ATTACHMENT A

RESPONDENT'S PETITION FOR RECONSIDERATION

Attachment A

"Petition for Reconsideration"

7/12/16

JUL 12 2016

To Whom It May Concern,

I Glen W. Sebring would like to respond to this matter of my IDR application.

In 2010 a nightmare began, I was extorted to bring contraband into the prison by a prison gang. My safety and my family's was at risk, under great duress and psychological pain I complied, During the 10 months of fear and intimidation, I was unable to think properly especially after I reported the threats to a Lieutenant, soon after I reported to the Lieutenant I received a call on the cell phone provided by the extortionists that they were not playing and this would be my one and only warning, the Lieutenant and other CDCR employees were part of the extortionist group, I had no one to trust. I suffered physical and psychological injuries during the ordeal, I was too afraid to deal with them at that time for fear of harm to my family.

Lieutenant of Solano state prison gave prisoners cell phones to use on my yard, 3 yard in 2009-2010, He was placed on administrative leave then allowed to come back, those phones were used to contact outside gang members who later extorted me to bring in contraband.

In February 2011 the Nightmare started to lessen, I was able to breath and focus a little better, I began the Psychological and physical healing process, I was put on Prozac, pain reducers, and continued therapies to heal both.

I have since seen Dr. Patel who was at the hearing on 4/12/16, and he recalls testifying that my Knees and lower back were injured as stated in My IDR application by him. He also testified that when someone is on Prozac per a Psychologists order they are suffering psychological issues.

I was unable to perform my duties as a correction officer so I did not seek employment reinstatement hearings with the CCPOA provided attorney.

I called PERS in August of 2010 as phone records show to find out about IDR and time buy back, I personally visited Cal PERS Sacramento office in June with my wife to get an IDR book and spoke to a PERS representative and was told there was no hurry on applying, even after service retirement was fine. My first application in October 2011 was not accepted, I still had issues with the extortionist threats to keep quite so it was still hard to focus on anything.

I relied on PERS to guide me and I feel misled, the extortion is over, but the stress and pain continue, I read the case laws, but each situation is different, I believe mine is different from those cases. I may not have lost a limb as stated in one of the cases, but I am losing my belief in Justice for all.

I ask that the CalPERS board allow me to continue my IDR application, I was not guided properly by anyone through this ordeal, and I was not psychologically capable at the time to comprehend the task at hand.

Sincerely, Glen W. Sebring

Glen Sebring

California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3659 fax
www.calpers.ca.gov

June 20, 2016

Ref. No. 2015-0498

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Peter O. Slater, Esq.
Lenahan, Lee, Slater & Pearse, LLP
1030 15th Street, Suite 300
Sacramento, CA 95814

Subject: In the Matter of Accepting the Application for Industrial Disability Retirement of GLEN W. SEBRING, Respondent, and CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, CALIFORNIA STATE PRISON-SOLANO, Respondent.

Dear Mr. Slater:

We enclose a copy of the Board of Administration's Decision in the above matter. Please be advised that this Decision was made pursuant to the Administrative Procedure Act (Gov. Code, § 11370, et seq.) and California Code of Regulations, Title 2, sections 555-555.4, on June 15, 2016.

Any party who participated in this case and is dissatisfied with this Decision has a right to petition the Board for reconsideration within 30 days of the date of mailing of the Decision (the date of mailing is indicated on the attached Proof of Service), and the right of appeal to the courts within 30 days after the last day on which reconsideration can be ordered. (See Gov. Code, §§ 11521 and 11523.) It is not necessary that a Petition for Reconsideration be filed in order to appeal to the courts. (Gov. Code, § 11523.) **If you choose to file a Petition for Writ of Mandate, please submit a written request to our office for preparation of the administrative record.**

The Chief Executive Officer may grant a stay of the effective date of the Decision, not to exceed 30 days, so that a Petition for Reconsideration may be filed. If additional time is needed by the Board to evaluate a petition prior to the expiration of the stay, the Chief Executive Officer may grant an additional stay for no more than 10 days, solely for the purpose of considering the petition. If no action is taken on a petition within the time allowed for ordering reconsideration, the petition shall be deemed denied. (Gov. Code, § 11521.)

All Petitions for Reconsideration MUST BE received by the CalPERS Executive Office within 25 days from the date the Decision was mailed in order for the Chief Executive Officer to grant a stay of execution.

Cal PERS

Please title your submission "Petition for Reconsideration" and ensure that all personal information has been redacted, as this will become a public document when included in the agenda item. Please send this to:

Cheree Swedensky, Assistant to the Board
Executive Office
California Public Employees' Retirement System
P. O. Box 942701
Sacramento, CA 94229-2701
Fax: (916) 795-3972

In addition, it is recommended that you send, via facsimile, a copy of any Petition for Reconsideration to the attention of MATTHEW G. JACOBS, General Counsel, at (916) 795-3659.

If you do not file a Petition for Reconsideration or if your Petition for Reconsideration is denied, the next step in the appeal process is to file a Petition for Writ of Mandate in Superior Court.

Sincerely,

MATTHEW G. JACOBS
General Counsel

MGJ:kmp

Enclosure

cc: Glen Sebring
California State Prison, Solano - CDCR

4/8/2016

Mr. Glen Sebring presented for an initial evaluation for treatment on 3/29/2011. He appeared anxious. G. reported he was anxious because her had been summoned for an interrogation, He reported feeling anxious, depressed, hopeless, worthless, confused, helpless and had a low libido. He appeared anxious intense, and distracted. Sleep, both initial and terminal is problematic at this time. He seemed more interested in telling his tale rather than hearing suggestions. He admits taking medications erratically at times. G. focused on relations with significant other and their degradation, stressors, and work problems, as well as legal problems following being "busted" on 2/8/2011. He was apprehended for taking contraband cell phones, and tobacco into the prison for illegal distribution to inmates. CA Department of Corrections and Rehabilitation at the CSP Solano Facility in Vacaville, CA, is his place of employment as a corrections officer. When asked "why now" for treatment, his response was "I want to get better". "I've gained 10 pounds; my wife is not happy", he asks for peace from life, and a drama free life, at this time.

G. reports he was coerced by some inmates while on duty. The treat, he reports, was to harm his mother in Paradise, CA. And, he was also concerned for his son because he was told they knew his address, too. Mr. Sebring said "I don't trust anyone". This is contrary to his feelings when he first began working at CSP Solano, he says. He states the "guys" told him "we'll make an example of you". He reports he is also"feeling a sense of betrayal" because he could not trust his partner enough to even "think about talking to him or anyone else". G. reports feeling "bad" for his partner because he has been told his partner is "guilty by association". Glen said "I feel I betrayed him",and "I feel awful".

HISTORY:

G., the older of 2 sons and a daughter, was reared by adoptive parents who were both "strict" according to him. 7 years ago, he reports he "met his birth mother in Germany". Glen Sebring is (in 2011) a 48year old male Caucasian. Of his parents, he reports, his father was prone to severe bouts of drinking and was abusive. He reports his father was also distant, unpleasant, domineering, rejecting, and abusive. His mother, he describes as strict, overprotective, distant, domineering, and abusive. H says she "yelled a lot". Both parents disciplined "strictly". Yet he believes his mother changed as she aged and is "now warm and loving". Childhood for him, G. reports, was frightening, unhappy, painful and difficult to recall". He progressed through school without any failures and graduated from High school, earning "mostly "C's". He did graduate with an Associate's degree in Criminal Justice.

Glen left treatment prematurely, after making a suggestion that he might move.

DIAGNOSIS: (DSM IV TR)

AXIS I: 309.28 Adjustment Disorder with Mixed Obsessive Depression

300.03 Obsessive Compulsive Disorder

AXIS II: V 71.09 No Diagnosis on Axis II

AXIS III: Reported by client: mitral valve prolapse

AXIS IV: Psychosocial & Environmental Problems Addressed (themes)

Marital problems, social /environmental problems (feels ostracized), (physical health problems), (mitral valve prolapse, weight gain, unconditioned), unemployed, bankruptcy,

AXIS V: Current GAF: 42 (start of treatment) 50 (last session)

CURRENT MEDICATIONS: Prozac 20mg

TREATMENT MODALITIES: Outpatient, individual

TREATMENT PLAN: reduce Confusion

reduce anxiety

decrease depression

INTERVENTIONS: Insights, Behavioral, Cognitive, Integrated, Solution Focused, Psycho-ed

FREQUENCY: Weekly

REFERRAL: PSYCHIATRIST

SIGNED: Penelope McAlmond-Ross, Psy.D.

Penelope McAlmond-Ross, Psy. D. Clinical Psychologist PSY 20020

Applied Psychology Systems
Penelope McAlmond-Ross, Psy.D. Lic. # PSY 20020 313 Kendal, Suite 1B, Vacaville, CA 95687
PH: 707- 330-5533

Psychotherapy Notes

Client Name: Glen Goldring Date: 4/5/11
Session Length: 50 minutes
CPT Code: 90801 (90806) 90808 90847 96100
Diagnoses:
AXIS I: 309.28
AXIS II: V71.09 No Diagnosis on Axis II
AXIS III: Mild Valve Prolapse
AXIS IV: Psychosocial & Environmental Problems Addressed (themes):

- ☑ Primary support group problems
- ☐ Self-Care problems
- ☑ Social/environ. Problems
- ☑ Physical health problems
- ☑ Economic stressors
- ☐ Current victimization
- ☑ Housing problems
- ☑ Work/School

Current GAF: 42 Highest GAF this year: Unknown or ?

Current medication:

- ☐ Antidepressant
- ☐
- ☐ Antipsychotic
- ☐ Anxiolytic
- ☐ Sedative
- ☐

Treatment Modalities:

☑ Outpatient	☑ individual	☐ evaluation	☐ group	☐ couple
☐ emergency	☐ family	☐ testing	☐	☐

Target Symptoms:

☐ wt. loss/gain	☑ helplessness	☐ irritable	☐ dependency
☑ anxiety	☐ low self-esteem	☐ fear/phobia	☐ codependency
☑ depression	☐ distractible	☐ work/school probs.	☐ ETOH/drug abuse
☐ appetite problems	☐ panic/agoraphobia	☐ compulsions	☐ manipulative
☑ hopelessness	☐ withdrawn/isolating	☐ obsessions	☐ pain
☐ fatigue	☐ feeling of guilt	☐ inapp./immature bxs	☐ somatization
☐ unmotivated	☐ apathy	☐ hallucinations	☐
☑ worthlessness	☐ worry	☐ delusions	☐
☑ libido low	☐ mania/hypomania	☐ cog. disorg.	☐
☐ sleep problems	☐ racing thoughts	☐ hygiene	

Mental Status:

Mood	☐ normal/ euthymic	☑ anxious	☐ depressed	☐ angry	☐ euphoric	☐
Affect	☐ appropriate	☑ intense	☐ blunted	☐ inappropriate	☐ labile	☐
Mental Status	☐ normal	☐ less aware	☐ disoriented	☐ disorganized	☐ vigilant	☑ distractible
	☐ delusional	☐ hallucinating	☐ memory deficiency	☐	☐	☐
Sui/Homi	☑ none	☐ ideation	☐ plan	☐ intent	☐ attempt/s	☐
Sleep	☐ normal	☐ initial	☐ terminal	☐ hyposomnia	☐ nightmares	☐
Partici.Level	☐ active	☑ variable	☐ only responsive	☐ minimal	☐ resistant	☐ None
TX response	☐ as expected	☐ Better than expected	☐ much better	☐ poorer	☐ very poor	☐
TX compliance	☐ full	☑ partial	☐ low/noncompliant	☐ resistant	☐ denial of disorder	☐

Topics/Themes discussed:

- ☐ Homework
- ☑ Relations
- ☐ Stressors
- ☐ Identity Role
- ☑ Work Probs.
- ☐ Parenting
- ☐ Childhood/Family of Origin
- ☐ Behavior Problems
- ☐ Sexual Problems
- ☐ Addiction, alcohol, sex, drugs
- ☐ Trauma
- ☐ Dreams
- ☐ Symptoms
- ☐ Grief
- ☐ Other
- ☐
- ☐
- ☐

Interventions:

- ☑ Insights
- ☐ Behavioral
- ☑ Cognitive
- ☐ Family
- ☐ Densentization
- ☑ Solution Focused
- ☐ Relations
- ☐ Support
- ☐ Social Skills
- ☐ Homework
- ☐ Assertiveness
- ☑ Problem Solving
- ☐ Progressive Relaxation
- ☐ Guided Imagery
- ☐ Meditation
- ☐ Systems
- ☑ Psycho-ed - Boundaries
- ☐ Bibliotherapy

Client/Therapist Comments/Observations:

Clothing:	☐ inappropriate	☑ appropriate	☐ meticulous	☐ disheveled	☐ dirty	☐ bizarre
Grooming:	☑ normal	☐ malodorous	☐ well-groomed	☐ unshaven	☐ wnl	☐ neglected
Arrival:	☐ on time	5 ☑ minutes late	☐ 15 mins. late	☐ 30 mins. late	☐ NS	☐ NC

Cl. appeared anxious and he confirmed he is because he has been summoned for an interrogation. His attorney will be present. He reports that [illegible] has been [illegible] when he was prescribed Prozac.

Frequency of Treatment:
☐ semi-weekly ☒ weekly ☐ semimonthly ☐ monthly ☐ as needed

Consultations needed: X Yes __ No __ Not Currently
With whom: Psychiatrist

TX Plan:
1: ↓ confusion
2: ↓ anxiety
3: ↓ depression

Changes to TX Plan:
☑ None or: ____

Informed consent issues discussed this session: Confidentiality and limits thereof were discussed in the initial sessions and as needed in treatment.

Signed: [signature]
Penelope McAlmond-Ross, Psy.D.
Clinical Psychologist PSY20020

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	8	✓					
Anxiety	7		✓				
Depression	7	✓					

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Work/Investing	8	No	4	No	Fair
Family	7				
Mother	6				

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☐ Angry ☐ Euphoric
   Affect: ☐ Normal/appropriate ☑ Intense ☐ Blunted ☐ Inappropriate ☐ Labile
4. Mental status: ☐ Normal ☐ Lessened awareness ☑ Memory deficiencies ☐ Disoriented ☑ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: distractable
5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt
6. Sleep quality: ☐ Normal ☑ Restless/broken ☑ Delayed ☐ Nightmares ☐ Oversleeps
7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant
8. Treatment compliance: ☐ Full ☑ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder
9. Response to treatment: ☑ As expected ☐ Better than expected ☐ Much better ☐ Poorer ☐ Very poor
10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 42
11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ week ☐ month ☐ 2 months ☐ 3 months ☐ as needed.
☑ Referral/consultation to: [illegible] For: Medication eval
☐ Call/write to: _____ For: _____

H. Clinician's signature: [signature] Date: 4/12/21

Applied Psychology Systems

Penelope McAlmond-Ross, Psy. D.
313 Kendal, Ste. 1B
Vacaville, CA 95688
707-330-5535

Progress Note

If a checkbox (☐) is inappropriate or insufficient, enter a letter and write additional comments on a separate page.

A. Client and meeting information

Client: Renee Sebring Date: 4/12/11

Meeting #___ of ___ authorized on this date ___ with provider # ___

Meeting was: ☑ Scheduled ☐ Emergency Others present: ___

Meeting lasted: ☐ 15 ☐ 30 ☐ 45–50 ☐ 60 ☐ 90 ☑ 55 minutes

Client: ☑ Was on time ☐ Was late by ___ min. ☐ Did not show ☐ Cancelled and was rescheduled for ___

Meeting took place at: ☑ Office ☐ By phone ☐ Clinic ☐ Hospital ☐ Client's home ☐ Workplace

Mode of treatment: ☑ Individual therapy ☐ Family ☐ Group ☐ Couple ☐ Consultation

B. Topics/themes discussed

	Notes
☐ Homework assignments	He has problems with memory –
☑ Relationship(s)	impairment is questionable – he
☑ Stressors	states he's less confused
☐ Identity/role	when on Prozac
☑ Work problem	
☐ Alcohol/drug problem	
☐ Childhood/fam. of origin	
☐ Sexual problem	
☐ Parenting	
☐ Dream(s)	
☐ Other	

C. Treatments/interventions/techniques

- ☐ Insights
- ☐ Behavioral
- ☐ Cognitive
- ☐ Homework given
- ☐ Family
- ☐ Relationship
- ☐ Problem solving
- ☐ Support

☑ Psycho-Ed Boundaries

(cont.)

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	8	✓					
anxiety	6		✓				
Depression	7	✓					

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Work/Invest.	8	No	4	No	Prayer
family	7	1	1	1	
Mother	6				

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☐ Angry ☐ Euphoric
   Affect: ☑ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile
4. Mental status: ☐ Normal ☐ Lessened awareness ☑ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☐ Other: ↓ focus
5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt
6. Sleep quality: ☑ Normal ☐ Restless/broken ☐ Delayed ☐ Nightmares ☐ Oversleeps 6 hrs. oversleep before
7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant
8. Treatment compliance: ☑ Full ☐ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder
9. Response to treatment: ☐ As expected ☑ Better than expected ☐ Much better ☐ Poorer ☐ Very poor
10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 43
11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ week ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 4/20/16

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

Progress Note

If a checkbox (☐) is inappropriate or insufficient, enter a letter and write additional comments on a separate page.

A. Client and meeting information

Client: Glen Sebring Date: 4/20/11

Meeting #: 8 of _____ authorized ~~on this~~ date _____ with provider # _____

Meeting was: ☑ Scheduled ☐ Emergency Others present: _____

Meeting lasted: ☐ 15 ☐ 30 ☐ 45–50 ☐ 60 ☐ 90 ☑ 55 minutes

Client: ☑ Was on time ☐ Was late by ____ min. ☐ Did not show ☐ Cancelled and was rescheduled for _____

Meeting took place at: ☑ Office ☐ By phone ☐ Clinic ☐ Hospital ☐ Client's home ☐ Workplace

Mode of treatment: ☑ Individual therapy ☐ Family ☐ Group ☐ Couple ☐ Consultation

B. Topics/themes discussed — **Notes**

- ☑ Homework assignments — Review Quotes / Short Sons
- ☑ Relationship(s)
- ☑ Stressors
- ☐ Identity/role
- ☑ Work problem — Investigation
- ☐ Alcohol/drug problem
- ☐ Childhood/fam. of origin
- ☐ Sexual problem
- ☐ Parenting
- ☐ Dream(s)
- ☑ Other — Saw psychiatrist - Prozac - 20mg / Saw Chiropractor - 0

C. Treatments/interventions/techniques

- ☑ Insights — Saw Quotes.
- ☑ Behavioral
- ☑ Cognitive
- ☑ Homework given — 1) Who do you want to be today? 2) List of Quotations - 3) Read Short Sons -
- ☐ Family
- ☑ Relationship
- ☑ Problem solving
- ☑ Support

(cont.)

FORM 41. Structured progress note form (p. 1 of 2). From *The Paper Office*. Copyright 2003 by Edward L. Zuckerman
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Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	7		✓				
Anxiety	4		1				
Depression	6						

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Work/Income	7	Yes	5	Yes	Prayer
Family	6	1	1	1	Reading
Mother	5				

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☐ Angry ☐ Euphoric
Affect: ☑ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile

4. Mental status: ☐ Normal ☐ Lessened awareness ☐ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: Confused (improving)

5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt

6. Sleep quality: ☐ Normal ☑ Restless/broken ☑ Delayed ☐ Nightmares ☐ Oversleeps

7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant

8. Treatment compliance: ☐ Full ☑ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder

9. Response to treatment: ☐ As expected ☑ Better than expected ☐ Much better ☐ Poorer ☐ Very poor

10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 45

11. Other observations/evaluations: Feels as if meds helping more than expected

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ week ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 5/11/11

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

Applied Psychology Systems

Penelope McAlmond-Ross, Psy. D.
313 Kendal, Ste. 1B
Vacaville, CA 95688
707-330-5535

Progress Note

If a checkbox (☐) is inappropriate or insufficient, enter a letter and write additional comments on a separate page.

A. Client and meeting information

Client: Glen Sabrina Date: 5/4/11

Meeting #:____ of ____ authorized on this date ____ with provider #:____

Meeting was: ☑ Scheduled ☐ Emergency Others present:____

Meeting lasted: ☐ 15 ☐ 30 ☐ 45–50 ☐ 60 ☐ 90 ☑ 55 minutes

Client: ☑ Was on time ☐ Was late by ____ min. ☐ Did not show ☐ Cancelled and was rescheduled for ____

Meeting took place at: ☑ Office ☐ By phone ☐ Clinic ☐ Hospital ☐ Client's home ☐ Workplace

Mode of treatment: ☑ Individual therapy ☐ Family ☐ Group ☐ Couple ☐ Consultation

B. Topics/themes discussed

	Notes
☐ Homework assignments	
☑ Relationship(s)	
☑ Stressors	Surprised by significance of Mother in Glen's life + the loss she damaged them w/ her
☑ Identity/role	
☑ Work problem	
☐ Alcohol/drug problem	
☐ Childhood/fam. of origin	
☐ Sexual problem	
☐ Parenting	
☐ Dream(s)	
☐ Other	

C. Treatments/interventions/techniques

☑ Insights	Was focused parallels w/ aspects
☑ Behavioral	of Silent Scars including the
☑ Cognitive	[illegible] above.
☐ Homework given	
☐ Family	
☑ Relationship	
☑ Problem solving	
☑ Support	

Bibliotherapy Silent Scars

(cont.)

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	7		✓				
Anxiety	4						
Depression	6						

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Work/Investing	8	yes	5	No	Prayer
Family	6	No	1	1	Reading
Mother	5	No			Walking

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☐ Anxious ☑ Depressed ☐ Angry ☐ Euphoric
   Affect: ☑ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile
4. Mental status: ☐ Normal ☐ Lessened awareness ☑ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: _____
5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt
6. Sleep quality: ☐ Normal ☑ Restless/broken ☐ Delayed ☐ Nightmares ☑ Oversleeps
7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant
8. Treatment compliance: ☐ Full ☑ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder
9. Response to treatment: ☐ As expected ☐ Better than expected ☐ Much better ☑ Poorer ☐ Very poor
10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 44
11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ 2 weeks ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 6/1/16

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Applied Psychology SystemS

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Progress Note

If a checkbox (☐) is inappropriate or insufficient, enter a letter and write additional comments on a separate page.

A. Client and meeting information

Client: Glen Sabring Date: 6/1/11

Meeting #: 6 of _____ authorized on this date _____ with provider # _____

Meeting was: ☑ Scheduled ☐ Emergency Others present: _____

Meeting lasted: ☐ 15 ☐ 30 ☐ 45–50 ☐ 60 ☐ 90 ☑ 55 minutes

Client: ☑ Was on time ☐ Was late by ____ min. ☐ Did not show ☐ Cancelled and was rescheduled for _____

Meeting took place at: ☑ Office ☐ By phone ☐ Clinic ☐ Hospital ☐ Client's home ☐ Workplace

Mode of treatment: ☑ Individual therapy ☐ Family ☐ Group ☐ Couple ☐ Consultation

B. Topics/themes discussed — **Notes**

- ☐ Homework assignments
- ☑ Relationship(s) — Linda's ex-wife is pressuring –
- ☑ Stressors
- ☐ Identity/role
- ☑ Work problem — Has not heard from work – Does not foresee status –
- ☐ Alcohol/drug problem
- ☐ Childhood/fam. of origin
- ☐ Sexual problem
- ☐ Parenting
- ☐ Dream(s)
- ☐ Other

C. Treatments/interventions/techniques

- ☑ Insights — He's sleeping a great deal –
- ☑ Behavioral
- ☑ Cognitive
- ☐ Homework given
- ☐ Family
- ☑ Relationship
- ☑ Problem solving
- ☑ Support
- ☑ Bibliotherapy — Silent Sons – Resonates with Dissonance more (cont.)

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)				
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	6		✓				
Anxiety	4		1				
Depression	5		1				

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Work/Invest.	7	Yes	6	Yes	Increase of
Family	8	Yes	1	1	10 mg Prozac
Mother	4	Yes	1	1	

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☐ Depressed ☐ Angry ☐ Euphoric
Affect: ☑ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile

4. Mental status: ☐ Normal ☐ Lessened awareness ☐ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: focus ↑

5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt

6. Sleep quality: ☐ Normal ☑ Restless/broken ☑ Delayed ☐ Nightmares ☐ Oversleeps

7. Participation level: ☐ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant

8. Treatment compliance: ☑ Full ☐ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder

9. Response to treatment: ☐ As expected ☑ Better than expected ☐ Much better ☐ Poorer ☐ Very poor

10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 40

11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☐ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next 2 ☑ weeks ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 6/15/11

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)				
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	5	—					
Anxiety	4	—					
Depression	5	—					

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Walk/Arrest.	6	Yes	5	No	Same
Family	7	Yes			
Mother	4	No			

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☐ Depressed ☐ Angry ☐ Euphoric
   Affect: ☑ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile
4. Mental status: ☐ Normal ☐ Lessened awareness ☐ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: Distracted
5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt
6. Sleep quality: ☐ Normal ☑ Restless/broken ☐ Delayed ☐ Nightmares ☐ Oversleeps
7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant
8. Treatment compliance: ☑ Full ☐ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder
9. Response to treatment: ☑ As expected ☑ Better than expected ☐ Much better ☐ Poorer ☐ Very poor
10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 48
11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ week ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 6/29/11

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	6					✓	
Anxiety	6	✓				✓	
Depression	5	✓					

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Work/Invest.	6	No	5	No	SSD -
Family	9	Yes			Deep Breathe
Mother	4	No			

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☐ Angry ☐ Euphoric
   Affect: ☐ Normal/appropriate ☐ Intense ☑ Blunted ☐ Inappropriate ☐ Labile
4. Mental status: ☐ Normal ☐ Lessened awareness ☐ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: ↓ concent.
5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt
6. Sleep quality: ☐ Normal ☑ Restless/broken ☐ Delayed ☐ Nightmares ☐ Oversleeps
7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant
8. Treatment compliance: ☑ Full ☐ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder
9. Response to treatment: ☐ As expected ☐ Better than expected ☐ Much better ☑ Poorer ☐ Very poor
10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 47
11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ 2 weeks ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 7/13/17

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Applied Psychology Systems

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707-330-5535

Progress Note

If a checkbox (☐) is inappropriate or insufficient, enter a letter and write additional comments on a separate page.

A. Client and meeting information

Client: Ben Salzburg Date: 7/13/11

Meeting #:_____ of _____ authorized on this date _____ with provider # _____

Meeting was: ☑ Scheduled ☐ Emergency Others present: _____

Meeting lasted: ☐ 15 ☐ 30 ☐ 45–50 ☐ 60 ☐ 90 ☑ 55 minutes

Client: ☑ Was on time ☐ Was late by ___ min. ☐ Did not show ☐ Cancelled and was rescheduled for _____

Meeting took place at: ☐ Office ☐ By phone ☐ Clinic ☐ Hospital ☐ Client's home ☐ Workplace

Mode of treatment: ☑ Individual therapy ☐ Family ☐ Group ☐ Couple ☐ Consultation

B. Topics/themes discussed

	Notes
☑ Homework assignments	Walking –
☐ Relationship(s)	
☑ Stressors	
☐ Identity/role	No changes noted –
☑ Work problem	
☐ Alcohol/drug problem	
☐ Childhood/fam. of origin	
☐ Sexual problem	
☐ Parenting	
☐ Dream(s)	
☐ Other	

C. Treatments/interventions/techniques

☑ Insights	
☑ Behavioral	
☑ Cognitive	
☐ Homework given	
☐ Family	
☐ Relationship	
☐ Problem solving	
☐ Support	
☑ Interpersonal Therapy	

(cont.)

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)				
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	5		✓				
Anxiety	5		✓				
Depression	2		✓				

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Wife/Anxiety	10	Yes	5	No	Silent Sams - golf meetings
Family	7	Yes			
Mother	5	Yes	1	1	

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.
†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☐ Angry ☐ Euphoric
Affect: ☑ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile

4. Mental status: ☐ Normal ☐ Lessened awareness ☐ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: Concerned..

5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt

6. Sleep quality: ☐ Normal ☑ Restless/broken ☐ Delayed ☐ Nightmares ☐ Oversleeps

7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant

8. Treatment compliance: ☑ Full ☐ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder

9. Response to treatment: ☐ As expected ☑ Better than expected ☐ Much better ☐ Poorer ☐ Very poor

10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 50

11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next 2 weeks ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 7/27/11

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Applied Psychology Systems

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Progress Note

If a checkbox (☐) is inappropriate or insufficient, enter a letter and write additional comments on a separate page.

A. Client and meeting information

Client: Glen Sebring Date: 7/27/16

Meeting #: ____ of ____ authorized on this date ____ with provider # ____

Meeting was: ☑ Scheduled ☐ Emergency Others present: ____

Meeting lasted: ☐ 15 ☐ 30 ☐ 45–50 ☐ 60 ☐ 90 ☐ ____ minutes

Client: ☑ Was on time ☐ Was late by ____ min. ☐ Did not show ☐ Cancelled and was rescheduled for ____

Meeting took place at: ☐ Office ☐ By phone ☐ Clinic ☐ Hospital ☐ Client's home ☐ Workplace

Mode of treatment: ☑ Individual therapy ☐ Family ☐ Group ☐ Couple ☐ Consultation

B. Topics/themes discussed

	Notes
☐ Homework assignments	Walking
☐ Relationship(s)	Q. sent his wife back to the
☑ Stressors	Philippines with a one-way
☐ Identity/role	ticket.
☑ Work problem	
☐ Alcohol/drug problem	He's been able to manage extreme
☐ Childhood/fam. of origin	or 2 the past 2 weeks.
☐ Sexual problem	
☐ Parenting	
☐ Dream(s)	
☐ Other	

C. Treatments/interventions/techniques

☑ Insights	
☑ Behavioral	
☑ Cognitive	
☐ Homework given	
☐ Family	
☑ Relationship	~~Reduction~~ dealing w/ Ex (Marcella)
☑ Problem solving	
☑ Support	
☑ Medication	Glenn forgot to take his Prozac to (cont.)

NV w/ him - he contacted a pharmacist to get him it. He reports he sometimes forgets to take them or can't remember.

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	6					✓	
Anxiety	6					✓	
Depression	5					✓	

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Walk/Sweat.	8	Yes	5	No	Prayer ↓
Family	7	No	/	/	
Mother	5	No			

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☐ Angry ☐ Euphoric
Affect: ☑ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile

4. Mental status: ☐ Normal ☐ Lessened awareness ☑ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: Inconsistent.

5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt

6. Sleep quality: ☐ Normal ☑ Restless/broken ☑ Delayed ☐ Nightmares ☐ Oversleeps

7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant

8. Treatment compliance: ☑ Full ☐ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder

9. Response to treatment: ☐ As expected ☐ Better than expected ☐ Much better ☑ Poorer ☐ Very poor

10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 49

11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☐ Next appointment is scheduled for next ☑ week ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 8/12/16

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Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	5		✓				
Anxiety	7					✓	
Depression	5	✓					

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Wife/Divorce	7	Yes	5	No	Prayer
Family	6	Yes	1	1	
Mother	5	No			

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.
†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☐ Angry ☐ Euphoric
   Affect: ☑ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile
4. Mental status: ☐ Normal ☐ Lessened awareness ☐ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: Concerned.
5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt
6. Sleep quality: ☐ Normal ☑ Restless/broken ☐ Delayed ☐ Nightmares ☐ Oversleeps
7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant
8. Treatment compliance: ☑ Full ☐ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder
9. Response to treatment: ☐ As expected ☑ Better than expected ☐ Much better ☐ Poorer ☐ Very poor
10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 50
11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ week ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: [signature] Date: 8/17/11

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Applied Psychology Systems

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Progress Note

If a checkbox (☐) is inappropriate or insufficient, enter a letter and write additional comments on a separate page.

A. Client and meeting information

Client: Glen Sahring Date: 8/17/11

Meeting #:____ of ____ authorized on this date ____ with provider # ____

Meeting was: ☑ Scheduled ☐ Emergency Others present: ____

Meeting lasted: ☐ 15 ☐ 30 ☐ 45–50 ☐ 60 ☐ 90 ☑ 55 minutes

Client: ☑ Was on time ☐ Was late by ____ min: ☐ Did not show ☐ Cancelled and was rescheduled for ____

Meeting took place at: ☐ Office ☐ By phone ☐ Clinic ☐ Hospital ☐ Client's home ☐ Workplace

Mode of treatment: ☑ Individual therapy ☐ Family ☐ Group ☐ Couple ☐ Consultation

B. Topics/themes discussed

Notes

- ☐ Homework assignments
- ☐ Relationship(s)
- ☑ Stressors
- ☐ Identity/role
- ☑ Work problem
- ☐ Alcohol/drug problem
- ☐ Childhood/fam. of origin
- ☐ Sexual problem
- ☐ Parenting
- ☐ Dream(s)
- ☐ Other

Jane's (ex-Spouse's) have returned to the Philippines & he's alone. Says he's doing alright; however, he is having problems w/ dept of parenting - still on 20 mgs

C. Treatments/interventions/techniques

- ☑ Insights
- ☑ Behavioral
- ☑ Cognitive
- ☐ Homework given
- ☐ Family
- ☑ Relationship
- ☑ Problem solving
- ☑ Support
- ☑ Prog. Relax/Guided Imagery - Responded very well - much less anx.

(cont.)

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	8					✓	
Anxiety	8					1	
Depression	8					1	

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Walk/Arrest.	8	Yes	4	Yes	No Prozac on Board
Family	7	1	1	1	
Mother	5	No	1	1	

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☐ Angry ☐ Euphoric
   Affect: ☐ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile
4. Mental status: ☐ Normal ☐ Lessened awareness ☐ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☐ Other: _____
5. Suicide/violence risk: ☐ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt
6. Sleep quality: ☐ Normal ☐ Restless/broken ☐ Delayed ☐ Nightmares ☐ Oversleeps
7. Participation level: ☐ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant
8. Treatment compliance: ☐ Full ☐ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder
9. Response to treatment: ☐ As expected ☐ Better than expected ☐ Much better ☐ Poorer ☐ Very poor
10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 48
11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ week ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 8/23/16

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

Applied Psychology Systems

Penelope McAlmond-Ross, Psy. D.
313 Kendal, Ste. 1B
Vacaville, CA 95688
707-330-5335

Progress Note

If a checkbox (☐) is inappropriate or insufficient, enter a letter and write additional comments on a separate page.

A. Client and meeting information

Client: Ben Sabrina Date: 8/23/11

Meeting #:____ of ____ authorized on this date ____ with provider# ____

Meeting was: ☑ Scheduled ☐ Emergency Others present: ____

Meeting lasted: ☐ 15 ☐ 30 ☐ 45–50 ☐ 60 ☐ 90 ☐ ____ minutes

Client: ☑ Was on time ☐ Was late by ____ min. ☐ Did not show ☐ Cancelled and was rescheduled for ____

Meeting took place at: ☐ Office ☐ By phone ☐ Clinic ☐ Hospital ☐ Client's home ☐ Workplace

Mode of treatment: ☑ Individual therapy ☐ Family ☐ Group ☐ Couple ☐ Consultation

B. Topics/themes discussed — **Notes**

- ☐ Homework assignments
- ☐ Relationship(s)
- ☑ Stressors
- ☐ Identity/role
- ☑ Work problem
- ☐ Alcohol/drug problem
- ☐ Childhood/fam. of origin
- ☐ Sexual problem
- ☐ Parenting
- ☐ Dream(s)
- ☐ Other

C. Treatments/interventions/techniques

- ☑ Insights — Forgot to take Prozac for 2 days in addition to being on 20 mg for 2 wks.
- ☑ Behavioral
- ☑ Cognitive
- ☐ Homework given
- ☐ Family
- ☑ Relationship
- ☑ Problem solving
- ☑ Support
- ☑ YBOCS — Administered - Pos. for OCD.

(cont.)

FORM 41. Structured progress note form (p. 1 of 2).

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	3		✓				
Anxiety	4		✓				
Depression	3		✓				

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Work/Arrest.	7	Yes	5	Yes	Increase Prozac to 30mg/Day
Family	6				
Mother	3				

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☐ Angry ☐ Euphoric
Affect: ☐ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile

4. Mental status: ☑ Normal ☐ Lessened awareness ☐ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☐ Other: _____

5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt

6. Sleep quality: ☐ Normal ☑ Restless/broken ☐ Delayed ☐ Nightmares ☐ Oversleeps

7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant

8. Treatment compliance: ☑ Full ☐ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder

9. Response to treatment: ☐ As expected ☑ Better than expected ☐ Much better ☐ Poorer ☐ Very poor

10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 50

11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ week ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: [signature] Date: 8/31/14

Applied Psychology Systems

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707-330-5535

Progress Note

If a checkbox (☐) is inappropriate or insufficient, enter a letter and write additional comments on a separate page.

A. Client and meeting information

Client: Glen Sabrina Date: 8/31/11

Meeting #: ____ of ____ authorized on this date ____ with provider # ____

Meeting was: ☑ Scheduled ☐ Emergency Others present: ____

Meeting lasted: ☐ 15 ☐ 30 ☐ 45–50 ☐ 60 ☐ 90 ☑ 55 minutes

Client: ☑ Was on time ☐ Was late by ____ min. ☐ Did not show ☐ Cancelled and was rescheduled for ____

Meeting took place at: ☑ Office ☐ By phone ☐ Clinic ☐ Hospital ☐ Client's home ☐ Workplace

Mode of treatment: ☑ Individual therapy ☐ Family ☐ Group ☐ Couple, ☐ Consultation

B. Topics/themes discussed

	Notes
☐ Homework assignments	
☐ Relationship(s)	
☑ Stressors	
☐ Identity/role	
☑ Work problem	
☐ Alcohol/drug problem	
☐ Childhood/fam. of origin	
☐ Sexual problem	
☐ Parenting	
☐ Dream(s)	
☑ Other	Patient Pt. - Dragging anxieties -

C. Treatments/interventions/techniques

☑ Insights	
☑ Behavioral	
☑ Cognitive	
☑ Homework given	Self-hypnosis 1X/Day -
☐ Family	
☑ Relationship	
☑ Problem solving	
☑ Support	

☑ Self-hypnosis Psycho-Ed.

(cont.)

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/absent	More severe	Much worse
Confusion	5		✓				
Anxiety	5		✓				
Depression	3	✓					

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Work/Invest.	7	No	5	No	Some
Family	6				
Mother					
Bus. Partner	3	No	1		

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☑ Angry ☐ Euphoric
Affect: ☐ Normal/appropriate ☑ Intense ☐ Blunted ☐ Inappropriate ☐ Labile

4. Mental status: ☐ Normal ☐ Lessened awareness ☐ Memory deficiencies ☐ Disoriented ☑ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: Confused

5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt

6. Sleep quality: ☐ Normal ☑ Restless/broken ☐ Delayed ☐ Nightmares ☐ Oversleeps

7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant

8. Treatment compliance: ☑ Full ☐ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder

9. Response to treatment: ☑ As expected ☐ Better than expected ☐ Much better ☐ Poorer ☐ Very poor

10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 50

11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ week ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 9/7/11

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	6					✓	
Anxiety	6					✓	
Depression	3	✓					

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Walk/Invest.	6	Yes	5	No	Same
Family	5	Yes	1	1	1
Mother	2	Yes			
#/Bus. Partners	7	Yes			

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☐ Angry ☐ Euphoric
Affect: ☑ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile

4. Mental status: ☐ Normal ☐ Lessened awareness ☑ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: Incoherent

5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt

6. Sleep quality: ☐ Normal ☑ Restless/broken ☐ Delayed ☐ Nightmares ☐ Oversleeps

7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant

8. Treatment compliance: ☑ Full ☐ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder

9. Response to treatment: ☐ As expected ☑ Better than expected ☐ Much better ☐ Poorer ☐ Very poor

10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 51

11. Other observations/evaluations: He will give Dr. Smith the YBOCS results

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ 2 weeks ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 9/15/11

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	6	✓					
Anxiety	7					✓	
Depression	3	✓					

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Wife/Arrest.	7	Yes	5	No	Same
Family	6				
Mother	4				
$/Business Problems	7				

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☐ Angry ☐ Euphoric
Affect: ☑ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile

4. Mental status: ☐ Normal ☐ Lessened awareness ☐ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: Concern

5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt

6. Sleep quality: ☐ Normal ☑ Restless/broken ☐ Delayed ☐ Nightmares ☑ Oversleeps

7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant

8. Treatment compliance: ☐ Full ☑ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder

9. Response to treatment: ☐ As expected ☐ Better than expected ☐ Much better ☑ Poorer ☐ Very poor

10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 19

11. Other observations/evaluations: Meds Changed Slightly - Prozac - 40mg.

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ 2 weeks ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 10/5/11

Applied Psychology Systems

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Vacaville, CA 95688
707-330-5535

Progress Note

If a checkbox (☐) is inappropriate or insufficient, enter a letter and write additional comments on a separate page.

A. Client and meeting information

Client: Glen Salreya Date: 10/5/11

Meeting #____ of ____ authorized on this date ________ with provider # ________

Meeting was: ☑ Scheduled ☐ Emergency Others present: ________

Meeting lasted: ☐ 15 ☐ 30 ☐ 45–50 ☐ 60 ☐ 90 ☑ 55 minutes

Client: ☑ Was on time ☐ Was late by ____ min. ☐ Did not show ☐ Cancelled and was rescheduled for ____

Meeting took place at: ☑ Office ☐ By phone ☐ Clinic ☐ Hospital ☐ Client's home ☐ Workplace

Mode of treatment: ☑ Individual therapy ☐ Family ☐ Group ☐ Couple ☐ Consultation

B. Topics/themes discussed

- ☐ Homework assignments
- ☐ Relationship(s)
- ☑ Stressors
- ☐ Identity/role
- ☑ Work problem
- ☐ Alcohol/drug problem
- ☐ Childhood/fam. of origin
- ☐ Sexual problem
- ☐ Parenting
- ☐ Dream(s)
- ☐ Other

C. Treatments/interventions/techniques

- ☑ Insights
- ☑ Behavioral
- ☑ Cognitive
- ☐ Homework given
- ☐ Family
- ☑ Relationship
- ☑ Problem solving
- ☑ Support

Notes

G. appeared more anx today - he was unable to stay on topic & it was more diff. to redirect him than in previous session & he believes this was due to drinking coffee before session.

G. talked w/ man who threatened to kill G.'s mother & the guy wanted to know who "ratted" on Glen. G. said he refused to say. He also said he wishes the guy would leave. The guy also wanted to know who the "weak" c/o's were. He said G. refused to say.

G. has decided he is not physically able to do more - he said he can not work that hard - it stresses his body & immune system too much - Hx of lyme, herpes, mono -

He's talking about needing to move to his mother's town (Paradise) & away from Marcell he believes she has anger problems.

(cont.)

Progress Note (p. 2 of 2)

D. Assessments

1. Symptoms

Symptom/concern/complaint	Current severity rating*	Change since last evaluation (enter a check mark)					
		No change	Less severe	Much improved	Resolved/ absent	More severe	Much worse
Confusion	7					✓	
Anxiety	2	✓					
Depression	3	✓					

*Rate from 0 to 10 as follows: 0 = not a problem/resolved; 5 = distressing/limiting; 10 = very severe distress, disruption, harm/risk.

2. Stressors and coping

Stressor	Current severity rating*	Changes in severity?	Current level of coping/functioning†	Changes in coping level?	Coping skills employed
Wife/Divorce.	5	Yes	5	No	Same
Family	5	Yes	1	1	1
Mother.	3	Yes			
~~ED~~/Sickness	7	NO			

*Rate from 0 = not a problem to 10 = very severe, continuous, omnipresent, preoccupying.

†Rate from 0 to 10 as follows: 0 = much less able to cope; 5 = no change from last meeting/evaluation; or 10 = much improved level of coping.

3. Mood: ☐ Normal/euthymic ☑ Anxious ☑ Depressed ☐ Angry ☐ Euphoric ☑ Expulsive
Affect: ☑ Normal/appropriate ☐ Intense ☐ Blunted ☐ Inappropriate ☐ Labile

4. Mental status: ☐ Normal ☐ Lessened awareness ☐ Memory deficiencies ☐ Disoriented ☐ Disorganized ☐ Vigilant ☐ Delusional ☐ Hallucinating ☑ Other: Confused.

5. Suicide/violence risk: ☑ None ☐ Ideation only ☐ Threat ☐ Gesture ☐ Rehearsal ☐ Attempt

6. Sleep quality: ☐ Normal ☑ Restless/broken ☑ Delayed ☐ Nightmares ☐ Oversleeps

7. Participation level: ☑ Active/eager ☐ Variable ☐ Only responsive ☐ Minimal ☐ None ☐ Resistant

8. Treatment compliance: ☐ Full ☑ Partial ☐ Low/noncompliant ☐ Resistant ☐ Denial of disorder

9. Response to treatment: ☐ As expected ☑ Better than expected ☐ Much better ☐ Poorer ☐ Very poor

10. Global Assessment of Functioning (GAF) rating from 100 to 0 is currently: 50

11. Other observations/evaluations: _____

E. Changes to diagnoses: ☑ None or _____

F. Changes to treatment plan: ☑ None or _____

If treatment was changed, indicate rationale, alternatives considered/rejected/selected in notes.

G. Follow-ups

☑ Next appointment is scheduled for next ☑ 2 weeks ☐ month ☐ 2 months ☐ 3 months ☐ as needed.

☐ Referral/consultation to: _____ For: _____

☐ Call/write to: _____ For: _____

H. Clinician's signature: _____ Date: 10/19/11

Applied Psychology Systems

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Vacaville, CA 95688
707-330-5535

Progress Note

If a checkbox (☐) is inappropriate or insufficient, enter a letter and write additional comments on a separate page.

A. Client and meeting information

Client: Glen Solberg Date: 10/19/11

Meeting #: ____ of ____ authorized on this date ________ with provider # ________

Meeting was: ☑ Scheduled ☐ Emergency Others present: ________

Meeting lasted: ☐ 15 ☐ 30 ☐ 45–50 ☐ 60 ☐ 90 ☑ 55 minutes

Client: ☑ Was on time ☐ Was late by ____ min. ☐ Did not show ☐ Cancelled and was rescheduled for ____

Meeting took place at: ☐ Office ☐ By phone ☐ Clinic ☐ Hospital ☐ Client's home ☐ Workplace

Mode of treatment: ☑ Individual therapy ☐ Family ☐ Group ☐ Couple ☐ Consultation

B. Topics/themes discussed — Notes

- ☐ Homework assignments
- ☑ Relationship(s)
- ☑ Stressors
- ☐ Identity/role
- ☑ Work problem
- ☐ Alcohol/drug problem
- ☐ Childhood/fam. of origin
- ☐ Sexual problem
- ☐ Parenting
- ☐ Dream(s)
- ☑ Other

Notes: He continues causing problems when relating due to his impulsive Bx.

Did not take his Prozac, got today — Dr. Trutta may ? + G. is requesting for R. G. agreed to talk w/ him about his impulsiveness —

C. Treatments/interventions/techniques

- ☑ Insights
- ☑ Behavioral
- ☑ Cognitive
- ☐ Homework given
- ☐ Family
- ☑ Relationship
- ☑ Problem solving
- ☑ Support

Notes: Talked again about avoiding intimate relating for a while —

(cont.)

FORM 41. Structured progress note form (p. 1 of 2). From *The Paper Office*.

Applied Psychology Systems

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707-330-3335

Progress Note

If a checkbox (☐) is inappropriate or insufficient, enter a letter and write additional comments on a separate page.

A. Client and meeting information

Client: Ken Salvena Date: 12/19/11

Meeting #:____ of ____ authorized on this date ____ with provider # ____

Meeting was: ☑ Scheduled ☐ Emergency Others present: ____

Meeting lasted: ☐ 15 ☐ 30 ☐ 45–50 ☐ 60 ☐ 90 ☐ ____ minutes

Client: ☑ Was on time ☐ Was late by ____ min. ☐ Did not show ☐ Cancelled and was rescheduled for ____

Meeting took place at: ☐ Office ☐ By phone ☐ Clinic ☐ Hospital ☐ Client's home ☐ Workplace

Mode of treatment: ☑ Individual therapy ☐ Family ☐ Group ☐ Couple ☐ Consultation

B. Topics/themes discussed

- ☐ Homework assignments
- ☑ Relationship(s)
- ☑ Stressors
- ☐ Identity/role
- ☑ Work problem
- ☐ Alcohol/drug problem
- ☐ Childhood/fam. of origin
- ☐ Sexual problem
- ☐ Parenting
- ☐ Dream(s)
- ☐ Other

Notes

Ken has not had an appointment for 2 months. It appears he may have moved + has failed to communicate.

His chart is closed + he is discharged. Status unknown.

C. Treatments/interventions/techniques

- ☐ Insights
- ☐ Behavioral
- ☐ Cognitive
- ☐ Homework given
- ☐ Family
- ☐ Relationship
- ☐ Problem solving
- ☐ Support

(cont.)

Skelly notes – September 8, 2011

CSP-Solano – G. Sebring

- Even the most cursory read of Officer Sebring's investigatory interview summary would tell the reader that Officer Sebring was scared, stressed, and nervous about bringing in contraband.

- He felt that he was alone and no one could protect him.

- Officer Sebring did not make any money off of his admitted actions, and estimated spending close to $1,000 of his own money on tobacco – receiving no money in return.

- Officer Sebring was a good first watch officer before he was threatened, and absent his misconduct regarding the contraband, he was a reliable employee. No sick leave used until after the extortion

- Officer Sebring has come to understand that a simple transfer to another institution would not solve the problems evidenced by his admitted misconduct.

- Officer Sebring does intend to resign from the department before the effective date.

Print member/patient name and Social Security number.

Glen Sebring
Name of Member/Patient

Social Security Number

Section 5 — Member Incapacity

Review the attached duty statement and physical requirements of the member's position prior to answering these questions.

To qualify for a disability retirement, the CalPERS member must be substantially incapacitated from the performance of the usual duties of his/her position with the current employer. This "substantial incapacity" must be due to a medical condition of permanent or extended and uncertain duration. Disability is not necessarily an inability to perform fully every function of a given position. Rather, the courts have concluded that the test is whether the member has a substantial inability to perform the usual and customary duties of the position. **Prophylactic restrictions are not a basis for a disability retirement.**

1. Is the member currently, substantially incapacitated from performance of the usual duties of the position for their current employer? ☒ Yes ☐ No
   If yes, you must describe **specific job duties/work activities** that the member is unable to perform due to incapacity. Refer to member's job duty statement and *Physical Requirements of Position/Occupational Title* form.
   Unable to walk and stand for prolonged periods.
   Unable to run and climb

Dr Patel

2. Will the incapacity be permanent? ☒ Yes ☐ No
   If not, probable duration ☐ < 6 months ☐ 6 months – 1 year ☐ 1 – 2 years ☐ Other
   If other, please describe
3. Was the job duty statement/job description reviewed to make your medical opinion? ☒ Yes ☐ No
4. Was the *Physical Requirements of Position/Occupational Title* form reviewed to make your medical opinion? ☒ Yes ☐ No
5. Was information reviewed that the member provided? ☒ Yes ☐ No
   If so, please attach the information provided by the member.

Section 6 — Member Mental Status

Is the member mentally able to handle financial affairs and enter into legally binding contracts?
☒ Yes ☐ No
Date of Onset (mm/dd/yyyy)

Is the member competent to endorse checks with the realization of nature and consequence of the act?
☒ Yes ☐ No
Date of Onset (mm/dd/yyyy)

Section 7 — Physician's Signature

Mail completed report directly to CalPERS. Do not give to member.

All questions on this form must be answered or application will be incomplete, which will delay processing.

CalPERS has my permission to release a photocopy of report to member, upon written request. ☐ Yes ☐ No

Jayesh J Patel, M.D. — Print Physician Name
(707) 446-5970 — Phone Number
Fax Number
171 Butcher Road, — Address
Vacaville — City
CA — State
95687 — ZIP
MD — Signature of Physician/Title
Internal Medicine — Medical Specialty
6/25/2012 — Date (mm/dd/yyyy)

5

Mail to: CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796

Applied Psychology Systems

2012

Penelope McAlmond-Ross, Psy. D. Lic. #PSY20020

To: Dr. Truta

Dear Sir:

Mr. Sebring scored 23 on the Yale-Brown Obsessive-Compulsive Scale. If his score exceeded 16, OCD SXS fall in the clinical severity range. His score was 12 on obsessions, and 11 on compulsions. Would you consider treating his depression and OCD simultaneously?

He is trying to manage them behaviorally and having difficulty.

Sincerely,

Penelope McAlmond-Ross, Psy. D.
Clinical Psychologist

The extortion had severe mental effect on me

Billing Address:	Clinical Office Address:
Dr McAlmond-Ross 755 West A Street Dixon, CA 95620 Fax: 707-451-3092	313 Kendal, Ste. 1B Vacaville, CA 95688 Ph: 707-330-5535

These are notes from

Cal pers employees on Later

attempts to file IDR never once

did they say I was Late infact they

always said Time was not an issue

even after service retirement.

Civil Employee Retirement System
All personnel
707-454
Member 3204
* Copy of Job Duty Statement

State Comp
Insurance
Fund
Claims Adjuster
Completes

Human
Resources
or
Personnel
Completes

Member
+
Doctor
Completes

Member
completes

Back Date
Retirement date
4 months from
approval Date
for Industrial.
Disability Retirement

Doctors form
Signature date
must be dated
within 30 days
of your signature
date.

COMPREHENSIVE PSYCHIATRIC SERVICES
Mircea Truta, MD
5030 Business Center Drive, Suite 320, Fairfield, CA 94534
Phone: (707) 864 - 6860
Fax : (707) 864 - 6861

8/1e/11

PROGRESS NOTE

Name : FERRING, GLEN

Compliance w/ psychotropic medications : ___ full X partial ___ noncompliant

Pt states taking 20mg po Prozac QD x 2 weeks, states didn't get 10mg caps; states PCP refilled 20mg QD ; Dr Patel

Pt states separated from wife, she reports cheated on him, was on a marriage visa from Philippines, sent her back [illegible] ago

feels ok, depressed 1 month ago, states feeling rested today - [illegible] sleep apnea, CPAP at hs x 2 days

no SI ;

C/o Following through Rx Cmc, x past 2 weeks ;

No EPS.

Patient denies any side effects of medications ___, side effects: NONE

Other medications and lab results: PCP

[signature]

pt father died at age 67, heart attack, hx of ETOH; pt parents argued "a lot";
pt mother → lived in Paradise, CA; close to her

EMPLOYMENT STATUS/HISTORY : full-time part-time self-employed disabled unemployed retired

administrative leave 2/8/11; prison guard x4 yrs Solano state; Resp. therapist x 20 yrs, full time (in home therapy); "walk man" x 5 yrs

LEGAL: (none)

MILITARY: none

MARITAL AND RELATIONSHIP HISTORY: single (married) separated divorced widowed living together → good rel, she works at Pamela Express → x 1 yr, no children

Number of children and their ages : 20 yo f[illegible]; lives in Chico, in college, close to him;

Abusive relationships : none; in the past :

1st 22-24, she cheated and ETOH, (2nd marriage
2nd rel x 10 yrs, married x 4 yrs, until divorced at age 33 (she cheated on me")
3rd marriage 2005-2009; still friend

MENTAL STATUS EXAMINATION :

General Appearance & Behavior : Age: (appears stated age), appears younger / older than stated age ; Dress : (casual), formal, neat, eccentric, provocative, bizarre, Gait (normal) / shuffling / clumsy / limps ; Posture : relaxed/ (rigid) / slumped ; Body build : (medium) / thin / obese ; Grooming : good, (fair) poor, disheveled , highly perfumed ; Behavior/ manner : (cooperative), uncooperative, pleasant, calm, guarded, suspicious , vigilant , tense, argumentative, inappropriately familiar, hostile, demanding, evasive, withdrawn, seductive, ingratiating, dramatic , aloof , sarcastic ; Relatedness (well-related) / superficially related/ poorly related; other features : scars, tattoos, bandages, tabacco stained fingers, etc windbreaker, T shirt

Eye contact: (good), fair, poor, avoidant

Motor activity , (normal), fidgety , restless- agitation - unable to sit still, wringing hands, rocking, pacing, retardation, mannerisms, grimacing ; Involuntary movements : (none) tremors, bradykinesia, twitches, dystonia, dyskinesia, catatonic posturing, stereotypy, tics , echopraxia

Speech : (normal r/r/v) rate - slowed, hesitant, long pauses between questions, rapid, pressured ; rhythm - monotonous, stuttering; ~~Volume~~ - soft, loud ,whispered ; - rambling, articulation - clear, slurred, dysarthric, mumbled ; Amount - (spontaneous) / nonspontaneous, monosyllabic, hypertalkative, mute ; Prosody : (normal) / dysprosody

Mood : _______________ euthymic, (depressed), sad, nervous, mad, angry ; Affect : full, reactive, (appropriate)/ inappropriate, tearful, irritable , constricted , blunted, flat, (congruent) / incongruent, labile, giddy, cheerful , expansive , dysphoric, euphoric _______________

Thought Process : (linear), (organized), (logical), (goal - directed), disorganized, digressive, illogical, incoherent, circumstantial, tangential, LOA, thought blocking , concrete, neologisms, echolalia, FOI

Thought Content . obsessions, phobias, ruminations (some), (hopelessness), helplessness, (guilt), (worthlessness) , ideas of reference, overvalued ideas, (no delusions), delusions - paranoid , control - thought insertion, thought withdrawal, thought broadcasting , grandiose, bizarre, somatic, nihilistic, erotomanic , hyperreligiosity, hypersexual _

Perceptual disturbances : Hallucinations - none, auditory, visual, olfactory, tactile, gustatory ; illusions, depersonalization, derealization

Sensorium and cognition : Orientation alert & O X 3. Attention ~~normal~~ short span/ distractible ; spells word WORLD forwards ~~and backwards~~. Memory : intact ; good / poor immediate good/ poor recent good/ poor remote ; good / poor recall ~~/3 at 5 min~~. names 1/2/3/4 presidents backwards : LROW

Suicidal ideation denies, intermittent / fleeting / persistent / plan / intent

Homicidal ideation denies, intermittent / fleeting / persistent / plan / intent

Insight & Judgment good fair / limited / poor

LABORATORY STUDIES:

DIAGNOSIS:
Axis I: 296.33 Major depressive d/o, recurrent, w/ no psychotic features

Axis II: o V71.09 No diagnosis on Axis II
[illegible]

Axis III: o 000.00 No diagnosis on Axis III
seasonal allergies, mitral valve prolapse
?HTN.

Axis IV: PROBLEMS: o Primary Support Group o Social Environment o Educational
o Occupational o Housing
o Economic o Access to Health Care o Legal o Other
SEVERITY. o Mild o Moderate o Severe o Extreme

AXIS V. Current GAF = 50

ASSESSMENT: 48 y/o WM, married, h/o of recurrent bouts of dep. since age 12, FH [illegible], [illegible] [illegible] 2° to dep. Sx; stressor: [illegible] leave since 2/11; [illegible] [illegible] no manic Sx, denies SI/HI & plan, intent given, he reports, is locked at home.

INTERVENTIONS:

RTC in 2 weeks _____ months ; no 5150 , suicide risk done low /medium / high ; no active S/ H id; pt is not suicidal , not danger to self , based on current presentation and information ; contracts for safety, agrees to call 911/ go to ER / call crisis line if cannot control SI

Psychoeducation provided , discussed importance of full compliance w/ recommended tx, risks of noncompliance w/ tx
Risks, benefits and alternatives of treatment and medications were discussed with the patient

MIRCEA TRUTA, MD

DIAGNOSIS :

Same

Plan / Recommendations : Risks, benefits and alternatives of treatment and medications were discussed with the patient , benefits of treatment outweigh risks, pt agrees with current treatment plan. Psychoeducation provided , discussed importance of full compliance with recommended tx, risks of noncompliance the tx

Return to office in 2 **week(s)** ____ **month(s)**

→ ↑ Prozac to 30 mg po qAM, pt states ↑ sedation x 1 week after started Prozac in 4/11, target depr sxs, improving, no SE, some delayed ejaculation, pt pleased w/ med

→ schedule sleep study / cont PCP tx, discuss need for APA

→ cont Q 2 weeks psychotherapy Dr Ross, bring info for Rai

→ bring all meds / OTC

→ check labs / recheck dx

one of the prozac orders

MIRCEA TRUTA, M.D.

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Phone: (707) 864 - 6860
Fax : (707) 864 - 6861

Date 6/2/11

PROGRESS NOTE

NAME: SEBRING, GLEN

Compliance w/ psychotropic medications : X full ___partial___ noncompliant

Pt states compliant w/ 20 mg daily Prozac, states PCP refilled his meds after our visit; no SE;
Pt states feeling less depressed, calm, same 10-12 hrs sleep, ↓ energy, c/o demotivation; states ... for 20 yrs has supplies company - sells CPAP's, NSP equipment, received orders, didn't fill them; denies any SI/HI, plan, intent; noticed ↑ appetite;
states long hx of ↓ sex drive, erection problems, some delayed ejac since started Prozac in 4/11;
No subst use; fair rel w/ wife, close to 20 yo son, pleased he found a job; no legal issues; no substance

Patient denies any side effects of medications ____, side effects: NONE

No meds; last PCP visit 3 weeks ago, Dr Patel; stopped ASA, feared bleeding w/ Prozac

OTC meds / vitamins /

Other medications and lab results: PCP

Med rec: d/o MVP w/ mild regurg; last PCP visit 4/7/14, PFT's ordered, pt states mild asthma → ref to sleep study; 3/24/14 labs (–) STD
stress echo 4/26/14 → negative.

MENTAL STATUS EXAMINATION :

General Appearance & Behavior : Age : appears stated age, appears younger / older than stated age ; Dress : casual, formal, neat, eccentric, provocative, bizarre; Gait : normal / shuffling / clumsy / limps ; Posture : relaxed /tense/ rigid / slumped ; Body build : medium/ thin / obese : Grooming : good, fair, poor, disheveled , highly perfumed ; Behavior/ manner : cooperative , uncooperative, pleasant, calm, guarded, suspicious , vigilant , tense, argumentative, inappropriately familiar, hostile, demanding, evasive, withdrawn, seductive, ingratiating, dramatic , aloof , sarcastic ; Relatedness : well-related/ superficially related/ poorly related; other features : scars, tattoos, bandages, tabacco stained fingers, etc

unshaved.

[handwritten margin note: ...2016: ... UREA 2... lipid ... ... 0.9 ... wBC ... Hct ... 27.2 ... PSA 0.5 (–) HIV]

Eye contact : good; fair, poor, avoidant

Motor activity : normal, fidgety, restless, agitation - unable to sit still, wringing hands, rocking, pacing, retardation, mannerisms, grimacing ; Involuntary movements : none, tremors, bradykinesia, twitches, dystonia, dyskinesia, catatonic posturing, stereotypy, tics , echopraxia

Speech : normal r/r/v; rate - slowed, hesitant, long pauses between questions, rapid, pressured ; rhythm - monotonous, stuttering; Volume - soft, loud ,whispered ; rambling, articulation - clear, slurred, dysarthric, mumbled ; Amount - spontaneous / nonspontaneous, monosyllabic, hypertalkative, mute ; Prosody : normal / dysprosody

Mood : euthymic, depressed, sad, nervous, mad, angry ; Affect : full, reactive, appropriate/ inappropriate, tearful, irritable , anxious, constricted , blunted, flat, congruent / incongruent, labile, giddy, cheerful , expansive , dysphoric, euphoric

Thought Process : linear, organized, logical, goal - directed, disorganized, digressive, illogical, incoherent, circumstantial, tangential, LOA, thought blocking , concrete, neologisms, echolalia, FOI

Thought Content : obsessions, phobias, ruminations, hopelessness, helplessness, guilt, worthlessness , ideas of reference, overvalued ideas, no delusions; delusions - paranoid , control - thought insertion, thought withdrawal, thought broadcasting, grandiose, bizarre, somatic, nihilistic, erotomanic ; hyperreligiosity, hypersexual

Perceptual disturbances : Hallucinations - none , auditory, visual, olfactory , tactile, gustatory ; illusions ; depersonalization, derealization

Sensorium and cognition : Orientation : alert & O X 3 ; Attention : normal, short span, distractible ; spells word WORLD forwards and backwards ; Memory : intact , good / poor immediate , good/ poor recent, good/ poor remote ; good / poor recall, ___/3 at 5 min ; names 1/2/3/4 presidents

Suicidal ideation : denies , intermittent / fleeting / persistent / plan / intent

Homicidal ideation : denies, intermittent / fleeting / persistent / plan / intent

Insight & Judgment : good, fair / limited / poor

DIAGNOSIS :

Same

Plan / Recommendations : Risks, benefits and alternatives of treatment and medications were discussed with the patient . benefits of treatment outweigh risks, pt agrees with current treatment plan. Psychoeducation provided , discussed importance of full compliance with recommended tx. risks of noncompliance the tx

Return to office in 2 **week(s)** ______ **month(s)**

→ ↑ Prozac to 30 mg po qhs, pt states, ↑ sedation x 1 week after started Prozac in 4/11, target dep sxs, improving, no SE, some delayed orgasm; pt pleased w/ med

→ schedule sleep study / cont PCP tx, discuss need for ATA

→ cont Q 2 weeks psychotherapy Dr Ross, bring info for Rai

→ bring all meds / OTC

→ Check labs / Q next dx

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Date 6/16/11

PROGRESS NOTE

NAME : SEBRING GLEN

Compliance w/ psychotropic medications : X full ___partial___ noncompliant

Pt states full compl w/ 30 mg [illegible],
No SE, some delayed ejac; long hx of ↓ libido
feels better, ↓ days, w/ [illegible] aging,
[illegible] [illegible] for his [illegible] [illegible]; [illegible]
a drive to OR, ↓ [illegible];
no SIH ideas plan, intent;
no subst, no + [illegible]
Stress: best friend died car crash
– was a pilot on 6/2/11; found out
1 week ago his 23 yo wife allegedly
exchange private photos w/ [illegible],
got upset, argued w/ her;

Patient denies any side effects of medications ____, side effects: NONE

→ brought all OTC – multiple)12 bottles
of vitamins
→ Flomax PRN

Other medications and lab results: PCP

5/3/11: WL CBC, WL CREAT 7, LDL↑ since 8/10 to 166, WL TG, TSH ↑ to 4.64, WL free T3, free T4 i (-) UTox, UA ↓ 25 ↓

MENTAL STATUS EXAMINATION :

General Appearance & Behavior : Age appears stated age, appears younger / older than stated age ; Dress : casual, formal, neat, eccentric, provocative, bizarre ; Gait : normal / shuffling / clumsy / limps ; Posture : relaxed /tense/ rigid / slumped ; Body build : medium/ thin / obese ; Grooming : good, fair, poor, disheveled , highly perfumed ; Behavior/ manner : cooperative , uncooperative, pleasant, calm, guarded, suspicious , vigilant , tense, argumentative, inappropriately familiar, hostile, demanding, evasive, withdrawn, seductive, ingratiating, dramatic , aloof , sarcastic ; Relatedness : well-related/ superficially related/ poorly related; other features : scars, tattoos, bandages, tabacco stained fingers, etc

Eye contact : good, fair, poor, avoidant

Motor activity : normal, fidgety , restless, agitation - unable to sit still, wringing hands, rocking, pacing, retardation, mannerisms, grimacing ; Involuntary movements : none, tremors, bradykinesia, twitches, dystonia, dyskinesia, catatonic posturing, stereotypy, tics , echopraxia

Speech : normal r/r/v; rate - slowed, hesitant, long pauses between questions, rapid, pressured ; rhythm - monotonous, stuttering; Volume - soft, loud ,whispered ; rambling, articulation - clear, slurred, dysarthric, mumbled ; Amount - spontaneous / nonspontaneous, monosyllabic, hypertalkative, mute ; Prosody : normal / dysprosody

Mood : Stated euthymic, depressed, sad, nervous, mad, angry ; Affect : full, reactive, appropriate/ inappropriate, tearful, irritable , anxious, constricted , blunted, flat, congruent / incongruent, labile, giddy, cheerful , expansive , dysphoric, euphoric

Thought Process : linear / organized, logical, goal - directed, disorganized, digressive, illogical, incoherent, circumstantial, tangential, LOA, thought blocking , concrete, neologisms, echolalia, FOI

Thought Content : obsessions, phobias, ruminations , hopelessness, helplessness, guilt, worthlessness , ideas of reference, overvalued ideas, no delusions, delusions - paranoid , control - thought insertion, thought withdrawal, thought broadcasting , grandiose, bizarre, somatic, nihilistic, erotomanic ; hyperreligiosity, hypersexual

Perceptual disturbances : Hallucinations - none, auditory, visual, olfactory , tactile, gustatory ; illusions ; depersonalization, derealization

Sensorium and cognition : Orientation : alert & O X 3 ; Attention : normal, short span, distractible : spells word WORLD forwards and backwards ; Memory : intact , good / poor immediate , good/ poor recent, good/ poor remote ; good / poor recall, /3 at 5 min ; names 1/2/3/4 presidents

Suicidal ideation : denies , intermittent / fleeting / persistent / plan / intent

Homicidal ideation : denies, intermittent / fleeting / persistent / plan / intent

Insight & Judgment : good, fair / limited / poor

MENTAL STATUS EXAMINATION :

General Appearance & Behavior : Age : appears stated age, appears younger / older than stated age ; Dress : casual, formal, neat, eccentric, provocative, bizarre; Gait : normal / shuffling / clumsy / limps ; Posture : relaxed / rigid / slumped ; Body build : medium/ thin / obese ; Grooming : good, fair, poor, disheveled , highly perfumed ; Behavior/ manner : cooperative , uncooperative, pleasant, calm, guarded, suspicious , vigilant , tense, argumentative, inappropriately familiar, hostile, demanding, evasive, withdrawn, seductive, ingratiating, dramatic , aloof , sarcastic ; Relatedness : well-related/ superficially related/ poorly related; other features : scars, tattoos, bandages, tabacco stained fingers. etc

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Eye contact : good, fair, poor, avoidant

Motor activity : normal, fidgety , restless, agitation - unable to sit still, wringing hands, rocking, pacing, retardation, mannerisms, grimacing ; Involuntary movements : none, tremors, bradykinesia, twitches, dystonia, dyskinesia, catatonic posturing, stereotypy, tics , echopraxia

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Perceptual disturbances : Hallucinations : none , auditory, visual, olfactory , tactile, gustatory ; illusions ; depersonalization, derealization

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Sensorium and cognition : Orientation : alert & O X 3 ; Attention : normal, short span, distractible ; spells word WORLD forwards and backwards ; Memory : intact , good / poor immediate , good/ poor recent, good/ poor remote : good / poor recall, /3 at 5 min ; names 1/2/3/4 presidents

Suicidal ideation : denies , intermittent / fleeting / persistent / plan / intent

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Homicidal ideation : denies, intermittent / fleeting / persistent / plan / intent

Insight & Judgment : good, fair / limited / poor

DIAGNOSIS :

Plan / Recommendations : Risks, benefits and alternatives of treatment and medications were discussed with the patient, benefits of treatment outweigh risks, pt agrees with current treatment plan. Psychoeducation provided, discussed importance of full compliance with recommended tx, risks of noncompliance the tx

Return to office in 4 **week(s)** ______ **month(s)**

→ pending sleep study results
→ ↑ Prozac to 30 mg daily
→ pt reports his therapist told to see other CPS MD 2° to not having his Prozac dose; pt informed that Prozac called in on 8/3 at Walgreens; pt states not aware — likely pharmacy mistake, pt decides to cont there w/ me
→ cont sleep apnea CPAP tx
→ pt states may have [illegible] ins in [illegible].

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Date 9/15/11

PROGRESS NOTE

NAME : SEBRING GLEN

Compliance w/ psychotropic medications : X **full** ___ **partial** ___ **noncompliant**

Pt states compliance w/ Prozac 30 mg po daily, no SE, some delayed ejaculation;
Pt worries about financial st, with retire from prison job as of 9/19/11, will apply for disability;
depressed, no SI/HI;
ok sleep, ok app; some ↓ conc;
received/brought letter from EST — reported ↑ scores on Yale OCD scale; pt didn't c/o of any sx at initial/at other sessions;
admits now x 5 yrs, has germ fears, fears of getting hands dirty, avoid to touch carts, doorknobs; washes hands 50x/day
denies other repetitive beh; relieved after washes hands

Patient denies any side effects of medications ___**, side effects: NONE**

~~states hoards things~~

CRAP

Other medications and lab results: PCP

→ 9/1114 MRI knee → In the cast.

No other meds

→ Supplements

MENTAL STATUS EXAMINATION :

General Appearance & Behavior : Age : appears stated age, appears younger / older than stated age ; Dress : casual, formal, neat, eccentric, provocative, bizarre; Gait : normal / shuffling / clumsy / limps ; Posture : relaxed / tense/ rigid / slumped ; Body build : medium/ thin / obese ; Grooming : good, fair, poor, disheveled , highly perfumed ; Behavior/ manner : cooperative , uncooperative, pleasant, calm, guarded, suspicious , vigilant , tense, argumentative, inappropriately familiar, hostile, demanding, evasive, withdrawn, seductive, ingratiating, dramatic , aloof , sarcastic ; Relatedness : well-related/ superficially related/ poorly related; other features : scars, tattoos, bandages, tabacco stained fingers, etc

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Eye contact : good, fair, poor, avoidant

Motor activity : normal, fidgety , restless, agitation - unable to sit still, wringing hands, rocking, pacing, retardation, mannerisms, grimacing ; Involuntary movements : none, tremors, bradykinesia, twitches, dystonia, dyskinesia, catatonic posturing, stereotypy, tics , echopraxia

Speech : normal r/r/v; rate - slowed, hesitant, long pauses between questions, rapid, pressured ; rhythm - monotonous, stuttering; Volume - soft, loud ,whispered ; rambling, articulation - clear, slurred, dysarthric, mumbled ; Amount - spontaneous / nonspontaneous, monosyllabic, hypertalkative, mute ; Prosody : normal / dysprosody

Mood : Worried euthymic, depressed, sad, nervous, mad, angry ; Affect : full, reactive, appropriate/ inappropriate, tearful, irritable , anxious, constricted , blunted, flat, congruent / incongruent, labile, giddy, cheerful , expansive , dysphoric, euphoric

Thought Process : linear, organized, logical , goal - directed, disorganized, digressive, illogical, incoherent, circumstantial, tangential, LOA, thought blocking , concrete, neologisms, echolalia, FOI

Thought Content : obsessions - phobias, ruminations, hopelessness, helplessness, guilt, worthlessness , ideas of reference, overvalued ideas, no delusions; delusions - paranoid , control - thought insertion, thought withdrawal, thought broadcasting , grandiose, bizarre, somatic, nihilistic, erotomanic ; hyperreligiosity, hypersexual _

Perceptual disturbances : Hallucinations - none ; auditory, visual, olfactory , tactile, gustatory ; illusions ; depersonalization, derealization

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Sensorium and cognition : Orientation : alert & O X 3 ; Attention : normal, short span, distractible

Suicidal ideation : denies, intermittent / fleeting / persistent / plan / intent

---

Homicidal ideation : denies, intermittent / fleeting / persistent / plan / intent

Insight & Judgment : good, fair / limited / poor

DIAGNOSIS :

[illegible]

Plan / Recommendations : Risks, benefits and alternatives of treatment and medications were discussed with the patient , benefits of treatment outweigh risks, pt agrees with current treatment plan. Psychoeducation provided , discussed importance of full compliance with recommended tx, risks of noncompliance the tx

Return to office in 4 **week(s)** ______ **month(s)**

→ (↑) Lexapro to 40mg po daily, fair response for depr sxs ~~target~~ anx sxs, warned about SE, no S/H id
→ cont psychotherapy
→ continued sleep apnea tx

MIRCEA TRUTA, M.D.