

Sample Report #3—An Abbreviated Report

November 7, 2005

Ms. Frances Hughelet
Disability Determination Services
P.O. Box 9999
Seahawk News, MD 21067-6999

Re: Oliver Daniels
SSN: 111-11-1111
DOB: 1/19/67

Dear Ms. Hughelet:

Mr. Oliver Daniels is a 35-year-old, single, Native-American/Caucasian man who appears younger than his stated age. He is 5'9" and weighs 280 pounds. He has long dark hair, a blank look, and his two eyes are not coordinated together. He said that, as a child, he "caught a fish hook" in his right eye, and he is currently blind in that eye. His right eye dips to the side as one is looking at him. Mr. Daniels has significant tooth decay. He has several tattoos including two on his forehead and several on his arms. The one that is on his forehead between his eyes is a mushroom. The other one on his forehead is a butterfly that is partially covered by his hair. He said he has these two because he is "half Cherokee" and likes "mushrooms and butterflies." He would like to have the mushroom removed since he finds that people stare at it. It is quite noticeable and large. In conversation, Mr. Daniels is friendly, cooperative, and frequently has difficulty processing questions. Some have to be clarified or repeated. He obviously has cognitive difficulties as well as poor judgment.

Mr. Daniels was originally referred to the SSI Outreach Project in January, 2005 prior to his release from Prison Central. The SSI Project Director interviewed him before his release and again after his release, in the home where he was placed. Shortly after the interview, he left this home, and neither the care provider nor his case manager knew where he went. As it turned out, he returned to an old neighbor's house, got arrested for violation of parole (which will be explained later in this report), and was returned to Prison Central. He was again released, this time on 10/15/05, and was referred back to the project. He reports having had SSI in the past, before he was incarcerated.

PERSONAL HISTORY

Please see attached psychosocial report for Mr. Daniels's early history. About his stepfather, Mr. Daniels said, "One time he hit my mother and split her face open."

The reader is asked to note especially Mr. Daniels's foster care history, as explained in the attached report, beginning when he was 9-10 years old until ages 13-15 when he was with his sister in Alaska.

At age 15, as noted in the attached report, Mr. Daniels was in a coma for about two weeks in Antarctic State Hospital. The events leading up to this are described in detail in the attached records.

The reader should note as well Mr. Daniels's educational history as he was in special education, said he was told he was "slightly retarded," and believes he completed only the 9th grade. A report of educational and minimal employment history is attached.

Legal history is noted in the attached report beginning when he was an adolescent, through 2004. Since then, he spent time in the Frontal Correctional Institute and in Prison Central, for six months prior to his release in February, 2005. As was mentioned, the SSI Project Director visited him there.

What happened that led to his parole violation is described in attached prison records. His last release was on 10/15/05. He now resides in another licensed board-and-care home on Mt. McKinley Street, where he feels well-treated.

PHYSICAL HEALTH HISTORY

Regarding his physical health, Mr. Daniels is close to being obese. He said that he had gained even more weight recently, bringing him to his current weight of 280. The remainder of his physical history is contained in the attached report. He's been treated at East Park Medical Center and is being treated there for "bleeding from his penis" and a "bad infection." (See attached records).

SUBSTANCE ABUSE HISTORY

Mr. Daniels's substance use history is contained in the attached report and records. He reported that he plans not to use drugs any more and has had nothing since October, 2005, when he was released.

PSYCHIATRIC HISTORY

The first known psychiatric treatment history for Mr. Daniels was on 5/30/83, when he was admitted to Antarctic State Hospital (ASH), voluntarily, after being admitted to "Hannah Hospital in a state of unconsciousness after he had ingested Tegretol and alcohol in what witnesses claim was a threatened suicide attempt." Records from this admission are attached and indicate a poor prognosis. He was discharged to the custody of his sister.

On 5/20/91, Mr. Daniels was admitted again to ASH. (Please see attached records, including psychosocial evaluation).

Readmission to ASH occurred once again from 6/8-6/11/91. Mr. Daniels was found on the street “acting bizarrely.” He was discharged fairly quickly as staff felt he did not evidence a psychotic disorder nor was he homicidal or suicidal. Discharge diagnosis was personality disorder NOS.

Another admission to ASH occurred from 8/10-8/13/91. (Please see attached records from this and a subsequent admission to ASH on 11/2/91).

Mr. Daniels was again in ASH from 2/13-3/16/92. During this admission, he was given psychological testing. Records from this admission and the testing are attached. His next admission there was from 5/16-5/19/92 (see attached records).

Between 1992 and 1998, we have no records. From 1998-2003, Mr. Daniels lived again in Bangalore and was seen at the Upper Bangalore Mental Health Center, given a diagnosis of schizophrenia paranoid; R/O antisocial personality disorder and R/O adult ADHD. See attached records.

On 10/30/05, Mr. Daniels was seen for his initial outpatient evaluation at the Josephine Sledge Community Psychiatry Program (CPP). Detailed records from his treatment there are attached as well. Diagnosis there is schizoaffective disorder; R/O bipolar disorder type I; history of polysubstance abuse; R/O intermittent explosive disorder; mild mental retardation, and R/O antisocial personality disorder. Obesity and right eye blindness were also noted. Medications to be started were Risperdal, 4 mg at bedtime; Cogentin, 2 mg at bedtime, and carbamazepine, 200 mg at bedtime.

FUNCTIONAL INFORMATION

Typically, Mr. Daniels gets up between 7 and 9 a.m. He said he then smokes a cigarette and has a cup of coffee. He eats breakfast, does assigned chores, goes to appointments and then sits on the porch or watches TV. He said that he stays in the house most of the time. He is in bed between 10-11 p.m. Weekends are about the same schedule.

Mr. Daniels shows marked impairment in his activities of daily living, in his social functioning, and in his ability to pace and persist in the completion of tasks.

Regarding his activities of daily living, Mr. Daniels reports that the “man who runs the house hired a chef to cook the food. He’s really good.” He said that he knows a “little bit” about cooking but has “trouble because my mind shuts down if I have to do it all myself.” He is able to use the telephone but seldom does. He does not know the phone number of the place where he lives. If he needed to get a phone number, he would call the operator. The man who runs the house does the shopping for food and other things. Mr. Daniels said that he is assigned a rotating chore at the house. “Today, I didn’t do my chore because I got up late and had to come here,” he said. Staff in the house does the laundry. He said that the care provider “is a good guy. He seldom raises his voice. He tries his best to make us happy.” He bathes or showers “no less than every other day.” He said that he has been to the post office “a couple of times in my life.” Although he felt that he could manage his own funds, his treating psychiatrist noted that the extent of institutionalization in his life and his limited skills made him unable to manage his own funds. Either his case manager

or his care provider takes him to appointments or wherever he needs to go. He does not use public transportation. Mr. Daniels has never maintained his own residence. For virtually his whole life, he has been in foster care, in institutions or hospitals, or with family.

Socially, Mr. Daniels remains somewhat shy and uncomfortable around other people. He stays to himself and pretty much stays in the house. He said, "I don't go nowhere except to the hospital or on a ride with Mr. Mohan (the care provider)." He communicates fairly well but has difficulty understanding/processing information. He said that, when angered, "I don't usually get violent but I might cuss somebody out. I think that's normal. I don't keep a grudge longer than 2 days." Mr. Daniels feels that he is still learning how to be with other people. His life of institutionalization has reinforced his isolation and aloneness. He manages when others don't interfere with him. However, when they do, he struggles to keep his behavior in check.

Regarding his ability to pace and persist in the completion of tasks, Mr. Daniels said that he can concentrate if things around him aren't distracting. He feels that his memory is "getting worse than it used to be." He feels that his past drug use probably affected his memory and his thinking as he notices problems with both. He also needs reminders to take his medication. He said this is especially true "when things are going good." His long-term goal is to enroll in karate school and to quit smoking.

SUMMARY

Mr. Oliver Daniels is a 35-year-old, single man who has been in institutional placements for much of his life. His lengthy history of learning difficulties, aggression, substance use, bizarre behavior, and psychotic symptoms have impaired his functioning throughout his life. Without a supervised living situation, Mr. Daniels would likely be re-arrested or re-hospitalized. He needs reminders regarding medication, appointments, and supervision/monitoring regarding behavior control. He has organic problems that result from earlier childhood difficulties, head trauma, and substance abuse. His early history led to the development of personality difficulties that are long-standing and carry a poor prognosis. His work history is sparse; his functioning in the community has been extremely poor. If you have any questions, please call Ms. Francis at 410-328-1406 or Dr. Catnap at 410-955-2292.

Sincerely,

Ms. Frances Francis, MSW
SSI Project Director

Harold Catnap, M.D.
Psychiatrist