
Case#: 21413393	Submitted on: 05/30/19 08:57AM	
	Request Sent on: 05/30/19 04:49PM	Received: 07/08/19

Client: Lightner, Kelly
Social Security #: XXX-XX-5026
Date of Birth: 02/13/76

Ordered By: - Banner Life, Underwriting Dept.
Deliver To: - Banner Life, Underwriting Dept.

Insurance Company: Banner Life
Underwriter: - Banner Life, Underwriting Dept.

Agency: American Brokerage Services, I
Agency Code: WA80000
Agent: - Banner Life, Underwriting Dept.

Policy Amount: Policy#: 181633364
Policy Type: Life Insurance

Service: APS - Regular from Bivins James 1(760) 837-8767, 39700 Bob Hope Dr,
Rancho Mirage, CA 92270

Special Request:

Case #21413393

**** Please note: Hand signature is needed - or E-signature which states it is e-signed****

Authorization for Release of Protected Health Information

Patient Name: Kelly Lightner

Date of Birth: ~~X~~ 2-13-76

DOB (Required)

I authorize Eisenhower Behavioral Health to release
(name of person/facility which has information)

Protected Health Information (PHI) to:
 Name of person/facility to receive PHI PDC Retrievals
PO BOX 150356
KEW GARDENS, NY 11415
 Address FAX 877-516-1476
 City, State and Zip Code _____
 Phone _____ Fax _____

TYPE OF RECORDS

Hospital

Office/Clinic visit

Information to be RELEASED

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> History and Physical	<input type="checkbox"/> Emergency Dept. Records
<input type="checkbox"/> Operative/Procedure Reports	<input type="checkbox"/> Pathology Reports	<input type="checkbox"/> Radiology Reports
<input type="checkbox"/> Radiology and Other Diagnostic Images (X-rays)	<input type="checkbox"/> EKG/Cardiology Reports	<input type="checkbox"/> Lab Reports (Specify date for continued coverage _____)
<input checked="" type="checkbox"/> HIV test results	<input checked="" type="checkbox"/> Behavioral Health Information	<input checked="" type="checkbox"/> Drug/Alcohol Information
<input checked="" type="checkbox"/> Entire Record which will include all of the above categories (charge may apply)		
<input type="checkbox"/> Other-Specify: _____		

SPECIFY DATE/TIME PERIOD FOR INFORMATION SELECTED ABOVE:

6/1/14 - present

THE PURPOSE OF THIS RELEASE IS (check one or more)

At the request of the patient/patient representative

Other: (state reason) Insurance

DELIVERY METHOD

Mail Patient Pick-up

Family Member/Personal Representative Pick-up: _____
 Name _____ Phone: _____ Relationship: _____



EISENHOWER MEDICAL CENTER
39000 Bob Hope Dr, Rancho Mirage, CA 92270

HIPAA Authorization



case #21413393

NOTICE

Eisenhower Medical Center and many other organizations and individuals such as physicians, hospitals, and health plans are required by law to keep your PHI confidential. If you have authorized the disclosure of your PHI to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.


MY RIGHTS

- I understand this authorization is voluntary. Treatment, payment enrollment or eligibility for benefits may not be conditioned on signing this authorization except if the authorization is for: 1) conducting research-related treatment, 2) to obtain information in connection with eligibility or enrollment in a health plan, or 3) to determine an entity's obligation to pay a claim.
- I may revoke this authorization at any time, provided I do so in writing and submit it to the Health Information Management, Eisenhower Medical Center, 39000 Bob Hope Drive, Rancho Mirage, CA 92270. The revocation will take effect when EMC receives it, except to the extent that EMC may have already relied on it.
- I am entitled to receive a copy of this Authorization.

EXPIRATION OF AUTHORIZATION

Unless otherwise revoked, this Authorization expires 6/6/20 (insert applicable date or event). If no date is indicated, this Authorization will expire in six months from the date of your signature.

SIGNATURE

	Date <u>6/14/19</u>	Time <u>11</u> <u>AM</u> / <u>PM</u>
(Signature of Patient/Legal Representative)		
<u>Kelly Lightner</u>	Phone Number (include Area Code) _____	
Printed Name		
(Relationship to the patient if signed by Legal Representative above) _____		
Signature of Witness/Interpreter (only if patient unable to sign)	Date _____	Time _____ AM/PM

DEPARTMENT SPECIFIC USE

Patient Identification _____	Date sent _____
<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Picked-up <input type="checkbox"/> CD/DVD	Initials _____

Eisenhower Medical Center
 Health Information Management
 39000 Bob Hope Drive
 Rancho Mirage, CA 92270
 Fax: 760-773-2020 Phone: 760-773-1211



EISENHOWER MEDICAL CENTER
39000 Bob Hope Dr, Rancho Mirage, CA 92270

HIPAA Authorization

Progress Notes by James Bivins, NP at 5/16/2019 2:30 PM

Author: James Bivins, NP

Service: —

Author Type: Nurse Practitioner

Filed: 5/16/2019 4:38 PM

Encounter Date: 5/16/2019

Status: Signed

Editor: James Bivins, NP (Nurse Practitioner)

****Sensitive Note****

CC: Poor sleep, elevated irritability, elevated suspiciousness in public settings, poor functioning/coping in relationships, especially with spouse, poor coping at work (recently quit job), fixated on current events which causes elevated distress/worry/racing thoughts

HPI: Purpose of Visit: Patient presents for medication evaluation. She confirms use of meds as per current med list. She denies any known adverse effects from these medications. Initially she reported benefit with use of lamotrigine r/t feeling less agitated, however she reports symptoms as per chief complaint have become worse over the past year since moving back to Palm Desert from Oregon where her and her spouse and son were living for a 2 year period. With BuSpar she reports good benefit towards anxiety however symptoms remain as per chief complaint.

Duration of symptoms: Patient reports being depressed, to some degree, throughout most of her life. Patient also reports irritability and poor sleep have also been present throughout most of her life. However, patient reports symptoms became markedly worse after the 2016 presidential election. Patient tends to watch the news and read the news excessively, becomes very worried about current events, becomes very irritable and angry with others who she perceives do not hold similar reviews, reports that this becomes especially difficult or had become especially difficult at work (she works in sales until quitting yesterday, discussed 1 scenario at a local car dealership where she became angry with someone who told her that they could not support a particular radio station in the way of sponsorship).

Current Treatment and response: Patient takes lamotrigine 150 mg q.day for the past 2 years and buspirone 30 mg twice a day, also for the past 2 years. Patient also has a prescription of alprazolam which she reports taking at a 0.25 dose whenever she is going to fly (discussed having a fear of flying, reports good benefit from use of alprazolam in this circumstance).

Stressors or Aggravating Factors: Current events, other people in this area that she perceives as being "Trumpians" or supporters of Donald Trump, relationship issues with spouse who reported to her "he is tired of this".

Alleviating Factors: Exercise in the past, group therapy modalities in the past, not watching or reading the news in the past

SI/HI/AVH: Patient reports periods of hopelessness with passive thoughts of suicide since the 2016 election. However patient denies any plan or intent toward self-harm, she denies any past history of self-injurious behavior, and she verbally affirms she would not act to harm herself in any way and would out for help.

PROS: Sleep: 4 hours per night, reports sleep as "fitful", feels rested
Appetite: normal, 3 meals per day
Weight Changes: 10 lb weight gain in the past 6 months
Energy: normal, 9/10 despite reported sleep
Interest/pleasure/anhedonia: Reports little happiness or joy in activities, reports normal motivation

Somatic Symptoms: denied

Libido: Low

Anxiety/panic: Reports excessive worry, feeling nervous/on edge, feels like she needs to maintain a certain intensity level "all the time."

Guilty/hopelessness: As per HPI

Symptoms of mania: Less need for sleep, elevated irritability that is disproportionate to the stressor, hyper talkative, circumstantial to tangential, excessive activity that causes distress

Symptoms of psychosis: Becomes easily angered or agitated by others who she perceives as conservative or followers of Donald Trump, this is especially difficult when she is around older Caucasian males she reports.

Progress Notes by James Bivins, NP at 5/16/2019 2:30 PM (continued)

Past Psych: Current Meds: Lamotrigine 150 mg q.day, buspirone 30 mg twice a day, alprazolam 0.25 mg p.r.n. (see HPI, patient does not take this medication regularly, only when she is about to fly in an airplane)

Adverse Effects of Current Meds: Denies

Therapeutic Response from Current Meds: As per HPI

Past Psych Meds: Denies

Previous diagnoses: Reviewed major depressive disorder in electronic record

Hx of psychotherapy: Reports brief trial of psychotherapy on an individual basis, but was a participant in IOP while living in Oregon, does not Currently want to initiate in individual psychotherapy

Current participation in individual psychotherapy: None

Hx of Admissions: Denied

Hx of SI/HI/AVH: As per HPI, currently denies

Hx of self-injurious behavior: Denied

Hx of violence: Denied

Family Psych hx: Denied/none known

Depression screening: PHQ9: 18, Block 9 reflects #2, patient denies any SI HI AVH at this time
GAD7: 21

Substance Use: Alcohol: Denies any recent use, reports past nightly use of alcohol, endorsed isolated incidence of blacking out, denied any significant legal/social/occupational impact from alcohol use. +C-A+G-E = 2/4

Tobacco: Denied

Caffeine: Denied

Illicit Substances: Denied

Significant Medical Issues:^[JB.1] **Denied**^[JB.2]

Psychosocial Hx Born/Raised: Los Angeles California

Number of siblings: 1 sister 5 years older than the patient

Raised by: Both parents until parents divorced at age 5

Quality of relationships with family: Described normal relationship with mother and father, however patient reports her parents were distant, reported a very poor relationship 1 stepmother, reports a good relationship with her older sister, however she reports they are very different people.

Hx of childhood trauma or neglect: Denied

Education: Graduated high school on time

Hx of learning disabilities: Denied

Hx of disciplinary issues: Denied

Activities/Hobbies: Exercise in the past, reading, current events

Social Support System: Spouse, however she reports relationship with her spouse as poor due to symptoms and issues as per chief complaint/ HPI

Functioning in Relationships: Poor

Religious Affiliation, if any: Denied

Occupation: Worked in cells, reports she quit her job yesterday, plans to work in a restaurant in the summer

Marital Status: Married 18 years

Children: 1 son age 13, reports having close relationship with her son

Home Environment: Lives with spouse and son

Issues with DV: Denied

MSE: Grooming/Appearance: WDWN, NAD, Grooming is appropriate

Orientation: A/O x4

Cooperation: Cooperative

Progress Notes by James Bivins, NP at 5/16/2019 2:30 PM (continued)

Mood: "Stressed"
Affect: Congruent
Speech: LLGD, hyper talkative, circumstantial to tangential, loud tone
Content: Endorsed elevated suspiciousness in public environments (see HPI)
Psychomotor Agitation: none observed
Hallucination / Delusions: Denied
Judgement/Insight: Fair to poor

Pertinent Lab Review:

Suicide Risk Factors:

<input type="checkbox"/>	S (sex, male gender):
<input type="checkbox"/>	A (age 15 -24)
<input checked="" type="checkbox"/>	D (depression)
<input type="checkbox"/>	P (past hx of attempts)
<input type="checkbox"/>	E (ethanol)
<input checked="" type="checkbox"/>	R (rational thinking loss)
<input checked="" type="checkbox"/>	S (support system loss)
<input type="checkbox"/>	O (organized plan)
<input type="checkbox"/>	N (no significant other)
<input type="checkbox"/>	S (sickness)

Total Score: 3/10

Suicide Risk Assessment:

- 0-2 Continue to monitor
- 3-4 May send home, but check frequently
- 5-6 Consider hospitalization, involuntary or voluntary, depending on level of assurance patient will return for another session
- 7-10 Definitely hospitalize involuntarily or voluntarily

Pt is assessed as being at an acute risk for suicide. See Goals and Tx Plan for plan of action.

Pt is not deemed an imminent threat to self or others

Safety Plan:

- Pt verbally affirmed they would utilize resources and not act in any way toward self-harm. These resources included the following:
- Friend or family member identified: Spouse
 - National Suicide Hotline: 1-800-273-8255
 - Emergency Medical Services: Call 911 or present to nearest Emergency Department

**Conceptualization/diagnostic impression:
Bipolar II****Prognosis: Fair**

Goal/s: Achieve reduction of depressive and anxiety symptoms by 50% with sustained remission or reduction aeb screening measures and self-report

Tx Plan: 1. Continue buspirone 30 mg twice a day

Progress Notes by James Bivins, NP at 5/16/2019 2:30 PM (continued)

2. Decrease Lamictal to 100 mg q.day
3. Initiate Depakote ER 500 mg q.h.s.
4. Follow-up in 2 weeks, sooner if needed.
5. Discussed we may consider other treatment options that include an atypical antipsychotic at future visits to further target symptoms.^[JB.1]

Attribution Key

JB.1 - James Bivins, NP on 5/16/2019 3:29 PM

JB.2 - James Bivins, NP on 5/16/2019 4:38 PM

Progress Notes by James Bivins, NP at 5/30/2019 3:00 PM

Author: James Bivins, NP Service: — Author Type: Nurse Practitioner
Filed: 5/30/2019 4:53 PM Encounter Date: 5/30/2019 Status: Signed
Editor: James Bivins, NP (Nurse Practitioner)
Sensitive Note

CC: Some improvement with sleep, otherwise no known significant changes from initial presentation

HPI: Last seen: 05/16/2019

Psychotropic Meds currently taking: Depakote ER 500 mg q.h.s., lamotrigine 100 mg q.day, buspirone 30 mg twice a day. Also p.r.n. use of alprazolam 0.25 mg (reports she takes this only before flying)

Adverse Effects: Increased hunger since starting Depakote

Response: Some improvement with sleep, reports 2 nights in a row she slept for 7 hr with a marked improvement in how she felt physically the next day

Past psych meds for reference: Denied

Any known changes medical status or health from last visit: Denied

Avg Mood: "Lower", reports she is getting ready to leave her current job, discussed feeling hopeful that her mood will improve after this, reports last day at job is tomorrow

Energy: normal

Motivation: normal

Appetite: Increased, reports resisting urge to eat more, reports eating regular meals 3 times per day

Sleep: 4 hours per night on most nights, feels rested despite this, reports to nights where she slept for 7 hr and felt "amazing" the next day

Activity/Socialization: Normal

Substance Use: Denied

SI/HI/AVH: Denies

Content discussed in session: Discussed how patient is coping with upcoming job loss, patient discussed leaving this position due to not being able to tolerate having nothing to do there/feeling generally dissatisfied, discussed she is looking forward to having a month off in June and is still hopeful that she will begin working at a restaurant in July though the details have not been solidified regarding her contract with that company. She discussed also looking forward to getting back into the gym and exercising regularly. Patient also discussed that she continues to be heavily affected by current events, continues to experience racing thoughts, continues to wake up early in the morning with the 1st thought being something related to current events.

Changes with plan or tx: No changes were made today discussed we would reassess in 1 month. Will look to increase Depakote/decrease Lamictal or initiate an atypical antipsychotic if symptoms remain essentially unchanged

Initial CC/HPI:

Date:^[JB.1] 5/16/19

CC: Poor sleep, elevated irritability, elevated suspiciousness in public settings, poor functioning/coping in relationships, especially with spouse, poor coping at work (recently quit job), fixated on current events which causes elevated distress/worry/racing thoughts

HPI: Purpose of Visit: Patient presents for medication evaluation. She confirms use of meds as per current med list. She denies any known adverse effects from these medications. Initially she reported benefit with use of lamotrigine r/t feeling less agitated, however she reports symptoms as per chief complaint have become become worse over the past year since moving back to Palm Desert from Oregon where her and her spouse and son were living for a 2 year period. With BuSpar she reports good benefit towards anxiety however symptoms remain as per chief complaint.

Duration of symptoms: Patient reports being depressed, to some degree, throughout most of her life. Patient also reports irritability and poor sleep have also been present throughout most of her life. However,

Progress Notes by James Bivins, NP at 5/30/2019 3:00 PM (continued)

patient reports symptoms became markedly worse after the 2016 presidential election. Patient tends to watch the news and read the news excessively, becomes very worried about current events, becomes very irritable and angry with others who she perceives do not hold similar reviews, reports that this becomes especially difficult or had become especially difficult at work (she works in sales until quitting yesterday, discussed 1 scenario at a local car dealership where she became angry with someone who told her that they could not support a particular radio station in the way of sponsorship).

Current Treatment and response: Patient takes lamotrigine 150 mg q.day for the past 2 years and buspirone 30 mg twice a day, also for the past 2 years. Patient also has a prescription of alprazolam which she reports taking at a 0.25 dose whenever she is going to fly (discussed having a fear of flying, reports good benefit from use of alprazolam in this circumstance).

Stressors or Aggravating Factors: Current events, other people in this area that she perceives as being "Trumpians" or supporters of Donald Trump, relationship issues with spouse who reported to her "he is tired of this".

Alleviating Factors: Exercise in the past, group therapy modalities in the past, not watching or reading the news in the past

SI/HI/AVH: Patient reports periods of hopelessness with passive thoughts of suicide since the 2016 election. However patient denies any plan or intent toward self-harm, she denies any past history of self-injurious behavior, and she verbally affirms she would not act to harm herself in any way and would out for help.^[JB.2]

MSE: Grooming/Appearance: WDWN, NAD, Grooming is appropriate
Orientation: A/O x4
Cooperation: Cooperative
Mood: Euthymic
Affect: Congruent
Speech: LLGD, normal rate/tone
Content: normal, no evidence of delusional thinking patterns
Psychomotor Agitation: none observed
Hallucination / Delusions: Denied
Judgement/Insight: Adequate

Date	PHQ9	GAD7 ^[JB.1]
5/16/19	18	21
5/30/19	13	14 ^[JB.2]

Lab Review, if applicable:^[JB.1] **NA**^[JB.2]

- Suicide Risk Factors:**
- S (sex, male gender):
 - A (age 15 -24)
 - ^[JB.1] ^[JB.2] D (depression)
 - P (past hx of attempts)
 - E (ethanol)
 - R (rational thinking loss)
 - S (support system loss)
 - O (organized plan)
 - N (no significant other)
 - S (sickness)

Total Score:^[JB.1] 1^[JB.2]/10

Suicide Risk Assessment:

^[JB.1] ^[JB.2] 0-2 Continue to monitor

Progress Notes by James Bivins, NP at 5/30/2019 3:00 PM (continued)

- 3-4 May send home, but check frequently
- 5-6 Consider hospitalization, involuntary or voluntary, depending on level of assurance patient with return for another session
- 7-10 Definitely hospitalize involuntarily or voluntarily

Pt is assessed as being at an acute risk for suicide. See Goals and Tx Plan for plan of action.

[^{JB.1}]_X[^{JB.2}] Pt is not deemed an imminent threat to self or others

Safety Plan:

[^{JB.1}]_X[^{JB.2}] Pt verbally affirmed they would utilize resources and not act in any way toward self-harm. These resources included the following:

- Friend or family member identified:^[JB.1] spouse^[JB.2]
- National Suicide Hotline: 1-800-273-8255
- Emergency Medical Services: Call 911 or present to nearest Emergency Department

Conceptualization/diagnostic impression:^[JB.1]
Bipolar II Disorder^[JB.2]

Prognosis: Excellent

Goal/s: Achieve reduction of depressive and anxiety symptoms by 50% with sustained remission or reduction aeb screening measures and self-report

Tx Plan:^[JB.1]

1. Continue buspirone 30 mg twice a day
2. Continue Lamictal 100 mg q.day
3. Continue Depakote ER 500 mg q.h.s.
4. Follow-up in 1 month, sooner if needed.^[JB.2]

Attribution Key

JB.1 - James Bivins, NP on 5/30/2019 3:29 PM

JB.2 - James Bivins, NP on 5/30/2019 4:47 PM

END OF REPORT

Progress Notes by James Bivins, NP at 5/16/2019 2:30 PM

Author: James Bivins, NP

Service: —

Author Type: Nurse Practitioner

Filed: 5/16/2019 4:38 PM

Encounter Date: 5/16/2019

Status: Signed

Editor: James Bivins, NP (Nurse Practitioner)

****Sensitive Note****

CC: Poor sleep, elevated irritability, elevated suspiciousness in public settings, poor functioning/coping in relationships, especially with spouse, poor coping at work (recently quit job), fixated on current events which causes elevated distress/worry/racing thoughts

HPI: Purpose of Visit: Patient presents for medication evaluation. She confirms use of meds as per current med list. She denies any known adverse effects from these medications. Initially she reported benefit with use of lamotrigine r/t feeling less agitated, however she reports symptoms as per chief complaint have become worse over the past year since moving back to Palm Desert from Oregon where her and her spouse and son were living for a 2 year period. With BuSpar she reports good benefit towards anxiety however symptoms remain as per chief complaint.

Duration of symptoms: Patient reports being depressed, to some degree, throughout most of her life. Patient also reports irritability and poor sleep have also been present throughout most of her life. However, patient reports symptoms became markedly worse after the 2016 presidential election. Patient tends to watch the news and read the news excessively, becomes very worried about current events, becomes very irritable and angry with others who she perceives do not hold similar reviews, reports that this becomes especially difficult or had become especially difficult at work (she works in sales until quitting yesterday, discussed 1 scenario at a local car dealership where she became angry with someone who told her that they could not support a particular radio station in the way of sponsorship).

Current Treatment and response: Patient takes lamotrigine 150 mg q.day for the past 2 years and buspirone 30 mg twice a day, also for the past 2 years. Patient also has a prescription of alprazolam which she reports taking at a 0.25 dose whenever she is going to fly (discussed having a fear of flying, reports good benefit from use of alprazolam in this circumstance).

Stressors or Aggravating Factors: Current events, other people in this area that she perceives as being "Trumpians" or supporters of Donald Trump, relationship issues with spouse who reported to her "he is tired of this".

Alleviating Factors: Exercise in the past, group therapy modalities in the past, not watching or reading the news in the past

SI/HI/AVH: Patient reports periods of hopelessness with passive thoughts of suicide since the 2016 election. However patient denies any plan or intent toward self-harm, she denies any past history of self-injurious behavior, and she verbally affirms she would not act to harm herself in any way and would out for help.

PROS: Sleep: 4 hours per night, reports sleep as "fitful", feels rested
Appetite: normal, 3 meals per day
Weight Changes: 10 lb weight gain in the past 6 months
Energy: normal, 9/10 despite reported sleep
Interest/pleasure/anhedonia: Reports little happiness or joy in activities, reports normal motivation

Somatic Symptoms: denied

Libido: Low

Anxiety/panic: Reports excessive worry, feeling nervous/on edge, feels like she needs to maintain a certain intensity level "all the time."

Guilty/hopelessness: As per HPI

Symptoms of mania: Less need for sleep, elevated irritability that is disproportionate to the stressor, hyper talkative, circumstantial to tangential, excessive activity that causes distress

Symptoms of psychosis: Becomes easily angered or agitated by others who she perceives as conservative or followers of Donald Trump, this is especially difficult when she is around older Caucasian males she reports.

Progress Notes by James Bivins, NP at 5/16/2019 2:30 PM (continued)

Past Psych: Current Meds: Lamotrigine 150 mg q.day, buspirone 30 mg twice a day, alprazolam 0.25 mg p.r.n. (see HPI, patient does not take this medication regularly, only when she is about to fly in an airplane)

Adverse Effects of Current Meds: Denies

Therapeutic Response from Current Meds: As per HPI

Past Psych Meds: Denies

Previous diagnoses: Reviewed major depressive disorder in electronic record

Hx of psychotherapy: Reports brief trial of psychotherapy on an individual basis, but was a participant in IOP while living in Oregon, does not Currently want to initiate in individual psychotherapy

Current participation in individual psychotherapy: None

Hx of Admissions: Denied

Hx of SI/HI/AVH: As per HPI, currently denies

Hx of self-injurious behavior: Denied

Hx of violence: Denied

Family Psych hx: Denied/none known

Depression screening: PHQ9: 18, Block 9 reflects #2, patient denies any SI HI AVH at this time
GAD7: 21

Substance Use: Alcohol: Denies any recent use, reports past nightly use of alcohol, endorsed isolated incidence of blacking out, denied any significant legal/social/occupational impact from alcohol use. +C-A+G-E = 2/4

Tobacco: Denied

Caffeine: Denied

Illicit Substances: Denied

Significant Medical Issues:^[JB.1] **Denied**^[JB.2]

Psychosocial Hx Born/Raised: Los Angeles California

Number of siblings: 1 sister 5 years older than the patient

Raised by: Both parents until parents divorced at age 5

Quality of relationships with family: Described normal relationship with mother and father, however patient reports her parents were distant, reported a very poor relationship 1 stepmother, reports a good relationship with her older sister, however she reports they are very different people.

Hx of childhood trauma or neglect: Denied

Education: Graduated high school on time

Hx of learning disabilities: Denied

Hx of disciplinary issues: Denied

Activities/Hobbies: Exercise in the past, reading, current events

Social Support System: Spouse, however she reports relationship with her spouse as poor due to symptoms and issues as per chief complaint/ HPI

Functioning in Relationships: Poor

Religious Affiliation, if any: Denied

Occupation: Worked in cells, reports she quit her job yesterday, plans to work in a restaurant in the summer

Marital Status: Married 18 years

Children: 1 son age 13, reports having close relationship with her son

Home Environment: Lives with spouse and son

Issues with DV: Denied

MSE: Grooming/Appearance: WDWN, NAD, Grooming is appropriate

Orientation: A/O x4

Cooperation: Cooperative

Progress Notes by James Bivins, NP at 5/16/2019 2:30 PM (continued)

Mood: "Stressed"
Affect: Congruent
Speech: LLGD, hyper talkative, circumstantial to tangential, loud tone
Content: Endorsed elevated suspiciousness in public environments (see HPI)
Psychomotor Agitation: none observed
Hallucination / Delusions: Denied
Judgement/Insight: Fair to poor

Pertinent Lab Review:

Suicide Risk Factors:

<input type="checkbox"/>	S (sex, male gender):
<input type="checkbox"/>	A (age 15 -24)
<input checked="" type="checkbox"/>	D (depression)
<input type="checkbox"/>	P (past hx of attempts)
<input type="checkbox"/>	E (ethanol)
<input checked="" type="checkbox"/>	R (rational thinking loss)
<input checked="" type="checkbox"/>	S (support system loss)
<input type="checkbox"/>	O (organized plan)
<input type="checkbox"/>	N (no significant other)
<input type="checkbox"/>	S (sickness)

Total Score: 3/10

Suicide Risk Assessment:

- 0-2 Continue to monitor
 - 3-4 May send home, but check frequently
 - 5-6 Consider hospitalization, involuntary or voluntary, depending on level of assurance patient will return for another session
 - 7-10 Definitely hospitalize involuntarily or voluntarily
- Pt is assessed as being at an acute risk for suicide. See Goals and Tx Plan for plan of action.
- Pt is not deemed an imminent threat to self or others

Safety Plan:

- Pt verbally affirmed they would utilize resources and not act in any way toward self-harm. These resources included the following:
- Friend or family member identified: Spouse
 - National Suicide Hotline: 1-800-273-8255
 - Emergency Medical Services: Call 911 or present to nearest Emergency Department

Conceptualization/diagnostic impression:
Bipolar II**Prognosis: Fair**

Goal/s: Achieve reduction of depressive and anxiety symptoms by 50% with sustained remission or reduction aeb screening measures and self-report

Tx Plan: 1. Continue buspirone 30 mg twice a day

Progress Notes by James Bivins, NP at 5/16/2019 2:30 PM (continued)

2. Decrease Lamictal to 100 mg q.day
3. Initiate Depakote ER 500 mg q.h.s.
4. Follow-up in 2 weeks, sooner if needed.
5. Discussed we may consider other treatment options that include an atypical antipsychotic at future visits to further target symptoms.^[JB.1]

Attribution Key

JB.1 - James Bivins, NP on 5/16/2019 3:29 PM

JB.2 - James Bivins, NP on 5/16/2019 4:38 PM

Progress Notes by James Bivins, NP at 5/30/2019 3:00 PM

Author: James Bivins, NP

Service: —

Author Type: Nurse Practitioner

Filed: 5/30/2019 4:53 PM

Encounter Date: 5/30/2019

Status: Signed

Editor: James Bivins, NP (Nurse Practitioner)

****Sensitive Note******CC:** Some improvement with sleep, otherwise no known significant changes from initial presentation**HPI:** Last seen: 05/16/2019

Psychotropic Meds currently taking: Depakote ER 500 mg q.h.s., lamotrigine 100 mg q.day, buspirone 30 mg twice a day. Also p.r.n. use of alprazolam 0.25 mg (reports she takes this only before flying)

Adverse Effects: Increased hunger since starting Depakote

Response: Some improvement with sleep, reports 2 nights in a row she slept for 7 hr with a marked improvement in how she felt physically the next day

Past psych meds for reference: Denied

Any known changes medical status or health from last visit: Denied

Avg Mood: "Lower", reports she is getting ready to leave her current job, discussed feeling hopeful that her mood will improve after this, reports last day at job is tomorrow

Energy: normal

Motivation: normal

Appetite: Increased, reports resisting urge to eat more, reports eating regular meals 3 times per day

Sleep: 4 hours per night on most nights, feels rested despite this, reports to nights where she slept for 7 hr and felt "amazing" the next day

Activity/Socialization: Normal

Substance Use: Denied

SI/HI/AVH: Denies

Content discussed in session: Discussed how patient is coping with upcoming job loss, patient discussed leaving this position due to not being able to tolerate having nothing to do there/feeling generally dissatisfied, discussed she is looking forward to having a month off in June and is still hopeful that she will begin working at a restaurant in July though the details have not been solidified regarding her contract with that company. She discussed also looking forward to getting back into the gym and exercising regularly. Patient also discussed that she continues to be heavily affected by current events, continues to experience racing thoughts, continues to wake up early in the morning with the 1st thought being something related to current events.

Changes with plan or tx: No changes were made today discussed we would reassess in 1 month. Will look to increase Depakote/decrease Lamictal or initiate an atypical antipsychotic if symptoms remain essentially unchanged

Initial CC/HPI:Date:^[JB.1] 5/16/19**CC:** Poor sleep, elevated irritability, elevated suspiciousness in public settings, poor functioning/coping in relationships, especially with spouse, poor coping at work (recently quit job), fixated on current events which causes elevated distress/worry/racing thoughts**HPI:** Purpose of Visit: Patient presents for medication evaluation. She confirms use of meds as per current med list. She denies any known adverse effects from these medications. Initially she reported benefit with use of lamotrigine r/t feeling less agitated, however she reports symptoms as per chief complaint have become worse over the past year since moving back to Palm Desert from Oregon where her and her spouse and son were living for a 2 year period. With BuSpar she reports good benefit towards anxiety however symptoms remain as per chief complaint.

Duration of symptoms: Patient reports being depressed, to some degree, throughout most of her life. Patient also reports irritability and poor sleep have also been present throughout most of her life. However,

Progress Notes by James Bivins, NP at 5/30/2019 3:00 PM (continued)

patient reports symptoms became markedly worse after the 2016 presidential election. Patient tends to watch the news and read the news excessively, becomes very worried about current events, becomes very irritable and angry with others who she perceives do not hold similar reviews, reports that this becomes especially difficult or had become especially difficult at work (she works in sales until quitting yesterday, discussed 1 scenario at a local car dealership where she became angry with someone who told her that they could not support a particular radio station in the way of sponsorship).

Current Treatment and response: Patient takes lamotrigine 150 mg q.day for the past 2 years and buspirone 30 mg twice a day, also for the past 2 years. Patient also has a prescription of alprazolam which she reports taking at a 0.25 dose whenever she is going to fly (discussed having a fear of flying, reports good benefit from use of alprazolam in this circumstance).

Stressors or Aggravating Factors: Current events, other people in this area that she perceives as being "Trumpians" or supporters of Donald Trump, relationship issues with spouse who reported to her "he is tired of this".

Alleviating Factors: Exercise in the past, group therapy modalities in the past, not watching or reading the news in the past

SI/HI/AVH: Patient reports periods of hopelessness with passive thoughts of suicide since the 2016 election. However patient denies any plan or intent toward self-harm, she denies any past history of self-injurious behavior, and she verbally affirms she would not act to harm herself in any way and would out for help.^[JB.2]

MSE: Grooming/Appearance: WDWN, NAD, Grooming is appropriate
Orientation: A/O x4
Cooperation: Cooperative
Mood: Euthymic
Affect: Congruent
Speech: LLGD, normal rate/tone
Content: normal, no evidence of delusional thinking patterns
Psychomotor Agitation: none observed
Hallucination / Delusions: Denied
Judgement/Insight: Adequate

Date	PHQ9	GAD7 ^[JB.1]
5/16/19	18	21
5/30/19	13	14 ^[JB.2]

Lab Review, if applicable:^[JB.1] **NA**^[JB.2]

- Suicide Risk Factors:**
- S (sex, male gender):
 - A (age 15 -24)
 - ^[JB.1] ^[JB.2] D (depression)
 - P (past hx of attempts)
 - E (ethanol)
 - R (rational thinking loss)
 - S (support system loss)
 - O (organized plan)
 - N (no significant other)
 - S (sickness)

Total Score:^[JB.1] 1^[JB.2]/10

Suicide Risk Assessment:

^[JB.1] ^[JB.2] 0-2 Continue to monitor

Progress Notes by James Bivins, NP at 5/30/2019 3:00 PM (continued)

- 3-4 May send home, but check frequently
- 5-6 Consider hospitalization, involuntary or voluntary, depending on level of assurance patient with return for another session
- 7-10 Definitely hospitalize involuntarily or voluntarily

Pt is assessed as being at an acute risk for suicide. See Goals and Tx Plan for plan of action.

[^{JB.1}]_X[^{JB.2}] Pt is not deemed an imminent threat to self or others

Safety Plan:

[^{JB.1}]_X[^{JB.2}] Pt verbally affirmed they would utilize resources and not act in any way toward self-harm. These resources included the following:

- Friend or family member identified:^[JB.1] spouse^[JB.2]
- National Suicide Hotline: 1-800-273-8255
- Emergency Medical Services: Call 911 or present to nearest Emergency Department

Conceptualization/diagnostic impression:^[JB.1]
Bipolar II Disorder^[JB.2]

Prognosis: Excellent

Goal/s: Achieve reduction of depressive and anxiety symptoms by 50% with sustained remission or reduction aeb screening measures and self-report

Tx Plan:^[JB.1]

1. Continue buspirone 30 mg twice a day
2. Continue Lamictal 100 mg q.day
3. Continue Depakote ER 500 mg q.h.s.
4. Follow-up in 1 month, sooner if needed.^[JB.2]

Attribution Key

JB.1 - James Bivins, NP on 5/30/2019 3:29 PM

JB.2 - James Bivins, NP on 5/30/2019 4:47 PM

END OF REPORT
