

CONSULTATION RECORD

SILVER HILL FOUNDATION

New Canaan, Connecticut

Page .....

No. ....

Dr. Marad

CONSULTANT: Dr. Marad

Address:

Name

Roberti, Robert M.D.

Date

114

Last

First

Middle

The 41 year old neurologist has recently experienced major GI symptoms which he has been treating symptomatically with Digel and Baking Soda. I insisted on consultation because of hx of ulcer disease within the past year. His psychotropic medications - Elavil + Thiorazine. He also has occasional complaints of hip arthritis which he believes is secondary to agitated grieving the past year.

Please advise Thant. Jan Marad D.D.

Hx PUD (gastroscopy / Nopt serum UGI) N/A -  
(superficial) on chronic H. pylori infection -  
reflux -

Nausea/vomiting / dysphagia

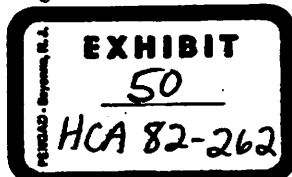
11/10/70

NY Gen \_\_\_\_\_

Rec ① Timetidine 300mg PO qid x 4 weeks -  
the 300mg HS x 2 weeks

② Bethanechol 10mg P.O. a.c. TID

③ the Digel & Baking Soda as he is taking.



*Handwritten signature*

CLINICAL RECORD  
SILVER HILL FOUNDATION  
New Canaan, Connecticut 06840

OSHEROFF, DR. RAPHAEL

No.

10-08-31  
12335

Name

Date

Last

First

Middle

11/8/79  
MRL/lgz

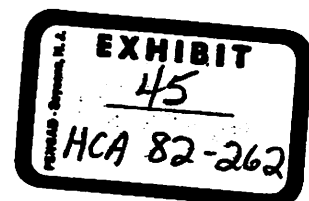
SOCIAL SERVICE BRIEF FAMILY THERAPY

Mr. and Mrs. Bader, step-father and mother of the patient were seen by a social worker twice during hospitalization.

The focus of both meetings was to help Mrs. Bader gain some distance from the patient, as she is over-involved. As she appears very frightened, she needed support for her concerns and concrete information as to how to handle specific situations.

The final meeting dealt with helping her accept the fact that her physician son is disabled emotionally and to help her lower her expectations which he experiences as a great pressure. The patient was present and was helpful in aiding this process.

*Mildred R. Leeds ACSW*  
Mildred R. Leeds, A.C.S.W.



CLINICAL RECORD  
SILVER HILL FOUNDATION  
New Canaan, Connecticut 06840

No. 10-08-30  
12335

Name

OSHEROFF,

Dr. Raphaël

Date

Last

First

Middle

10/26/79

JSN/sn

PROGRESS NOTE

Dr. Osheroff has continued in active involvement in Service C activities and and group therapy. Discharge date for October 31st was set by the patient. Much of the focus of his individual psychotherapy has been on his feelings on separation from the hospital and therapist which have been quite intense. Patient felt he came quite a long way since his initial entry into the hospital but expresses reasonable fears about his adaptation to his life in Virginia. Included in his discharge plans would be resuming therapy with Dr. Board, continuing on his current medication of Elavil and Thorazine, securing a housekeeper and gradually becoming involved in his professional work.

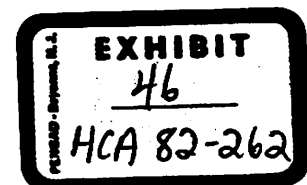
He appeared to handle his weekend passes reasonably well and used them to prepare for his discharge. He has repeatedly expressed great longings to see his children but this wish is frustrated by his ex-wife. His current wife, who never visited the patient here, appears to be preparing for legal separation and divorce. With the impending separation from the hospital the patient has experienced some increased anxiety in the evening but he appears to be able to titrate his medication to overcome this. In general, his relationships with people have improved considerably and he is capable of a much wider range of expression of emotions.

Patient had orthopedic consultation for hip pain. It was diagnosed as bursitis and patient will wait till his return home for treatment.

Mrs. Leeds will set up an appointment to meet with his parents prior to discharge next week.

A letter recommending Dr. Osheroff's guardianship to end will be sent next week.

*Joan S. Narad MD*  
Joan S. Narad, M.D.



CLINICAL RECORD  
SILVER HILL FOUNDATION  
New Canaan, Connecticut 06840

SERVICE B MEETINGS

Name

No.

Date

Last

First

Middle

September 14, 1979

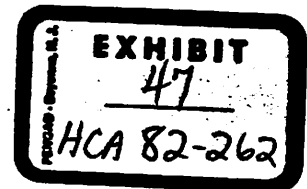
Ray Osheroff: Agitated and aggressive behavior. Has symbiotic relationship with another patient. Intelligence and wit. Emeshed relationship with mother. More regular participation in Service C program other than group therapy. Help him begin to structure his life in a way that will help him to contain his rage. Thorazine, Elavil.

*Betsy Doran*

Betsy Doran  
Alcoholism Counselor

Betsy Doran  
Alcoholism Counselor

Betsy Doran  
Alcoholism Counselor



Betsy Doran  
Alcoholism Counselor

CLINICAL RECORD  
SILVER HILL FOUNDATION  
New Canaan, Connecticut 06840

ASSERTIVE THERAPY TRAINING

No.

Name

Date

Last

First

Middle

September 2, 1979

Raphael Osheroff: is a bit aggressive, but on the other hand quite thoughtful and had a number of useful conceptualizations, not only for members of the group, but particularly for someone who was attending for the first time. He quickly picked up the essence of assertiveness, which is to maintain control over oneself. He described a number of situations, one of which involved an office colleague, where he had not asserted himself, and continued to be very angry. One gets the sense that he is primarily aggressive and has had a lot of difficulty differentiating between obnoxious abrasiveness and a calm-assertive position.

*John S. Tamerin*

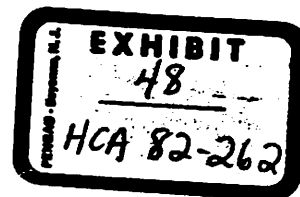
John Tamerin, M.D.

9/19/79  
Ray Oscheroff: spoke out in the group, not so much about himself, but in response to other issues, he was thoughtful in most of his comments although he may have a barb to them, tends to be provocative.

*John S. Tamerin*

John Tamerin, M.D.

John Tamerin, M.D.



DATE Aug. 20, 1979

M.D. 1 Ph.D. 1 Soc. W. 2 Nurse 3 R.T. 1 O.T. 2 Other 2

PATIENT'S NAME Dr. Osheroff Chart # \_\_\_\_\_

PATIENT'S CONDITION:

- 1. Symptoms *pt. still agitated but has stopped the pacing. Pt. dwells on issues of loss and ~~the~~ can become quite ~~is~~ perturbed with ~~the~~ this focus. Pt. seems <sup>to have improved</sup> very much since the two week hospitalization*
- 2. Interpersonal Relationship *to have improved very much since the two week hospitalization*

3. Assets *has become more motivated to participate in aspects of hospitalization - ie - O.T., P.T.*

4. Significant Additional History

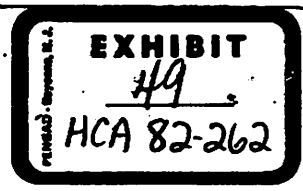
TREATMENT PLAN:

1. Short Term Goals *pt. working in O.T. from 10-10:30 - Keep aspects of program involumer. structured as much as possible.*

2. Long Term Goals *pt. will be evaluated for Service C Group.*

3. Medication *Thorazine - 100 H.S.  
Elivil 150*

4. Referrals and Recommendations *Take off the day special - limit his late evening use of the telephone place on level 3*



Donna M. Ill, M.A.

DATE Aug. 27, 1979

M.D. #2 Ph.D. \_\_\_\_\_ Soc. W. 3 Nurse 1 R.T. 1 O.T. 1 Other 2

PATIENT'S NAME D. R. Osheroff Chart # \_\_\_\_\_

PATIENT'S CONDITION:

1. Symptoms *pt. was physically agitated over the past week. Is acutely agitated - over-all. Somewhat still psychotic.*

2. Interpersonal Relationship *pt. will need to deal with, at some point, aspects of his former marital relationships & family*

3. Assets

4. Significant Additional History

TREATMENT PLAN:

1. Short Term Goals *encourage his participation in R.T.* - *need to set limits with pt. when attending group.*

2. Long Term Goals - *try to integrate him into more aspects of the service program*

3. Medication *Thorazine 100 H.S. / 50 p.m.  
Elevil 150 - bedtime*

4. Referrals and Recommendations

*Dona M. Illi*

1 SERVICE C MEETING

DATE 9/10/79

Ph.D. 2 Soc. W. 3 Nurse 2 R.T. 1 O.T. 1 Other 1

PATIENT'S NAME Ray Osheroff Chart # \_\_\_\_\_

PATIENT'S CONDITION:

1. Symptoms agitated and aggressive behavior
2. Interpersonal Relationship has some symbiotic relationship with another patient
3. Assets intelligence and wit
4. Significant Additional History enmeshed relationship with mother

TREATMENT PLAN:

1. Short Term Goals more regular participation in Service C program other than group therapy
2. Long Term Goals help him <sup>begin</sup> to ~~construct~~ structure his life in a way that will help him to contain his rage
3. Medication Thorazine, Elavil

4 Referrals and Recommendations

Harry Seltzer MSW 82



ST. VICE C MEETING

DATE Sept 17, 1979

1 / Ph.D. 4 Soc. W. 4 Nurse 2 R.T. 1 O.T. 1 Other     

PATIENT'S NAME Dr. Astoroff Chart #     

PATIENT'S CONDITION:

1. Symptoms

2. Interpersonal Relationship

3. Assets

4. Significant Additional History

TREATMENT PLAN:

1. Short Term Goals *pt to be seen by Dr. Stubblefield in absence of therapist - 5x week*  
*- continue in group therapy / 5x week*

2. Long Term Goals

3. Medication

4. Referrals and Recommendations

*Therapist Astoroff ACSW*

DATE 9/24/79

M.D. 2 Ph.D. 1 Soc. W. 3 Nurse 2 R.T. 1 O.T. 1 Other     

PATIENT'S NAME Ray Cisheroff Chart #     

PATIENT'S CONDITION:

1. Symptoms - eats food as if he has been deprived of it; generally is more in control of his behavior

2. Interpersonal Relationship relationship w/ other patient makes it difficult to set limits

3. Assets - his compassionate side can be appealed to in setting limits

4. Significant Additional History

TREATMENT PLAN:

1. Short Term Goals - set limits around food eating

2. Long Term Goals discharge planning up in the air

3. Medication

4. Referrals and Recommendations

Henry Lettner, MSW 84  
Signature of Service Meeting Secretary

SERVICE C MEETING

DATE Oct 1, 1979

M.D. 2 Ph.D. \_\_\_\_\_ Soc. W. 3 Nurse 2 R.T. 1 O.T. 1 Other \_\_\_\_\_

PATIENT'S NAME Ray Osheroff Chart # \_\_\_\_\_

PATIENT'S CONDITION:

1. Symptoms *responds well to Thorazine / symptoms have lessened*

2. Interpersonal Relationship

3. Assets *It has a warm, sensitive aspect to his disposition - especially toward his children*

4. Significant Additional History

TREATMENT PLAN:

1. Short Term Goals *discharge at end of month*

2. Long Term Goals

3. Medication

4. Referrals and Recommendations

DATE 10/15/79

M.D. 2 Ph.D. Soc. W. 4 Nurse 2 R.T. 1 O.T. 1 Other 2

PATIENT'S NAME Ray Osteroff Chart #

PATIENT'S CONDITION:

1. Symptoms impulsive and poor judgement

2. Interpersonal Relationship outside stress. with wife bringing out

3. Assets

4. Significant Additional History

TREATMENT PLAN:

1. Short Term Goals leave at end of month, confront with behavior on hospital grounds

2. Long Term Goals

3. Medication reduced Thorazine

4. Referrals and Recommendations careful evaluation for release at end of month

Harry Selzer MSW Signature of Service Meeting Secreta

DATE 10/24/79  
M.D. 2 Ph.D. 1 Soc. W. 5 Nurse 2 R.T. 1 O.T. 1 Other 2  
PATIENT'S NAME Ray Osteroff Chart #

PATIENT'S CONDITION:

1. Symptoms thru of separation, regressing under stress of separation

2. Interpersonal Relationship

3. Assets

4. Significant Additional History

TREATMENT PLAN:

1. Short Term Goals planning for leaving hospital and going back to his old lifestyle, reinforce practical life goals & focus on feelings of leaving

2. Long Term Goals

3. Medication decreased Thorazine

4. Referrals and Recommendations going at end of October

Avry Selzer 87 MSW  
Signature of Service Meeting Secreta

# LABORATORY REPORT

ROOM NO. <b>BH</b>	HOSP. NO. <b>12335</b>	LAST NAME <b>Osheroff, Raphael</b>	FIRST NAME	PHYSICIAN <b>12335</b>
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PLACE TO REPORT #5 HERE

PLACE TOP OF REPORT #4 HERE

PLACE TOP OF REPORT #3 HERE

PLACE TOP OF REPORT #2 HERE

Name	<b>Osheroff, Raphael</b>	hosp. no.	<b>12335</b>
Room No. (Address)	<b>BH JN</b>	lab. no.	
Physician		date received	
Adm. date	Time	time received	
Age	Sex	date collected	
<b>41</b>		<b>8-2-70</b>	time collected

Ordered By Doctor	
<input checked="" type="checkbox"/> ROUTINE	STAT <input type="checkbox"/> 24 HOUR
<input type="checkbox"/> VOIDED	CATH VOL. UME
<input type="checkbox"/> R-KIDNEY	L-KIDNEY <input type="checkbox"/> BLADDER

TEST	NORMAL VALUE	RESULT
Color		<b>Yellow</b>
Character		<b>Clear</b>
Reaction (pH)		<b>5</b>
Specific Gravity		<b>1.007</b>
Albumin		<b>0</b>
Glucose		<b>0</b>
Ketones		<b>0</b>
Bilirubin		<b>0</b>
Occult Blood		<b>0</b>
MICROSCOPICS		
WBC		<b>0-1</b>
RBC		
Ep. Cells		<b>Good</b>
Casts		
Mucus		
Trichomonas		
Cylindroids		
Bacteria		
Crystals		
PREGNANCY TESTS		
OTHER		
PKU (phenestix)		
CULTURE (results to follow)		

CHECK TEST(S) NEEDED

TOTAL CHARGE	Signed <i>[Signature]</i>	Tech <i>[Signature]</i>
	date time	Date Reported

**URINALYSIS**

Form 1701 Briggs Corporation, Des Moines, Iowa 50306  
Printed in U.S.A.

**EXHIBIT**

**51**

**HCA 82-262**

# LABORATORY REPORT

ROOM NO. <b>B14</b>	HOSP. NO. <b>12335</b>	LAST NAME <b>Osheroff, Raphael</b>	FIRST NAME <b>Raphael</b>	PHYSICIAN <b>JN</b>
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PLACE TOP OF REPORT #3 HERE

PLACE TOP OF REPORT #4 HERE

PLACE TOP OF REPORT #3 HERE

PLACE TOP OF REPORT #2 HERE

Name **Osheroff, Raphael**

Room No. (Address) **BH**

Physician **JN**

Adm. date \_\_\_\_\_ Time \_\_\_\_\_

Age **41** Sex \_\_\_\_\_

Hosp. no. <b>12335</b>
Lab. no.
Date received
Time received
Date collected
Time collected

ROUTINE  STAT

Ordered By Doctor \_\_\_\_\_

TEST	NORMAL VALUE	RESULT
<b>FEBRILE AGG.</b>		
Brucella abortus		
Paratyphoid A		
Paratyphoid B		
Typhoid "O"		
Typhoid "H"		
Proteus OX19		
Proteus		
Tularemia		
<b>HETEROPHILE</b>		
presumptive		
beef abs.		
guinea pig abs.		
Mono Screening		
VDRL		<b>NR</b>
FTA		
<b>OTHER</b>		
Histo. Agg.		
Cold. Agg.		
RA (Latex)		
ASO		
CRP		
Strep MG		
<b>SKIN TESTS</b>		
Tuberculin (PPD)		
Blastomycosis		
Coccidiomycosis		
Histoplasmosis		

CHECK TEST(S) NEEDED

Condition of Specimen \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

Signed \_\_\_\_\_  
date \_\_\_\_\_ time \_\_\_\_\_

Tech \_\_\_\_\_  
Time \_\_\_\_\_  
Date Reported \_\_\_\_\_

## SEROLOGY

# LABORATORY REPORT

ROIM NO. <b>BH</b>	HOSP. NO. <b>12335</b>	LAST NAME <b>Osheroff, Raphael</b>	FIRST NAME <b>Raphael</b>	PHYSICIAN <b>JN</b>
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Name **Osheroff, Raphael**  
 Room No. (Address) **mh**  
 Physician **Narad**  
 Adm. date **time**  
 Age **Sex**

hosp. no. **12335**  
 lab. no.  
 date received  
 time received  
 date collected **10-4-79**  
 time collected

hosp. no.  
 lab. no.  
 date received  
 time received  
 date collected **9-6-79**  
 time collected

hosp. no. **12335**  
 lab. no.  
 date received  
 time received  
 date collected **8-2-79**  
 time collected

ROUTINE     STAT    Ordered by Doctor

TEST	NORMAL VALUE	RESULT
WBC		<b>11,950</b>
RBC Male		
Female		
Hct Male		
Female		
Hgb Male		
Female		
Myelos		
Juveniles		
Bands		
Segs		
Lymphs (normal)		
(atypical)		
Eos		
Baso		
Mono		
NRBC/100 WBC		
Normochromic		
Normocytic		
Microcytic		
Macrocytic		
Hypochromic		
Anisocytosis		
Poikilocytosis		
Polychromasia		
Platelets (normal)		
Increased		
Decreased		
MCV Male		
Female		
MCH		
MCHC		
Platelets (total)		
Reticulocytes		
ESR Male		
Female		
Condition of Specimen		

TEST	NORMAL VALUE	RESULT
WBC		<b>11,500</b>
RBC Male		
Female		
Hct Male		
Female		
Hgb Male		
Female		
Myelos		
Juveniles		
Bands		
Segs		
Lymphs (normal)		
(atypical)		
Eos		
Baso		
Mono		
NRBC/100 WBC		
Normochromic		
Normocytic		
Microcytic		
Macrocytic		
Hypochromic		
Anisocytosis		
Poikilocytosis		
Polychromasia		
Platelets (normal)		
Increased		
Decreased		
MCV Male		
Female		
MCH		
MCHC		
Platelets (total)		
Reticulocytes		
ESR Male		
Female		
Condition of Specimen		

TEST	NORMAL VALUE	RESULT
WBC		<b>6950</b>
RBC Male		
Female		
Hct Male		
Female		<b>45</b>
Hgb Male		<b>15.0</b>
Female		
Myelos		
Juveniles		
Bands		
Segs		<b>1</b>
Lymphs (normal)		<b>57</b>
(atypical)		<b>40</b>
Eos		
Baso		<b>2</b>
Mono		
NRBC/100 WBC		
Normochromic		<b>11</b>
Normocytic		
Microcytic		
Macrocytic		
Hypochromic		
Anisocytosis		
Poikilocytosis		
Polychromasia		
Platelets (normal)		
Increased		<b>1</b>
Decreased		
MCV Male		
Female		
MCH		
MCHC		
Platelets (total)		
Reticulocytes		
ESR Male		<b>19</b>
Female		
Condition of Specimen		

Signed **JN**    Tech. Time **1:15**  
 Date Reported

TOTAL CHARGE **1.00**    date **10-4-79**    time **1:15**    Date Reported

Signed **JN**    Tech. Time **1:15**  
 Date Reported

TOTAL CHARGE **1.00**    date **9-6-79**    time **1:15**    Date Reported

Signed **JN**    Tech. Time **1:15**  
 Date Reported

TOTAL CHARGE **1.00**    date **8-2-79**    time **1:15**    Date Reported

**HEMATOLOGY I**

Form 1705 Briggs Corporation, Des Moines, Iowa 50306  
 Printed in U.S.A.

**HEMATOLOGY I**

Form 1705 Briggs Corporation, Des Moines, Iowa 50306  
 Printed in U.S.A.

**HEMATOLOGY I**

Form 1705 Briggs Corporation, Des Moines, Iowa 50306  
 Printed in U.S.A.

PLACE TOP OF REPORT #3 HERE



# LABORATORY REPORT

ROOM NO.	HOSP. NO.	LAST NAME	FIRST NAME	PHYSICIAN
BH	12335	Osheroff	Raphael	JN

PLACE TOP OF REPORT #3 HERE

PLACE TOP OF REPORT #4 HERE

PLACE TOP OF REPORT #3 HERE

PLACE TOP OF REPORT #2 HERE

Name **Osheroff, Raphael**

Room No. (Address) **BH**

Physician **JN**

Adm. date \_\_\_\_\_ Time \_\_\_\_\_

Age **41** Sex \_\_\_\_\_

hosp. no.	<b>12335</b>
lab. no.	
date received	
time received	
date collected	<b>8-2-79</b>
time collected	

ROUTINE     STAT    Ordered by Doctor \_\_\_\_\_

	TEST	NORMAL VALUE	RESULT
ENZYMES	Amylase		
	Lipase		
	Phosphatase - acid		
	Phosphatase - alk		<b>28</b>
	SGOT		<b>29</b>
	SGPT		
	LDH		
	a-HBDH		
	GGTP		
	CPK		
ELECTROLYTES	Sodium		<b>138</b>
	Potassium		<b>3.9</b>
	Chloride		
	CO <sub>2</sub> (Arterial)		
	CO <sub>2</sub> (Venous)		
	Calcium		
	Osmolality		
	Magnesium		
	Phosphorus		
	Urea Nitrogen		<b>15</b>
GENERAL CHEMISTRY	Glucose (fasting)		<b>96</b>
	2 hr. P.P.		
	Total Protein		
	Albumin		
	Globulin		
	A/G ratio		
	Bilirubin - total		<b>1.0</b>
	direct		<b>0.2</b>
	indirect		
	Creatinine		
Cholinesterase			
Urea Nitrogen		<b>15</b>	
Uric Acid Male			
Female			
Cholesterol		<b>259</b>	

Condition of Specimen \_\_\_\_\_

TOTAL CHARGE **25.00**    Signed \_\_\_\_\_    Tech. **BD**

date \_\_\_\_\_ time \_\_\_\_\_    Date Reported \_\_\_\_\_

**CHEMISTRY**

NUTRITION CARE PLAN

Nutrition Assessment:

DIETITIAN: Isabel Ryan

NAME: Mr. Roy Osborn

DATE: 9/9/79

HEIGHT: 6' AGE: 41.138

WEIGHT: 175<sup>0</sup> (upon admission)

Ave. Wt. (202<sup>0</sup> on 9/19/79)

Ideal Wt. 175<sup>0</sup>

CONDITION OF TEETH: Good

OTHER ORAL PROBLEMS: No

SWALLOWING: \_\_\_\_\_

OBSTRUCTIONS: Minor chronic but does not cause dietary problems

LAB VALUES:

Fasting Blood Sugar: /

Cholesterol Level: /

Other: \_\_\_\_\_

NUTRITIONAL HISTORY

Vitamin Supplements: No

Food Allergies: None

Appetite: "Too Good"

Likes: Cottage Cheese w/ H.C. egg as main source of protein

Dislikes: Fat, sugar, vinegar

Other: \_\_\_\_\_

FACTORS WHICH INFLUENCE EATING HABITS

Bowel Problems: No

Gastrointestinal Disorders: None - no problems

Obesity: No

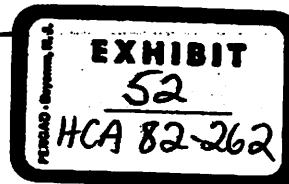
Anorexia: No

Drugs: \_\_\_\_\_

NUTRITIONAL CARE PLAN:

Diet Order by Doctor: Self-administered Low Cal Diet.

DIETITIAN'S NOTES: Planned lunch and dinner.



RE-EVALUATION NOTES:

DATE: 9/21/70. *Business Unit advised - This is to begin work for 10 day period and then a 500-1000 Cal. maintenance diet JAB/gms*

DATE:

DATE:

DATE:

NEW ADMISSION REPORT  
Morning Staf:

DATE: 8/3/77 DATE OF ADMISSION: 8/1/79

NAME: Ostroff, Dr. Raphael, J. MEDICARE: \_\_\_\_\_ AGE: 41

ADMITTING MD: Naras ASSIGNED MD: Naras

REASON FOR ADMISSION: \_\_\_\_\_ BY: \_\_\_\_\_

Manic depressive illness). was at Chestnut Lodge with no progress, separated from 2nd marriage - was successful internist - 2nd wife a doctor - they ran a dialysis clinic together - he later sold the business for a million dollars - has not functioned well since.

SOCIAL SERVICE REPORT: \_\_\_\_\_ BY: M. Leeds

Came with mother + step father - order accompanied them as mother was afraid he might injure himself - real father died when pt was 17. he was grief stricken for some time - then went through an enormous

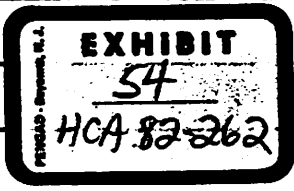
NURSES REPORT: successful period BY: F. Ziegler

sleep fairly well, but was out walking very early - making many phone calls to mother and estranged wife.

HOUSE: Barrett SERVICE: C

SPECIAL CONDITIONS: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_



Dore E. Agy  
Signature of person completing form

J. P. Naras MD  
Signature of admitting therapist

100-100000-100000

100-100000-100000

100-100000-100000

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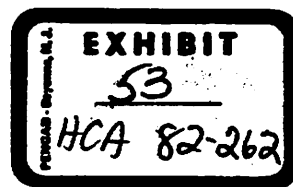
100-100000-100000

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# SILVER HILL FOUNDATION

TO BE COMPLETED BY ATTENDING PSYCHOTHERAPIST FOLLOWING INITIAL INTERVIEW

CHART NO. 12335

ADMISSION DATE 8/1/79

### Occupational - Recreational Therapy Referral

Name Osheroff, Dr. Raphael Age 41 House B Service C

Diagnostic Impression Depressive depression acute

Physical Condition \_\_\_\_\_ Physical Limitations \_\_\_\_\_

Precautions: - Suicidal  Convulsions \_\_\_\_\_ Other: \_\_\_\_\_

### Patient Needs:

- |                                                                  |                                                   |                                                              |
|------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Alleviation of anxiety                  | <input type="checkbox"/> Limit physical activity  | <input type="checkbox"/> Encourage individual responsibility |
| <input type="checkbox"/> Reality orientation                     | <input type="checkbox"/> Physical stimulation     | <input type="checkbox"/> Outlet for hostility and aggression |
| <input type="checkbox"/> Identification with same sex            | <input type="checkbox"/> Intellectual stimulation | <input type="checkbox"/> Control of hostility and aggression |
| <input type="checkbox"/> Encourage to interact with opposite sex | <input type="checkbox"/> Sedative activities      | <input type="checkbox"/> Develop avocational interests       |
| <input type="checkbox"/> Encourage socialization                 | <input type="checkbox"/> Develop competitiveness  | <input type="checkbox"/> Develop work tolerance              |
| <input type="checkbox"/> Individual activities                   | <input type="checkbox"/> Develop cooperation      | <input type="checkbox"/> Prevocational evaluation            |
|                                                                  | <input type="checkbox"/> Build self-esteem        |                                                              |
|                                                                  | <input type="checkbox"/> Group activities         |                                                              |

Therapeutic Approach: Directive \_\_\_\_\_ Supportive \_\_\_\_\_ Encourage Independence \_\_\_\_\_ Other \_\_\_\_\_

Participation - Permissive \_\_\_\_\_ Urge \_\_\_\_\_

### Rehabilitation Goals

(Patient's disposition upon discharge, and/or future planning anticipated.)

Maker \_\_\_\_\_ Return to school \_\_\_\_\_ Return to former job \_\_\_\_\_ Needs employment/job training \_\_\_\_\_

Date 8-3-79 Doctor's signature [Signature]

B-6-7  
PK

Pt appears in good physical condition. Appears dishveled. Rates constantly interviewed 8/7/79.

RELATIONSHIPS (INTERPERSONAL):  
Pt responds to RT person in a negative manner now. Seem isolate and angry.

PERCEPTION OF SELF:  
Pt appears self-deprecating now and lacks self-confidence. Pt stated that he's "destructive".

PERFORMANCE (ACTIVITY RELATED):  
Now pt lacks attention span and frustration tolerance. Has negative attitude towards RT activities.

BEHAVIOR:  
Pt appears impulsive & rigid. Seem negative and superficial. Hostile toward "himself".

LEISURE/RECREATIONAL ASSESSMENT:  
Pt a doctor who appears to be deeply involved in career. It appears that he spends little time for social life or physical activity.

- SUMMARY:
- (1) Assets good physical condition, appears to have good endurance.
  - (2) Liabilities Short attention span, negative attitude, high anxiety level.

TREATMENT PLAN:  
Attempt to integrate in RT program and encourage cooperative attitude. Set leisure (avocational interests and skills should be explored.

New Canaan, Connecticut

Dr. \_\_\_\_\_

## PHYSICAL THERAPY AND RECREATION NOTES

House \_\_\_\_\_

SILVER HILL FOUNDATION  
REHABILITATIVE THERAPIES DEPARTMENT

Initial \_\_\_\_\_ NOTE

OT PT RT

PATIENT: Osheroff, Dr. Raphael ADM. NO.: \_\_\_\_\_ CHART NO.: 12335DR. Narad HOUSE: Barrett DATE: 8/2/79

Dr. Osheroff is a 41 yr. old physician seen for an evaluative interview 8/6 - 8/10/79 at Barrett House. At these times, pt. was agitated, stating he had "no need or interest" in occupational therapy and abruptly terminated conversations. An assessment cannot be made at this time.

Interim \_\_\_\_\_ NOTE

Claudia Thompson O.T.R.  
THERAPIST  
OT PT RT

PATIENT: Osheroff, Dr. Raphael ADM. NO.: \_\_\_\_\_ CHART NO.: 12335DR. Narad HOUSE: Barrett DATE: 9/4/79

Dr. Osheroff has been attending the O.T. clinic on a regular basis for the past three weeks. The pt. is presently engaged in a woodworking activity, where he requires maximum supervision because of his impulsivity and poor judgement, which is reflected in the quality of his work. He tends to be impatient and does not respond well to instructions or suggestions. His work is careless and messy. In conversation, the pt. is talkative, occasionally tangential and humorous. There are underlying tones of sarcasm and at times he is sexually suggestive. The pt. has difficulty responding to limits and boundaries.

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Claudia Thompson O.T.R.  
THERAPIST



SILVER HILL FOUNDATION  
REHABILITATIVE THERAPIES DEPARTMENT

Interim \_\_\_\_\_ NOTE

OT PT RT

PATIENT: Osheroff, Dr. Raphael ADM. NO.: \_\_\_\_\_ CHART NO.: 12335DR. Narad HOUSE: Main DATE 10/1/79

Dr. Osheroff attended the O.T. clinic on a regular daily basis this past month.

He has completed two self-initiated projects for his son, whom is frequently the topic of his conversations. His behavior has improved considerably, than previously stated, in this environment. He is more responsive to limits and confrontations, and approaches tasks less impulsively. The majority of his work is now done independently, as opposed to the maximum supervision he originally required. He is polite and pleasant on contact, but at times appears depressed and preoccupied.

*Claudia Thompson O.T.R.*  
THERAPIST

Discharge summary \_\_\_\_\_ NOTE

OT PT RT

PATIENT: Osheroff, Dr. Raphael ADM. NO.: \_\_\_\_\_ CHART NO.: 12335DR. Narad HOUSE: Main DATE 11/1/79

Dr. Osheroff actively participated in the O.T. clinic throughout this hospitalization.

Initially the Pt. required maximum supervision because of his impulsivity and poor judgement. The Pt.'s work habits were careless and disorganized. The Pt's work skills and behavior improved considerably in this environment, yet there was evidence of increased agitation and anxiety prior to discharge. The Pt. verbally expressed concern over his ability to function outside of this structured setting, and his behavior demonstrated ambivalent feelings concerning separation from this hospital.

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*Claudia Thompson O.T.R.*  
THERAPIST

New Canaan, Connecticut

Dr. \_\_\_\_\_

SILVER HILL FOUNDATION  
REHABILITATIVE THERAPIES DEPARTMENT

Interim NOTE OT PT RT

PATIENT: Osheral, Dr. ADM. NO.: \_\_\_\_\_ CHART NO.: 12335

DR. Varad HOUSE: Barrett DATE: 8/3/79

Pt attends RT physically and socially occasionally for brief periods of time. Works out in exercise gym and plays the piano. Appears unable to spend any length of time with a given activity. Frustration tolerance and attention span appears low. Pt. Socialized with other pts. more freely now. Seems somewhat hostile towards Stacy M. Berg staff member. THERAPIST

Interim NOTE OT PT RT

PATIENT: Osheral, Dr. ADM. NO.: \_\_\_\_\_ CHART NO.: 12335

DR. Varad HOUSE: Main DATE: 10/2/79

Pt. continues to attend RT socially but has not been to the gym to "work out" recently. Appears to be more socialable now with other pts. and staff. Frustration tolerance & attention span both seem to show an improvement. Pt. appears less hostile now towards staff. Stacy M. Berg THERAPIST

AUX

SILVER HILL FOUNDATION  
REHABILITATIVE THERAPIES DEPARTMENT

Discharge <sup>NOTE</sup> Summary

OT      PT      RT

PATIENT: Osheroff, Dr. R ADM. NO.: 10/03/31 CHART NO.: 12335

DR. Ward HOUSE: Main DATE 11/1/79

Pt. attends social functions occasionally at RT but does not participate in program physically. Attention span and frustration tolerance appear to be improved. Pt. also appears to be less hostile and more socialable with other pts. as well as RT staff members.

Ernest Berg  
THERAPIST  
*[Signature]*

Rehab. Ther. 05  
09/14/79

Patient had limited ability to attend to interview.

PSYCHO-SOCIAL HISTORY

Date Taken Aug 7, 1979

FACTUAL DATA:

(Taken from Patient) Dr. Osheroff

Presenting Problem: Patient feels "symbolically dead" as a result of long-term problems - most specifically due to "last 6 month hospitalization"

Present Illness: \_\_\_\_\_

Patient's name RAPHAEL OSHEROFF Date & Place of Birth 4/1/38 - NYC

Present Address "Have no address" Age 41

City and State — Religion JEWISH

Telephone (A.C.) —

Persons Residing in Same Household as Patient:

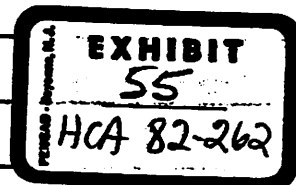
Name	Age	Relationship	Comments
_____			
_____			
_____			
_____			
_____			

FAMILY HISTORY:

Patient's Father \_\_\_\_\_ Age \_\_\_\_\_, if Deceased - Date & Cause

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Comments: \_\_\_\_\_



Patient's Mother \_\_\_\_\_ Age \_\_\_\_\_, if Deceased - Date & Ca

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Comments: "I call her every

morning." She's the only person with whom the patient reports contact.

Parent's date of marriage \_\_\_\_\_ Comments \_\_\_\_\_

If divorced - Date \_\_\_\_\_

Previous and/or subsequent marriages - Dates \_\_\_\_\_

Comments: \_\_\_\_\_

Siblings (Include full, half and Step-siblings and state same):

Name, Age, & Present Whereabouts \_\_\_\_\_ Comments \_\_\_\_\_

Only child

Emotional Illnesses within Family of Origin:

Person	Type	Date

PERSONAL HISTORY:

Patient's birth was Planned/Not Planned \_\_\_\_\_

Medical Complications during pregnancy and/or delivery (explain) \_\_\_\_\_

Patient was toilet trained, walked and talked at what ages?

Walked: \_\_\_\_\_ Talked: \_\_\_\_\_ Toilet Trained: \_\_\_\_\_

Early Childhood experiences (Birth - 6 years) \_\_\_\_\_

Very bright child. Feels there was always a "characterological disorder" but functional "in spite of myself."

Growing up Experiences (including age of onset of puberty and moves during childhood):

Musical. Bright. Had friends.

Schools attended and Scholastic Standing:

Local public school in Bronx.  
Music and Art High School - NYC. Did well academically. Played 2 instruments. Considered a talented musician and pursued it for many years.

Military Experience Date & Locations \_\_\_\_\_

Comments: \_\_\_\_\_

Post School, Work and/or Social Experiences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse's name & age \_\_\_\_\_

Occupation \_\_\_\_\_

MARITAL AND SOCIAL HISTORY

Patient's date of present marriage \_\_\_\_\_

Year couple met: \_\_\_\_\_

Comments (Relationship Early, Middle & Later Years): \_\_\_\_\_

Presently separated from 2<sup>nd</sup> wife. Has 3 yr. old son.  
Wife is physician - "a very bright, beautiful lady."  
Pt. became impotent. Obsessive about work to  
exclusion of family - particularly son. Pt. feels he had  
everything and destroyed the marriage. "Should have  
gone back to psychiatrist when last depression began  
but instead lost everything." "Committed Symbolic Suicide"

Previous Marriages:

Dates

Present Status

Comments

Has 2 sons (now 8 & 10 yrs. old) from first marriage.  
Gave up joint custody of children so ex-wife could  
move to Europe with new husband. "Lost my children"  
Had been excellent joint-custody arrangement.

Children (If more than one marriage, of which marriage is each child?):

Name	Age	Present Whereabouts	Comments
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1<sup>st</sup> Marriage

one son - 10 yrs. old

one son - 8 yrs old

2<sup>nd</sup> Marriage -

one son - 3 yrs. old

Employment Information:

Employer (i.e. Name of Firm)	Commencement Date	Date of Termination	Positions Held	Comments
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Physician - "Nephrologist" - Large dialysis office  
employing 35 people in Wash. D.C. area. Highly  
respected in field. Sold out his share one day.  
Feels finished with medicine - could never go back.  
Has lost reputation.

Give sequence of development of present problems bringing patient to S.H.F. \_\_\_\_\_

Periodic depressions over many years. Saw psychiatrist for  
a period of time. Devastated when gave up custody of  
older sons. Work became his world. Finally could no  
longer practice medicine. Separated from 2<sup>nd</sup> wife.  
Admitted to Chestnut Lodge 6 months ago. Committed  
"Symbolic suicide" there. Feels there is nothing left for him  
but custodial care - a place where he can live out  
his days pacing.



PAST MEDICAL HISTORY

Child and/or Adult Physical Illnesses and/or Surgical Procedures:

Type	Date	Doctor & Address	Hospital & Address
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Allergies (Include those to medications):

\_\_\_\_\_

\_\_\_\_\_

PREVIOUS MENTAL HEALTH HISTORY:

Type	Date	Doctor & Address	Hospital & Address
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Chestnut Lodge - Maryland - past 6 months.			
Has seen psychiatrists intermittently for many years			

Signature Barbara K. Phillips, MA

*Mildred R. Leeds*

SOCIAL SERVICE DISCHARGE PLANNING EVALUATION:

A. Living Arrangements at Discharge:

<u>Address</u>	<u>City</u>	<u>State</u>
<u>Patient feels he needs custodial care - but does not</u>		
<u>Significant others (explain) want to live in a mental institution.</u>		
<u>Feels he has sufficient funds for private care and a</u>		
<u>full-time attendant.</u>		

B. Anticipated Daily Routine (Job, school, vocational rehabilitation & social & recreational):

To be left alone to pace.

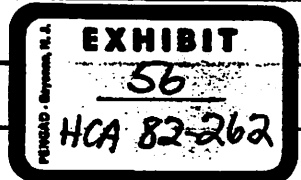
C. Follow-up Medical and Psychiatric Treatment: (Treating professional, Agency & Specific arrangements)

—

D. Patient's assessment of Plan (projected goals):

To find suitable long-term living facility.

E. Social Worker's assessment of plan (including motivation, resistances and realities of goal):



Signature Barbara K. Phillips, MA  
Mildred R. Leeds 60