

Copy

ComPsych Behavioral Health  
Client Discharge Form  
(Please print)

Client Name: Chris Keller Client Company: R2 Medical

Initial Contact Date: 2/26/02 Last Contact: 4/2/02

Dates of Service: 2/26/02; 3/1/02; 3/8/02; 3/15/02; 3/24/02; 4/2/02

1. Did others attend session? Yes  No   
If yes, who? \_\_\_\_\_

2. EAP Assessed Problem: (please check one) Provisional Diagnosis  
 Family/Child Axis I V62.2 296A  
 Marital/Relationship Axis II 971.09  
 Alcohol Related - Adult Axis III None  
 Drug Related - Adult Axis IV Occupational  
 Alcohol Related - Adolescent/Child Axis V 69  
 Drug Related - Adolescent/Child  
 Psychological - Adult  
 Psychological - Adolescent/Child  
 Medical  
 Legal  
 Financial  
 Occupational

3. Type of services received: Individual  
Service Frequency Type  
 EAP  Weekly  Individual  
 Managed Care  Bi-Weekly  Family  
 Monthly  Couple  
 Group

4. Client's response to services: Compliant w/ mandatory referral.  
Client was cooperative, & was participating in  
response to a mandatory referral.

5. Were treatment/service goals met? Yes  No   
If no, which goals were not met and why? \_\_\_\_\_

Copy

6. Final Diagnosis:

Axis I V22.2964  
Axis II V71.01  
Axis III None  
Axis IV Occupational  
Axis V 000-04

7. Reason for Discharge: Completed EAP sessions

EAP Service:

- Assessment completed, no referral needed
- Assessment completed, referred for outpatient treatment
- Assessment completed, referred for inpatient treatment
- Assessment completed, referred to ComPsych's Managed Care Program
- Assessment completed, referred to community resources
- Short term treatment concluded within the EAP, no further service required
- Client discharged against EAP provider's advice
- Other (please specify) \_\_\_\_\_

If referred, to whom? Work

Managed Care Service: (if applicable)

- Planned services completed
- Referred for other services
- Client discharged against clinical advice
- Other (please specify) \_\_\_\_\_

If referred, to whom? \_\_\_\_\_

8. Did client follow up with referral? Yes  No

Rita Weber Rita Weber      Rita Weber MSW      10/28/02  
Therapist Name (please print)      Therapist Signature      Date

This form must be submitted, along with the Monthly EAP Billing Log, within sixty (60) days of last service date. Please mail to:

ComPsych Behavioral Health Corporation  
Case Management Department  
NBC Tower  
455 N. Cityfront Plaza Drive  
24<sup>th</sup> Floor  
Chicago, IL 60611-5506

LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA  
PROGRESS NOTE

Client Chris Keller File # \_\_\_\_\_ Date 7/12/02  
Diagnosis \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Location SFA

Names of all Attending: Chris

FOCUS OF THERAPY

- Processed past months struggle w/ leaving job
  - Identified changes in med & impact & received med.
  - Continuation of search & future plans explored
- Progress towards service plan goals: ① ↓ →

MENTAL STATUS

| MOOD                                       | AFFECT  | SYMPTOMS                                   |   |                    |
|--|---|--|---|--------------------|
| Normal <input checked="" type="checkbox"/> | Appropriate <input checked="" type="checkbox"/> | Normal <input checked="" type="checkbox"/> | Appetite Change _____   | Insomnia _____     |
| Elevated _____                             | Restricted _____                                | Guilt _____                                | Fatigue _____   | Hypersomnia _____  |
| Depressed _____                            | Labile _____                                    | Concentration Problems _____               |   | Anhedonia _____    |
| Anxious _____                              | Hostile _____                                   | Psychomotor Agitation _____                |   | Irritability _____ |
| Angry _____                                | Tearful _____                                   | Psychomotor Retardation _____              |   | Aggression _____   |
| Sad _____                                  | Blunted _____                                   | Functionality at work _____                |   | Panic _____        |
| Other _____                                | Other _____                                     | Headaches _____                            | Nightmares _____  |                    |
|  |   | Other _____                                |   |                    |
| SUICIDAL/HOMICIDAL                         |   | THOUGHTS                                   | CONTENT   |                    |
| Normal <input checked="" type="checkbox"/> |   | Normal <input checked="" type="checkbox"/> | Normal <input checked="" type="checkbox"/> Oriented <input checked="" type="checkbox"/> |                    |
| Suicidal Thoughts <u>Denied</u>            |   | Tangentiality _____                        | Obsessions/ Compulsions _____   |                    |
| Suicidal Plan _____                        |   | Circumstantiality _____                    | Delusions <input checked="" type="checkbox"/>   |                    |
| Homicidal Plan _____                       |   | Looseness of Association _____             | Suspicious _____  |                    |
| Homicidal Thoughts <u>Denied</u>           |   | Flight of Ideas _____                      | Phobias _____ Paranoia _____  |                    |
| Assaultive Ideas <u>Denied</u>             |   | Speech _____                               | Reality Testing _____   |                    |
|  |   | Paucity _____                              | Somatic Complaints _____  |                    |
|  |   | Other _____                                | Other _____   |                    |
| CURRENT GAF: <u>70</u>                     |   |  |   |                    |

Comments:  
Reports he has med 1/2 tab / day & feels he is feeling better 7-9 hrs / night. Denies manic or depressive symptoms. Still has delusional thoughts - unchanged.

Referred to follow up w/ Dr. Anderson & also suggested consideration of medical assessment due to past concerns. Stated he would talk w/ Dr. Anderson.

- Plan:
- Encouraged him to take med prescribed / talk w/ Dr.
  - Case contract discussed & signed because of past delusional last 2 months
  - No plans for further services, but will call if needed

Services Rendered By: Rita Adams MSW 7/12/02 No contacts. Clear file.  
Rita Adams MSW

LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA  
PROGRESS NOTE

Client Chris Rolles File # \_\_\_\_\_ Date 6/24/02  
Diagnosis \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Location Telephone

Names of all Attending: \_\_\_\_\_

FOCUS OF THERAPY

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Progress towards service plan goals: ↑ ↓ →

MENTAL STATUS

| MOOD                                       | AFFECT            | SYMPTOMS                       |                               |                    |
|--|-------------------|--------------------------------|-------------------------------|--------------------|
| Normal _____                               | Appropriate _____ | Normal _____                   | Appetite Change _____         | Insomnia _____     |
| Elevated _____                             | Restricted _____  | Guilt _____                    | Fatigue _____                 | Hypersomnia _____  |
| Depressed _____                            | Labile _____      | Concentration Problems _____   |                               | Anhedonia _____    |
| Anxious _____                              | Hostile _____     | Psychomotor Agitation _____    |                               | Irritability _____ |
| Angry _____                                | Tearful _____     | Psychomotor Retardation _____  |                               | Aggression _____   |
| Sad _____                                  | Blunted _____     | Functionality at work _____    |                               | Panic _____        |
| Other _____                                | Other _____       | Headaches _____                | Nightmares _____              |                    |
|  |                   | Other _____                    |                               |                    |
| SUICIDAL/HOMICIDAL                         |                   | THOUGHTS                       | CONTENT                       |                    |
| Normal <input checked="" type="checkbox"/> |                   | Normal _____                   | Normal _____                  | Oriented _____     |
| Suicidal Thoughts _____                    |                   | Tangentiality _____            | Obsessions/ Compulsions _____ |                    |
| Suicidal Plan _____                        |                   | Circumstantiality _____        | Delusions _____               |                    |
| Homicidal Plan _____                       |                   | Looseness of Association _____ | Suspicious _____              |                    |
| Homicidal Thoughts _____                   |                   | Flight of Ideas _____          | Phobias _____                 | Paranoia _____     |
| Assaultive Ideas _____                     |                   | Speech _____                   | Reality Testing _____         |                    |
|  |                   | Paucity _____                  | Somatic Complaints _____      |                    |
|  |                   | Other _____                    | Other _____                   |                    |

Comments:

Client called in response to letter. States that things have been rough financially. He has a job interview Monday 7/1/02 & is trying to sell house. Reports he did have some suicidal ideation in past weeks, but denied plan or intent. Denied present thoughts of harm to self/others. Discussed options of calling LSS & talk w/ m/ or call therapist, or 211 or 911 or ER if needed. He agreed to plan. Also

Plan:

- encouraged him to call for help if needed. He said he may do that. Very pleasant. Ended that "it hasn't been that serious"
- if he wants schedules will check file.
- 

Services Rendered By: Rita Weber MSW

LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA  
PROGRESS NOTE

Client Chris Roller File # \_\_\_\_\_ Date 4/2/07  
Diagnosis \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Location SFA

Names of all Attending: Chris

FOCUS OF THERAPY

1. Processed communication approaches, relation strategies & anxiety
  2. Explored cognitive messages present and implications - reframed by
  3. Observed for any conscious/apprehensions related to work
- Progress towards service plan goals: 1 ↓ →

MENTAL STATUS

| MOOD                                       | AFFECT  | SYMPTOMS                                   |   |  |
|--|---|--|---|--|
| Normal <input checked="" type="checkbox"/> | Appropriate <input checked="" type="checkbox"/> | Normal <input checked="" type="checkbox"/> | Appetite Change _____                         | Insomnia _____                               |
| Elevated _____                             | Restricted _____                                | Guilt _____                                | Fatigue _____                                 | Hypersomnia _____                            |
| Depressed _____                            | Labile _____                                    | Concentration Problems _____               |   | Anhedonia _____                              |
| Anxious _____                              | Hostile _____                                   | Psychomotor Agitation _____                |   | Irritability _____                           |
| Angry _____                                | Tearful _____                                   | Psychomotor Retardation _____              |   | Aggression _____                             |
| Sad _____                                  | Blunted _____                                   | Functionality at work _____                |   | Panic _____                                  |
| Other _____                                | Other _____                                     | Headaches _____                            | Nightmares _____                              |  |
|  |   | Other _____                                |   |  |
| SUICIDAL/HOMICIDAL                         |   | THOUGHTS                                   | CONTENT                                       |  |
| Normal <input checked="" type="checkbox"/> |   | Normal <input checked="" type="checkbox"/> | Normal <input checked="" type="checkbox"/>    | Oriented <input checked="" type="checkbox"/> |
| Suicidal Thoughts _____                    |   | Tangentiality _____                        | Obsessions/Compulsions _____                  |  |
| Suicidal Plan _____                        |   | Circumstantiality _____                    | Delusions <input checked="" type="checkbox"/> |  |
| Homicidal Plan _____                       |   | Looseness of Association _____             | Suspicious _____                              |  |
| Homicidal Thoughts _____                   |   | Flight of Ideas _____                      | Phobias _____                                 | Paranoia _____                               |
| Assaultive Ideas _____                     |   | Speech _____                               | Reality Testing _____                         |  |
|  |   | Paucity _____                              | Somatic Complaints _____                      |  |
|  |   | Other _____                                | Other _____                                   |  |
| CURRENT GAF: <u>77</u>                     |   |  |   |  |

Comments:

Seems to be comfortable w/ himself & has shifted view on the anxiety at work, recognizing that "if they say it's wrong I'll say 'OK, I can change it'."

Denies any paranoid thoughts or aggressive ideas.

Delusions present seem to be the same as they have been in the past & are not related w/ work situation.

Plan:

1. No further sessions planned. Will report back to SFA.
2. Will meet w/ Dr. Anderson next week.
3. Will provide information of that appt to SFA.

Services Rendered By: Rita Miller MSW

**LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA  
PROGRESS NOTE**

Client Chris Rolles File # \_\_\_\_\_ Date 4/27/02/9/8/02  
 Diagnosis \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Location phone

Names of all Attending: \_\_\_\_\_

**FOCUS OF THERAPY**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Progress towards service plan goals: ↑ ↓ →

**MENTAL STATUS**

| MOOD                     | AFFECT            | SYMPTOMS                       |                               |                    |
|--------------------------|-------------------|--------------------------------|-------------------------------|--------------------|
| Normal _____             | Appropriate _____ | Normal _____                   | Appetite Change _____         | Insomnia _____     |
| Elevated _____           | Restricted _____  | Guilt _____                    | Fatigue _____                 | Hypersomnia _____  |
| Depressed _____          | Labile _____      | Concentration Problems _____   |                               | Anhedonia _____    |
| Anxious _____            | Hostile _____     | Psychomotor Agitation _____    |                               | Irritability _____ |
| Angry _____              | Tearful _____     | Psychomotor Retardation _____  |                               | Aggression _____   |
| Sad _____                | Blunted _____     | Functionality at work _____    |                               | Panic _____        |
| Other _____              | Other _____       | Headaches _____                | Nightmares _____              |                    |
|                          |                   | Other _____                    |                               |                    |
| SUICIDAL/HOMICIDAL       |                   | THOUGHTS                       | CONTENT                       |                    |
| Normal _____             |                   | Normal _____                   | Normal _____                  | Oriented _____     |
| Suicidal Thoughts _____  |                   | Tangentiality _____            | Obsessions/ Compulsions _____ |                    |
| Suicidal Plan _____      |                   | Circumstantiality _____        | Delusions _____               |                    |
| Homicidal Plan _____     |                   | Looseness of Association _____ | Suspicious _____              |                    |
| Homicidal Thoughts _____ |                   | Flight of Ideas _____          | Phobias _____                 | Paranoia _____     |
| Assaultive Ideas _____   |                   | Speech _____                   | Reality Testing _____         |                    |
|                          |                   | Paucity _____                  | Somatic Complaints _____      |                    |
|                          |                   | Other _____                    | Other _____                   |                    |

**Comments:**

Message left by @ on Sat. stating that he had been told that he would not be returning to work & he had signed paperwork previous Tues. Expressed concerns re: finances. Called him when I rec'd message on next day & he indicated it was tough to deal with, but he denied any suicidal/homicidal thoughts. Indicated he was doing

**Plan:**

1. OK & said he would keep me "posted."
2. Said he had rec'd a suitcase package & was looking for work
3. \_\_\_\_\_

Services Rendered By: \_\_\_\_\_

Rebecca MSW

**LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA  
PROGRESS NOTE**

Client Chris Peller File # \_\_\_\_\_ Date 3/28/02  
 Diagnosis \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Location Telephone

Names of all Attending: \_\_\_\_\_

**FOCUS OF THERAPY**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Progress towards service plan goals: ↑ ↓ →

**MENTAL STATUS**

| MOOD                     | AFFECT            | SYMPTOMS                       |                               |                    |
|--------------------------|-------------------|--------------------------------|-------------------------------|--------------------|
| Normal _____             | Appropriate _____ | Normal _____                   | Appetite Change _____         | Insomnia _____     |
| Elevated _____           | Restricted _____  | Guilt _____                    | Fatigue _____                 | Hypersomnia _____  |
| Depressed _____          | Labile _____      | Concentration Problems _____   |                               | Anhedonia _____    |
| Anxious _____            | Hostile _____     | Psychomotor Agitation _____    |                               | Irritability _____ |
| Angry _____              | Tearful _____     | Psychomotor Retardation _____  |                               | Aggression _____   |
| Sad _____                | Blunted _____     | Functionality at work _____    |                               | Panic _____        |
| Other _____              | Other _____       | Headaches _____                | Nightmares _____              |                    |
|                          |                   | Other _____                    |                               |                    |
| SUICIDAL/HOMICIDAL       |                   | THOUGHTS                       | CONTENT                       |                    |
| Normal _____             |                   | Normal _____                   | Normal _____                  | Oriented _____     |
| Suicidal Thoughts _____  |                   | Tangentiality _____            | Obsessions/ Compulsions _____ |                    |
| Suicidal Plan _____      |                   | Circumstantiality _____        | Delusions _____               |                    |
| Homicidal Plan _____     |                   | Looseness of Association _____ | Suspicious _____              |                    |
| Homicidal Thoughts _____ |                   | Flight of Ideas _____          | Phobias _____ Paranoia _____  |                    |
| Assaultive Ideas _____   |                   | Speech _____                   | Reality Testing _____         |                    |
|                          |                   | Paucity _____                  | Somatic Complaints _____      |                    |
| <b>CURRENT GAP:</b>      |                   | Other _____                    | Other _____                   |                    |

Comments:  
 Filled w/ Beck at Compsych re: status of case. Reported the remainder session of 5 to be completed on 4/2 w/a follow up w/ Dr. Anderson on 4/9 that I have requested C to provide confirmation about. She requests that I call of the session & only notify her re: non-compliance.

- Plan:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

Services Rendered By: Rita Heber MSW

LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA  
PROGRESS NOTE

Client Charles Keller File # \_\_\_\_\_ Date 3/24/02  
 Diagnosis \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Location SFA

Names of all Attending: Chris

FOCUS OF THERAPY

1. Identified ways to deal about work situation - impact of thoughts on behavior
  2. Explored simpler ways to approach work return & accommodations
  3. Developed plan to verbally/non-verbally communicate with co-workers
- Progress towards service plan goals: (1) ↓ →

MENTAL STATUS

| MOOD                                       | AFFECT  | SYMPTOMS                                   |                                     |  |
|--|---|--|-------------------------------------|--|
| Normal <input checked="" type="checkbox"/> | Appropriate <input checked="" type="checkbox"/> | Normal <input checked="" type="checkbox"/> | Appetite Change _____               | Insomnia _____                               |
| Elevated _____                             | Restricted _____                                | Guilt _____                                | Fatigue _____                       | Hypersomnia _____                            |
| Depressed _____                            | Labile _____                                    | Concentration Problems _____               |                                     | Anhedonia _____                              |
| Anxious _____                              | Hostile _____                                   | Psychomotor Agitation _____                |                                     | Irritability _____                           |
| Angry _____                                | Tearful _____                                   | Psychomotor Retardation _____              |                                     | Aggression _____                             |
| Sad _____                                  | Blunted _____                                   | Functionality at work _____                |                                     | Panic _____                                  |
| Other _____                                | Other _____                                     | Headaches _____                            | Nightmares _____                    |  |
|  |   | Other _____                                |                                     |  |
| SUICIDAL/HOMICIDAL                         |   | THOUGHTS                                   | CONTENT                             |  |
| Normal <input checked="" type="checkbox"/> |   | Normal _____                               | Normal _____                        | Oriented <input checked="" type="checkbox"/> |
| Suicidal Thoughts _____                    |   | Tangentiality _____                        | Obsessions/ Compulsions _____       |  |
| Suicidal Plan _____                        |   | Circumstantiality _____                    | Delusions <u>Always present (in</u> |  |
| Homicidal Plan _____                       |   | Looseness of Association _____             | Suspicious <u>like back of my</u>   |  |
| Homicidal Thoughts _____                   |   | Flight of Ideas _____                      | Phobias _____                       | Paranoia <u>in mind</u>                      |
| Assaultive Ideas _____                     |   | Speech _____                               | Reality Testing _____               |  |
|  |   | Paucity _____                              | Somatic Complaints _____            |  |
|  |   | Other <u>Distractibility</u>               | Other _____                         |  |

Comments:  
 Denies any paranoid feelings about work place. Does have trust broken w/ 1 of co-workers that he indicates will make him more cautious in how he shares personally, but he states he has no thoughts of harming or confronting him in any way. States he will simply answer questions about work & will act as if nothing happened - "I'll just go in like another day at work."

- Plan:
1. Will have next session 4/2/02
  2. Will have confirmation from Dr. Anderson of 4/9/02
  3. Will continue to

Services Rendered By: Patricia MSW NCC

**LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA  
PROGRESS NOTE**

Client Chris Keller File # \_\_\_\_\_ Date 3/15/02  
 Diagnosis Bipolar Type I 1622 Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Location SEA  
telephone

Names of all Attending: \_\_\_\_\_

**FOCUS OF THERAPY**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Progress towards service plan goals:   ↑   ↓   →

**MENTAL STATUS**

| MOOD                     | AFFECT            | SYMPTOMS                       |                               |                    |
|--------------------------|-------------------|--------------------------------|-------------------------------|--------------------|
| Normal _____             | Appropriate _____ | Normal _____                   | Appetite Change _____         | Insomnia _____     |
| Elevated _____           | Restricted _____  | Guilt _____                    | Fatigue _____                 | Hypersomnia _____  |
| Depressed _____          | Labile _____      | Concentration Problems _____   |                               | Anhedonia _____    |
| Anxious _____            | Hostile _____     | Psychomotor Agitation _____    |                               | Irritability _____ |
| Angry _____              | Tearful _____     | Psychomotor Retardation _____  |                               | Aggression _____   |
| Sad _____                | Blunted _____     | Functionality at work _____    |                               | Panic _____        |
| Other _____              | Other _____       | Headaches _____                | Nightmares _____              |                    |
|                          |                   | Other _____                    |                               |                    |
| SUICIDAL/HOMICIDAL       |                   | THOUGHTS                       | CONTENT                       |                    |
| Normal _____             |                   | Normal _____                   | Normal _____                  | Oriented _____     |
| Suicidal Thoughts _____  |                   | Tangentiality _____            | Obsessions/ Compulsions _____ |                    |
| Suicidal Plan _____      |                   | Circumstantiality _____        | Delusions _____               |                    |
| Homicidal Plan _____     |                   | Looseness of Association _____ | Suspicious _____              |                    |
| Homicidal Thoughts _____ |                   | Flight of Ideas _____          | Phobias _____                 | Paranoia _____     |
| Assaultive Ideas _____   |                   | Speech _____                   | Reality Testing _____         |                    |
|                          |                   | Paucity _____                  | Somatic Complaints _____      |                    |
|                          |                   | Other _____                    | Other _____                   |                    |

**Comments:**

Called Dr. Joe Gyomai, Medical Director for HL Medical who makes detention orders for work returns. Informed him of diagnosis & medication. Stated that client denies any suicidal, homicidal thoughts & that he denies any paranoid delusions at this time. Also called Becky at CRM Paych to inform her of this conversation. Dr. Gyomai inquired if there would be any impairment of his ability to do his work or special

**Plan:**

1. accommodations needed. Stated that I did know what I was doing.
2. Informed Dr. Gyomai that Chris is making up me to find ways to control
3. not receive a follow-up for med. on April 1. Dr. Gyomai would be informed if there is anything further than emerge. 262-544-3600

Services Rendered By: Rita Miller, MSW

Connie Paych Becky  
800-551-1005

**LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA  
PROGRESS NOTE**

Client Chris Reller File # \_\_\_\_\_ Date 3/15/02  
 Diagnosis \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Location SPA

Names of all Attending: Chris

**FOCUS OF THERAPY**

- Reviewed present status
  - Worked the code related to his symptoms & plan for care
  - Use of anger management / communication skills material to develop better comm.
- Progress towards service plan goals: 1 ↓ →

**MENTAL STATUS**

| MOOD                                       | AFFECT  | SYMPTOMS  |   |  |
|--|---|---|---|--|
| Normal <input checked="" type="checkbox"/> | Appropriate <input checked="" type="checkbox"/> | Normal <input checked="" type="checkbox"/>        | Appetite Change _____                         | Insomnia _____                               |
| Elevated _____                             | Restricted _____                                | Guilt _____                                       | Fatigue _____                                 | Hypersomnia _____                            |
| Depressed _____                            | Labile _____                                    | Concentration Problems _____                      |   | Anhedonia _____                              |
| Anxious _____                              | Hostile _____                                   | Psychomotor Agitation _____                       |   | Irritability _____                           |
| Angry _____                                | Tearful _____                                   | Psychomotor Retardation _____                     |   | Aggression _____                             |
| Sad _____                                  | Blunted _____                                   | Functionality at work _____                       |   | Panic _____                                  |
| Other _____                                | Other _____                                     | Headaches _____                                   | Nightmares _____                              |  |
|  |   | Other _____                                       |   |  |
| SUICIDAL/HOMICIDAL                         |   | THOUGHTS  | CONTENT                                       |  |
| Normal <input checked="" type="checkbox"/> |   | Normal _____                                      | Normal _____                                  | Oriented <input checked="" type="checkbox"/> |
| Suicidal Thoughts _____                    |   | Tangentiality <input checked="" type="checkbox"/> | Obsessions/ Compulsions _____                 |  |
| Suicidal Plan _____                        |   | Circumstantiality _____                           | Delusions <input checked="" type="checkbox"/> |  |
| Homicidal Plan _____                       |   | Looseness of Association _____                    | Suspicious _____                              |  |
| Homicidal Thoughts _____                   |   | Flight of Ideas _____                             | Phobias _____                                 | Paranoia _____                               |
| Assaultive Ideas _____                     |   | Speech _____                                      | Reality Testing _____                         |  |
|  |   | Paucity _____                                     | Somatic Complaints _____                      |  |
|  |   | Other _____                                       | Other <u>Disturbances</u>                     |  |

Comments:  
 Seems to be doing OK w/ times off. Working on music. Denies any paranoia or thinking, denies suicidal/homicidal ideation, denies any thoughts other than of "wires" & Truma wire. States that he enjoys having a chance to speak of them, because he usually keeps them on the back of his head.

- Plan:
- Met 3/20/02
  - Continue with in comp / non verbal
  - Anger/anger management

Services Rendered By: Rita Miller MSW

LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA  
 PROGRESS NOTE

Client Chris Keller File # \_\_\_\_\_ Date 3-8-02  
 Diagnosis \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Location SEA

Names of all Attending: Chris

FOCUS OF THERAPY

1. Classification of MH by present functioning level
  2. Did discuss request for release by mid next employment
  3. Reviewed work incident feelings related to it.
- Progress towards service plan goals: ↑ ↓ →

MENTAL STATUS

| MOOD  | AFFECT  | SYMPTOMS                                   |   |  |
|---|---|--|---|--|
| Normal <input checked="" type="checkbox"/>  | Appropriate <input checked="" type="checkbox"/> | Normal <input checked="" type="checkbox"/> | Appetite Change _____                         | Insomnia _____                               |
| Elevated _____                              | Restricted _____                                | Guilt _____                                | Fatigue _____                                 | Hypersomnia _____                            |
| Depressed _____                             | Labile _____                                    | Concentration Problems _____               |   | Anhedonia _____                              |
| Anxious <input checked="" type="checkbox"/> | Hostile _____                                   | Psychomotor Agitation _____                |   | Irritability _____                           |
| Angry _____                                 | Tearful _____                                   | Psychomotor Retardation _____              |   | Aggression _____                             |
| Sad _____                                   | Blunted _____                                   | Functionality at work _____                |   | Panic _____                                  |
| Other _____                                 | Other _____                                     | Headaches _____                            | Nightmares _____                              |  |
|   |   | Other _____                                |   |  |
| SUICIDAL/HOMICIDAL                          |   | THOUGHTS                                   | CONTENT                                       |  |
| Normal <input checked="" type="checkbox"/>  |   | Normal <input checked="" type="checkbox"/> | Normal _____                                  | Oriented <input checked="" type="checkbox"/> |
| Suicidal Thoughts _____                     |   | Tangentiality _____                        | Obsessions/ Compulsions _____                 |  |
| Suicidal Plan _____                         |   | Circumstantiality _____                    | Delusions <input checked="" type="checkbox"/> |  |
| Homicidal Plan _____                        |   | Looseness of Association _____             | Suspicious _____                              |  |
| Homicidal Thoughts _____                    |   | Flight of Ideas _____                      | Phobias _____                                 | Paranoia _____                               |
| Assaultive Ideas _____                      |   | Speech _____                               | Reality Testing _____                         |  |
|   |   | Paucity _____                              | Somatic Complaints _____                      |  |
|   |   | Other _____                                | Other _____                                   |  |
| CURRENT GAF: <u>69</u>                      |   |  |   |  |

Comments:  
 Seems able to distinguish reality as he talks of the thoughts & voices in his head. Stated they were in the background & not real in the world. Stated that he has been busy working on music & things are OK. Admits frustration over what he viewed as difference of opinion. Efforts to get info from Dr Anderson unsuccessful so far. Last appt 2 wks ago. Next planned for Apr 9

- Plan:
1. Next appt 3/15
  2. Will continue efforts to obtain collateral info.
  3. Will make a report w/ EAP up / get info.

Services Rendered By: Rita Huber MSW

PROGRESS NOTE FORM

Client: Chris Keller Date: 3/1/02  
 Time in: \_\_\_\_\_ Time out: \_\_\_\_\_

Names of all attending session: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Client Number: \_\_\_\_\_ Location: \_\_\_\_\_

FOCUS OF THERAPY

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

MENTAL STATUS EXAM (circle all that apply)

| MOOD   | AFFECT   | THOUGHT PROCESSES  |
|--|--|--|
| angry, anxious, calm, depressed, distrustful, euphoric, fearful, hostile, irritable, pessimistic, tearful, other _____   | appropriate, blunted, contradictory, dramatized, hostile, restricted, other _____  | blocking, circumstantial, logical & coherent, flight of ideas, loose association, tangentiality, other _____ |
| THOUGHT CONTENT  | SYMPTOMS   | LEVEL OF DISTRESS/SYMPATOMATOLOGY AS IT RELATES TO DIAGNOSIS   |
| normal, oriented, delusions, phobias, paranoia, guilt, reality testing, hallucinations, obsessions/compulsions, somatic complaints, suicidal thoughts/plans, other _____ | none, anhedonia, fatigue, appetite change, headaches, concentration problems, speech concerns, hypersomnia, insomnia, palpitations, panic, psychomotor retardation, psychomotor agitation, other _____ | None _____ Low _____<br>Moderate _____ High _____  |
|  |  | CURRENT GAF<br>_____   |

Notes/Impressions/Specific Intervention: \_\_\_\_\_

Treatment Strategy: Called APPS & left msg for Dr on Anderson to call me. Request for urgent.

Rita Miller MSW  
 Name and Degree

**LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA  
PROGRESS NOTE**

Client Chris Poller File # \_\_\_\_\_ Date 3/1/02  
 Diagnosis \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Location \_\_\_\_\_

Names of all Attending: \_\_\_\_\_

**FOCUS OF THERAPY**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Progress towards service plan goals: ↑ ↓ →

**MENTAL STATUS**

| MOOD                          | AFFECT            | SYMPTOMS                       |                               |                    |
|-------------------------------|-------------------|--------------------------------|-------------------------------|--------------------|
| Normal _____                  | Appropriate _____ | Normal _____                   | Appetite Change _____         | Insomnia _____     |
| Elevated _____                | Restricted _____  | Guilt _____                    | Fatigue _____                 | Hypersomnia _____  |
| Depressed _____               | Labile _____      | Concentration Problems _____   |                               | Anhedonia _____    |
| Anxious _____                 | Hostile _____     | Psychomotor Agitation _____    |                               | Irritability _____ |
| Angry _____                   | Tearful _____     | Psychomotor Retardation _____  |                               | Aggression _____   |
| Sad _____                     | Blunted _____     | Functionality at work _____    |                               | Panic _____        |
| Other _____                   | Other _____       | Headaches _____                | Nightmares _____              |                    |
|                               |                   | Other _____                    |                               |                    |
| SUICIDAL/HOMICIDAL            |                   | THOUGHTS                       | CONTENT                       |                    |
| Normal _____                  |                   | Normal _____                   | Normal _____                  | Oriented _____     |
| Suicidal Thoughts _____       |                   | Tangentiality _____            | Obsessions/ Compulsions _____ |                    |
| Suicidal Plan _____           |                   | Circumstantiality _____        | Delusions _____               |                    |
| Homicidal Plan _____          |                   | Looseness of Association _____ | Suspicious _____              |                    |
| Homicidal Thoughts _____      |                   | Flight of Ideas _____          | Phobias _____                 | Paranoia _____     |
| Assaultive Ideas _____        |                   | Speech _____                   | Reality Testing _____         |                    |
|                               |                   | Paucity _____                  | Somatic Complaints _____      |                    |
|                               |                   | Other _____                    | Other _____                   |                    |
| <b>CURRENT GAF:</b> <u>68</u> |                   |                                |                               |                    |

**Comments:**

*Depressible & got release to have me talk w/ Dr. Anderson I got info for assessment. Med. appt for 4/9 for follow up appt. w/ D.A. Case manager agreed to plan for collateral assessment info & appt. Has re-quested that release be signed for Dr. Gyomai, Medical Director for Employer who will make determination for return to work. at next appt. approved 3 addl sessions*

**Plan:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Services Rendered By: Rita Mikus MSW

### LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA PROGRESS NOTE

Client Christophis Rollev File # \_\_\_\_\_ Date 2-26-02  
Diagnosis \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Location SFA

Names of all Attending: Chris

#### FOCUS OF THERAPY

- Mandatory referral from work - previous events leading to referral for confidentiality
- Assessment - see AS
- \_\_\_\_\_

Progress towards service plan goals: ↑ ↓ →

#### MENTAL STATUS

| MOOD                     | AFFECT               | SYMPTOMS                        |                               |                    |
|--------------------------|----------------------|---------------------------------|-------------------------------|--------------------|
| Normal _____             | Appropriate <u>X</u> | Normal _____                    | Appetite Change _____         | Insomnia _____     |
| Elevated _____           | Restricted _____     | Guilt _____                     | Fatigue _____                 | Hypersomnia _____  |
| Depressed _____          | Labile _____         | Concentration Problems <u>X</u> | _____                         | Anhedonia _____    |
| Anxious <u>X</u>         | Hostile _____        | Psychomotor Agitation _____     | _____                         | Irritability _____ |
| Angry _____              | Tearful _____        | Psychomotor Retardation _____   | _____                         | Aggression _____   |
| Sad _____                | Blunted _____        | Functionality at work _____     | _____                         | Panic _____        |
| Other _____              | Other _____          | Headaches _____                 | Nightmares _____              | _____              |
| Other _____              |                      | Other _____                     |                               |                    |
| SUICIDAL/HOMICIDAL       |                      | THOUGHTS                        | CONTENT                       |                    |
| Normal <u>X</u>          | _____                | Normal _____                    | Normal _____                  | Oriented <u>X</u>  |
| Suicidal Thoughts _____  | _____                | Tangentiality <u>X</u>          | Obsessions/ Compulsions _____ | _____              |
| Suicidal Plan _____      | _____                | Circumstantiality _____         | Delusions <u>X</u>            | _____              |
| Homicidal Plan _____     | _____                | Looseness of Association _____  | Suspicious _____              | _____              |
| Homicidal Thoughts _____ | _____                | Flight of Ideas _____           | Phobias _____                 | Paranoia _____     |
| Assaultive Ideas _____   | _____                | Speech <u>Preceded</u>          | Reality Testing <u>X</u>      | _____              |
| CURRENT GAF: <u>69</u>   | _____                | Paucity _____                   | Somatic Complaints _____      | _____              |
| _____                    | _____                | Other <u>see AS</u>             | Other <u>see AS</u>           | _____              |

#### Comments:

Cooperative - anxious. Reports Hx of Bipolar - particularly manic manifestations. See AS discussed case w/ supervisor.  
Muller-Herrington. Will plan to contact Dr. Anderson to get further info if agreeable w/ case manager & if Ciwell sign release.

#### Plan:

- Will discuss assessment info w/ ComRanch FAP case manager
- Will contact CI & clarify contact w/ Dr. Anderson / request release
- Asst alt for 3/8

Services Rendered By: Letitia MSW, NCC

**LUTHERAN SOCIAL SERVICES  
INTAKE SUMMARY**

Date: 2/26/07 Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

**I. IDENTIFYING INFORMATION**

Name: Chris Poles DOB: 6-14-67 File #: \_\_\_\_\_

Reviewed Confidentiality Policy  Provided List of Community Resources

Referral source and reason: mandatory work referral by EAP Persons Present at this meeting: Chris  
Compyah (Bicky) because of substance at a meeting.

Client Statement: I'm here cause I want to go back to work  
Reasons for extended assessment/evaluation period due to complexity of case or situation:

**II. PRESENTING ISSUES**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Family Relationships   | <input type="checkbox"/> Panic/Anxiety Disorders              | <input type="checkbox"/> Depression                         |
| <input type="checkbox"/> Marriage/Relationships | <input type="checkbox"/> Financial                            | <input type="checkbox"/> Eating Disorder                    |
| <input type="checkbox"/> Alcohol/Addictions     | <input type="checkbox"/> Child/Adolescent Behavioral Problems | <input type="checkbox"/> Divorce Adjustment                 |
| <input type="checkbox"/> Obsessive/Compulsive   | <input checked="" type="checkbox"/> Employment                | <input checked="" type="checkbox"/> Other <u>Hx Bipolar</u> |

Client History of Presenting Issues:  
Became louder at a meeting because of a different opinion. Admits he may  
have spoken curse words, but denies any attempt to threaten or any thoughts of  
harm to other co-workers. Hx of Bipolar Type I - on meds.

Previous Treatment History: Diagnosed with bipolar hospital 3x for 30 days each - mania  
Previous Coping/Solutions for Problem: Keeping busy, music

**III. PSYCHO-SOCIAL ENVIRONMENT**

Family make-up/History (Immediate and Family of Origin), Dynamics and Structure:  
Oldest of 5 kids - Good relation M&D  
Married - 2 children 4 & 7.

Legal Status of Minors:

Marital/Couple History:

Client and Family Strengths, Resources/Existing Support System to address this Problem:

Specific Needs of Care-Giving Family:

---

**Additional Client/Family Histories**

**Alcoholism/Addiction history (including eating disorders):**

*Denies use*

**Current using habits of client(s) and family:**

*Denies use*

**When was the last time used and how much?**

**Family mental illness/Depression/Suicide history:**

*Denies*

**Development History:**

**Physical/Sexual Abuse History:**

*DV 5 yrs ago w/wife*

**Education history/concerns:**

**Housing Status and History:**

**Work/employment history/concerns:** *Mandatory referral from work to "outburst" at meeting w/manager*

**Legal issues/concerns:**

**Spirituality issues/concerns:**

---

Racial, ethnic, and cultural history that impacts current issues, and recommended treatment approaches or special needs: (Define those special treatment approaches in treatment recommendations).

**IV. PHYSICAL HEALTH HISTORY**

| Client's Overall Assessment of Health | Significant Past Physical Illness | Current Illnesses/Symptoms |
|---------------------------------------|-----------------------------------|----------------------------|
| <i>Reports good</i>                   |                                   |                            |

**Current Medications:**

| Name               | Dosage      | Physician | Reason                   |
|--------------------|-------------|-----------|--------------------------|
| <i>Hydroxyzine</i> | <i>20mg</i> | <i>Z</i>  | <i>"to slow me down"</i> |

Past or Current use of anticonvulsants or psychotropic medications:

Current Sleep and Nutrition Patterns:

Required recommendations for medical exam:

Referral to other Health Care Professional:

**V. MENTAL STATUS EXAM**

| Appearance and Self Care                     |  |   |   |   |  |  |   |
|--|--|---|---|---|--|--|---|
| Stature                                      | <input checked="" type="checkbox"/> Average  | Small   | Tall  | (for age, if child)   |  |  |   |
| Weight                                       | <input checked="" type="checkbox"/> Average  | Overweight  | Obese   | Underweight   | Thin   |  |   |
| Clothing                                     | <input checked="" type="checkbox"/> Neat<br><input checked="" type="checkbox"/> Disheveled   | Clean<br>Appropriate for age/ occasion /weather   | Careless<br>Bizarre   | Inappropriate<br>Seductive                                  | Meticulous<br>Dirty                            |  |   |
| Grooming                                     | Normal   | Well-groomed  | <input checked="" type="checkbox"/> Neglected   | Bizarre   | <i>unshowered</i>                              |  |   |
| Posture/Gait                                 | <input checked="" type="checkbox"/> Normal   | Tease   | <input checked="" type="checkbox"/> Rigid   | Stooped   | Slumped  |  |   |
| Motor Activity                               | <input checked="" type="checkbox"/> Not Remarkable   | Slowed  | Repetitive  | Restless  | Agitated<br>Tremor                             |  |   |
| Sensorium — Thought Process                  |  |   |   |   |  |  |   |
| Attention                                    | <input checked="" type="checkbox"/> Normal   | Unaware   | Inattentive   | Distractible  | Confused                                       | Persistent   | Vigilant  |
| Concentration                                | Normal   | <input checked="" type="checkbox"/> Scattered   | Preoccupied   | <input checked="" type="checkbox"/> Anxiety Interferes      | Focuses on Irrelevancies                       |  |   |
| Orientation                                  | <input checked="" type="checkbox"/> X's 5  | Time  | Person  | Place   | Situation                                      | Object   |   |
| Recall/Memory                                | <input checked="" type="checkbox"/> Normal   | Defective in →  | <input checked="" type="checkbox"/> Immediate/short-term  | Recent  | Remote   |  |   |
| Hallucinations                               | Visual   | <input checked="" type="checkbox"/> Auditory  | Sensory   | Tactile   | Olfactory                                      | Gustatory  | <input checked="" type="checkbox"/> None<br><i>denied</i> |
| Relating                                     |  |   |   |   |  |  |   |
| Eye Contact                                  | <input checked="" type="checkbox"/> Normal   | Fleeting  | Avoided   | None  | Staring  |  |   |
| Facial Expression                            | Responsive   | Constricted   | <input checked="" type="checkbox"/> Tense   | <input checked="" type="checkbox"/> Anxious                 | Sad  | Depressed  | Angry   |
| Attitude Toward Examiner                     | <input checked="" type="checkbox"/> Cooperative<br><input checked="" type="checkbox"/> Critical<br><input checked="" type="checkbox"/> Defensive | Dependent<br>Hostile<br>Manipulative  | Dramatic<br>Sarcastic<br>Argumentative  | Passive<br>Irritable  | Uninterested<br>Threatening                    | Silly  | Resistant<br>Guarded                                      |
| Affect and Mood                              |  |   |   |   |  |  |   |
| Affect                                       | <input checked="" type="checkbox"/> Appropriate  | Flexible  | Labile  | Restricted  | Blunted  | Flat   | Other   |
| Mood   | <input checked="" type="checkbox"/> Euthymic<br><input checked="" type="checkbox"/> Dysthymic  | <input checked="" type="checkbox"/> Anxious   | Pessimistic   | Depressed   | <input checked="" type="checkbox"/> Hypomanic  | Euphoric<br>Dysphoric  | Other   |
| Thought and Language                         |  |   |   |   |  |  |   |
| Speech Flow                                  | Normal<br><input checked="" type="checkbox"/> Pressured  | Mute<br>Flight of Ideas   | Loud  | Blocked   | Paucity  |  |   |
| Thought Content                              | Appropriate to mood & Circumstances<br>Illusions   | Personalizations<br>Ideas of Reference<br><input checked="" type="checkbox"/> Tangentiality                                       | Persecutions<br>Ideas of Influence<br>Impoverished  | Suspicious<br><input checked="" type="checkbox"/> Illusions | <input checked="" type="checkbox"/> Delusions  |  |   |
| Preoccupations                               | Phobias  | Somatic   | Guilt   | Religion  | <input checked="" type="checkbox"/> Other None |  |   |
| Suicide (If yes, address in recommendations) | Ideation<br><input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N<br><input checked="" type="checkbox"/> Denied            | Plan<br><input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N<br><input checked="" type="checkbox"/> Denied | Intent<br><input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N<br><input checked="" type="checkbox"/> Denied | High Risk   | Medium Risk                                    | Low Risk<br><input checked="" type="checkbox"/> No Apparent Risk |   |
| Homicide                                     | Ideation<br><input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N<br><input checked="" type="checkbox"/> Denied            | Plan<br><input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N<br><input checked="" type="checkbox"/> Denied | Intent<br><input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N<br><input checked="" type="checkbox"/> Denied | High Risk   | Medium Risk                                    | Low Risk<br><input checked="" type="checkbox"/> No Apparent Risk |   |
| Organization                                 | <input checked="" type="checkbox"/> Logical  | Goal-Oriented   | Circumstantial  | Loose   | Preservations                                  |  |   |

| Executive Functions |   |  |  |  |                    |
|---------------------|---|--|--|--|--------------------|
| Fund of Knowledge   | <input checked="" type="checkbox"/> Average   | Impoverished                             |  |  |                    |
| Intelligence        | Average   | Below                                    | <input checked="" type="checkbox"/> Above      | Needs Investigation                            |                    |
| Abstraction         | <input checked="" type="checkbox"/> Normal  | Concrete                                 | <input checked="" type="checkbox"/> Functional | Abstract                                       | Overly Abstract    |
| Judgement           | Normal  | <input checked="" type="checkbox"/> Fair | Poor   | Dangerous                                      |                    |
| Reality Testing     | Realistic   | Adequate                                 | <input checked="" type="checkbox"/> Distorted  | Variable                                       | Unaware            |
| Insight             | Uses Connections  | <input checked="" type="checkbox"/> Gaps | Flashes of Unaware                             | Nil  | Denial             |
| Decision-Making     | <input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Simplistic       | Impulsive                                | Vacillates                                     | Confused                                       | Paralyzed          |
| Stress              |   |  |  |  |                    |
| Stressors           | Money<br>Illness  | Housing<br>Transitions                   | Family Conflict                                | <input checked="" type="checkbox"/> Work       | Grief/Losses       |
| Coping Ability      | <input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Deficient Skills | Resilient<br>Growing                     | Exhausted                                      | Overwhelmed                                    | Deficient Supports |
| Skill Deficit       | None<br>Self-Control  | Intellect/Education<br>Responsibility    | Communication<br>Self-Care                     | Interpersonal<br>Activities of Daily<br>Living | Decision-making    |
| Support             | <input checked="" type="checkbox"/> Family  | Friends                                  | Co-Workers                                     | Church   | Service Systems    |
| Social Functions    |   |  |  |  |                    |
| Social Maturity     | <input checked="" type="checkbox"/> Responsible   | Irresponsible                            | Self-Centered                                  | Impulsive                                      | Isolates           |
| Social Judgement    | <input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Impropriety      | Street Smart                             | Naïve  | Headless                                       | Victimized         |

**SUMMARY:** (physical, psychological and spiritual well-being assessment, and impediments to treatment).

Diagnostic symptoms documented to support diagnosis. Mandatory referral for "Outburst" of a verbal type at mtg w/ managers. Reports Hx of Bipolar - like episode. Manager's Reports access & some elements of grandeur "I'm going to be famous". Under care of Dr. Sean Anderson states he has heard voices all my life "I state he is always able to work & just ignores them".

| VL DSM-IV Diagnosis  | Comments: |
|--|-----------|
| Axis I: V62.7 With Related.<br>296.4 Bipolar - Recurrent Manic |           |
| Axis II: V70.09  |           |
| Axis III: None   |           |
| Axis IV: Problems w/ work                                      |           |
| Axis V: 69   |           |

**VII: TREATMENT RECOMMENDATIONS:** (short-term services, continued services or special service needs for treatment plan) and Psychological Testing.

Short term assessment & work w/ case manager to determine appropriate referrals as needed.

Non-Violence Contract:    Y  N  
Referral to Additional Services:

Life Contract:    Y  N

Services Rendered by: Patricia M. Baker



OTHER LUTHERAN SOCIAL SERVICES OR COMMUNITY SERVICES TO BE UTILIZED:

|  |   |
|--|---|
| <input type="checkbox"/> None              | <input type="checkbox"/> Medication Consultation/Management |
| <input type="checkbox"/> Partial Program   | <input type="checkbox"/> AA/NA                              |
| <input type="checkbox"/> Support Groups    | <input type="checkbox"/> Therapy Groups                     |
| <input type="checkbox"/> Medical Treatment | <input type="checkbox"/> Other _____                        |

CASE COORDINATION RESPONSIBILITY GIVEN BY CLIENT: YES \_\_\_ NO \_\_\_

Person Responsible to coordinate services: \_\_\_\_\_

The following individuals have reviewed the goals and treatment plan:

|                    |                |                |        |
|--------------------|----------------|----------------|--------|
| <u>[Signature]</u> | <u>1/16/02</u> | _____          | _____  |
| (Client)           | (Date)         | (Guardian)     | (Date) |
| <u>[Signature]</u> |                | <u>3/26/02</u> |        |
| (Therapist)        |                | (Date)         |        |

TREATMENT PLAN IS IN EFFECT FROM 3/26/02 TO 6/20/02

(Date) (Date)