

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 + Therozine. 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 -

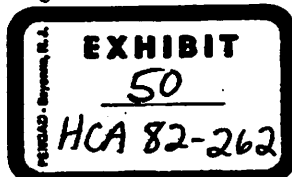
Nausea/vomiting / dysphagia

11/10/70 NY Gen _____

Rec ① Timetidine 300mg PO qid x 4 weeks -
then 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

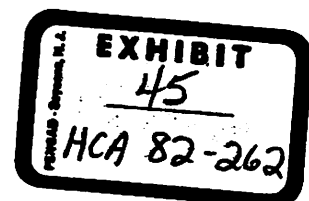
SOCIAL SERVICE BRIEF FAMILY THERAPY

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.

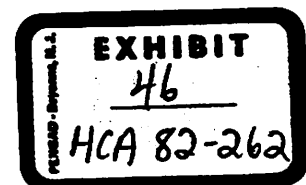
He appeared to handle his weekend passes reasonably well and used them to prepare for his discharge. He has repeatedly expressed great longings to see his children but this wish is frustrated by his ex-wife. His current wife, who never visited the patient here, appears to be preparing for legal separation 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

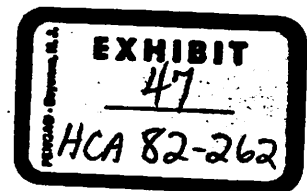
Ray Osheroff: Agitated and aggressive behavior. Has symbiotic relationship with another patient. Intelligence and wit. Emeshed relationship with mother. More regular participation in Service C program other than group therapy. Help him begin to structure his life in a way that will help him to contain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

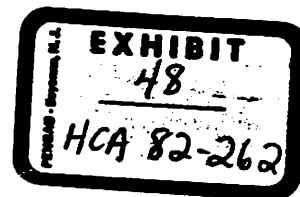
Raphael Osheroff: is a bit aggressive, but on the other hand quite thoughtful and had a number of useful conceptualizations, not only for members of the group, but particularly for someone who was attending for the first time. He quickly picked up the essence of assertiveness, which is to maintain control 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 ^{to have improved} very much since the two week hospitalization*
- 2. Interpersonal Relationship *to have improved very much since the two week hospitalization*

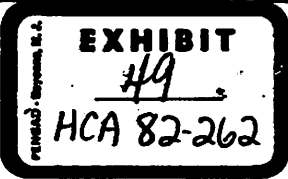
3. Assets *has become more motivated to participate in aspects of hospitalization - ie - O.T., P.T.*

4. Significant Additional History

TREATMENT PLAN:

- 1. Short Term Goals *pt. working in O.T. from 10-10:30 - Keep aspects of program in voluement 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. Kelly, 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

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 ^{begin} 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

Tharu 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

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. BH | HOSP. NO. 12335 | LAST NAME Osheroff, Raphael | FIRST NAME | PHYSICIAN 12335 |
|-----------------------|---------------------------|---------------------------------------|------------|---------------------------|

PLACE TO REPORT #5 HERE

PLACE TOP OF REPORT #4 HERE

PLACE TOP OF REPORT #3 HERE

PLACE TOP OF REPORT #2 HERE

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

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

| TEST | NORMAL VALUE | RESULT |
|-----------------------------|--------------|---------------|
| Color | | Yellow |
| Character | | Clear |
| Reaction (pH) | | 5 |
| Specific Gravity | | 1.007 |
| Albumin | | 0 |
| Glucose | | 0 |
| Ketones | | 0 |
| Bilirubin | | 0 |
| Occult Blood | | 0 |
| MICROSCOPICS | | |
| WBC | | 0-1 |
| RBC | | |
| Ep. Cells | | Good |
| 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. B14 | HOSP. NO. 12335 | LAST NAME Osheroff, Raphael | FIRST NAME Raphael | PHYSICIAN 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. 12335 |
| Lab. no. _____ |
| Date received _____ |
| Time received _____ |
| Date collected _____ |
| Time collected _____ |

ROUTINE STAT

Ordered By Doctor _____

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

CHECK TEST(S) NEEDED

Condition of Specimen _____

TOTAL CHARGE _____

Signed _____
date _____ time _____

Tech _____
Time _____
Date Reported _____

SEROLOGY

LABORATORY REPORT

| | | | | |
|-----------------------|---------------------------|------------------------------|------------------------------|------------------------|
| ROOM NO. BH | HOSP. NO. 12335 | LAST NAME Osheroff | FIRST NAME Raphael | PHYSICIAN 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. | 12335 |
| lab. no. | |
| date received | |
| time received | |
| date collected | 8-2-79 |
| time collected | |

ROUTINE STAT Ordered by Doctor _____

| | TEST | NORMAL VALUE | RESULT |
|---------------------------|----------------------------|---------------------|-----------------|
| ENZYMES | Amylase | | |
| | Lipase | | |
| | Phosphatase - acid | | |
| | Phosphatase - alk | | 28 |
| | SGOT | | 29 |
| | SGPT | | |
| | LDH | | |
| | a-HBDH | | |
| | GGTP | | |
| | CPK | | |
| ELECTROLYTES | Sodium | | 138 |
| | Potassium | | 3.9 |
| | Chloride | | |
| | CO ₂ (Arterial) | | |
| | CO ₂ (Venous) | | |
| | Calcium | | |
| | Osmolality | | |
| | Magnesium | | |
| | Phosphorus | | |
| | Urea Nitrogen | | 15 |
| GENERAL CHEMISTRY | Glucose (fasting) | | 96 |
| | 2 hr. P.P. | | |
| | Total Protein | | |
| | Albumin | | |
| | Globulin | | |
| | A/G ratio | | |
| | Bilirubin - total | | 1.0 |
| | direct | | 0.2 |
| | indirect | | |
| | Creatinine | | |
| Cholinesterase | | | |
| Urea Nitrogen | | 15 | |
| Uric Acid Male | | | |
| Female | | | |
| Cholesterol | | 259 | |
| Condition of Specimen | | | |
| TOTAL CHARGE 25.00 | | Signed _____ | Tech. BD |
| date _____ time _____ | | 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: 175⁰ (upon admission)

Ave. Wt. (202⁰ on 9/19/79)

Ideal Wt. 175⁰

CONDITION OF TEETH: Good

OTHER ORAL PROBLEMS: No

SWALLOWING: _____

OBSTRUCTIONS: Minor blockage 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

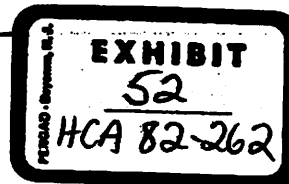
Anorexia: No

Drugs: _____

NUTRITIONAL CARE PLAN:

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

DIETITIAN'S NOTES: Planned lunch and dinner.



RE-EVALUATION NOTES:

DATE: 9/21/10. *Business Unit advised - This is to begin work for 10 day period and then a 800-1000 call. Followed by JABys*

DATE:

DATE:

DATE:

DIETARY #1 FORM 2 10/2/10

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

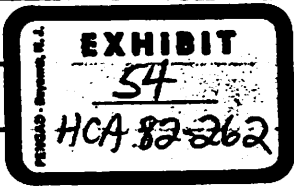
NURSES REPORT: successful period BY: F. Ziegler

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: _____



Douc E. Agy
Signature of person completing form

J. P. Naras MD
Signature of admitting therapist

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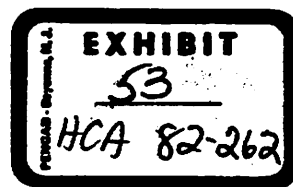
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SILVER HILL FOUNDATION

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]

8-6-79
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.

97

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 State member ~~State member~~ Stacy M. Berg 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 State member ~~State member~~ Stacy M. Berg THERAPIST

AUX

SILVER HILL FOUNDATION
REHABILITATIVE THERAPIES DEPARTMENT

Discharge ^{NOTE} 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.

Suzanne 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:

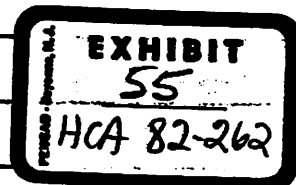
| Name | Age | Relationship | Comments |
|-------|-----|--------------|----------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

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 2nd 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 |
|------|-----|---------------------|----------|
|------|-----|---------------------|----------|

1st Marriage

one son - 10 yrs. old

one son - 8 yrs old

2nd Marriage -

one son - 3 yrs. old

Employment Information:

| Employer (i.e. Name of Firm) | Commencement Date | Date of Termination | Positions Held | Comments |
|---------------------------------|----------------------|------------------------|-------------------|----------|
|---------------------------------|----------------------|------------------------|-------------------|----------|

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 2nd 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 |
|------|------|------------------|--------------------|
|------|------|------------------|--------------------|

| | | | |
|--|--|--|--|
| 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.

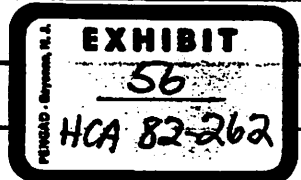
C. Follow-up Medical and Psychiatric Treatment: (Treating professional, Agency & Specific arrangements)

—

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