

MAINE MEDICAL CENTER, PORTLAND, MAINE
EMERGENCY DEPARTMENT CONSULT SHEET

Name: Otto Snow

Patient Number: 4006202E01

Date: 11/16/85

Past y: Outpatient tx as teenager for
ideas of mysticism. No hosp. Meds = Contrex
Fam Hx: Mother = ? MDE. No other y/Hx in family
Sit: Pt. lives with male roommate. He is hetero-
sexual and does not have girlfriend. He is
lax and enjoys going to library. 1 1/2 yrs. college
ETOH = 2x/week - not to excess Pot = once/week

Mental Status

Thin, building white male, neatly dressed appearing
older than 29.

Speech = rapid

Mood = worried, depressed, anxious

Affect = anxious

Thoughts = circumstantial, mild flight of ideas
but well directed if pressed

Thought content = $\ominus$ Suicidality, $\ominus$ homicidality,
 $\ominus$ hallucinations, $\ominus$ delusions, $\ominus$ IOR

Ox 3

I certify that I have given a general explanation of the procedures or treatments and of the usual and most frequent risks and hazards inherent in the above treatments or procedures and medically significant and acceptable alternatives.

Tom Santano
Attending Physician/House Officer

**MAINE MEDICAL CENTER
EMERGENCY DEPARTMENT RECORD
EMERGENCY RECORD**

PAGE 2 OF 2

11/16/85 2:34 PM

4006208ED1

SNOW OTTO E

264734

BOX W/187 E GRAND AVE

BORN

F/C:09

BY:ERM

REG:11/16/85

OLD ORCHARD BEACH M 04064

PHONE: -883-4270

MAR:5

AGE:29

SEX:M

2:34PM

EMPLOYER: UNEMP

SPOUSE EMPL:

RELIGION: NP

VET: N

IF ACCIDENT, TYPE:

TO HOSPITAL VIA: CAR

LGL NEXT/KIN:SNOW HARRY

REL:FATHER

PHONE:

ADDR:

FAMILY DOCTOR: CLINIC

OTHER INFO:

PT CMPLT:HEADACHE

HERE PREVIOUS:

HERE TO SEE: EMERGENCY DIV M

SEEN & AGREE:_____

DISCUSSED & AGREE:_____

RECORD REVD BY:_____

11/16/85/WITHIN 24 HRS/OTHER:_____

psych eval

ISSUED: ☐ COLLAR ☐ PHILADELPHIA ☐ SOFT ☐ CLAVICLE STRAP ☐ IMMOBILIZER ☐ SHOULDER ☐ KNEE ☐ CAST ☐ ADULT ☐ LONG ☐ SHORT
☐ CRUTCHES ☐ OTHER _____

FINAL DIAGNOSIS

S. Subdural Rupture -

DISPOSITION

DISCHARGE CONDITION ☐ IMPROVED ☐ STABLE ☐ OTHER _____

☐ REFERRED TO CONSULTANT PHYSICIAN, SEE ATTACHED ☐ ADMITTED TO DR. _____

I CERTIFY THAT I HAVE GIVEN A GENERAL EXPLANATION OF THE PROCEDURES OR TREATMENTS AND OF THE USUAL AND MOST FREQUENT RISKS AND HAZARDS INHERENT IN THE ABOVE TREATMENTS OR PROCEDURES AND MEDICALLY SIGNIFICANT AND ACCEPTABLE ALTERNATIVES.

ATTENDING PHYSICIAN AND/OR RESIDENT

PHYSICIAN ASSISTANT/MEDICAL STUDENT

PATIENT INSTRUCTIONS

EMERGENCY DEPARTMENT • MAINE MEDICAL CENTER • PORTLAND, MAINE 04102 • (207) 871-2381

THE EXAMINATION AND TREATMENT YOU HAVE RECEIVED HAS BEEN ON AN EMERGENCY BASIS ONLY AND IS NOT INTENDED TO BE A SUBSTITUTE OR REPLACEMENT FOR COMPLETE CARE FROM YOUR PERSONAL PHYSICIAN. YOU SHOULD FOLLOW THE INSTRUCTIONS GIVEN AND FOLLOW UP WITH:

☐ REFERRED
TO _____

☐ MEDICATIONS PRESCRIBED

INSTRUCTION SHEETS GIVEN

☐ GENERAL	☐ VOMITING & DIARRHEA	☐ WORK NOTE
☐ HEAD INJURY	☐ NOSE BLEED	☐ PVT. M.D. LIST
☐ SPRAIN OR FRACTURE	☐ IMPETIGO	☐ FOLLOW UP APPT.
☐ WOUND CARE	☐ SCABS	☐ _____
☐ CAST INSTRUCTIONS	☐ VENEREAL DISEASE	☐ _____
☐ BACK PAIN	☐ PRESCRIPTION SLIPS	☐ _____
☐ OTHER _____		

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS

PATIENT OR LEGAL NEXT OF KIN'S SIGNATURE

SNOW, OTTO E
SELF

C/O WEINSTEIN BOX W BC 100
OLD ORCHARD, ME E-05 15 86
0FB 04064

268734 X

REFERRAL SOURCE <i>self</i>	DATE OF SERVICE <i>11-15-85</i>
APPOINTMENT STATUS ☐ scheduled ☐ walk in ☐ cancellation ☐ DNAC	ALLERGIES <i>Hay fever dysphagia</i>
REASON FOR VISIT (in Patient's own words) <i>Headache / Shaky</i>	NAME 1 <i>McInnes</i> NAME 2 <i>Sacine</i>
TEL RES <i>NP</i>	TEL BUS

Otto Snow

NUMBER <i>Headache</i>	☐ Major ☐ Minor ☐ New ☐ Revised ☐ Chronic
☐ Minimal 0-5' ☐ Brief 6-15' ☐ Limited 16-30' ☐ Intermediate 31-45' ☐ Extended 46-60' ☐ Comprehensive >60'	
☐ Sigmoid ☐ Pap ☐ Tonom ☐ PPD ☐ Stool heme. ☐ Immuniza.	
☐ Other (include OPD Lab):	
DO TODAY:	DO ☐ WITH ☐ BEFORE NEXT VISIT.

DO TODAY:	DO ☐ WITH ☐ BEFORE NEXT VISIT.
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* M.D. Please complete requisition when ordering

RETURN IN ☐ PRN ☐ Weeks ☐ Days ☐ Months	FOR ☐ 15 min. ☐ 1 hr. ☐ 30 min. ☐ Other:	HOSPITALIZE ☐ Elec. ☐ Emer.	☐ Tele. to Patient
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REFER TO: *Tim Scherson 11/20 100*

NUMBER <i>Asthma</i>	B.P. <i>110/86</i>
NUMBER <i>Hb migraines</i>	R
NUMBER <i>paranoid thoughts</i>	WT.

CLINICAL NOTE
*19400 % HA severe x 1 wk, w/ shakiness
sleeplessness. Sk worse C/PAC. Shaky w/ HA
note wrongful arrest by state
police 1 wk ago - since then
do @ sided HIA, w/sonoma
very nervous, doesn't want to
be alone - appetite OK
note when HIA was at its peak had
1 episode of nose bleed, none since
and HIA has started to lessen*

of now
*A) HIA 2° stressful situation
paranoid thoughts*
*refused pain medication
appt i Tim. RZ of ↑ HIA*

Section 1019

[illegible]

NURSES' NOTES _____ ☐ SEE CONSULTANT SHEET

EMRGR-7642
11/16/85 2:34 PM

MAINE MEDICAL CENTER
EMERGENCY RECORD
=====

SNOW OTTO E
BOX W/187 E GRAND AVE
OLD ORCHARD BEACH M 04064
EMPLOYER: UNEMP
IF ACCIDENT, TYPE:
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ADDR:
FAMILY DOCTOR: CLINIC
OTHER INFO:
PT CMPLT: HEADACHE
HERE PREVIOUS:
HERE TO SEE: EMERGENCY DIV M

F/C: 09
BORN: [REDACTED]
MAR: S
PHONE: -883-4270
SPOUSE EMPL:
TO HOSPITAL VIA: CAR
REL: FATHER
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4006208E01

SEEN & AGREE: _____
DISCUSSED & AGREE: _____
RECORD REVD BY: _____
11/16/85/WITHIN 24 HRS/OTHER: _____

MAINE MEDICAL CENTER, PORTLAND, MAINE
EMERGENCY DEPARTMENT CONSULT SHEET

Name: Otto Snow

Patient Number: 4006208E01

Date: 11/16/85

cc: "sleep problems"

HPI: This is a 29 year old w o → from OOB who presents complaining of sleep problem, nightmares, anxiety, feeling worried and depressed. Recent stressors include being arrested recently for intent to make amphetamine from chemicals he ordered. He denies this. He has a business called Neuro-tech, and he has been have trouble with the business. Another stressor involves having to care for his chronically ill parents (Mother psychiatrically and father has cancer).

He says he has felt depressed with crying spells, ↓ sleep, but appetite is OK. He denies suicidal ideations and says he could never do it because he could not hurt his parents like that. He has interest in enjoyable activities.

I certify that I have given a general explanation of the procedures or treatments and of the usual and most frequent risks and hazards inherent in the above treatments or procedures and medically significant and acceptable alternatives.

Tom Lantz MD

Attending Physician/House Officer

MAINE MEDICAL CENTER, PORTLAND, MAINE
EMERGENCY DEPARTMENT CONSULT SHEET

Name: Otto Snow

Patient Number: 4006208101

Date: 11/16/85

SRM = 3/3 in 5'

Pres = Reagen, Carter

Clearance = Good

Pro-eds = Abstract

Insight & Judgment = Fair

A: Axis I: Adjustment disorder with depressed
mood vs. Cyclothymic disorder (R/o hypomania)

ii) depressed

iii) headaches

iv) Moderate/Severe

v) Good

Plan: Scheduled outpatient appointment for
12/5/85 with D. Willey

Given Halcion 25mg Bids, 20 tabs

I certify that I have given a general explanation of the procedures or treatments and of the usual and most frequent risks and hazards inherent in the above treatments or procedures and medically significant and acceptable alternatives.

Tom Lantz MD

Attending Physician/House Officer

MMC Social Work Department
Initial Visit Summary
OTTO SNOW # 266734

1. Patient's Plan or Request:

"I want to get rid of these headaches and fears and get on with my life." Pt. doesn't want to take pain meds to help headaches. Also wants to know how to get some work.

2. Presenting Problems or Needs: 1. Social Crisis 2. Anxiety
(Social Work Problem List) 3. Depression

Pt. presents with headaches seemingly exacerbated by stress of arrest. Parents in Hancock Maine are both said to be ill + on disability. Pt. has not worked steadily in over 3yrs as has cared for parents. Now has no source of financial support + is living with a friend. Also has OUI charge pending in Ellsworth. Needs current help in sorting out and prioritizing the multiplicity of his problems.

3. Initial Assessment:
(DSM-III if appropriate)

Axis I - ? Cyclothymic Disorder vs
Adjustment Disorder + mixed emotions

Axis II Atypical Personality Disorder

Axis III H/o Migraines

Axis IV Severe stress of arrest

Axis V Poor adaptive functioning -
unable to work

Pt. has several current concrete needs along with a personality style that is eccentric and somewhat suspicious. He is a 29 yr old single man who comes across as quite knowledgeable about chemistry but naive about life. Gives long history of being anxious and has high health concerns.

4. Initial Plan of Action:

1. Pt. taught relaxation response with visualization of temperature control in hands to aid control of migraines. To do daily
2. Support pt's ability to set plans for self re: work, living etc.
3. Referral to Employers, Food Stamps and Training Resource Center
4. Has appt. with CMHC on 12/5/85
5. See in 2 wks to follow up on referrals and reinforce his control of headaches through relaxation.

Services Completed: ____ yes ____ no Closing Date:
Patient Referred to: (name of agency or therapist)

Social Worker's Signature:

Heimann H. Ackerson

MAINE MEDICAL CENTER
SOCIAL WORK DEPARTMENT

Patient: OTTO SNOW #266734 DOB: [REDACTED] Sex: M Veteran: N

Address: E Grand
% Weinstein
Box W
DOB ME 04064 Phone: no phone

Religion: Judeo-Christian Marital: S Education: 1 1/2 yrs college Occupation: self taught chemist & researcher

Source of Income: unemployed Medical Coverage/UC#: UC 100

Medical Diagnosis: Asthma
H/o migraines Informant(s): Pt. himself

Household Composition (name, age, relationship, work-phone)
Frank Pientera Friend -

Significant Others (name, age, relationship, address, phones)
Harry Snow 64 Father PO Box 157 Hancock ME
Marie 62 mother " " " "

Existing Agency Supports (name of agency, address, phone #,
(None) contact person)

Pertinent Home Conditions:
Living in friend's apt.

Prior Hospitalizations:
Age 13 St. Josephs Hosp. Nashua, N.H.
1 1/2 WKS for migraine
Dr. Clustermigraine
FNP

Referral Date: 11/15/85 Referral Source: Linda Carmichael Physician: —

Date Seen: 11/20/85 + 12/4/85

Reason for Referral:

10 day history of "migraine" headaches following "wrongful arrest". Pt. now living in DOB without a job, source of support and having depressive symptoms.