SACRED HEART MEDICAL CENTER 1255 HILYARD ST EUGENE , OR

E M E R G E N C Y D E P A R T M E N T N O T E - C O P Y

Patient Name: GIFFEN, Todd M. Birthdate: 03/13/1985 (28)

MRUN: 02018079 Account #: 023801045 Sex: M

Admit Date: 11/28/2003 Disch Date: 11/28/2003 Type:

Dictating Provider: NOTENBOOM, HANS Room/Bed:

EMERGENCY DEPARTMENT

02018079
Giffen, Todd M
DOB: 03/13/1985

PRIMARY CARE PHYSICIAN:
None.

CHIEF COMPLAINT:
Crisis evaluation.

HISTORY OF PRESENT ILLNESS:
This patient is an 18-year-old male brought in with his grandmother. He has apparently been living with his grandmother for the past six years. He dropped out of school in about sixth grade, and has been in and out of a private school since then. He has never graduated from high school. For the past couple of years, he basically has been isolating himself into his room. He really has not come out of the house, with the exception of absolute necessity, and will only really come out of his room at night when his grandparents have gone to bed. This also really only includes when he eats or takes a shower. He has come here tonight at his own request, and says that he wants to try to learn how to make this better. He says he feels very uncomfortable when he comes out of his room. He feels anxious and scared, and this has been an ongoing problem for years. In the past, he tried Zoloft and counseling, which I believe was about four years ago, without any success. He apparently has had a history of sexual abuse when he was about 4 or 5 years old. He was physically abused by his father's girlfriends later on. He is estranged from his parents, and does not really even talk much with his grandparents due to his anxiety. Most of the time, he spends sleeping or he works on his computer, which has apparently been broken recently.

As a result, the patient says that he wants to try to get help, to see if he can find some strategies so that he does not feel so uncomfortable coming out of his room. He says he does not want to hurt himself or anyone else. He denies any delusions or hallucinations. About a year ago, he said he did have thoughts of hurting himself one day, but this was somewhat short-lived.

The patient denies any medical complaints at this time.

REVIEW OF SYSTEMS:
All review of systems are negative, except as otherwise described.

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PAST MEDICAL HISTORY:
Notable for some depression or anxiety in the past.

MEDICATIONS:
None.

SOCIAL HISTORY:
He lives with his grandmother. He denies tobacco, alcohol or drug abuse.

ALLERGIES TO MEDICATIONS:
None known.

PHYSICAL EXAMINATION ON ARRIVAL:
VITAL SIGNS: Temperature is 36.4. Pulse is 156 initially, with a respiratory rate of 18. Blood pressure 132/82. Heart rate improves during the patient's visit. I re-evaluated this, and it seems to be down to just over 100.
GENERAL: The patient is quite anxious at this time. This male appears to be somewhat disheveled. He is a little unkempt.
HEENT: Normocephalic, atraumatic. He is not in any respiratory distress.
ABDOMEN: Soft.
NEUROLOGIC: Gait is normal. Neurologic exam is nonfocal grossly.
SKIN: Warm and dry.
MENTAL STATUS: His throat process appears to be intact. He does have poor eye contact and speaks softly, but appears to be appropriate in terms of his throat process.

EMERGENCY DEPARTMENT COURSE AND MEDICAL DECISION-MAKING:
The patient arrives by private transportation. Triaged to M4. Nurses' notes are reviewed. After evaluating the patient, I am not really picking up any clues that the patient is psychotic or having any hallucinations or delusions. It does appear that he has a severe social anxiety disorder, however. He says he gets nervous or scared whenever he considers walking out of his room. Today, however, is a big step for him as he says he wants to try and be proactive about trying to make himself feel better. He tells me that just coming to the Emergency Department and sitting here, he feels a little bit nervous presently, However, he is feeling more and more comfortable as he sits here.

I thought that the patient would benefit from behavioral health consultation, so I had Tim Danforth speak with the patient. Tim spent a very long time with this patient, and throughout the visit, said the patient seemed to open up quite a bit more. It does not appear that the patient is holdable. It did not appear that this will require hospitalization, as he has already made a good step in trying to come out and get help.

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As a result, the patient said he would be happy to try to get the care as an outpatient, and would make efforts to follow up with referrals. He was given multiple referrals by Tim which included calling Tim Danforth himself at Lane County Mental Health or White Bird Clinic. If he is ever feeling unsafe, he could certainly return here to the Emergency Department, as well.

At this time, however, he does not appear holdable and he does not appear toxic. We discussed medication possibilities, but at this time we are going to wait for a prescriber, and the patient feels comfortable with this. We discussed indications for emergent return and the need for followup.

CLINICAL IMPRESSION:
1. Anxiety.

DISPOSITION:
Discharge home.

CONDITION ON DISCHARGE:
Good.

DISCHARGE INSTRUCTIONS:
1. Return for increased symptoms.
2. Follow up with Tim Danforth as directed at Lane County Mental Health or at White Bird Clinic.
3. He can return here if he is ever feeling unsafe,

Dictated by
Hans T. Notenboom, M.D.

HTN:vicemb
Job # 23034
DD: 11/29/2003 04:27
DT: 12/02/2003 13:56
CMT
cc:

Provider Responsible for Electronic Signature: HANS NOTENBOOM

Electronically Signed On: 2Dec03 5:47pm
(Blank until electronically signed by Responsible Provider)