

DATE FILED: June 29, 2018 6:04 PM
CASE NUMBER: 2012CR201522

Roath, Margaret

From: Roath, Margaret
Sent: Thursday, March 15, 2012 2:52 PM
To: Fenton, Lynne
Subject: Tel number

Lynne, could you e-mail the telephone number to me of James. I cannot get his number to work and am worried that I might not have the right number.
Thanks, Margaret

8/2/2012

0065

JM-2756

JAMES HOLMES 12CR1522
PEOPLES EXHIBIT # 1248

Roath, Margaret

From: Roath, Margaret
Sent: Thursday, March 15, 2012 3:00 PM
To: Fenton, Lynne
Subject: RE: Voice Message from Tel: [REDACTED] Recipient Mailbox: 44716

Thanks, Margaret

-----Original Message-----

From: Fenton, Lynne
Sent: Thursday, March 15, 2012 2:55 PM
To: Roath, Margaret
Subject: FW: Voice Message from Tel: [REDACTED] Recipient Mailbox: 44716

Lynne Fenton, M.D.
University of Colorado School of Medicine
Department of Psychiatry
Medical Director, Student Mental Health Service, Anschutz Medical Campus
lynne.fenton@ucdenver.edu
[REDACTED]

-----Original Message-----

From: UCDenver Voicemail
Sent: 3/15/2012 2:26:36 PM
To: Fenton, Lynne
Subject: Voice Message from Tel: [REDACTED] Recipient Mailbox: 44716

James - H/m
3/16/12

Grad School
anxiety and people -
college - not show it
public speaking -
shortness of breath -
midnight → 6:30
takes an hr. -

date O.K.
crying spells - suicide - ϕ -
probos concentrating - yes -

San Diego -

4 mos.

she doesn't want a long term relationship
taking initiative - anxiety comes up.
not anxious - at home alone -

both parents are neurotic -

clad - broke -

mom - nurse -

little vacation -

6 pack - beer - party -

not no medical probs.

Can't trust other people -

+ Nichol's illness

wants to kill people -

have to work right after ^{8:40} eating

Report Header (Institutions Name)

MRN: 127984X Ednum: 127984

Holmes, James

DOB: [REDACTED]

Client Summary

Page 1

Appointment Date: 03/23/2012 2:00:29 PM

Note Date: 03/23/2012 2:22:02 PM

Print Date: 07/23/2012

Client: James Holmes DOB: [REDACTED] MRN: 127984X

Address: [REDACTED] CO 80010

Triage Progress Note Diagnostic Interview 03/23/2012 2:00:29 PM

Clinician: Roath, Margaret MSW

Attending: Roath, Margaret MSW

SERVICE: 90801 Diagnostic Interview,

PATIENT IDENTIFICATION AND CHIEF COMPLAINT:

Patient Description: Mr. Holmes is a 24 y/o White male, who is a student in the Graduate School.

SUBJECTIVE:

Mr. Holmes comes in because of anxiety around people and public speaking. He has problems concentrating,, eats OK, does not have crying spells and does not have thoughts of suicide. He has shortness of breath. He has been in a relationship of 4 months with a girlfriend and she does not want a long term relationship. He is not anxious when he is home alone, but has problems taking the initiative. He says that both parents are neurotic and he cannot trust others. He has trichotillomania and has to walk right after eating. When I asked him about other symptoms, he said he did not want to say as I would have to report him. He says he wants to kill other people, but no one in particular and has never done anything to harm others. He has no medical problems and will drink a 6 pack of beer at a party. It was very hard to interview him as he would just stare and take a long time to answer. He said it was very hard to come in.

DIAGNOSIS AND SYMPTOMS:

Present

Last visit

Baseline

*Obsessive-Compulsive Disorder 300.3

PAST PSYCHIATRIC HISTORY:

Total Hospitalizations: 0,

RISK FACTORS:

No history of Suicidality, Violence/Assault, Self-Mutilation,

SOCIAL HISTORY:

Occupational: Present Occupation: Graduate School

Primary Support/Family: Marital History: Parent is single

STRESSORS/STRENGTH:

STRENGTH:

Occupational: Graduate School.

FAMILY HISTORY:

MENTAL STATUS EXAM:

APPEARANCE: Well Groomed

ATTITUDE: Cooperative

PSYCHOMOTOR: Psychomotor Normal

Report Header (Institutions Name)

MRN: 127984X Ednum: 127984

Holmes, James

DOB: [REDACTED]

Client Summary

Page 2

Appointment Date: 03/23/2012 2:00:28 PM

Note Date: 03/23/2012 2:22:02 PM

Print Date: 07/23/2012

MOOD: Normal
AFFECT: Appropriate
SPEECH: Normal
THOUGHT PROCESS: Logical Goal Directed
THOUGHT CONTENT: Without Delusions
PERCEPTUAL: Without Hallucinations
COGNITION: Normal Cognition
LEVEL OF CONSCIOUSNESS: Full
ORIENTATION: Intact Oriented x 4
MEMORY: Intact
INTELLIGENCE: Average
JUDGMENT: Intact
INSIGHT: Intact
SUICIDAL: Not Present
VIOLENT/HOMICIDAL: Not Present
REASONING: Normal Reasoning
ATTENTION/CONCENTRATION: Intact
EXECUTIVE FUNCTIONING: Intact
LANGUAGE: Intact
PERCEPTION: No Hallucinations

PROBLEMS:

Pertinent Negatives: No Dangerousness

PLAN:

The plan is to refer him to Lynne Fenton, MD . as I thought it best for him to stay within our program and he just wants medication.

TREATMENT PLAN:

ASSESSMENT:

Mr. Holmes came in with severe anxiety which makes it hard for him in everyday life.

AXIS I--V:

AXIS I: *Obsessive-Compulsive Disorder 300.3,

AXIS II:

AXIS III:

AXIS IV:

AXIS V: GAF Score = 50

SCALES:

DANGEROUSNESS:

MHP/Nursing-Dangerousness: No Dangerousness

SERVICE:

Service: 90801 Diagnostic Interview (I spent 40 minutes on this service)
, Clinic: Student Mental Health

ATTENDING ADDENDUM:

March 5 M T W T F S S APR
 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

McCans MARCH 18
 PCPU

15	16	17	18
7:00	7:00		
7:30	7:30		
8:00	8:00		
8:30	8:30		
9:00	9:00		
9:30	9:30		
10:00	10:00		
10:30	10:30		
11:00	11:00	Party	
11:30	11:30		
12:00	12:00		
12:30	12:30		
1:00	1:00		
1:30	1:30		
2:00	2:00		
2:30	2:30		
3:00	3:00		
3:30	3:30		
4:00	4:00		
4:30	4:30		
5:00	5:00		
5:30	5:30		
6:00	6:00		
6:30	6:30		
7:00	7:00		
7:30	7:30		

Other patient names to be redacted -
 with white-out, 8/3/2012
 Margaret Roath, LCSW (As witnessed
 by Jesse Stephens
 Wallman

DEPARTMENT OF PSYCHIATRY
13001 East 17th Avenue
Aurora, CO 80045
Campus Box: F546

OUTPATIENT CHARGE FORM

☒ OUTPATIENT

Date of Service

Patient Name: _____
MRN #: _____
Elective Self-Pay: _____
Visit #: _____
Waivers: _____
ABN Signed: Y (GA) or N (GY) or Refused (GZ) Date: _____
Non-Medicare Signed: Y (GA) or N (GZ) Date: _____

Referring Attending: _____
City, State, Other: _____
Phone: _____

Referral #: _____
UPI Billing #: _____
Medicare UPIN #: _____

DIAGNOSIS (CIRCLE ALL THAT APPLY - PRIORITIZE TOP 4)

309.9	Adjustment Disorder NOS	296.43	Severe, without Psychotic features	296.31	Mild	296.22	Schizophrenia, Catatonic Type
	Adjustment Disorder	296.40	Unspecified	296.32	Moderate	296.22	Chronic
309.24	With anxious mood	296.44	With Psychotic features	296.33	Severe, without Psychotic features	296.24	Chronic with acute exacerbation
309.0	With depressed mood		Bipolar Disorder, Mixed	296.30	Unspecified	296.20	Unspecified
309.3	With disturbance of conduct	296.66	In full remission	296.34	With Psychotic features		Schizophrenia, Disorganized Type
309.4	With mixed disturbance of emotions	296.65	In partial remission		Major Depression, Single Episode	295.12	Chronic
309.28	With mixed emotional features	296.61	Mild	296.26	In full remission	295.14	Chronic with acute exacerbation
309.62	With physical complaints	296.62	Moderate	296.25	In partial remission	295.10	Unspecified
	Alcohol	296.63	Severe, without Psychotic features	296.21	Mild		Schizophrenia, Paranoid Type
305.00	Abuse	296.60	Unspecified	296.22	Moderate	295.32	Chronic
303.90	Dependence	296.64	With Psychotic features	296.23	Severe, without Psychotic features	295.34	Chronic with acute exacerbation
301.7	Antisocial personality disorder	296.69	Bipolar Type II	296.20	Unspecified	295.30	Unspecified
300.00	Anxiety Disorder NOS	301.63	Borderline Personality Disorder	296.24	With Psychotic features		Schizophrenia, Residual type
314.01	Attention deficit hyperactivity disorder		Cannabis	301.81	Narcissistic Personality Disorder	295.62	Chronic
299.00	Autistic disorder	305.20	Abuse	300.3	Obsessive Compulsive Disorder	295.64	Chronic with acute exacerbation
296.7	Bipolar disorder NOS	304.30	Dependence	294.8	Organic Mental Disorder NOS	295.60	Unspecified
	Bipolar Disorder, depressed	294.9	Cognitive Disorder NOS	293.83	Organic mood disorder		Schizophrenia, Undifferentiated type
295.56	In full remission	312.9	Conduct Disorder	310.1	Organic Personality disorder	295.92	Chronic
296.55	In partial remission	301.13	Cyclothymia		Panic Disorder	295.94	Chronic with acute exacerbation
296.51	Mild	790.09	Delirium	300.21	With Agoraphobia	295.90	Schizophrenia, unspecified
296.52	Moderate	294.1	Dementia, in conditions classified elsewhere	300.01	Without Agoraphobia	300.23	Social Phobia
296.53	Severe, without Psychotic features		Specify underlying:	301.9	Personality Disorder NOS	307.20	Tic Disorder
296.50	Unspecified	311	Depressive Disorder NOS	301.0	Paranoid Personality Disorder	307.23	Tourette's Disorder
296.54	With Psychotic features	300.4	Dysthymia	309.81	Post-traumatic Stress Disorder	300.29	Specific Phobia
	Bipolar Disorder, Manic	300.02	Generalized Anxiety disorder	304.90	Psychotic substance dependence NOS		
296.46	In full remission	312.34	Intermittent Explosive disorder	296.9	Psychotic Disorder NOS		
296.45	In partial remission		Major Depression, Recurrent	313.89	Reactive Attachment Disorder		
296.41	Mild	296.36	In full remission	295.70	Schizoaffective Disorder		
296.42	Moderate	296.35	In partial remission	301.20	Schizoid Personality disorder		

OFFICE SERVICES (CIRCLE ONE CODE)

	OUTPATIENT CONSULT	NEW	ESTAB	PROLONGED PHYSICIAN SERVICES	MISCELLANEOUS (INDICATE AS NEEDED)
Level 1	99241	99201	99211	99354 W/FACE TO FACE CONTACT (1ST HOUR)	7395810 Sleep staging w/ 4 or more addl parameters
Level 2	99242	99202	99212	99355 W/FACE TO FACE CONTACT (ADD'L 30 MIN X)	7395805 Multiple Sleep Latency (MSLT)
Level 3	99243	99203	99213	MODIFIERS	7394799 Actigraphy: multiple 24 hr recording
Level 4	99244	99204	99214	GC <input type="checkbox"/> (Performed Service w/ Resident)	
Level 5	99245	99205	99215	GD <input type="checkbox"/> (Performed Service w/o Resident)	
				GA <input type="checkbox"/> (Waiver Signed/Obtained)	

EVALUATIONS / TESTS

	CPT / TOTAL FEE		CPT / TOTAL FEE
Psych Testing; psychologist or physician per hr	96101	Neuropsych Testing; admin by technician per hr	96119
Psych Testing; admin by technician per hr	96102	Neuropsych Testing; admin by computer	96120
Psych Testing; admin by computer	96103	Interp of Records to Assist Patient	96847
Neurobehavioral Status Exam per hr	96116	Psychiatric Diagnostic Interview Exam	96801
Neuropsych Testing; psychologist or physician per hr	96118		

PSYCH SERVICES

Individual Psychotherapy 20 - 30 minutes	90804	Family Psychotherapy w/ patient	90847
Individual Psychotherapy W/E&M 20-30 minutes	90805	Group Psychotherapy	90853
Individual Psychotherapy 45 - 60 minutes	90806	Pharmacologic Management	90862
Individual Psychotherapy W/E&M 45-60 minutes	90807	Psychiatric Evaluation of Records	90865
Individual Psychotherapy 75 - 80 minutes	90808	Preparation of Records for Others	90869
Medical Psychoanalysis	90845	Other	
Family Psychotherapy w/o patient	90846		

I CERTIFY THAT (1) ALL SERVICES ON THIS FORM WERE PERSONALLY PROVIDED AND/OR PERSONALLY SUPERVISED BY ME AND ARE HEREBY APPROVED FOR BILLING. (2) I UNDERSTAND THAT THE MEDICAL RECORD MUST BE DOCUMENTED FOR THESE SERVICES. (3) THE RENDERING OF THE SERVICES AND DOCUMENTATION IN THE MEDICAL RECORD ARE IN ACCORDANCE WITH UPI GUIDELINES.

Billing Area - Circle one

732 - UCH Clinic
737 - Sleep
739 - Step
742 - Neuropsychiatry
745 - CL OP Consults
738 - Stud Wellness Cr
736 - Outpatient
741 - Neuropsychology
744 - MEG

Provider Signature
38018 6/16

DATE 0041

UPI Number

JM-2732

DEPARTMENT OF PSYCHIATRY
13001 East 17th Avenue
Aurora, CO 80045
Campus Box: F546

OUTPATIENT CHARGE FORM

☒ OUTPATIENT

3/16/12 Date of Service

Patient Name: James Holmes
MRN #: 90
Elective Self-Pay: _____
Visit #: _____
Waivers: _____
ABN Signed: Y (GA) or N (GY) or Refused (GZ) Date: _____
NonMedicare Signed: Y (GA) or N Date: _____

Referring Attending: _____
City, State, Other: _____
Phone: _____

Referral # _____
UPI Billing # _____
Medicare UPIN # _____

DIAGNOSIS (CIRCLE ALL THAT APPLY - PRIORITY TOP 3)

309.9 Adjustment Disorder NOS	296.43 Severe, without Psychotic features	295.31 Mild	Schizophrenia, Catatonic Type
Adjustment Disorder	296.40 Unspecified	296.32 Moderate	Chronic
309.24 With anxious mood	296.44 With Psychotic features	296.33 Severe, without Psychotic features	Chronic with acute exacerbation
309.0 With depressed mood	Bipolar Disorder, Mixed	296.30 Unspecified	Unspecified
309.3 With disturbance of conduct	In full remission	296.34 With Psychotic features	Schizophrenia, Disorganized Type
309.4 With mixed disturbance of emotions	In partial remission	Major Depression, Single Episode	Chronic
309.28 With mixed emotional features	Mild	In full remission	Chronic with acute exacerbation
309.82 With physical complaints	Moderate	In partial remission	Unspecified
Alcohol	Severe, without Psychotic features	296.21 Mild	Schizophrenia, Paranoid Type
305.00 Abuse	Unspecified	296.22 Moderate	Chronic
303.90 Dependence	With Psychotic features	296.23 Severe, without Psychotic features	Chronic with acute exacerbation
301.7 Antisocial personality disorder	Bipolar Type II	296.20 Unspecified	Unspecified
300.00 Anxiety Disorder NOS	Borderline Personality Disorder	296.24 With Psychotic features	Schizophrenia, Residual type
314.01 Attention deficit hyperactivity disorder	Cannable	301.81 Narcissistic Personality Disorder	Chronic
299.00 Artistic disorder	Abuse	300.3 Obsessive Compulsive Disorder	Chronic with acute exacerbation
296.7 Bipolar disorder NOS	Dependence	296.8 Organic Mental Disorder NOS	Unspecified
Bipolar Disorder, depressed	Cognitive Disorder NOS	296.83 Organic mood disorder	Schizophrenia, Undifferentiated type
296.56 In full remission	Conduct Disorder	310.1 Organic Personality disorder	Chronic
296.55 In partial remission	Cyclothymia	300.21 With Agoraphobia	Chronic with acute exacerbation
296.51 Mild	Delirium	300.01 Without Agoraphobia	Schizophrenia, unspecified
296.52 Moderate	Dementia, in conditions classified elsewhere	301.8 Personality Disorder NOS	300.23 Social Phobia
296.53 Severe, without Psychotic features	Specify underlying:	301.0 Paranoid Personality Disorder	307.20 Tic Disorder
296.50 Unspecified	Depressive Disorder NOS	309.81 Post-traumatic Stress Disorder	307.23 Tourette's Disorder
296.54 With Psychotic features	Dysthymia	304.90 Psychoactive substance dependence NOS	300.29 Specific Phobia
Bipolar Disorder, Manic	Generalized Anxiety disorder	296.9 Psychotic Disorder NOS	OTHER
296.48 In full remission	Intermittent Explosive disorder	313.88 Reactive Attachment Disorder	OTHER
296.45 In partial remission	Major Depression, Recurrent	296.70 Schizoaffective Disorder	
296.41 Mild	In full remission	301.20 Schizoid Personality disorder	
296.42 Moderate	In partial remission		

OFFICE SERVICES (CIRCLE ONE CODE)				MISCELLANEOUS (INDICATE AS NEEDED)	
OUTPATIENT CONSULT	NEW	ESTAB	PROLONGED PHYSICIAN SERVICES	SLEEP	
Level 1 99241	99201	99211	99354 W/FACE TO FACE CONTACT (1ST HOUR)	7395810 Sleep staging w/ 4 or more add parameters	
Level 2 99242	99202	99212	99355 W/FACE TO FACE CONTACT (ADD: 30 MIN) X	7395805 Multiple Sleep Latency (MSLT)	
Level 3 99243	99203	99213	MODIFIERS GC <input type="checkbox"/> (Performed Service w/ Resident) GD <input type="checkbox"/> (Performed Service w/o Resident) GA <input type="checkbox"/> (Waiver Signed/Obtained)	7394799 Actigraphy: multiple 24 hr recording	
Level 4 99244	99204	99214			
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Psych Testing; admin by technician per hr	96102	Neuropsych Testing; admin by computer	96120
Psych Testing; admin by computer	96103	Interp of Records to Assist Patient	90887
Neurobehavioral Status Exam per hr	96116	Psychiatric Diagnostic Interview Exam	90891
Neuropsych Testing; psychologist or physician per hr	96118		

PSYCH SERVICES

Individual Psychotherapy 20-30 minutes	90804	Family Psychotherapy w/ patient	90847
Individual Psychotherapy W/E&M 20-30 minutes	90805	Group Psychotherapy	90853
Individual Psychotherapy 45-60 minutes	90806	Pharmacologic Management	90862
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Provider Signature: Margaret Roach, LCSW DATE: 3/16/12 UPI Number: 0234

Billing Area - Circle one
752 - UCH Clinic
753 - Sleep
759 - Sleep
742 - Neuropsychiatry
745 - CL OP Consults
736 - Stud Wellness Cl.
738 - Outpatient
741 - Neuropsychology
744 - MEG

Roath, Margaret

From: Roath, Margaret
Sent: Monday, March 19, 2012 11:09 AM
To: Fenton, Lynne
Subject: Student

I saw a student late Friday who I would hope you would be able to see, and soon if possible. He is the most anxious guy I have seen and has symptoms of OCD. But, most concerning is that he has thoughts of killing people, though I do not think he is dangerous. He said he did not want to tell me everything he was experiencing as I might have to report. The reason I think it might be best for you to see him as I think it might be best to keep him in our system. What do you think? I am leaving right now to go have some work done on my car. -- should be back about noon or 12:30
Thanks , margaret

8/2/2012

0064

JM-2755

Saturday, May 26, 2012 5:59 PM Mountain Daylight Time

Subject: RE: Student

Date: Monday, March 19, 2012 1:25:47 PM Mountain Daylight Time

From: Roath, Margaret

To: Fenton, Lynne

His name is James Holmes and he may e-mail you because he has such trouble talking on the phone.
Thanks so much..
Margaret

From: Fenton, Lynne

Sent: Monday, March 19, 2012 11:45 AM

To: Roath, Margaret

Subject: RE: Student

Margaret,

Yes, I'd like to see him and I do have some openings this week. Just have him call me on my office phone [REDACTED] and I'll set up the appt.

Lynne

Lynne Fenton, M.D.

University of Colorado School of Medicine

Department of Psychiatry

Medical Director, Student Mental Health Service, Anschutz Medical Campus

lynne.fenton@ucdenver.edu

From: Roath, Margaret

Sent: Monday, March 19, 2012 11:09 AM

To: Fenton, Lynne

Subject: Student

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Thanks , margaret

Saturday, May 26, 2012 5:42 PM Mountain Daylight Time

Subject: RE: Psych Appointment

Date: Monday, March 19, 2012 4:33:12 PM Mountain Daylight Time

From: Holmes, James

To: Fenton, Lynne

Sounds good.

From: Fenton, Lynne

Sent: Monday, March 19, 2012 4:18 PM

To: Holmes, James

Subject: RE: Psych Appointment

Hi James,

Margaret said you would be contacting me for an appt. How about this Wed, March 21, at 9am? My office is in Building 500, 4th floor, room 4002 (Student Wellness Center.)

Lynne

Lynne Fenton, M.D.

University of Colorado School of Medicine

Department of Psychiatry

Medical Director, Student Mental Health Service, Anschutz Medical Campus

lynne.fenton@ucdenver.edu

-----Original Message-----

From: Holmes, James

Sent: Monday, March 19, 2012 3:51 PM

To: Fenton, Lynne

Subject: Psych Appointment

Hi Lynne,

Margaret Roath has referred me to you after doing a psychiatric evaluation meeting. I am available for appointments with you between 8:30 - 10:00am MTWRF or after 4:30pm.

Cheers,

James Holmes

101009332

Name James Holmes

Date 3-21-12

DOB: [REDACTED]

Phone: [REDACTED]

Address: [REDACTED]

Insurance UCD # 101009332 Other _____

Med Pharm Grad Dental PA PT Nsg PH

NEURO 1-1st yr.

CC: Ref by Morgan - R-anxiety, vomiting & weight loss.
2 wks relationship broke - bf broke up / came back. Mood & energy.
HPI: 12-13 insomnia, eating - full. Cognit - v-focus past 2 wks.

Past Psych Hx: Ambien 5/10? occ. med.
Meds:

Allergies: Ø

SI/SA: Ø

Etoh: N/A / wk 1-3 drinks
MJ:
Other:

Trauma: Ø

Medical Hx: Ø

Family Hx:
Psych: M - ? MDD

Medical Ø

Social:

Mother: nurse
Sibs: 4 yr younger

Father: shots

Romantic: went bf 4-5 mos,
Friends: broke up 2 weeks ago

Children: Ø

School:

Undergrad: Riverdale

Degree:

Work:

A - OCD

social phobia

Ø BAD Ø MDD

? psychotic level drinking
schizoid PD?

P - sent 50 (plan → 100-200g)

Klonopin 0.5 1/2-T BID

F/U 1wk

Consider antipsychotic -

would use Seroquel for anxiolytic properties

good wisdom casually dressed
very content
short, stilted answers
some odd thought processes

Explored H1 - ruminative, but
not entirely ego dystonic.
Denies plan or target &
denies SI.

Appears & currently dangerous but
warrants further understanding
& following.

F- statistician

M-nurse, insurance chart review

San Diego

JAMES HOLLAND
3-21-12

PT
5-4 yrs younger (outgoing)

→ originally talkative, outgoing

→ 5th grade "got glasses" - realized he wanted to "overcome
bitchy" in all other ways too.

→ became very quiet. Doesn't like to talk to others
gets "sympathetic" vs "lump in throat, fear of
public speaking. PTSD though.

8th grade - M. divorced? went to family
counseling "waste of time."

→ scholarship to UC Riverside, NS program

here

(↑ stress, GF moves → OCD says worst thing I can keep
solution to "biological prob" would be to eliminate
problem → "homicide," BUT can't kill everyone
so not an effective solution. Denies any SI,
no specific plans or targets, thinks of this
3-4 x/day. Distracts self w/ TV, movies. Other
obs - ordering time of departure, prefers repetition,
no warning / severe phobia, no panic.

Re GF. "I don't have relationships w/ people, they
have relationships w/ me."

DEPARTMENT OF PSYCHIATRY
13001 East 17th Avenue
Aurora, CO 80045
Campus Box: F546

OUTPATIENT CHARGE FORM

☒ OUTPATIENT

Referring Attending:

City, State, Other:

Phone:

Date of Service

3-21-12

Patient Name: James Holmes

MRN #:

Elective Self-Pay:

Visit #:

Waivers:

ABN Signed: Y (GA) or N (GY) or Refused (GZ) Date:

NonMedicare Signed: Y (GA) or N Date:

Referral #

UPI Billing #

Medicare UPIN #

DIAGNOSIS (CIRCLE ALL THAT APPLY) (PREPARE ICD-9)

309.9	Adjustment Disorder NOS	296.43	Severe, without Psychotic features	298.31	Mild	Schizophrenia, Catatonic Type
	Adjustment Disorder	296.40	Unspecified	298.32	Moderate	Chronic
309.24	With anxious mood	296.44	With Psychotic features	298.33	Severe, without Psychotic features	Chronic with acute exacerbation
309.0	With depressed mood		Bipolar Disorder, Mixed	298.30	Unspecified	Unspecified
309.3	With disturbance of conduct	296.86	In full remission	298.34	With Psychotic features	Schizophrenia, Disorganized Type
309.4	With mixed disturbance of emotions	296.85	In partial remission		Major Depression, Single Episode	Chronic
309.26	With mixed emotional features	296.81	Mild	296.26	In full remission	Chronic with acute exacerbation
309.82	With physical complaints	296.82	Moderate	296.25	In partial remission	Unspecified
	Alcohol	296.83	Severe, without Psychotic features	296.21	Mild	Schizophrenia, Paranoid Type
305.00	Abuse	296.80	Unspecified	296.22	Moderate	Chronic
303.90	Dependence	296.84	With Psychotic features	296.23	Severe, without Psychotic features	Chronic with acute exacerbation
301.7	Antisocial personality disorder	296.89	Bipolar Type II	296.20	Unspecified	Unspecified
300.00	Anxiety Disorder NOS	301.83	Borderline Personality Disorder	296.24	With Psychotic features	Schizophrenia, Residual type
314.01	Attention deficit hyperactivity disorder		Cannabis	301.81	Narcissistic Personality Disorder	Chronic
309.00	Autistic disorder	305.20	Abuse	300.3	Obsessive Compulsive Disorder	Chronic with acute exacerbation
306.7	Bipolar disorder NOS	304.30	Dependence	294.8	Organic Mental Disorder NOS	Unspecified
	Bipolar Disorder, depressed	294.9	Cognitive Disorder NOS	293.83	Organic mood disorder	Schizophrenia, Undifferentiated type
	In full remission	312.9	Conduct Disorder	310.1	Organic Personality disorder	Chronic
	In partial remission	301.13	Cyclothymia		Panic Disorder	Chronic with acute exacerbation
306.51	Mild	780.09	Delirium	300.21	With Agoraphobia	Schizophrenia, unspecified
306.52	Moderate	294.1	Dementia, in conditions classified elsewhere	300.01	Without Agoraphobia	Social Phobia
306.53	Severe, without Psychotic features		Specify underlying:	301.9	Paranoid Personality Disorder NOS	Tic Disorder
306.50	Unspecified	311	Depressive Disorder NOS	301.0	Paranoid Personality Disorder	Tourette's Disorder
306.54	With Psychotic features	300.4	Dysthymia	308.81	Post-traumatic Stress Disorder	Specific Phobia
	Bipolar Disorder, Manic	300.02	Generalized Anxiety disorder	304.90	Psychotic substance dependence NOS	
306.48	In full remission	312.34	Intermittent Explosive disorder	298.9	Psychotic Disorder NOS	OTHER
306.48	In partial remission		Major Depression, Recurrent	313.89	Reactive Attachment Disorder	
306.41	Mild	296.36	In full remission	296.70	Schizoaffective Disorder	
306.42	Moderate	296.35	In partial remission	301.20	Schizoid Personality disorder	OTHER

OFFICE SERVICES (CIRCLE ONE CODE)

MISCELLANEOUS (INDICATE AS NEEDED)

	OUTPATIENT CONSULT	NEW	ESTAB	PROLONGED PHYSICIAN SERVICES	SLEEP
Level 1	99241	99201	99211	99354 W/FACE TO FACE CONTACT (1ST HOUR)	7395810 Sleep staging w/ 4 or more addl parameters
Level 2	99242	99202	99212	99355 W/FACE TO FACE CONTACT (ADDL 30 MIN) X	7395805 Multiple Sleep Latency (MSLT)
Level 3	99243	99203	99213	MODIFIERS	7394799 Actigraphy: multiple 24 hr recording
Level 4	99244	99204	99214	GC (Performed Service w/ Resident)	
Level 5	99245	99205	99215	GD (Performed Service w/o Resident)	
				GA (Waiver Signed/Obtained)	

EVALUATIONS / TESTS

CPT / TOTAL FEE

Psych Testing: psychologist or physician per hr
Psych Testing: admin by technician per hr
Psych Testing: admin by computer
Neurobehavioral Status Exam per hr
Neuropsych Testing: psychologist or physician per hr

96101
96102
96103
96118
96118

Neuropsych Testing: admin by technician per hr
Neuropsych Testing: admin by computer
Interp of Records to Assist Patient
Psychiatric Diagnostic Interview Exam

96118
96120
90887
90801

PSYCH SERVICES

Individual Psychotherapy 20 - 30 minutes
Individual Psychotherapy W/E&M 20-30 minutes
Individual Psychotherapy 45 - 60 minutes
Individual Psychotherapy W/E&M 45-60 minutes
Individual Psychotherapy 75 - 90 minutes
Adios Psychoanalysis
Family Psychotherapy w/o patient

90804
90805
90806
90807
90808
90845
90845

Family Psychotherapy w/ patient
Group Psychotherapy
Pharmacologic Management
Psychiatric Evaluation of Records
Preparation of Records for Others
Other

90847
90853
90882
90885
90889

I CERTIFY THAT (1) ALL SERVICES ON THIS FORM WERE PERSONALLY PROVIDED AND/OR PERSONALLY SUPERVISED BY ME AND ARE HEREBY APPROVED FOR BILLING, (2) I UNDERSTAND THAT THE MEDICAL RECORD MUST BE DOCUMENTED FOR THESE SERVICES, (3) THE RENDERING OF THE SERVICES AND DOCUMENTATION IN THE MEDICAL RECORD ARE IN ACCORDANCE WITH UPI GUIDELINES.

Billing Area - Circle one

732 - UCH Clinic
737 - Sleep
739 - Sleep
742 - Neuropsychiatry
745 - CL OP Consults
736 - Stud Wellness Ctr
738 - Outpatient
741 - Neuropsychology
744 - MEG

Provider Signature
118 8/10

DATE

4-27-12

UPI Number

5899

[illegible]

4-3-12

Prop helped out w memory during lab meeting presentation.
 7th sleep (nqurs) & still tired during day. P. moved SECT to dinner w/prop
 & Kyrsten to '12 hrs (S_g) B.D. If still w memory → prev. FIV 2 wks.

JAMES HEIMEL

adverse

307-12

Maxwell 104

79.4

Q

5/14/2014

#30

4

4-2412

SECRET

100% 9 1/2

#45

2

DEPARTMENT OF PSYCHIATRY
13001 East 17th Avenue
Aurora, CO 80045
Campus Box: F546

OUTPATIENT CHARGE FORM

OUTPATIENT

Date of Service

Patient Name: James Holmes
MRN #: 2333514
Elective Self-Pay: _____
Visit #: _____
Waivers: _____
ABN Signed: Y (GA) or N (GY) or Refused (GZ) Date: _____
NonMedicare Signed: Y (GA) or N Date: _____

Referring Attending: _____
City, State, Other: _____
Phone: _____

Referral #: _____
UPI Billing #: _____
Medicare UPIN #: _____

DIAGNOSIS (CIRCLE ONE) (APPLY PRIOR TO TOP 4)

309.9 Adjustment Disorder NOS	296.43	Severe, without Psychotic features	296.31	Mild	Schizophrenia, Catatonic Type
Adjustment Disorder	296.40	Unspecified	296.32	Moderate	Chronic
309.24 With anxious mood	296.44	With Psychotic features	296.33	Severe, without Psychotic features	Chronic with acute exacerbation
309.0 With depressed mood		Bipolar Disorder, Mixed	296.30	Unspecified	Unspecified
309.3 With disturbance of conduct	296.66	In full remission	296.34	With Psychotic features	Schizophrenia, Disorganized Type
309.4 With mixed disturbance of emotions	296.65	In partial remission		Major Depression, Single Episode	Chronic
309.28 With mixed emotional features	296.61	Mild	296.26	In full remission	Chronic with acute exacerbation
309.82 With physical complaints	296.62	Moderate	296.25	In partial remission	Unspecified
Alcohol	296.63	Severe, without Psychotic features	296.21	Mild	Schizophrenia, Paranoid Type
305.00 Abuse	296.60	Unspecified	296.22	Moderate	Chronic
303.90 Dependence	296.64	With Psychotic features	296.23	Severe, without Psychotic features	Chronic with acute exacerbation
301.7 Antisocial personality disorder	296.69	Bipolar Type II	296.20	Unspecified	Unspecified
300.00 Anxiety Disorder NOS	301.83	Borderline Personality Disorder	296.24	With Psychotic features	Schizophrenia, Residual type
314.01 Attention deficit hyperactivity disorder		Cannabis	301.81	Narcissistic Personality Disorder	Chronic
299.00 Autistic disorder	305.20	Abuse	300.3	Obsessive Compulsive Disorder	Chronic with acute exacerbation
296.7 Bipolar disorder NOS	304.30	Dependence	294.6	Organic Mental Disorder NOS	Unspecified
Bipolar Disorder, depressed,	294.9	Cognitive Disorder NOS	293.83	Organic mood disorder	Schizophrenia, Undifferentiated type
296.56 In full remission	312.9	Conduct Disorder	310.1	Organic Personality Disorder	Chronic
296.55 In partial remission	301.13	Cyclothymia		Partial Disorder	Chronic with acute exacerbation
296.61 Mild	780.09	Delirium	300.21	With Agoraphobia	Schizophrenia, unspecified
296.62 Moderate	294.1	Dementia, in conditions classified elsewhere	300.01	Without Agoraphobia	300.23 Social Phobia
296.63 Severe, without Psychotic features		Specify underlying:	301.9	Personality Disorder NOS	Tic Disorder
296.60 Unspecified	311	Depressive Disorder NOS	301.0	Paranoid Personality Disorder	Tourette's Disorder
296.54 With Psychotic features	300.4	Dysthymia	308.81	Post-traumatic Stress Disorder	300.29 Specific Phobia
Bipolar Disorder, Manic,	300.02	Generalized Anxiety disorder	304.80	Psychotic substance dependence NOS	
296.46 In full remission	312.34	Intermittent Explosive disorder	298.9	Psychotic Disorder NOS	
296.45 In partial remission		Major Depression, Recurrent,	313.89	Reactive Attachment Disorder	OTHER
296.41 Mild	296.35	In full remission	296.70	Schizoaffective Disorder	OTHER
296.42 Moderate	296.35	In partial remission	301.20	Schizoid Personality disorder	

OFFICE SERVICES (CIRCLE ONE CODE)

MISCELLANEOUS (INDICATE AS NEEDED)

Level	OUTPATIENT CONSULT	NEW	ESTAB	PROLONGED PHYSICIAN SERVICES	SLEEP
Level 1	99241	99201	99211	99354 W/FACE TO FACE CONTACT (1ST HOUR)	7395810 Sleep staging w/ 4 or more addl parameters
Level 2	99242	99202	99212	99355 W/FACE TO FACE CONTACT (ADD'L 30 MIN X)	7395805 Multiple Sleep Latency (MSLT)
Level 3	99243	99203	99213	MODIFIERS	7394799 Actigraphy: multiple 24 hr recording
Level 4	99244	99204	99214	GC (Performed Service w/ Resident)	
Level 5	99245	99205	99215	GD (Performed Service w/o Resident)	
				GA (Waiver Signed/Obtained)	

EVALUATIONS / TESTS

	CPT / TOTAL FEE		CPT / TOTAL FEE
Psych Testing; psychologist or physician per hr	96101	Neuropsych Testing; admin by technician per hr	96119
Psych Testing; admin by technician per hr	96102	Neuropsych Testing; admin by computer	96120
Psych Testing; admin by computer	96103	Interp of Records to Assist Patient	96857
Neurobehavioral Status Exam per hr	96116	Psychiatric Diagnostic Interview Exam	96821
Neuropsych Testing; psychologist or physician per hr	96118		

PSYCH SERVICES

Individual Psychotherapy 20 - 30 minutes	90804	Family Psychotherapy w/ patient	90847
Individual Psychotherapy W/E&M 20-30 minutes	90805	Group Psychotherapy	90863
Individual Psychotherapy 45 - 60 minutes	90806	Pharmacologic Management	90862
Individual Psychotherapy W/E&M 45-60 minutes	90807	Psychiatric Evaluation of Records	90865
Individual Psychotherapy 75 - 80 minutes	90808	Preparation of Records for Others	90869
Medical Psychoanalysis	90845	Other	
Family Psychotherapy w/o patient	90848		

I CERTIFY THAT (1) ALL SERVICES ON THIS FORM WERE PERSONALLY PROVIDED AND/OR PERSONALLY SUPERVISED BY ME AND ARE HEREBY APPROVED FOR BILLING. (2) I UNDERSTAND THAT THE MEDICAL RECORD MUST BE DOCUMENTED FOR THESE SERVICES. (3) THE RENDERING OF THE SERVICES AND DOCUMENTATION IN THE MEDICAL RECORD ARE IN ACCORDANCE WITH UPI GUIDELINES.

Provider Signature

DATE

UPIN Number

Billing Area - Circle one

732 - UCH Clinic
737 - Sleep
739 - Step
742 - Neuropsychiatry
745 - CL OP Consults
736 - Stud Wellness Ctr
738 - Outpatient
741 - Neuropsychology
744 - MEG

DEPARTMENT OF PSYCHIATRY
13001 East 17th Avenue
Aurora, CO 80045
Campus Box: F546

OUTPATIENT CHARGE FORM

☒ OUTPATIENT

Date of Service

Patient Name: JAMES H. HARRIS
MRN #: 2333516

Elective Self-Pay

Visit #:

Waivers:

ABN Signed: Y (GA) or N (GY) or Refused (GZ) Date:

NonMedicare Signed: Y (GA) or N Date:

Referring Attending:

City, State, Other

Phone:

Referral #

UPI Billing #

Medicare UPIN #

DIAGNOSIS: (CIRCLE ALL THAT APPLY - PRIORITIZE TOP 4)

309.9 Adjustment Disorder NOS	298.43 Severe, without Psychotic features	298.31 Mild	Schizophrenia, Catatonic Type
Adjustment Disorder	298.40 Unspecified	298.32 Moderate	Chronic
309.24 With anxious mood	298.44 With Psychotic features	298.33 Severe, without Psychotic features	Chronic with acute exacerbation
309.0 With depressed mood	Bipolar Disorder, Mixed	298.30 Unspecified	Unspecified
309.3 With disturbance of conduct	In full remission	298.34 With Psychotic features	Schizophrenia, Disorganized Type
309.4 With mixed disturbance of emotions	In partial remission	298.26 Major Depression, Single Episode	Chronic
309.28 With mixed emotional features	Mild	In full remission	Chronic with acute exacerbation
308.82 With physical complaints	Moderate	In partial remission	Unspecified
Alcohol	Severe, without Psychotic features	Mild	Schizophrenia, Paranoid Type
305.00 Abuse	Unspecified	Moderate	Chronic
303.90 Dependence	With Psychotic features	Severe, without Psychotic features	Chronic with acute exacerbation
301.7 Antisocial personality disorder	Bipolar Type II	Unspecified	Unspecified
300.00 Anxiety Disorder NOS	Borderline Personality Disorder	298.24 With Psychotic features	Schizophrenia, Residual type,
314.01 Attention deficit hyperactivity disorder	Cannabis	301.81 Narcissistic Personality Disorder	Chronic
298.00 Auditory disorder	Abuse	300.3 Obsessive Compulsive Disorder	Chronic with acute exacerbation
298.7 Bipolar disorder NOS	Dependence	298.8 Organic Mental Disorder NOS	Unspecified
Bipolar Disorder, depressed,	Cognitive Disorder NOS	298.83 Organic mood disorder	Schizophrenia, Undifferentiated type,
298.55 In full remission	Conduct Disorder	310.1 Organic Personality disorder	Chronic
298.56 In partial remission	Cyclothymia	Panic Disorder	Chronic with acute exacerbation
298.61 Mild	Delirium	300.21 With Agoraphobia	Schizophrenia, unspecified
298.52 Moderate	Dementia, in conditions classified elsewhere	Without Agoraphobia	300.23 Social Phobia
298.53 Severe, without Psychotic features	Specify underlying:	301.8 Personality Disorder NOS	307.26 Tic Disorder
298.50 Unspecified	Depressive Disorder NOS	301.0 Paranoid Personality Disorder	307.23 Tourette's Disorder
298.54 With Psychotic features	Dysthymia	309.81 Post-traumatic Stress Disorder	300.28 Specific Phobia
Bipolar Disorder, Manic,	Generalized Anxiety disorder	304.90 Psychotic substance dependence NOS	
298.43 In full remission	Intermittent Explosive disorder	298.9 Psychotic Disorder NOS	
298.45 In partial remission	Major Depression, Recurrent,	313.89 Reactive Attachment Disorder	OTHER
298.41 Mild	In full remission	298.70 Schizoaffective Disorder	
298.42 Moderate	In partial remission	301.20 Schizoid Personality disorder	OTHER

OFFICE SERVICES (CIRCLE ONE CODE)

INSTRUCTIONS (INDICATE AS NEEDED)

Level	OUTPATIENT CONSULT	NEW	ESTAB	PROLONGED PHYSICIAN SERVICES	SLEEP
Level 1	99241	99201	99211	99354 W/FACE TO FACE CONTACT (1ST HOUR)	7395810 Sleep staging w/ 4 or more addl parameters
Level 2	99242	99202	99212	99355 W/FACE TO FACE CONTACT (ADD'L 30 MIN)	7395805 Multiple Sleep Latency (MSLT)
Level 3	99243	99203	99213	MODIFIERS	7394799 Actigraphy: multiple 24 hr recording
Level 4	99244	99204	99214	GO (Performed Service w/ Resident)	
Level 5	99245	99205	99215	GD (Performed Service w/o Resident)	
				GA (Waiver Signed/Obtained)	

EVALUATIONS / TESTS

Psych Testing; psychologist or physician per hr
Psych Testing; admin by technician per hr
Psych Testing; admin by computer
Neurobehavioral Status Exam per hr
Neuropsych Testing; psychologist or physician per hr

CPT / TOTAL FEE

96101
96102
96103
96116
96118

Neuropsych Testing; admin by technician per hr
Neuropsych Testing; admin by computer
Interp of Records to Assist Patient
Psychiatric Diagnostic Interview Exam

CPT / TOTAL FEE

96118
96120
96887
96891

PSYCH SERVICES

Individual Psychotherapy 20-30 minutes
Individual Psychotherapy W/E&M 20-30 minutes
Individual Psychotherapy 45-60 minutes
Individual Psychotherapy W/E&M 45-60 minutes
Individual Psychotherapy 75-80 minutes
Medical Psychoanalysis
Family Psychotherapy w/o patient

90804
90805
90806
90807
90808
90845
90846

Family Psychotherapy w/ patient
Group Psychotherapy
Pharmacologic Management
Psychiatric Evaluation of Records
Preparation of Records for Others
Other

90847
90853
90862
90885
90889

I CERTIFY THAT (1) ALL SERVICES ON THIS FORM WERE PERSONALLY PROVIDED AND/OR PERSONALLY SUPERVISED BY ME AND ARE HEREBY APPROVED FOR BILLING, (2) I UNDERSTAND THAT THE MEDICAL RECORD MUST BE DOCUMENTED FOR THESE SERVICES, (3) THE RENDERING OF THE SERVICES AND DOCUMENTATION IN THE MEDICAL RECORD ARE IN ACCORDANCE WITH UPI GUIDELINES.

Billing Area - Circle one

732 - UCH Clinic
737 - Sleep
739 - Sleep
742 - Neuropsychiatry
745 - CLOP Consults
738 - End Wellness Cr
739 - Outpatient
741 - Neuropsychology
744 - MEG

Provider Signature

DATE

UPI Number

James Hogner

4-17-12

No 2 yet to SET 100%. Still taking pregab 10 BID "adjusted" to improve slowing. SET 76 pm 10 in daytime. Break of 6 BF 11 wk ago. Doing OK but "obs thoughts" re 9 (one of 3 types of thoughts - 1, 4, all. won't give any details. Won't answer re plans w/ H. (p 51.)

Again that I won't tell him my philosophical ideas of purpose of life "I've told you all mine. Are you just a pill-pusher?" Can give no 6 for tx over time "learn a new philosophy of life."

A - psychotic level thinking - guarded, paranoid, hostile thoughts re won't elaborate on. Very tentative therapeutic relationship - is taking some meds but reluctantly. Is coming in for appts, seems to be functioning at work. Hygiene OK.

- Schizotypal PD

+/- frank psychotic disorder

- No OCD - obsessive thoughts, but don't seem to be ego-dystonic. No apparent rituals.

- social phobia vs. a manifestation of his psychotic level thinking.

Safety - No evidence of imminent threat (I'm worried about H1 >> S1 in this pt.) though he is very guarded and doesn't reveal much.

Plan - Try to maintain alliance to allow further eval & perhaps influence him to try an ant. psychotic. At this point, would try for RIS as more potent/less sedating

JM-2701

Guan Seraguel
meanwhile, ^{150%} SERT, cont. program 10 BID.

DEPARTMENT OF PSYCHIATRY
13001 East 17th Avenue
Aurora, CO 80045
Campus Box: F546

OUTPATIENT CHARGE FORM

☒ OUTPATIENT

Date of Service

Patient Name: JAMES HOLMES
MRN #: 2333574

Elective Self-Pay: 2333574

Visit #: _____

Waivers: _____

ABN Signed: Y (GA) or N (GY) or Refused (GZ) Date: _____

NonMedicare Signed: Y (GA) or N Date: _____

Referring Attending: _____ Referral # _____

City, State, Other: _____ UPI Billing # _____

Phone: _____ Medicare UPIN # _____

DIAGNOSIS (CIRCLE ALL THAT APPLY, PRIORITIZE TOP 3)

309.9	Adjustment Disorder NOS	296.43	Severe, without Psychotic features	296.31	Mild	Schizophrenia, Catatonic Type	
	Adjustment Disorder	296.40	Unspecified	296.32	Moderate	Chronic	
309.24	With anxious mood	296.44	With Psychotic features	296.33	Severe, without Psychotic features	295.24	Chronic with acute exacerbation
309.0	With depressed mood		Bipolar Disorder, Mixed	296.30	Unspecified	296.20	Unspecified
309.3	With disturbance of conduct	296.66	In full remission	296.34	With Psychotic features		Schizophrenia, Disorganized Type
309.4	With mixed disturbance of emotions	296.65	In partial remission		Major Depression, Single Episode,	296.12	Chronic
309.26	With mixed emotional features	296.61	Mild	296.28	In full remission	295.14	Chronic with acute exacerbation
309.82	With physical complaints	296.62	Moderate	296.25	In partial remission	295.10	Unspecified
	Alcohol	296.63	Severe, without Psychotic features	296.21	Mild		Schizophrenia, Paranoid Type
305.00	Abuse	296.60	Unspecified	296.22	Moderate	295.32	Chronic
303.90	Dependence	296.64	With Psychotic features	296.23	Severe, without Psychotic features	296.34	Chronic with acute exacerbation
301.7	Antisocial personality disorder	296.89	Bipolar Type II	296.20	Unspecified	295.30	Unspecified
300.00	Anxiety Disorder NOS	301.83	Borderline Personality Disorder	296.24	With Psychotic features		Schizophrenia, Residual type,
314.01	Attention deficit hyperactivity disorder		Cannabis	301.81	Narcissistic Personality Disorder	295.52	Chronic
299.00	Autistic disorder	305.20	Abuse	300.3	Obsessive Compulsive Disorder	296.84	Chronic with acute exacerbation
296.7	Bipolar disorder NOS	304.30	Dependence	294.8	Organic Mental Disorder NOS	295.60	Unspecified
	Bipolar Disorder, depressed,	294.9	Cognitive Disorder NOS	293.83	Organic mood disorder		Schizophrenia, Undifferentiated type,
296.55	In full remission	312.9	Conduct Disorder	310.1	Organic Personality disorder	295.62	Chronic
296.55	In partial remission	301.13	Cyclothymia		Panic Disorder	296.84	Chronic with acute exacerbation
296.51	Mild	780.09	Delirium		With Agoraphobia	295.80	Schizophrenia, unspecified
296.52	Moderate	294.1	Dementia, in conditions classified elsewhere	300.21	Without Agoraphobia	300.23	Social Phobia
296.53	Severe, without Psychotic features		Specify underlying:	300.01	Personality Disorder NOS	307.20	Tic Disorder
296.50	Unspecified	311	Depressive Disorder NOS	301.0	Paranoid Personality Disorder	307.23	Tourette's Disorder
296.54	With Psychotic features	300.4	Dysthymia	308.81	Post-traumatic Stress Disorder	300.29	Specific Phobia
	Bipolar Disorder, Manic,	300.02	Generalized Anxiety disorder	304.90	Psychotic substance dependence NOS		
296.46	In full remission	312.34	Intermittent Explosive disorder	296.9	Psychotic Disorder NOS		
296.45	In partial remission		Major Depression, Recurrent,	319.89	Reactive Attachment Disorder		
296.41	Mild	296.36	In full remission	296.70	Schizoaffective Disorder		
296.42	Moderate	296.36	In partial remission	301.20	Schizoid Personality disorder		

OFFICE SERVICES (CIRCLE ONE CODE)

	OUTPATIENT CONSULT	NEW	ESTAB	PROLONGED PHYSICIAN SERVICES	MISCELLANEOUS INDICATE AS NEEDED
Level 1	99241	99201	99211	99354 W/FACE TO FACE CONTACT (1ST HOUR)	
Level 2	99242	99202	99212	99355 W/FACE TO FACE CONTACT (ADD' 30 MIN) X	
Level 3	99243	99203	99213	MODIFIERS	
Level 4	99244	99204	99214	GC (Performed Service w/Resident)	
Level 5	99245	99205	99215	GD (Performed Service w/o Resident)	
				GA (Waiver Signed/Obtained)	

EVALUATIONS/TESTS

	CPT / TOTAL FEE		CPT / TOTAL FEE
Psych Testing; psychologist or physician per hr	96101	Neuropsych Testing; admin by technician per hr	96118
Psych Testing; admin by technician per hr	96102	Neuropsych Testing; admin by computer	96120
Psych Testing; admin by computer	96103	Interp of Records to Assist Patient	96817
Neurobehavioral Status Exam per hr	96116	Psychiatric Diagnostic Interview Exam	96801
Neuropsych Testing; psychologist or physician per hr	96118		
Individual Psychotherapy 20 - 30 minutes	90804	PSYCH SERVICES	
Individual Psychotherapy W/E&M 20-30 minutes	90805	Family Psychotherapy w/ patient	90847
Individual Psychotherapy 45 - 60 minutes	90806	Group Psychotherapy	90853
Individual Psychotherapy W/E&M 45-60 minutes	90807	Pharmacologic Management	90882
Individual Psychotherapy 75 - 80 minutes	90808	Psychiatric Evaluation of Records	90885
Medical Psychoanalysis	90845	Preparation of Records for Others	90889
Family Psychotherapy w/o patient	90846	Other	

I CERTIFY THAT (1) ALL SERVICES ON THIS FORM WERE PERSONALLY PROVIDED AND/OR PERSONALLY SUPERVISED BY ME AND ARE HEREBY APPROVED FOR BILLING, (2) I UNDERSTAND THAT THE MEDICAL RECORD MUST BE DOCUMENTED FOR THESE SERVICES, (3) THE RENDERING OF THE SERVICES AND DOCUMENTATION IN THE MEDICAL RECORD ARE IN ACCORDANCE WITH UPI GUIDELINES.

Provider Signature: [Signature] DATE: 4-17-12 UPI Number: 5849

Billing Area - Circle one
732 - UCH Clinic
737 - Sleep
739 - Sleep
742 - Neuropsychiatry
745 - CL OP Consults
736 - Stud Wellness Ctr
738 - Outpatient
741 - Neuropsychology
744 - MEG

Friday, July 20, 2012 11:45 AM Mountain Daylight Time

Subject: <(o.X)> Q(o.O)Q

Date: Sunday, April 22, 2012 1:52:39 PM Mountain Daylight Time

From: Holmes, James

To: Fenton, Lynne

An Inconvenience Fenton.

- Holmes

From: James Holmes [REDACTED]

Sent: Sunday, April 22, 2012 1:50 PM

To: Holmes, James

Subject:

FENTON

FENTON

James H. H. H.

[Redacted]

RECEIVED BY GENERAL CRIME RECORDS

ONE PRESCRIPTION PER FORM

SOFT VALU 100 mg
11:00 AM

Refills

Signature

[Signature]

Friday, July 20, 2012 11:20 AM Mountain Daylight Time

Subject: Re: <(o.X)> Q(o.O)Q

Date: Monday, April 23, 2012 6:52:16 AM Mountain Daylight Time

From: Fenton, Lynne

To: Holmes, James

Ugh! So sorry about that. I can call this in to your pharmacy if you tell me the phone number.

On 4/22/12 1:52 PM, "Holmes, James" [REDACTED] wrote:

An inconvenience Fenton.

- Holmes

From: James Holmes [REDACTED]

Sent: Sunday, April 22, 2012 1:50 PM

To: Holmes, James

Subject:

Friday, July 20, 2012 11:30 AM Mountain Daylight Time

Subject: Re: <(o.X)> Q(o.O)Q

Date: Tuesday, April 24, 2012 8:52:00 AM Mountain Daylight Time

From: Fenton, Lynne

To: Holmes, James

James, I've called this in, so it should be ready today. Yes, taking 1/2 a 300mg tab would save \$, but unfortunately the largest tablet size it comes in is 100mg.

Lynne Fenton, M.D.

University of Colorado School of Medicine

Department of Psychiatry

Medical Director, Student Mental Health Service, Anschutz Medical Campus

lynne.fenton@ucdenver.edu

On 4/23/12 8:25 PM, "Holmes, James" wrote:

(303) 364-9196

If they have 300mg tablets it will save twice the money.

From: Fenton, Lynne

Sent: Monday, April 23, 2012 6:52 AM

To: Holmes, James

Subject: Re: <(o.X)> Q(o.O)Q

Ugh! So sorry about that. I can call this in to your pharmacy if you tell me the phone number.

On 4/22/12 1:52 PM, "Holmes, James" wrote:

An inconvenience Fenton.

- Holmes

From: James Holmes

Sent: Sunday, April 22, 2012 1:50 PM

To: Holmes, James

Subject:

J. Hughes

5-1

H. looks silent, silent, not replies "good" when asked name's doing.
○ bring up my mistake of writing wrong last name in script.
Ask what emotion's meant. He very reluctantly says
H's "fbs" (the q's) & punching me in the eye "violence—
is that what you needed to hear." He often comes back
to worried that I (or someone) will lock him up.

Ex-6F texted him again "she's going thru 5-stages of
grief—in deep now." He texted "she thrown in my
side was well worth the risk." Now "another car!"
"Dangerous" because she's in his NS program
(6 of them) one date hiking. My biology betrayed me.
○ (a letter) she liked him first ("I don't approach
people.")

Got new computer (old one was "blue screening")
but new one not working for games. & wow—one of
best friends got addicted to that, but other MMORPG.

Re SERT—diff answers—"&" "not better" but when
asked re calmer/easier interpersonal interaction
"yes." Last propr. today—wants to stop (doesn't think it's
helping)

Said I'm not sure what to make of him/his sex
Asked if it would be OK to have another doc
join vs for an eval, He's worried it will be to
"lock him up." Asked him various ways how he sees
his problem, what he'd like to do about it/
thoughts, etc. but never gives a coherent
answer

eg "you sell it in a utilitarian way" Fast?
"you'd want to eliminate that; you'd have to sell
it that way."

1st lab - experiment not working. Says he'll have
"make up some bullshit."
Comps in June & had to pick lab. 2nd lab told
him not to bother applying "not a good fit."

relationships - mult others - usually last about 4 mos
then "I stop talking to them."

He & me - you do certain things...

like crinkle your nose which means dislike
& we mistake as script
you have an unconscious & that makes you do
things.

DEPARTMENT OF PSYCHIATRY
13001 East 17th Avenue
Aurora, CO 80045
Campus Box: F546

Lol 524

OUTPATIENT CHARGE FORM

☒ OUTPATIENT

5-1-12

Date of Service

Patient Name: James Holmes

MRN #:

Elective Self-Pay

Visit #:

Waivers:

ABN Signed: Y (GA) or N (GY) or Refused (GZ) Date:

NonMedicare Signed: Y (GA) or N Date:

Referring Attending:

City, State, Other:

Phone:

Referral #:

UP Billing #:

Medicare UPIN #:

DIAGNOSIS (CIRCLE ALL THAT APPLY, PRIORITIZE TOP 3)

309.9 Adjustment Disorder NOS	298.48 Severe, without Psychotic features	298.31 Mild	Schizophrenia, Catatonic Type
Adjustment Disorder	298.40 Unspecified	298.32 Moderate	Chronic
309.24 With anxious mood	298.44 With Psychotic features	298.33 Severe, without Psychotic features	Chronic with acute exacerbation
309.0 With depressed mood	Bipolar Disorder, Mixed	298.30 Unspecified	Unspecified
309.3 With disturbance of conduct	298.05 In full remission	298.34 With Psychotic features	Schizophrenia, Disorganized Type
309.4 With mixed disturbance of emotions	298.05 In partial remission	Major Depression, Single Episode	Chronic
309.28 With mixed emotional features	298.61 Mild	298.26 In full remission	Chronic with acute exacerbation
309.02 With physical complaints	298.02 Moderate	298.25 In partial remission	Unspecified
Alcohol	298.03 Severe, without Psychotic features	298.21 Mild	Schizophrenia, Paranoid Type
305.00 Abuse	298.00 Unspecified	298.22 Moderate	Chronic
303.90 Dependence	298.04 With Psychotic features	298.23 Severe, without Psychotic features	Chronic with acute exacerbation
301.7 Antisocial personality disorder	298.09 Bipolar Type II	298.20 Unspecified	Unspecified
300.00 Anxiety Disorder NOS	301.03 Borderline Personality Disorder	298.24 With Psychotic features	Schizophrenia, Residual type
314.01 Attention deficit hyperactivity disorder	Cannabis	301.01 Narcissistic Personality Disorder	Chronic
299.00 Autistic disorder	305.20 Abuse	300.3 Obsessive Compulsive Disorder	Chronic with acute exacerbation
298.7 Bipolar disorder NOS	304.30 Dependence	299.0 Organic Mental Disorder NOS	Unspecified
Bipolar Disorder, depressed	294.9 Cognitive Disorder NOS	298.03 Organic mood disorder	Schizophrenia, Undifferentiated type
298.56 In full remission	312.9 Conduct Disorder	310.1 Organic Personality disorder	Chronic
298.56 In partial remission	301.18 Cyclothymia	Panic Disorder	Chronic with acute exacerbation
298.51 Mild	780.09 Delirium	300.21 With Agoraphobia	Schizophrenia, unspecified
298.52 Moderate	294.1 Dementia, in conditions classified elsewhere	300.01 Without Agoraphobia	298.23 Social Phobia
298.53 Severe, without Psychotic features	Specify underlying	301.9 Personality Disorder NOS	307.28 Tic Disorder
298.50 Unspecified	Depressive Disorder NOS	301.0 Paranoid Personality Disorder	307.23 Tourette's Disorder
298.54 With Psychotic features	Dysthymia	308.01 Post-traumatic Stress Disorder	300.29 Specific Phobia
Bipolar Disorder, Manic	300.02 Generalized Anxiety disorder	304.00 Psychoactive substance dependence NOS	
298.48 In full remission	312.34 Intermittent Explosive disorder	298.9 Psychotic Disorder NOS	OTHER
298.45 In partial remission	Major Depression, Recurrent	313.00 Reactive Attachment Disorder	
298.41 Mild	298.36 In full remission	298.70 Schizoaffective Disorder	
298.42 Moderate	298.36 In partial remission	301.20 Schizoid Personality disorder	OTHER

OFFICE SERVICES (CIRCLE ONE CODE)

MECHANICALS (INDICATE AS NEEDED)

Level	OUTPATIENT CONSULT.	NEW	ESTAB	PROLONGED PHYSICIAN SERVICES	SLEEP
Level 1	99241	99201	99211	99354 W/FACE TO FACE CONTACT (1ST HOUR)	7395810 Sleep staging w/ 4 or more add parameters
Level 2	99242	99202	99212	99355 W/FACE TO FACE CONTACT (BETW 30 MIN)	
Level 3	99243	99203	99213	MODIFIERS	7395805 Multiple Sleep Latency (MSLT)
Level 4	99244	99204	99214	GC (Performed Service w/ Resident)	7394799 Actigraphy: multiple 24 hr recording
Level 5	99245	99205	99215	GD (Performed Service w/o Resident)	
				GA (Waiver Signed/Obtained)	

EVALUATIONS / TESTS

CPT / TOTAL FEE

CPT / TOTAL FEE

Psych Testing; psychologist or physician per hr
Psych Testing; admin by technician per hr
Psych Testing; admin by computer
Neurobehavioral Status Exam per hr
Neuropsych Testing; psychologist or physician per hr

96101
96102
96103
96116
96118

Neuropsych Testing; admin by technician per hr
Neuropsych Testing; admin by computer
Interp of Records to Assist Patient
Psychiatric Diagnostic Interview Exam

96119
96120
96887
96801

PSYCH SERVICES

Individual Psychotherapy 20 - 30 minutes
Individual Psychotherapy W/E&M 20-30 minutes
Individual Psychotherapy 45 - 60 minutes
Individual Psychotherapy W/E&M 45-60 minutes
Individual Psychotherapy 75 - 80 minutes
Medical Psychoanalysis
Family Psychotherapy w/o patient

90804
90805
90806
90807
90808
90845
90846

Family Psychotherapy w/ patient
Group Psychotherapy
Pharmacologic Management
Psychiatric Evaluation of Records
Preparation of Records for Others
Other

90847
90853
90852
90885
90889

I CERTIFY THAT (1) ALL SERVICES ON THIS FORM WERE PERSONALLY PROVIDED AND/OR PERSONALLY SUPERVISED BY ME AND ARE HEREBY APPROVED FOR BILLING, (2) I UNDERSTAND THAT THE MEDICAL RECORD MUST BE DOCUMENTED FOR THESE SERVICES, (3) THE RENDERING OF THE SERVICES AND DOCUMENTATION IN THE MEDICAL RECORD ARE IN ACCORDANCE WITH UPI GUIDELINES.

Provider Signature

DATE

UPIN Number

Billing Area - Circle one

732 - UCH Clinic
737 - Sleep
739 - Sleep
742 - Neuropsychiatry
745 - CL OP Consults
735 - Good Wellness Cn
738 - Outpatient
741 - Neuropsychology
744 - MEG

Wednesday, August 8, 2012 8:03:17 PM Mountain Daylight Time

Subject: Re: consultation on student

Date: Tuesday, May 1, 2012 10:00:13 AM Mountain Daylight Time

From: Feinstein, Robert

To: Fenton, Lynne

Can not do Monday Pm and Tuesday Morning as I am the sole OPD attending. Times that generally work for me that same week are Monday 10 to noon, Tuesday 3:00, Wed 9 to 2 TO 5 Thursday 1-2 AND 3 TO 4 Friday 9-10 11 TO 12 AND 1 TO 3

Robert E Feinstein, MD

Professor of Psychiatry

University of Colorado School of Medicine

Vice Chair of Clinical Education, Quality & Safety

Practice Director UCH Psychiatry OPD

13001 East 17th Place, Room W2177, Mail Stop F546

Aurora Co 80045

From: <Fenton>, Lynne <Lynne.Fenton@ucdenver.edu>

To: Robert Feinstein <Robert.Feinstein@ucdenver.edu>

Subject: consultation on student

Rob,

I just saw the pt I was telling you about the other day. He reluctantly agreed to have you see him with me for a second opinion. I've tentatively scheduled that for Tuesday May 22nd at 9am (the soonest date that worked for him) - would you be able to make it then? If not, I can try to find another time that will work for all 3 of us.

Thanks,

Lynne

Lynne Fenton, M.D.

University of Colorado School of Medicine

Department of Psychiatry

Medical Director, Student Mental Health Service, Anschutz Medical Campus

lynne.fenton@ucdenver.edu

Saturday, May 26, 2012 5:03 PM Mountain Daylight Time

Subject: RE: Tuesday
Date: Friday, May 25, 2012 1:31:26 PM Mountain Daylight Time
From: Holmes, James
To: Fenton, Lynne

Did you refill the prescription?

From: Fenton, Lynne
Sent: Monday, May 21, 2012 12:07 PM
To: Holmes, James
Subject: Re: Tuesday

Good point. Let's wait to meet until we can schedule the consultation with Dr. Feinstein. Here are some upcoming days when he can meet at 9am: Thurs May 31, Wed June 13, Fri June 22, Fri June 29. Would any of those work for you?

Lynne Fenton, M.D.
University of Colorado School of Medicine
Department of Psychiatry
Medical Director, Student Mental Health Service, Anschutz Medical Campus
lynne.fenton@ucdenver.edu
[REDACTED]

On 5/18/12 6:15 PM, "Holmes, James" [REDACTED] wrote:

Why do we need to meet if you can just phone in the prescription?

From: Fenton, Lynne
Sent: Friday, May 18, 2012 4:38 PM
To: Holmes, James
Subject: Tuesday

Hi James,

The consultant, Dr. Feinstein, won't be able to make it to our appointment which is scheduled for next Tuesday at 9am. You and I can still meet that day if you like, or if you'd rather we can reschedule for a time that works for Dr. Feinstein as well.

Dr. Fenton
Lynne Fenton, M.D.
University of Colorado School of Medicine
Department of Psychiatry
Medical Director, Student Mental Health Service, Anschutz Medical Campus
lynne.fenton@ucdenver.edu <<mailto:lynne.fenton@ucdenver.edu>>

Wednesday, August 8, 2012 8:05:56 PM Mountain Daylight Time

Subject: Re: student consultation

Date: Monday, May 21, 2012 6:57:59 PM Mountain Daylight Time

From: Feinstein, Robert

To: Fenton, Lynne

Should work fine. Your office?

Robert Feinstein, MD
Professor of Psychiatry
13001 East 17th Place Room W2177
Aurora, Co 80045
[REDACTED]

On May 21, 2012, at 5:21 PM, "Fenton, Lynne" <Lynne.Fenton@ucdenver.edu> wrote:

Hi Rob,

I've been working with Jennifer to get the grad student I was telling you about scheduled for a meeting/consultation with you and me. He can meet next Thursday at 9am when you and I are scheduled for our monthly meeting. I hope it's OK with you if we use that time to see this guy.

Thanks,

Lynne

Lynne Fenton, M.D.

University of Colorado School of Medicine

Department of Psychiatry

Medical Director, Student Mental Health Service, Anschutz Medical Campus

lynne.fenton@ucdenver.edu
[REDACTED]

9-31-12 'ok. remember interviewing.

Introduced idea that pt may be very angry / troubled

does not have a sense of what others think of him

ex-BF: bari

he did tell her he hated people (p break-up)

described parents as caring

M - "overly altruistic" - did call her on @sday

F - statistician, not affectionate but tells him
how he feels

S - "sibling rivalry"

"gt addicted to games" - Diablo 3 - 100 hrs past 2 weeks

not studying for pre exams

was read Nietzsche, Kazinski, Tylenol terrorist

Hate "sheeple"
& shepherds

RF worked from mentalization standpoint & transformed

pt agreed to come back to talk more

RF proposed talk & perhaps another med (AP)

Hypothesis - anger from bullying?

RF - said to pt - couldn't really prevent suicide/horrible in long

run if person is intent on it.

answers why he wanted to go into P ("one-sided conversation")
& his values (help people)

Report Header (Institutions Name)

Client Summary

Page 1

MRN: 127984X Ednum: 130801

Holmes, James

DOB: [REDACTED]

Appointment Date: 06/11/2012 3:58:21 PM

Note Date: 06/12/2012 4:39:02 PM

Print Date: 07/23/2012

Client: James Holmes DOB: [REDACTED] MRN: 127984X

Address: [REDACTED]

Triage Progress Note Progress Note 06/11/2012 3:58:21 PM

Clinician: Fenton, Lynne MD

Attending: Fenton, Lynne MD

PATIENT IDENTIFICATION AND CHIEF COMPLAINT:

Patient Description: Mr. Holmes is a 24 y/o White male.

SUBJECTIVE:

First year Neurosciences grad student returns today for scheduled follow-up visit with Dr. Feinstein and myself. After I ask how his comp exam went, he reports he failed it. Test was last Thursday, he found out Saturday. As usual, he seems inappropriately nonchalant about this. Says he doesn't really like the program anyway and that he doesn't plan to retake the test. Thinks he'll quit the program and look for a job.

Knowing his history of anger and homicidal ideation (towards seemingly most of the human race) we proceed to assess his level of dangerousness. He actually seems not angry at the grad school, and perhaps a bit relieved to be leaving the program. Neither does he appear suicidal or even depressed. However, he continues to make hostile comments to both of us and seems more paranoid than on previous visits. For example, when asked if he is aware that some of his comments and demeanor may frighten or concern others, he says "well Fenton is clearly afraid of me . that's why she asked you here to protect her or something. And then that one time she locked the door and had a conspicuous package behind her chair." But he also maintains that other see him as "normal".

Regarding specific stressors that might increase his level of dangerousness: he stated he had no student loan debt and had in fact about \$10K of savings that would last for a while. He planned to stay in Colorado "because my lease goes until November. I signed a contract and I probably won't break that" and that he'd look for a job. Thought that his parents would help support him if need be. Said he had told one friend in the program that he had failed (because she asked him) and that he planned to tell his parents. He did not seem too concerned about their reaction. "I told them a while ago I might not stay in the program. They will support whatever my decision is."

We restated that we were very concerned about James and thought that he would benefit from a medication like risperidone and continued psychotherapy. He said his insurance was going to end and we said that would not be a barrier. He saw no point in getting treatment if he wasn't going to continue with the grad program. He did pause to consider Dr. Feinstein's question about "what about getting help for your life" but restated he wasn't interested.

After about 20mins, James said he had to leave to go talk to his grad school advisor and got up and left without thanks, goodbye or other parting remarks, as per his usual demeanor.

Significant worries remained about the dangerousness of this student, particularly the potential for violence against others given:

1. His long-standing fantasies of killing as many people as possible.
2. His eagerness in discussing any details regarding methods, targets, timing.
3. His refusal to give us permission to contact any one who could give collateral info or speak on his behalf.
4. The unclear timeline of his mental health status and past history. Has he always been this odd and angry or is this new, suggesting a psychotic break, substance-related psychosis, or medical illness.

Report Header (Institutions Name)

Client Summary

Page 2

MRN: 127984X Ednum: 130801

Holmes, James

DOB: [REDACTED]

Appointment Date: 06/11/2012 3:58:21 PM

Note Date: 06/12/2012 4:39:02 PM

Print Date: 07/23/2012

Given these concerns, I activated the BETA (threat assessment) team to investigate further and help formulate a plan.

I spoke with the director of the Neurosciences program and also with James' advisor. Neither had heard of him making any threatening remarks. However, they both noted his extremely awkward social interactions and odd comments he would make in lab presentations. In retrospect, he had been like that even at his interview for the program, but that faculty thought he was just very anxious. The labs he rotated through were either not interested in having him join them or were very concerned about the possibility.

BETA team background check revealed no criminal record nor weapons permits. He had a valid drivers license at the address he provided. No military service.

I took the added step of contacting James' mother in San Diego, against James' wishes as I felt it was crucial to know more about his mental health history to determine whether this was a new illness or a longstanding one. She was appreciative of the call, seemed appropriately concerned and engaged, and added "I've worried about him every day of his life. I just don't know what to do to help him. This is like a lifetime of guilt in one phone conversation."

She reported James' "has always been like this" but that it became worse when he was 10 and they moved from a small town to the city of San Diego. They took him to a counselor who helped him adjust to the new school but didn't address any underlying psychological problems. She feels he has some sort of extreme social phobia and is "basically terrified." No other relatives are like James, though his father is "very introverted."

She notes that she is the recipient of most of James' anger, and wasn't sure why. When he didn't get into grad school the first year, he lived at home and "played video games all day." She got angry and told him he had to get a job or move out (he did get a job.) He was furious at her, but no physical violence. She says he says such mean things to her that she withdraws from him and "stops trying." He apparently gets along better with his father.

I gave her my contact info should she have any concerns or further questions. She thought she would talk to James' father and perhaps have him call to check on him.

At this point, it appears that James has schizoid personality disorder and is intermittently functioning at a psychotic level. His ability to mentalize about others' states of mind is very impaired and he may be on the autism spectrum. He may be shifting insidiously into a frank psychotic disorder such as schizophrenia, though does not have the more rapid worsening of function typical of most psychotic breaks. His fear/hatred of humans has markedly impaired him - though he seems very intelligent it appears he will drop out of the grad school program due to his impaired interactions.

Does not currently meet criteria for a mental health hold. He is not gravely disabled and has no evidence of suicidal ideation. Longstanding homicidal ideation but denies any specific targets and there is no current evidence that he is angry at the grad school (or anyone else) for his failure. He has made many hostile remarks to myself and Dr. Feinstein, but no threats. This is similar behavior to what his mother describes. No evidence of past violent acts. No evidence of substance abuse, though no drug testing has been done.

BETA team, patient's mother, director and advisor in NS grad program all notified of

Report Header (Institutions Name)

MRN: 127984X Ednum: 130601

Holmes, James

DOB: [REDACTED]

Appointment Date: 08/11/2012 3:58:21 PM

Note Date: 06/12/2012 4:39:02 PM

Print Date: 07/23/2012

Client Summary

Page 3

essential concerns and have my contact information (and campus police info) should anything come up. Student MH Service will be happy to assist James should he request treatment, even if his insurance has expired.

DIAGNOSIS AND SYMPTOMS:

Present Last visit Baseline

*Schizoid Personality Disorder 301.20

R/O Asperger's Disorder 299.80

R/O Schizophreniform Disorder 295.40

PAST PSYCHIATRIC HISTORY:

Total Hospitalizations: 0,

RISK FACTORS:

History of OutPatient Treatment,

No history of Suicidality, Violence/Assault, Self-Mutilation,

Obsessive-Compulsive Disorder (-- 06/12/2012)

SOCIAL HISTORY:

Financial: Financial Problems: Financial

Development Academics: Academic Problems: Failing grades

Environment/Spiritual: Environmental Problems: Environment

Housing: Housing Problems: Housing

Occupational: Present Occupation: Graduate School

Occupational: Occupational Problems: Occupational

Primary Support/Family: Marital History: Parent is single

Social Relationships: Relational Problems: Relational

STRESSORS/STRENGTH:

	Present	Last visit	Baseline
Financial	Financial	Mild	Mild
Environment/Spiritual	Environment	Normal	Normal
Housing	Housing	Mild	Mild
Occupational	Occupational	Marked	Marked
Social Relationships	Relational	Mild	Mild
Development Academics	Failing grades		

STRENGTH:

Occupational: Graduate School.

FAMILY HISTORY:

Report Header (Institutions Name)

Client Summary

Page 4

MRN: 127984X Ednum: 130801

Holmes, James

DOB: [REDACTED]

Appointment Date: 06/11/2012 3:58:21 PM

Note Date: 06/12/2012 4:39:02 PM

Print Date: 07/23/2012

No Known Family Psychiatric History

MENTAL STATUS EXAM:

APPEARANCE: Well Groomed
ATTITUDE: Contemptuous, Devaluing, Evasive, Guarded, Hostile, Suspicious, Uncooperative
PSYCHOMOTOR: Psychomotor Normal
MOOD: OK
AFFECT: Anxiety, Hostility, Inappropriate, Odd / Bizarre
SPEECH: Taciturn, Stilted
THOUGHT PROCESS: intermittently odd and hard to follow
THOUGHT CONTENT: Paranoid Delusions, Preoccupations
PERCEPTUAL: denies hallucinations but does glance about room in odd way
LEVEL OF CONSCIOUSNESS: Full
ORIENTATION: Intact Oriented x 4
MEMORY: Intact
VIOLENT THOUGHTS: Homicidal Thoughts

PROBLEMS:

MHP/Nursing-Dangerousness: Homicidal Intent

PLAN:

See above

TREATMENT PLAN:

ASSESSMENT:

See above

AXIS I--V:

AXIS I: R/O Asperger's Disorder 299.80, R/O Schizophreniform Disorder 295.40,

AXIS II: *Schizoid Personality Disorder 301.20,

AXIS III:

AXIS IV: Financial, Environment, Housing, Occupational, Relational, Failing grades,

AXIS V: GAF Score = 40, 03/23/2012 Score=50

SCALES:

DANGEROUSNESS:

MHP/Nursing-Dangerousness: Homicidal Intent

SERVICE:

, Clinic: Student Mental Health

ATTENDING ADDENDUM: