

INTERNAL MEDICINE EVALUATION REPORT

RE:
SSN:

INFORMANT: Claimant.
RELIABILITY: Good.
HANDEDNESS: Right.
EDUCATION: 12th grade.

June 12, 2013

HISTORY

Claimant is a [redacted] year-old [redacted] who has a history of von Willebrand disease. About two years ago he started experiencing increasing fatigue on the background of heavy alcohol use. He woke up one morning in 02/2012 with fever, jaundice and vomiting blood. He was also feeling lightheaded. He presented at the emergency room and had extensive work-up including bone marrow biopsy and liver biopsy as well as endoscopy upper and lower GI. He was also found to have enlarged spleen, which was attributed to portal hypertension with hypersplenism. Endoscopy was negative for bleeding varices and hematemesis was attributed to effect of vomiting on the stomach. He was told that the bone marrow biopsy was normal but the liver biopsy showed that he had cirrhosis. He was hospitalized for a total of 11 days. Since then he has been stable but has continued to experience chronic fatigue with ordinary level of activities. He also did report chronic left hypochondrial pain. His complete blood count has been monitored every three months and has been stable. The last complete blood count was done in 03/2013 and the red blood cell had improved and white blood cells decreased. He denied any jaundice. No leg swelling or fluid retention and he denied any altered mental status. He quit drinking alcohol for the most part in 02/2012 and since then has had may be two drinks of wine.

REVIEW OF SYSTEMS

Claimant denied any heart disease, central nervous system disease, bowel disease or lung disease. Claimant has not had any surgery.

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FUNCTIONAL CAPABILITIES

He is able to sit for two hours, stand for an hour and walk a mile. He can lift upto 50 lbs. He reports pain in the sides after bending for too long. He can do housework, laundry, grocery, personal grooming activities and he can drive. He has no trouble using the hands for gross or fine motor tasks.

MEDICATIONS

He is not on any medications.

FAMILY AND SOCIAL HISTORY

He is divorced. He does not smoke. He _____ as a crew trainer for one year. He stopped working due to fatigue and heat intolerance at work.

PHYSICAL EXAMINATION

Physical examination revealed a fairly groomed, young adult _____ He weighed 236 pounds and measured 71 inches in height. Blood pressure was 162/98. Pulse rate was 74 per minute, and respiratory rate was 16 per minute. Visual acuity was 20/40 in each eye individually and 20/30 on binocular vision with correction. **HEENT:** PERLA, EOMI. Tympanic membranes were intact. **Neck:** Supple, no lymphadenopathy and no jugular venous distension. **Chest:** Symmetrical chest wall with normal diameter; no intercostal or subcostal retractions, no tracheal tug or use of accessory muscles of respiration. No rhonchi or rales on auscultation. **Heart:** Pulses were regular and synchronous with good volume. Apex beat was localized at the 5th left intercostal space mid-clavicular line. Heart sounds I and II only. No murmurs or gallop. **Abdomen:** He had mild-to-moderate discomfort to palpation of the left hypochondrial region. No ascites. No hepatomegaly. No palpable splenic enlargement. No stigmata of chronic liver disease. The abdomen was soft, non-distended and non-tender. Bowel sounds normoactive. **CNS:** Alert and oriented in time, place and person. Speech was fluent, articulate and coherent. Hearing was normal. Memory for long and short-term events was not impaired. Thought process was rational and there was no difficulty sustaining conversation. Attention span was satisfactory. Cranial nerves II-XII were tested and found to be intact. Muscle power and tone were normal in all muscle groups. Reflexes in the ankles, knees, elbows and wrists were 2+ and symmetrical. Ankle clonus was absent. Babinski sign was negative, bilaterally. Sensation to light touch and pain was preserved in all extremities.

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PHYSICAL EXAMINATION (CONTINUED)

Vibration sense and proprioception was intact in all extremities. Romberg sign was negative and there were no cerebellar or extrapyramidal signs. **Extremities:** No pedal edema, and peripheral pulses were not diminished. **Musculoskeletal:** He walked with a normal gait. He had no trouble transferring onto or off the examination table. He did not require an assistive device for ambulation or transfer. He was able to squat, kneel and walk in tandem. He was able to stand on heels and toes. He was able to grip and grasp with both hands. Grip strength in the right hand was 115 lbs. and 125 lbs in the left hand. He was able to reach forward, push or pull with the upper extremities. He was able to use the hands for fine coordination and manipulative tasks; he was able to tie knots, do buttons, do shoelaces, pick up coins, hold pens, turn door handles, pull zippers and do fine fingering movements.

IMPRESSION:

1. Alcohol-induced chronic liver disease with findings suggestive of portal hypertension with hypersplenism.
2. Von Willebrand disease currently being monitored and stable.

MEDICAL SOURCE STATEMENT

Based on information obtained during this examination it is my opinion that claimant is capable of engaging in sedentary-to-light physical demand level activities as defined in the Dictionary of Occupational Titles.


Physician's Printed Name

Physician's Signature

Range of Motion Chart

Claimant Name: _____

SSN: _____

COMPLETE FOR THE JOINTS AFFECTED when LIMITATION of motion, OBESITY, OR PAIN is DOCUMENTED, ALLEGED OR DISCOVERED in the process of the examination.. Report the active mechanical range of motion in degrees of remaining motion, not subjective notations such as "Normal" or "Full". Adjustments should not be made due to the claimant's age or body habits.

		<u>A.A.O.S</u>		<u>Claimant's ROM</u>		
		<u>Normal</u>				
		<u>ROM</u>				
<u>SPINE:</u>	<u>CERVICAL</u>	Flexion	50	_____		
		Extension	60	_____		
		Lateral Flexion	45	R _____	L _____	
		Rotation	80	R _____	L _____	
	<u>LUMBAR</u>	Forward Flexion	90	_____		
		Extension	25	_____		
Lateral Flexion		25	R _____	L _____		
<u>UPPER EXTREMITY:</u>	<u>SHOULDER</u>	Abduction	150	R _____	L _____	
		Adduction	30	R _____	L _____	
		Forward Elevation	150	R _____	L _____	
		Internal Rotation	80	R _____	L _____	
		External Rotation	90	R _____	L _____	
	<u>ELBOW</u>	Flexion	150	R _____	L _____	
		Supination	80	R _____	L _____	
		Pronation	80	R _____	L _____	
		<u>WRIST</u>	Dorsiflexion	60	R _____	L _____
			Palmar Flexion	60	R _____	L _____
<u>LOWER EXTREMITY:</u>	<u>KNEE</u>	Flexion	150	R _____	L _____	
		Extension	0	_____		
	<u>HIP</u>	Abduction	40	R _____	L _____	
		Adduction	20	R _____	L _____	
		Flexion	100	R _____	L _____	
		Internal Rotation	40	R _____	L _____	
		External Rotation	50	R _____	L _____	
	<u>ANKLE</u>	Extension	30	R _____	L _____	
		Dorsiflexion	20	R _____	L _____	
		Plantar Flexion	40	R _____	L _____	

ALL areas left blank are normal as per the standards of the American Association of Orthopedic Surgeons. With my signature, I attest to the fact that this individuals active mechanical range of motion was measured.

Means of Measurement: _____

Physician's Signature _____ Date _____
Attachment: Voucher



PSYCHOLOGICAL EVALUATION
CONFIDENTIAL

Name:
DOB:
Age:
Case:
Address:

Phone:
DOE:
Examiner:



Tests Administered:
Mental Status Examination

I. History and Presentation

is a European-American female who was referred by the Disability Determination Bureau for a mental status examination. She drove herself to the examination and was unaccompanied to the evaluation. Disability paperwork indicates that disability is alleged due to back problems, sciatica, seizures, PTSD, and anxiety disorder.

History of Disability:

When asked of her reasons for applying for disability, stated, "Mainly on physical, but the mental disabilities has a lot to do with it too. I'm very bad bipolar, lots of mood swings. Irritability. I can't stand to be around people. It doesn't take but the slightest thing to get me mad." said that she feels sad "all the time," described psychomotor retardation, loss of energy, feelings of worthlessness, and difficulties with concentration. She also reported "bad memory loss." She said that she has struggled with depressive difficulties "for as far as I can remember." She denied having an elevated mood but said that she may have had that when she was younger. She has periods of time with extreme irritability which can last for several days. She denied pressured speech but said that she has constant racing thoughts which is why she cannot concentrate. She is easily distracted. She said that she will occasionally have times where she has an increase in goal-directed activity, but she said that she will lose interest quickly. She gave an example that she was given an old mower which she was going to take apart and restore it. She took it all apart in one day and has done very little to it since. She said that she has intentions to fix it. She denied any excessive involvement in pleasurable activities. She said that she has been diagnosed with Bipolar Disorder because she "snaps for no reason" and gets angry. She said that she used to have times where she had euphoria and was using drugs. She would do things and not care what about consequences. She said that she took off and left her children and joined the carnival. "I got all tattooed up and pierced up and didn't care. I took off hitchhiking when I was 19 and was gone for three months."

does not like to be alone and is afraid of being abandoned, adding “I’ve been abandoned all my life.” She said that she has had many unstable and intense interpersonal relationships, she struggles with her self-image, and has a very unstable mood. She has engaged in impulsivity with drugs, driving, and drinking. She has chronic feelings of emptiness, and she has difficulty controlling her anger.

_____ has difficulty falling asleep and staying asleep and has night seizures. Sometimes she falls asleep quickly, and other times it takes her six to seven hours to fall asleep. She wakes up through the night about every hour, and it is difficult for her to fall back to sleep. She gets four to five hours of sleep a night, and she wakes up feeling tired. She has some nightmares. She said that once every week or two, she will have one night where she needs very little sleep. Before she became injured in 2007, she had periods of time with much more energy, and she would go three to four days without needing sleep and then would “crash” and sleep for nine to ten hours. _____ does not eat very often, adding that sometimes she will go two to three days without eating at all. She is currently living with a friend, and he will make her drink an Ensure on those days.

Marital and Family History:

_____ has been married five times. _____, and her fifth husband committed suicide two years ago. She has three children, _____. She does not have any contact with them. She said that she left _____ and _____ and their father to join the carnival. They still live with him. She tried to send child support, but her ex-husband ripped up the check and sent it back to her. _____ has been raised by _____ and uncle, and her uncle adopted him. She sees _____ every once in a while. She is currently living with _____ and he is a family friend. She gets along well with him, but they do not see each other much. _____ is “kind of” close to an aunt who lives right behind _____ but she has Bipolar Disorder and can be difficult to get along with.

Work History:

_____ last worked for _____ and she worked there for a month before leaving because she had a seizure at work and was not able to drive the car. They had to let her go because their insurance would not cover her. Prior to that, she _____ and she worked there for about three or four weeks before being let go because “they said I was stumbling around. They accused me of being messed up on drugs or something, but I took a drug test and passed it. They said that they couldn’t have me working there if I was taking that many narcotics and acting like that.”

School History:

_____ completed the tenth grade and quit school when she was pregnant with her oldest son. She denied any special education or retention. She has her GED. She has taken a couple of college classes but dropped out of them after about a month. She has a heavy equipment operator but has not renewed it and is certified in powder actuated hand tools. She also has a certification in masonry.

Psychiatric and Legal History:

_____ has been hospitalized three times for psychiatric issues. Her last hospitalization was about four years ago, and it was due to a suicide attempt. She attempted by taking all of her prescription medication at one time. She has been in counseling in the past at _____ but felt that it was making her angrier instead of better. She has seen a psychiatrist in the past for medications, but she said that they made her more violent than she is now. Her primary care physician currently prescribes her medication.

_____ denied any arrests or current drug use. Past illegal drug included methamphetamine, marijuana, crack a couple of times, and she snorted pills and cocaine. She currently drinks alcohol and drinks a twelve pack of alcohol day. She said that if she is drinking vodka, then she will drink a half of a gallon a day. She does not think that she has a problem with alcohol and said “I mainly drink because it helps with the pain and keeps me in a calmer state of mind.” _____ smokes a pack of cigarettes a day.

Presentation and Observation:

_____ arrived to the evaluation on time. She was appropriately dressed and groomed. She was cooperative but agitated throughout the evaluation and appeared to answer all questions to the best of her

ability. She was able to stay on-task and was easy to redirect when needed. She answered questions in a succinct and clear manner and was an average historian. She was generally able to describe her symptoms adequately when questioned. Her speech was easily understood. There were no repetitive or unusual behaviors noted. Her mood appeared to be depressed and irritable.

II. Mental Status Examination

Proverbs:

Proverb:	Response:
Look before you leap	"Don't make no sudden decisions, I guess."
You can't judge a book by its cover	"You can't just look at somebody and tell what kind of person they are."

Similarities and Differences:

Question:	Response:
Dog/Lion	S: "They're opposites." D: "One's a dog, and one's a cat."
Car/Plane	S: "They both have motors." D: "The plane flies. The car can't."

Memory:

Immediate: [redacted] was able to repeat 3 objects (ball, pencil, dog) immediately and could not remember any objects ("I don't remember.") approximately 5 minutes later.

Recent: [redacted] had difficulty remembering what she did yesterday ("Not really.") and denied eating anything. ("I don't think I did.") She was able to state that our current president is "Obama."

Long Term: [redacted] is able to recall the name of her elementary schools ("Stalker") and was able to remember a few previous presidents. (Bill Clinton, George Washington, Dwight Eisenhower)

Digit Span:

Digits Forward	Response	Digits Backward	Response
2-4	2-4	7-3	3-7
3-7-9	3-7-9	6-4-7	7-4-6
6-3-8-5	6-3-8-5	5-1-8-4	4-8-1-5

Calculation:

Calculation	Response
13+12	35
18-6	12
6x4	24
12/6	2
6 sodas at .25 cents each	\$1.50
Change for \$5.00	\$3.50

Serial 7's:

100... 93... 85... 78... 71... 64... 57... 50... 43... 36... 29... 22... 15... 8... 1.

Judgment:

Question	Response
First to see fire in movie theater	"Call 911."
Found a stamped, addressed envelope	"Put them in the mailbox."

Information:

Question	Response
Months in a year	12
Weeks in a year	"I don't know."
Direction sun rises	"I think it rises in the east and sets in the west."
Current events	"Locally a month ago my best friend was pulled out of the empire query. They had that marathon bombing. Henryville schools got hit by tornadoes."

Orientation:

was oriented x3 being able to state her full name, where she is and the month, date, and year

Speech:

speech was normal for tone and volume. She did not engage in a flight-of-ideas or tangential speech during the evaluation. Quality and quantity were generally within normal limits.

Medications:

is taking 150 mg of Synthroid once a day, 10-325 mg of Norco every four to six hours for pain, 1 mg of Xanax three times a day, Potassium Gluconate once a day, 600 mg of Calcium and Vitamin D-3 once time a day, 4 grams of Cholestyram one time a day (one scoop in a drink), and 100 mg of Dilantin three times a day.

Mental Trend and Thought Content:

reported that she has flashes in the corner of her eye where she thinks that she sees something, but no one else will see it. She does not see things for long periods of time and thinks the flashes may be from her medications. is attempted suicide many times but has been "caught" three times. She denied current suicidal ideation stating "I gave up on it and figured I'm meant to be in this cruel world." She reported that she has had homicidal thoughts in the past and has admitted that she has tried to hurt people in the past. She said that she has calmed down a lot but also tries to stay away from people.

III. Daily Activities

Personal Habits:

showers a couple of times a week and changes her clothes every two days. She does some chores around the house but said that it takes her all day to do the chores she does because she has to sit down in between. She struggles with chores due to both physical pain and motivation.

Daily Activities:

briefly described her daily activities as "I get up out of bed and get a cup of coffee and sit in the recliner. I'll go to the smoking room and watch tv and smoke. Sometimes he'll come home for his lunch break, and I'll ask him how his day is going. I'll go back in the house, and if there's a few dirty dishes I'll put them in the dishwasher. I'll pretty much just watch tv."

Interests:

does not have any interests or things that she enjoys. She used to have several interests, playing basketball, spending time with friends, and going mushroom hunting. She said that she does not do any of those things now because it hurts too much. She added that she does not have any friends anymore.

Interpersonal Relations:

said that she no longer has any friends. She had one friend who recently passed away. They are not sure or what happened. She said that she does not have any other friends because "nobody wants to come around me."

IV. Summary and Impression

_____ is a _____-year-old European-American female who was referred by the Disability Determination Bureau for a mental status examination. Disability is alleged due to back problems, sciatica, seizures, PTSD, and anxiety disorder.

_____ reported that she has been diagnosed with Bipolar Disorder in the past. She reported depressive difficulties including feeling sad, having psychomotor retardation, loss of energy, feelings of worthlessness, and difficulties with concentration. She has difficulties falling and staying asleep, has a poor appetite, no longer has interests, has few daily activities, struggles with motivation, and has past suicidal attempts and homicidal ideation. _____ also reported hypomanic symptoms such as irritability, racing thoughts, being easily distracted, and minor increases in goal-directed activity. She used to have periods of euphoria and would do things without caring about consequences. She also described periods in which she will twenty-four hours without needing much sleep and a previous history of excessive energy and not needing sleep for three or four days. These difficulties are consistent with a diagnosis of Bipolar Disorder Not Otherwise Specified.

_____ currently drinks about twelve alcoholic beverages a day. She also drinks vodka and will drink about a half of a gallon a day when she chooses to drink it. She reported that she does not have a problem with it, however, she has tolerance, drinks larger amounts or longer periods, and continues use regardless of issues that the substances cause. These difficulties are consistent with a diagnosis of Alcohol Dependence.

_____ indicated inner patterns of experience and behavior that seem to deviate from expectations of her culture. Her cognition, affectivity, interpersonal functioning, and impulse control are not what would be expected of the typical _____-year-old. She reported that she does not like to be alone and is afraid of being abandoned. She admitted to having many unstable and intense interpersonal relationships, struggles with her self-image, and has a very unstable mood. _____ has engaged in impulsivity with drugs, driving, and drinking. She has chronic feelings of emptiness, difficulty controlling her anger, and has engaged in recurrent suicidal behavior. These difficulties are consistent with a diagnosis of Borderline Personality Disorder.

_____ current Global Assessment of Functioning is estimated to be in the severe range. She appears to have significant hypomanic and depressive difficulties, irritability, past suicide attempts, problems with alcohol, and personality difficulties. These difficulties are likely to persist long-term and not likely to remit.

DSM-IV Diagnosis:

Axis I	296.80	Bipolar Disorder Not Otherwise Specified
	303.90	Alcohol Dependence
Axis II	301.83	Borderline Personality Disorder
Axis III		Deferred
Axis IV		Suicide of husband
Axis V	Current GAF= 45	Highest GAF past year = 45

Financial Statement:

_____ said that if she were to receive disability monies, she would be able to handle the funds herself. She said that she always makes sure to pay her bills, and she thinks that she is good with money.

Medical Source Statement:

- 1) _____ should not have difficulty being able to learn, remember, and comprehend simple instructions.
- 2) _____ may have difficulty attending, concentrating, and completing simple tasks due to depressive difficulties.

- 3) may have difficulty interacting appropriately with co-workers and supervisors due to her irritability and personality structure, and unstable interpersonal relationships.
- 4) should not have difficulty handling routine changes in the workplace.



A large black redaction mark covers the signature and name of the evaluator. The text "Diana [Redacted]" is partially visible through the redaction. Below the signature, the text "Licensed Clinical Psychologist" is visible.