile (803) 252-0709

December 6, 2005

Mee Ling Khor Gould
State Accident Fund
P. O. Box 100200
Columbia, SC 29221-5000

RE: Theodore Polansky v. SC Attorney General's Office
WCC File No. 9922954
SAF File No. 1999-3671

Dear Mee Ling:

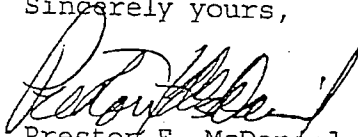
I hope that you will pass this along to your supervisor and ask him/her to reconsider the decision on FiFi Jubron. It is not that my law firm and I are dissatisfied with FiFi; it is my understanding that none of the parties involved, that being you as the adjuster, Ted Polansky as the claimant and my client, nor my paralegal and I, have found her to be responsive and moving this case forward on the medical issues which need to be taken care of before we can finally resolve this case or get a permanent award.

For example, again we have the issue of the neurological examination. We all have agreed upon a doctor, you have contacted FiFi and asked her to set up the evaluation, and, here we are, another month down the line, and it has still not been scheduled.

I would respectfully ask you to give this letter to your supervisor and, if someone in the legal department or higher up the line needs to be involved, that is fine and I understand that, but, again, I would make the request that we get a different rehab nurse on this case who will be more aggressive. Mr. Polansky needs treatment and until we resolve all of the medical issues or find out what type of continuing medical treatment he is going to need, we cannot get the file into a position to where we can either possibly resolve the case, settle it on a Form 16 or take it to the Commission if we have to concerning an award.

I look forward to hearing from you and, hopefully, having the date for the neurological evaluation set and treatment started in the near future.

Sincerely yours,



Preston F. McDaniel

PFM/gch

cc: Mr. Ted Polansky

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

PRESTON F. McDANIEL
DANIEL E. PEAGLER, P.C.

Telephone (803) 771-7211
Facsimile (803) 252-0709

December 29, 2005

By Facsimile to: 612-2734
And U.S. Mail

Ms. Mee-Ling Khor-Ghould
State Accident Fund
Post Office Box 102100
Columbia, South Carolina 29221-5000

Re: Theodore Polansky v. SC Attorney General's Office
W.C.C. File No.: 9922954
S.A.F. File No.: 1999-3671

Dear Mee-Ling:

This will confirm my conversation with you today that the State Accident Fund has canceled the appointment with Dr. Kamel and has confirmed with Dr. Howard Mandel's office that Mr. Polansky has an appointment on January 9, 2006 at 9:00 a.m. Also, this will confirm that the State Accident Fund is removing Fi-fi Jubran from the case and will not reassign a new case manager but instead we will work directly with you on this file at this time. I will send a letter to the authorized treating physicians offices to the effect that they should deal directly with you on scheduling any necessary medical treatment or other medical problems and/or for any and all tests that are needed. I believe that we can accomplish getting this case moving and my client will be better served by you and I working together directly on this case.

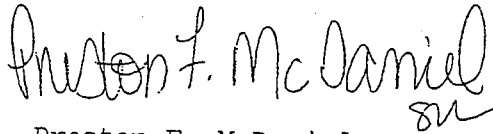
Also, Mee-Ling, Ted has still not received the check for the week of November 7th and I would appreciate it you would get that corrected as soon as possible. He did receive the reissue check for November 14th but is still missing the check from November 7th.

712
P696

Mee-Ling Khor-Goula, Adjuster
December 29, 2005
Page Two

I will have Stephanie follow-up with Mr. Polansky today Meeting on the scheduling of the appointment of Dr. Mandell. I look forward to working with you and getting the medical finally in place in this case so we can move on to further issues and hopefully resolving the case at some point.

Sincerely yours,

A handwritten signature in cursive script that reads "Preston F. McDaniel". The signature is written in dark ink and is positioned above the printed name.

Preston F. McDaniel

PFM/sll

cc: Mr. Theodore Polansky

SOUTH CAROLINA
STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

September 10, 2007

Attn: Robin

Fax #: (803)-252-0709

RE: Theodore P. Polansky vs
The Attorney general's Office
SF#: 1999-003671
DOI: 10/19/1999

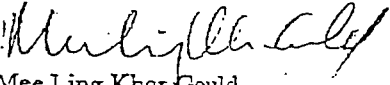
Dear Robin:

Dr. Maturano order the neuron-psychological testing and I have scheduled it with Dr. Nicholas Lind for September 20, 2007 @ 1:30 p.m. @ 1709 Laurel Street, Columbia.

Please inform Mr. Polansky of this scheduled appointment and that it takes about 3 hours to do this test.

Sincerely,

STATE ACCIDENT FUND


Mee Ling Khor-Gould
Claims Adjuster

/mlg

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 25 years.

Preston F. McDaniel
OF COUNSEL:
Daniel E. Peagler, P.C.
Michael Johnson, P.C.

Telephone (803) 771-7211

Facsimile (803) 252-0709

May 11, 2009

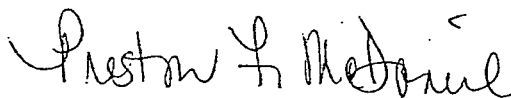
Mary Sowell League, Esquire
Ellis Lawhorne & Sims
Post Office Box 2285
Columbia, South Carolina 29202

RE: Theodore Polansky v. SC Attorney General's Office
WCC File No.: 9922954

Dear Mary:

I have absolutely no objection to you proceeding with Second Injury Fund protection requests. However, I would appreciate it if you would contact the State Accident Fund and let me know their position on an issue in the case. Back in 2002, as a result of the severe psychological problems Ted had stemming from this accident and his RDS, Ted was hospitalized due to a reaction from a prescribed psychological prescription that resulted in a chemical encephalopathy of the brain. He was hospitalized and the doctors have said that he has suffered physical brain injury as a result of that chemical encephalopathy. I would appreciate it if you would let me know or if you could check with them and see if we are going to have any problem with Ted receiving lifetime disability benefits due to this physical brain injury. After the brain injury, he has had severe problems, not only of a psychological nature but of a physical nature stemming from this. You know that we have done everything we can to help lock in the various aspects of this claim for Second Injury Fund protection. I hope that the State Accident Fund will also be cooperative in trying to see that Ted is fairly compensated for the remainder of his life. I look forward to hearing from you.

Sincerely yours,



Preston F. McDaniel

PFM/klr

ELLIS:LAWHORNE

MARY SOWELL LEAGUE
DIRECT DIAL 803-212-4975
MLEAGUE@ELLISLAWHORNE.COM

May 14, 2009

Preston F. McDaniel, Esquire
McDaniel Law Firm
1315 Elmwood Avenue
Columbia, SC 29201

RE: Theodore P. Polansky v. SC Office of Atty General
WCC File No.: 9922954; D/A: October 19, 1999
Claim No.: 25145
Our File No.: 141-9-3278

Dear Preston:

Thank you for your recent letter allowing continued contact with the doctors to clarify the Second Injury Fund issues. I do not represent the State Accident Fund in regards to the merits of the claim, and therefore, am unable to provide you with any answers regarding the position of the State Accident Fund on the brain injury. However, I have forwarded a copy of your letter to the State Accident Fund adjuster and requested that you be contacted in regards thereto.

Thank you for your continued assistance in this claim.

Sincerely,

ELLIS, LAWHORNE & SIMS, P.A.

Mary

MARY SOWELL LEAGUE

MSL/cah

FI-FI JUBRAN, M.A., CRC, CCM, CDMS
REHABILITATION CONSULTANT
P.O. BOX 290609
COLUMBIA, SC 29229-0609
PHONE: 803-699-9930
FAX: 803-699-1920

FAX PAGE

DATE

: 3/23/05

TO

: Kate Morris

FROM

: J. H.

REGARDING

: My report on Polinsky

5

Pages (including this page)

Fi-Fi Jubran, M.A., CRC, CCM, CCS
Rehabilitation Consultant

P. O. Box 290609
Columbia, SC 29229-0609

Telephone: (803) 699-9930
Fax: (803) 699-1920

Ms. Mee Ling Khor-Gould
Claims Adjustor
State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000

March 15, 2004

Claimant : Theodore Polansky
Claim #: SF 1999-3671

DOL: 10/19/1999
Referral Date: 10/05/2004
DOB: 04/07/1956

Employer: S.C. Attorney General's Office

INITIAL REHABILITATION REPORT

INTRODUCTION:

Ms. Mee Ling Khor-Gould referred Theodore Polansky for medical case management after Jeanne Beard, RN, closed her file for personal medical reasons. Consultant contacted Mr. Preston McDaniel's office and spoke to Katie Morris, his legal assistant, on numerous occasions. The meeting finally took place on January 6, 2005.

The meeting took place at the law offices of Mr. Preston McDaniel. Ms. Katie Morris and a female friend of the claimant, Ms. Gale Dubose was present. Consultant explained her role to Mr. Polansky and he indicated he understood since he had worked with a prior case manager.

MEDICAL STATUS:

On October 10, 1999, Mr. Polansky related he fell on some steps and injured his left knee. He underwent surgery by Dr. Robert Peele. He then developed reflex sympathetic dystrophy in his leg with ongoing pain and difficulty in movement. His back was also aggravated and he has had chronic muscle spasms and tension.

At one time, specialists thought Mr. Polansky might have Hodgkin's but after he underwent a splenectomy, they ruled that out. He has a history of peptic ulcer disease.

Theodore Polansky 2**SF#: 199-3671****Initial Rehabilitation Report**

and after undergoing a colonoscopy over two years ago, they found he had multiple colon polyps and internal hemorrhoids and some occasional rectal bleeding.

Mr. Polansky complains of ongoing migraines and symptoms of vertigo when he moves about. He underwent epidural injections for pain and attributes this to some urinary incontinence he has experienced.

Dr. Ross Lynch, who implanted a nerve stimulator, treated Mr. Polansky. He is also being treated by Dr. Kevin Nahigian for his left shoulder and underwent an arthrogram on August 5, 2004. He was subsequently referred by Dr. Nahigian to Dr. Ezra Reiber, a pain specialist.

The claimant had been treated by Dr. Frank Forsthofel, a psychiatrist, for depression, insomnia, decreased energy, and feelings of hopelessness with suicidal ideations. Dr. Forsthofel. When Dr. Forsthofel referred Mr. Polansky to Dr. Krebs, a psychiatrist for monitoring of his psychotropic medications. Dr. Krebs referred him to Dr. Jan Jonet, a psychologist, for psychological counseling.

During his meeting with this Consultant, Mr. Polansky expressed frustration with the care he has received from both Drs. Kreb and Jonet. With regards to Dr. Kreb, the claimant felt he was on so much medication and could not get the answers he needed to understand the side effects such as leathery he would get. His concern with Dr. Jonet is he did not feel he was progressing.

With the approval of Ms. Katie Morris and Ms. Mee Ling Khor-Gould, Consultant coordinated a second psychological evaluation with Dr. Robert Hooper, a clinical psychologist. This was done on February 2, 2005. However, as of the date of this report, Consultant does not have Dr. Hooper's report. There was some concern, according to Mr. Polansky, about the enormous amount of medications he was taking. Consultant is awaiting Dr. Hooper's report to obtain approval to justify referring the claimant to another psychiatrist.

Mr. Polansky and Mr. Preston, his attorney, have requested another neurologist after Mr. Polansky was seen by Dr. Julian Adams, a neurologist, on August 23, 2004. Consultant has left that up to Ms. Mee Ling Khor Gould, the claims adjustor.

The claimant was referred to Dr. Adams because of his dementia or lack of memory. He was unable to remember things in his distant past. Dr. Adams' report read, "There are some real discrepancies that I thought we were due to probably malingering." Consultant was

Theodore Polansky 3

SF#: 1999-3671

Initial Rehabilitation Report

Confused. Consultant has the impression based on their meeting and numerous telephone conversations that Mr. Polansky is credible and sincerely wanted to get better.

Mr. Polansky requested another cortisone shot to his arm by Dr. Nahigian, which Consultant told him would be approved since Dr. Nahigian has not discharged him from his care.

At the present time, Mr. Polansky remains under the care of Dr. Reiber and still sees Drs. Krebs and Dr. Jonet. During their last conversation, he related to Consultant he felt more comfortable with Dr. Jonet and has developed a closer professional relationship so he does not desire to change psychologists. He still would like to be seen by another psychiatrist.

SOCIOECONOMIC BACKGROUND:

Mr. Polansky was born and raised in Maryland. His father was in the U.S. Army. Rather than going to Russia, his father chose to come to South Carolina in the 1970s. The claimant is divorced. He has a female friend that was mentioned in the report earlier. She appears to be quite supportive of Mr. Polansky.

He receives \$487.00 weekly in compensation. Two and a half years ago, he was awarded social security disability.

EDUCATIONAL BACKGROUND:

Mr. Polansky completed high school in 1974 at Spring Valley High School. He earned a bachelor's degree in Criminal Justice from the University of South Carolina. He attended the Policy Academy.

WORK HISTORY:

The claimant has a very good work history. Since 1978 until August 2001, he worked as a Chief Investigator for the S.C. Attorney's Office. He indicated he sat, stood, and drove quite a bit on his job. This is a highly skilled job according to the Dictionary of Occupational Titles, which is published by the Department of Labor.

RECOMMENDATIONS/IMPRESSIONS:

Mr. Polansky was very cooperative with this Consultant and remains so as of the date of this report. She found him to be sincere and to want to help himself get better. As soon as Consultant gets Dr. Hooper's report, she will coordinate a referral to another

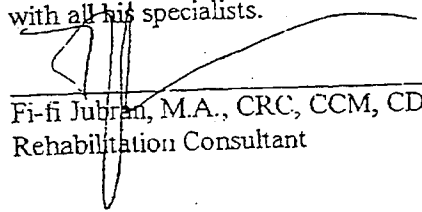
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Theodore Polansky 4

SF#: 1999-3671

Initial Rehabilitation Report

psychiatrist at Mr. Polansky's request. He continues to be compliant in his treatment with all his specialists.


Fi-fi Jubran, M.A., CRC, CCM, CDMS
Rehabilitation Consultant

3/15/05
Date

Medical Board
Complaint

On August 23, 2004, I accompanied Ted Polansky to an appointment with Dr. Julian Adams. This appointment had been scheduled through the State Accident Fund as Ted was having memory loss and cognitive problems. We were treated promptly and professionally by the front office and nursing staff.

When Dr. Adams entered the exam room, I observed he was rumpled and unkempt but thought he was just an older doctor and this would not impact his ability to care for patients. He asked questions that Ted could not answer and when I did, he cut me off. This was fine as my expectation at that time was that he wanted Ted to try to answer as he was evaluating Ted's memory loss.

He reviewed Ted's history and asked about his marital status. When I said I was the girlfriend, he asked if there was also a wife. At that time I thought he was trying to be funny but I was not amused. He asked if Ted was divorced and Ted could not remember the date but did tell him that it was in the 1980s.

Dr. Adams then asked about RSD which is Ted's primary medical problem. He did not know what this was. He asked Ted about his medications but Ted could not remember. When he saw Methodone on the list of medications, he simply wrote Ted off as a drug addict. He apparently is unaware of its use in pain management.

He then asked Ted about marijuana and cocaine and when honestly denied using these, he snidely said, "You just use legal drugs." He asked about Dr. Riber who is Ted's pain management physician, where his office is located. Although he made no outright statement at that time, his tone, inflection and body language showed that he wrote off Dr. Riber as a doctor who hands out drugs.

He asked Ted about drinking and Ted told him he had not had a drink in years. Ted could not remember how long. He asked Ted what he drank and Ted answered "beer." Dr. Adams heard "gin" although I have no idea how. He then gave a discourse on there being no difference in hard liquor or beer.

He then asked me to leave and asked Ted to take off his shoes and socks.

Ted came into the waiting room only minutes later. He reported that Dr. Adams told him he was an alcoholic and a drug addict and that Dr. Riber was just feeding his habit. Ted told him that he resented this.

Ted received no treatment and no exam except for glancing at his feet and the pointed, prejudiced questions. Dr. Adams assumed what Ted's problem was and never took the necessary steps to evaluate him or to get him treatment.

Page 2

I respectfully request that the board review this matter and consider the following remedies.

1. That Dr. Adams be required to take continuing education on pain management and modern medications. His attitude and knowledge are very outdated and should not be allowed in the current practice of medicine.
2. That Dr. Adams apologize in writing to me and to Ted. Copies of this should be provided to anyone who received a copy of his report, including the State Accident Fund, Ted's attorney Preston McDaniel and the case manager. A copy should also be placed in the file in Dr. Adams' office.
3. That Dr. Adams refund any fees he received to the State Accident Fund as he provided no services.

Gale R. DuBose
130 Midhurst Court
Irmo, SC 29063

803 732-2593

To Katie Morris

3 pages

From Gale DuBose

10-14-04

2520709

Re: Ted Polansky

This is to inform you that I am now withdrawing myself from this case and am truly sorry for any misunderstanding that has occurred. Please inform Mr. Polansky and Ms. Dubose of my decision and that I truly hope things will eventually work out well for them.

Sincerely,

Jeanne Beard

*Jeanne Beard, RN, NP, CCM, CDMS
Director*

*Attachments: Letter from Mr. McDaniel dated 8/30/04
Letter to Dr. Julian Adams dated 8/11/04
Medical Summary to Dr. Julian Adams*

*cc: Ms. Mee Ling Khour Gould—State Accident Fund
Mr. Willie Highsmith—State Accident Fund*

/jbd

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED

NOV 28 2017

SC Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Casey Manning

Appellate Case No. 2016-001494

Theodore Polansky, ...Respondent.

v.

SC Office of the Attorney General, Employer,
and State Accident Fund,
Carrier.....Appellants.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Appendix to the Record On
Appeal contains all material proposed to be included by any of the parties and not any
other material as required by Rule 210(g) SCACR.



Temus C. Miles, Esq.
The McKay Firm, P.A.
Post Office Box 7217
Columbia, South Carolina 29202
(803) 256-4645
Attorney for Appellants

November 28, 2017