Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13099

3 - OUTPATIENT

[redacted]

NAME:

## CPT Codes

**History & Physical Examination**

PF ... problem focused
EPF ..... expanded problem focused
D. .. .. detailed
C ..... comprehensive

**Treatment**

SF ..... straight forward
LC ..... low complexity
MC ... medium complexity
HC .... high complexity

*(Record amount of time if extra time was required.)*

P

Pro
Dis

| | | | | |
|---|---|---|---|---|
| ATIENT: [redacted] | AGE: 20 Y M | * [redacted] PHONE # [redacted] Do Not Leave Msg | NURSE INIT: ✓ [redacted] | TO DR: [redacted] |
| ALLER: Mom | | HIST #: [redacted] ✓ | DR TO CALL: ☐ Y ☐ N | |

Has been wt lifting, Taking products from [redacted]
personality has changed Mom concerned, ⊘
Sleeping. Wondering if bld wk needed.
Talking off the wall, very confused
protein drinks
: Efergin (speeds Metab)

Per [redacted] called for [redacted] Crisis #

coming for OV ⊖ 7/2/98 [redacted]

| | | |
|---|---|---|
| ed Called: | Pharmacy: | Drug Allergies: ☐ Y ☐ N |

| | Date | Time | Question/Subject: |
|---|---|---|---|
| IONE | 7/1/98 | 10:25 A.M. P.M. | |

000002

Am[redacted] Do[redacted] Cht.#[redacted] en with: ☐ Mth. ☐ Fth. ☐ Othe[redacted]

Vision: B 20/25 R 20/25 L 20/25

B/P 140/78

Hearing - WNL.

Brought here today by mother who is very concerned about [redacted] recent behavior. He seems very disoriented & somewhat anxious (mentions fear of diabetes & dying). Also saying things which are quite out of context (going to tell girlfriend they are getting married, saying they're going to church this AM when he was told he was coming here).

Mom says he has been involved c̄ wt lifting recently & apparently has been taking lots of ephedrine & caffeine. He denies other meds or drugs.

CPT: Counseling and/or Coordination
Severity: Low, Med., High
Time _____

Provider's Signature ➤

— OVER —

| MISC. | Date / Time | Age | Weight | Height | Diagnosis: |
|---|---|---|---|---|---|
| | 7-2-98 | 20y. | 246 | 6' 2 3/8" | Behavior Concerns / Depression [redacted] |

000003

Additional Comments ➤

In office this AM he is quiet and cooperative - did Snellen chart $\bar{I}$ much difficulty. He seemed a little depressed; his affect was not flat, but a bit unusual. He could not tell me the day of the week & thought it was dune. He didn't recognize me (though he hasn't seen me in > 7 yr).

PE w/, including brief neuro exam

[redacted]

[redacted]

NQUIRY NAME: _____ SAFETY CONTRACT: Y/N

ENERAL INFORMATION | DATE: 7/2/98 (MM/DD/YY) | DAY: S M T W (T) F S Day of Week Circle | TIME: 0900 [redacted]RS/MINS | (CALL/WALK IN/CONTINUUM TRANSITION: _____

GRAM: Class (circle one) (1 = Adult Psych) 2 = Adol Psych 3 = Child Ps[redacted]n 5 = Adult Add 6 = Adol Add 7 = Child Add 8 = Ger Add

SPECIAL DETAIL PROGRAM (if applicable, circle)

(A=Emotional/Behavior/Mood Dis.) B=Managed Program Unit D=Impulse Disorders E=Dissociative Disorder F=Panic.Phobic/Anxiety G=Physical Sexual Abuse H=Cognitive Therapy J=Crisis Unit K=Chns[redacted] L=Womens Proc[redacted] M=Impaired Prof. N=Eating Disorde[redacted] O=Alcol[redacted] [redacted]gnosis [redacted] Depend. [redacted]ent U=Neuro-Psych V=Geriatric Related Dis. Y=Detox Only Z=Other

PRESENTING PROBLEMS: (circle all that apply)

= Sexual/Abuse
= Physical Abuse
= Conduct Problems
= Marital Problems
E = Suicide
F = Homicidal
G = Eating Problems
H = Job/School Probls.
(I = Anxiety)
(J = Depression)
K = Alcohol
L = Other Drugs
[redacted]
N = Cocaine
O = Heroin
P = Rx Drugs
Q = Amphetamines
R = Psychosis
S = Stress/Family
T = Parenting
U = ADD/LD Problems
V = Runaway
W = Schizophrenia (STAR)
X = Sleep Disturbances
Y = Grief/Death/Loss
Z = Other

NOTES

Pt. Depressed anxious disoriented to time + place. Sx X several wks. Memory ↓. Pt afraid of getting diabetes 20 (f) had same. Quit job, not sleeping. Pt has been weight lifting and "stacking" - taking ephed. + caffeine pills. Caller puzzled re dx. Pt is (m)

LLER INFORMATION | Relationship to Patient: Dr. - pediatrician

ame: Dr. [redacted] Title: _____ CO/Agency: _____

ldress: _____ City: _____ State: _____

unty: _____ Zip Code: _____ Sex: (M) or F

one - Home : ( ) - _____ Phone - Work: [redacted]

PATIENT INFORMATION

me: [redacted] ress: [redacted]

[redacted] State: [redacted] County: [redacted] Zip Code: [redacted]

B [redacted] Age: 20 Sex: (M) or F Race (W) Marital Status S

one - Home : ( ) - _____ Phone-Work ( ) _____ Soc. Sec.# [redacted]

o is legal Guardian? (M) [redacted] Employer/School _____

s there previously been treatment? (Y/N) When: _____ Where: _____ Duration: _____

ERRAL INFORMATION

t Referral Source: Dr. [redacted] Phone: ( ) -

ond Referral Source: _____ Phone: ( ) -

000005

[redacted]

[redacted] tient [redacted] e/Time rawn 7/2/98

[redacted] e/Time Rec'd

OBC

FEP [redacted]

WBC 11.2 [redacted] x 10 3/ul

RBC 5.73 x 10 6/ul

HEMATOCRIT 50.8 %

HEMOGLOBIN 18.2 g/dL

☐ PLATELET 245 x 10 3/ul

☐ MCV 88.7 fL

☐ MCH 31.8 pg

☐ MCHC 35.8 g/dL

☐ ESR mm/hr.

| ☐ DIFFERENTIAL | LY % | MO % | GR % | LY # | MO # | GR # |
|---|---|---|---|---|---|---|
| | 17.8 | 1.9 | 80.3 | | | |

EMARKS

TECH. [redacted] DATE 7/2/98

[redacted]

[redacted] Patient [redacted]

Chart [redacted]

Dr [redacted]

Date/Time Drawn 10-11-96

Date/Time Rec'd

☒ QUICK STREP Neg.

☐ THROAT CULTURE 24 HRS. NEGATIVE FOR GROUP A BETA HEMOL. STREP

☐ MONO

☐ PINWORM PREP

☐ NASAL SMEAR EOS

☐ KOH

☐ STOOL OCCULT BLOOD

☐ WET PREP

☐ HCG

☐ INFLUENZ A

COMMENTS

TECH. [redacted] DATE 10-11-96 10/12/96

[redacted]

[redacted]

Patient [redacted]

Chart [redacted]

Dr. [redacted]

Date/Time Drawn 9/26/95 3:10

Date/Time Rec'd 9-26-95 3:15

☒ QUICK STREP negative

☐ THROAT CULTURE 24 HRS. NEGATIVE FOR GROUP A BETA HEMOL. STREP

☐ MONO

☐ PINWORM PREP

☐ NASAL SMEAR EOS

☐ KOH

[redacted] STOOL OCCULT BLOOD

OTHER

MMENTS

TECH [redacted] DATE 9-26-95 9-27-95

DI LECTED

REFERE

4.5-12.5 UG/DI

MedWatch #13099 Investigation
Exhibit# 1 Part 2 of 13
4-5 March 1999 GM

# FACSIMILE COVER SHEET

MedWatch #13099 Investigation
Exhibit# 1 Part 13 of 13
4-5 March 1999 GM

DATE: 9-28-98

SEND TO: [redacted]

FROM: [redacted]

___ URGENT ___ REPLY ASAP ___ PLEASE COMMENT

___ PLEASE REVIEW X FOR YOUR INFORMATION

Total pages, including cover sheet: 14

COMMENTS: RE: [redacted]

This facsimile transmission is intended only for the addressee shown above. It may contain information which is privileged, confidential or otherwise protected from disclosure. Any review, dissemination or use of this transmission or its contents by persons other than the addressee is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone and mail the original to us at the above address.

PLEASE CONFIRM RECEIPT: ___ YES ___ NO

[redacted]

8/4/98

[redacted]

TC I DR [redacted] - [redacted]

D/C TOMORROW.

- WORKING AT GYM - 'STACKING' MED - EPHEDRINE / DHEA → SMOKING MJ. ) CAME IN VERY PSYCHOTIC → NOW LESS AGITATED, STILL LOOSE.

(M) WITH MANY CONCERNS - GOT A LAWYER, TRY TO GET INSURANCE TO DE-CERTIFY.

MED COMPLIANCE A CONCERN.

NOT WELL ENOUGH TO WORK OR GO TO SCHOOL, RIGHT NOW.

HALDOL 5 QHS (↑ HALDOL - DYSTONIAS)
OLANZAPINE 15 QD
VERAPAMIL XR 180 MG QD

CD-DUAL TRACK. - FAMILY SUPPORTIVE

[redacted]

[redacted]

1 [redacted]

**PATIENT NAME:** [redacted]
DOB [redacted] (20) SSN:
Address:
Subscriber Name:
Medical Plan#: [redacted]
Occupation: STUDENT - [redacted]
Referred By [redacted] (D/C'D 8/5/98)

**Interview Date:** 8/7/98
Sex: M
Phone Number:
Relation to Patient: C (M)
Group #:
Marital Status: S

**CHIEF COMPLAINT:**
"TOO STRESSED OUT". "ANGRINESS INSIDE ME"

**HX PRESENT ILLNESS:**
Onset: ^ 3 MOS AGO.
Sx: ↓ SLEEP, PRESSURED SPEECH, MORE ENERGETIC, EUPHORIC, DOING SEVERAL PROJECTS AT ONCE, COINCIDENT C USE OF EPHEDRINE & OTHER [redacted] SUPPLEMENTS
Previous Episodes: Ø

Previous Hx of:
Suicidal behavior: Ø
Assaultive behavior: Ø
Manic or hypomanic episodes: Ø
Psychosis: Ø
Losses: (F) - DIABETES/DIALYSIS - PUT IN NURSING HOME LAST WEEK

Previous Rx:
Psychiatric Hosp. [redacted] x 30 DAYS, D/C 8/5
Psychotherapy: Ø
Medications: Ø
What worked best: Ø
[redacted] STOPPED SUPPLEMENTS C EPHEDRINE x 1½ MOS.

**SUBSTANCE ABUSE HX:**
Alcohol OCC.
Drugs (+) MJ x 3 YRS - STOPPED 2 WEEKS BEFORE [redacted] "FOR GREENLAND"
Caffeine Ø
Tobacco 1-2 PPD

**MEDICAL HX:**
Primary Care MD: C Last Exam:
Pregnancy possible or planned: Ø
Hx of head trauma: Ø (+) SEIZURES
Hx operations: Ø (+) ASTHMA
Allergies to medications: NKDA
Current Illnesses: HTN
(+) H/MS
Current Medications:
COGENTIN 1 MG BID
HALDOL 5 MG QHS
ZYPREXA 5 MG QHS

**BEHAVIOR & SX:**
Agitation: Ø
Acceleration: Ø
Bizarreness: Ø
Suspiciousness: Ø
Slowness: (+)
Movement disorders: (-) TICS

Euphoria: Ø
Restriction: (+)
Labile: +/-
Dysphoria: (+)
Hostility: Ø

Suicidal Thoughts: Ø
Plan: Ø
Intent: Ø
Thoughts of harming others: Ø

Anxiety: ++
Panic episodes: Ø
Phobias: Ø

Obsessions: Ø
Compulsions: Ø

Hallucinations: Ø
Delusions: Ø → ? AT [redacted]
Feelings of persecution: ABOUT HOSPITALIZATION AT [redacted]
Onset insomnia: (+)
Early awakening: DENIES
Hypersomnia: Ø
Drop off of interests: Ø
Change in memory or concentration: ~~+~~
Appetite change: Ø
Low energy: Ø (STILL HIGH ENERGY.)
Guilt: Ø
Helplessness/hopelessness: Ø
Libido change: Ø

DONE - OK
MEM - "LIKE A PICTURE"

Other:

**FAMILY HX:**
Alcoholism: (+)
Affective Disorders: ∅
Psychosis: ∅
Meds used: ∅

**PERSONAL HX:** (M) & (C) DIVORCED x 18 YRS.
Family of Origin: LIVES C (M) + BRO (15)
Mother - [redacted]
Father - DM, IN NURSING HOME. WAS PHYSICALLY ABUSIVE TO (M)
Sibs
Neonatal difficulties: ∅ REPEATED 1ST GR - I READING WELL BEHIND
School difficulties: - AVG STUDENT. (M) - TROUBLE SPELLING.
Hx abuse or trauma: ∅ [redacted] - TO
Combat experience: ∅ START 2ND YR - DROPPED SOME CREDITS.
Marriage: ∅
Children: ∅
Work Hx/difficulty: QUIT BOTH JOBS BEFORE [redacted]
General: (M)'S CONCERNS - 1) GETS PRIORITIES/GOALS IN ORDER.
2) JUDGEMENT ABOUT GIRLFRIEND.

**MENTAL STATUS EXAM:**
Orientation: x 3
Memory
Immediate: 3/3 2/3 5
Recent: WORLD ⇄
Remote: DS 6 ⇒
Abstractions: 4 ←
Calculation:
Fund of information: AVG.
Judgment: FAIR
Thought processes - GD.
Looseness:
Tangentiality:
Blocking:
Flight of ideas:
Circumstantiality:
Insight: POOR.

BOTH (M) + [redacted] FOUND 4 HOSPITALIZATION VERY TRAUMATIC - DID NOT UNDERSTAND IT, NO WHAT HAS HAPPENED TO [redacted]

**DIAGNOSIS**
Axis I: 1. BRIEF PSYCHOTIC DIO 298.8 2.
Axis II: 799.9 DEFERRED
Axis III: 1. ~~[illegible]~~ HTN 2.
Axis IV: Severity MOD-SEV Nature PSYCHOTIC EPISODE S/P EPHEDRINE USE, 4 HOSPITALIZATION
Axis V: Current GAF 40 Highest GAF Past Year 60

**Formulation:** 20 Y.O. WM C PSYCHOTIC EPISODE COINCIDENT C USE OF EPHEDRINE/DHEA COMPOUNDS, NOW FOCUSED ON TRAUMA OF PSYCH HOSPITALIZATION, (M) + PT C LITTLE UNDERSTANDING OF WHAT HAS HAPPENED TO [redacted] - QUESTION OF WHETHER THIS IS A BRIEF PSYCHOTIC EPISODE OR UNMASKED SCHIZOPHRENIA - 1ST BREAK

**PLAN:**

| Problem | Goal/Measure | Action |
|---|---|---|
| 1. PSYCHOSIS | 1. IMPROVE REALITY TESTING - NO FURTHER DELUSIONS | 1. CONTINUE COGENTIN, HALDOL, ZYPREXA. |
| 2. LACK OF UNDERSTANDING OF ILLNESS AND TREATMENT. | 2. EDUCATE PT + (M) | 2. SUPPORTIVE PSYCHOTHERAPY ETC IN 1 WEEK 8/13 10 AM |
| 3. HTN | 3. | 3. SEE PCP. |

Proposed length of RX: #of sessions: [redacted] Type of sessions: IT C MED MANAGEMENT

Clinician's Signature: [redacted] Name: [redacted]

8/13/98

[redacted]

IT x 45": 1/7

S/ FEELING BETTER. HAS NOT TAKEN ANY MEDS SINCE D/C FROM [redacted] (~1 WEEK). DID NOT DISCLOSE THIS TO ME AT INITIAL EVALUATION. BELIEVES THAT HE IS IMPROVED FROM THE "SPEEDED UP" PROBS B/C NO LONGER TAKING [redacted] SUPPLEMENTS, AND IS IMPROVED FROM NERVOUSNESS & "PROBS IN THE HOSPITAL" B/C HE STOPPED TAKING THE PSYCHOTROPIC MEDS

O/ REPORTS BP ↓, NERVOUSNESS GONE. SLEEP & APPETITE O/C STILL C LOTS OF ANGER TOWARD EXPERIENCE AT [redacted] HAS ENROLLED FOR [redacted] 8/24 - A MAJOR FROM ART TO ARCHITECTURAL DESIGN. NOT ABLE TO CONNECT PROBS C FOR SCHOOL PERFORMANCE LAST SEMESTER TO PSYCHOTIC EPISODE.

⊖ ETOH / DRUGS. TALKED ABOUT [redacted] (GF x 2-3 YRS) - "HAS A LOT OF INFLUENCE ON MY LIFE". QUIT MJ TO PLEASE HER

Ⓜ - BELIEVES MEDS CAUSED PROBS AT [redacted]

MOOD - DYSPHORIC AFFECT - RESTRICTED TP - GD. TC - ESI NO OVERT PSYCHOTIC SXS

A/ BRIEF PSYCHOTIC D/-

R/O SCHIZOPHRENIFORM PT + Ⓜ C VERY LITTLE UNDERSTANDING / INSIGHT

P/ ① DISCUSSED CONCERNS OF RELAPSE OFF PSYCHOTROPIC MEDS - PT + Ⓜ ADAMANT IN REFUSAL TO USE PSYCHOTROPIC MEDS.

② IT / FT PRN.

③ RTC 8/26 11 AM

[redacted]

8/26/98

[redacted]

IT X 50¢: 2/7

I (M) -

(M) VENTED AGAIN ABOUT HER ANGER ABOUT [redacted] EXPERIENCE.

SHE & [redacted] FEEL THAT THINGS ARE CLOSE TO BASELINE.

(W) - NOT AS OPEN TO STANDING UP FOR HIMSELF.

S/ STARTED [redacted] WORRIED ABOUT ABILITY TO TAKE 12 CREDITS -
HAVING TROUBLE BEING MOTIVATED / INTERESTED IN SCHOOL.
-- WOULD LIKE TO TAKE 2 CLASSES & WORK PART-TIME.

B/ MOOD - DYSPHORIC AFFECT - RESTRICTED SPEECH - SOFT.
IP - GD. TC - ⊖SI/HI NO OVERT PSYCHOTIC SXS.
SL. FIDGETY I HANDS.

CURRENT MEDS - Ø.

A/ BRIEF PSYCHOTIC D/O.

P/ (1) CONT IT.
(2) RTC IN 1 WEEK 9/2 10 AM.

[redacted]

[redacted]

8/26/98

LIST OF SUBSTANCES [redacted] WAS TAKING PRIOR TO HOSPITALIZATION -

1. DHEA:
   dehydroepiandrosterone 50mg Vitamin C 15mg

2. Hydroxycuti:
   Hydroxagen 2000mg
   (supplying 1000mg of hydroxycitric Acid)
   MA Huang Extract 334mg
   (standardized for 6% ephedra)
   Guarania Extract 910mg
   (standardized for 22% Caffeine)
   Willow Bark Extract 100mg
   (standardized for 15% SAlicin)
   L-Carnitine 100mg
   Chromium Picolinate 300mg

3. Mini Two-way Action:
   25mg Ephedrine HCL
   200mg L-Guaifensenin

4. PRO RX
   Vitamin A, C, D, E Thiamin, Riboflavin, Niacin
   Vitamin B-6 Folic Acid, B-12
   Biotin, Pantothenic Acid, Phosphrus,
   Iodine, Magnesium, Zinc, Copper.
   Potassium Sodium Protein,
   Phenylalanine

5. AmiNo Fuel, L-Carnitine & Branched Chain
   AmiNo Acids
   Protein Amino Acids, 15g Carbohydrates, 10g
   L-Alanine 1200mg L-Arginine 1100, L Aspartic Acid 1240mg
   L-Carnitine 25mg L-Cystine 919mg, Glycine 3200mg
   L-Glutamic Acid 2040mg, L-Histidine 460mg
   L-Isoleucine 230 L-Leucine 900, L-Lysine, L-methionie
   Phenylalanine 400mg, Proline 2130,
   L-Serine 540mg, L-Threonine 480mg
   L-Tryptophan 82mg L Tyrosine 200mg L Valine
   over

The eight essential Amino Acids
The L-tryptophan
B-1, B-2, B-3, B-6 - B-12
Pantothanic Acid, Folic Acid Biotin
PABA Choline Bitartrate
Inositol,

6. Diet System

| | |
|---|---|
| Citrimax (Garcinia) | 1500 mg |
| Kola Nut | 550 mg |
| Guarena Extract | 100 mg |
| Chromium Picolinate | 300 mg |
| Choline Bitartrate | 100 mg |
| Betaine HCL | 25 mg |
| L-Carnintine Complex | 300 mg |

7 Golden Seal Root

[redacted] 9/2/98

IT x 50": /7

Z M: [redacted] DOING OKAY, GOING TO SCHOOL, WANTS TO GET PART-TIME JOB

M: WANTS HIM TO JUST CONCENTRATE ON SCHOOL

DISCUSSED EXPERIENCE AT [redacted] - (M) FEELS THAT HE WAS MISDIAGNOSED AND TREATED FOR SOMETHING HE DIDN'T HAVE

CURRENT MEDS - Ø

[redacted] WORRIER, EVEN AS CHILD

A/ BRIEF PSYCHOTIC DO

P/ (1) CONT IT
(2) RTC IN 1 WEEK 9/9 10 AM [redacted]

[redacted] 9/9/98

IT x 50" 4/7

S/ FEEL OK. LIKE BACK TO BEFORE TAKING EPHEDRINE.
SEES SELF AS LAZY AT TIMES. MAIN CONCERN IS TO APPLY SELF TO SCHOOLWORK, SO FAR GOING OK.

O/ MOOD - DYSPHORIC AFFECT - RESTRICTED NO OVERT PSYCHOTIC SXS
GOING TO SCHOOL ([redacted] - 12 CREDITS).
APPLY TO [redacted] FOR PART TIME JOB
SPENDING TIME ≈ [redacted]

CURRENT MEDS - NONE.

A/ BRIEF PSYCHOTIC D/O, IN PARTIAL REMISSION.

DISCUSSED STRATEGIES TO DO SCHOOL WORK.

P/ ① RTL IN 1 WEEK 9/18 10 AM.
② MAY MEET FOR ANOTHER SESSION AFTER THAT TO TERMINATE IF STABLE.

[redacted]

9/16/98

[redacted]

17 x 45" 5/7

S/ DOING OK. GOING TO SCHOOL & SEEING [redacted] NO SIGNIFICANT EVENTS SINCE LAST WEEK. FEELS LIKE HE'S KEEPING UP IN SCHOOL. HAVN'T HAD LOOKED FOR A JOB. HAVN'T HAD CONTACT W (P) SINCE (P) GOT OUT OF NURSING HOME. NOT DOING EXPLANATORY ACTIVITIES OR SEEING OTHER [redacted]

O/ MOOD - DYSPHORIC. AFFECT - RESTRICTED. NO ACTIVE PSYCHOTIC SX. WISHES HE DIDN'T CHANGE MEDS - LIKES ART.
SLEEP - GOOD
CURRENT MEDS - NONE -

DISCUSS WARNING SIGNS/SX FOR MOOD/PSYCHOTIC EPISODE -
Δ IN SLEEP, RACING THOUGHTS

A/ BRIEF PSYCHOTIC D/O, IN PARTIAL REMISSION.

P/ RTN IN 2 WEEKS - 9/30/98 10 AM. (TOWNSEND SESSION)

[redacted]