

PATIENT:

Todd Giffen
04/15/13

S: Todd applies as a new patient. He is a 28-year-old male currently in custody for Lane County for evident charges of resisting arrest and menacing. He is an Oregon native. He did spend some of his childhood in Phoenix. His mother is living, health unknown. Father is in Arizona, has hypertension and an aneurysm. He has two half-sisters, two half-brothers. He is the oldest child in his family. He states he had a significantly normal childhood. He was diagnosed with ADHD and treated with Ritalin at several points during this childhood. At the age of 18 he was apparently diagnosed with TMJ as a primary problem. He was given a prescription for ibuprofen, which was unhelpful. He states he had a long history of anxiety and inability to cope in his educational process. He does state that he did procure a GED performance diploma at the age of 20. He states he has a court employment record due to anxiety. He states that there is a large record of statements by Mr. Giffen and some narrative records of an arrest at the age of 19 for menacing and harassment. I am unclear as to the length of that sentencing. At the age of 21 he was diagnosed as having neuroleptic syndrome, primary symptoms that he recalls were hair-loss, narcolepsy, difficulty focusing and concentrating on his task at hand. He does state that his most recent arrest was in early 2011. He is apparently going to trial on charges of harassment, interfering with a 911 call and similar charges next week. He requests a physical examination. His primary complaints are swelling of his head, feeling like a scar tissue in and around his brain. The medications that he is on, which represent a considerable amount in the past, apparently there are no current medications. He had used fish oil and vitamin D. He has a history in his 20s of using Seroquel, Effexor, Wellbutrin, and Adderall with mixed success. He also states that he feels like he has numbness along the side of the face most of the time. He was released from custody in 2010. He felt as if he was being persecuted by some authorities with a radio wave device. He felt pressure in his ears, nerve pinching, face and neck aching and sore, swelling in his head, heat in his genitals, optimally requiring him to have multiple ejaculations in a day. There are some comments that he makes and some notes in the literature stating that this was apparently somehow against his will. I am unclear of the mechanism of that. He also complains of arthritic stiffness most of the time. He states he had a psychological evaluation 60 days ago. His primary complaints this day are the head pressure, anxiety, poor focus, muscle flaccidity.

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PATIENT:

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O: Blood pressure is 158/98. Pulse 64. 98% O₂, normal S₁, S₂. Lungs clear. Patient presents in normal conversational affect. He has some mild difficulty making eye contact. He is in ankle and leg irons, however he appears normally conversive for his current situation. He is able to continue conversations as to date, time, intellectually topic very easily. He is in minor subacute distress, cooperative. Seems focused inordinately on being harassed by others. Skin is moist, good integument, non-dry, soft. There is no evidence of eruptions on his back, torso, arms, or legs. Sclerae are normal. Pupils are equal and responsive. Normal AV ratio. No nicking. ENT is unremarkable. Nasal membranes are red, slightly boggy. Teeth are intact and reasonably well cared for. Thyroid is not enlarged. The lymph nodes are mildly swollen in the axillary chains. Otherwise unremarkable. Thorax and breasts are symmetrical bilaterally. There is very poor muscle tone and resulting in flabbiness of the breast bilaterally. Lungs clear to percussion and auscultation. Abdomen palpates normally, no organomegaly, no discrete nodules. There is marked lack of muscle tone out of proportion to a 28-year-old male, even one who would be in continued incarceration. There is very poor muscle tone at the extremity and torso muscles. He has the general muscle structure of an inactive male, probably twice his age. There is no urogenital exam done this date. There is no cyanosis, no clubbing, no edema, no varicosities. Neurologically superficial and deep tendon reflexes are intact. Cranial nerves are intact. Romberg test is negative. He is able to heel-toe, shrug bilaterally. We perform a neurotransmitter survey to question his cranial neurotransmitter function. It is relatively unremarkable. The only thing he keynotes on is fibromyalgia, TMJ, sensitivity to physical pain. Neurotransmitter panel essentially unremarkable. We review the blood chemistry done 04/15/13, drawn in our office on that date. This is an essentially normal chem screen. There is a moderately low potassium. There is a moderately low BUN. The low potassium would be consistent with a long-term situational stress disorder. Certainly it is atypical in a man of his age. Thyroid values are within normal limits. There is moderate to marked ecchymosis and cheilosis on the nasal and oral and ear tissues, typically secondary to poor nutritional status. There is a marked fracture of the nasal bones with a displacement to the right. The patient states that this was incurred during his arrest two years ago.

A: Anxiety, 293.84; postconcussion syndrome, 310.2; adjustment reaction, 309.9, probably secondary to poor nutritional status, long-term emotional stress. *hypertension 401.9*

SPRSD purpose
P: The *SPRSD* of his request for a physical examination prior to his hearing. *we hope* to provide some degree of confirmation. We discuss with him the need to follow some likely dietary protocol if he is able to, outside the confines of incarceration. It is clear that Todd is an alert, capable individual who is suffering from psychological or psychiatric difficulties beyond the ability of this office to evaluate and treat. It is my opinion that these could be significantly alleviated by improving nutritional and trace mineral status, either oral or intravenous. There is some reasonable likelihood that he would have reacted abnormally in a high stress situation because of a lifelong anxiety disorder with fixation on persecution following that trauma of arrest and incarceration. Recheck as needed.

Daniel Hardt, N.D./jnj

