Medical Summary Report

January 17, 2023

Re: J. M.
SSN: XXX-XX-XXXX
DOB: January X, XXXX

To Whom It May Concern:

J. M. is a 21-year-old male, born and raised in City, State. Dr. E. Kramer gives J a current diagnosis of cognitive disorder NOS and borderline intellectual functioning, with a full scale IQ of 74; this after being diagnosed with a 104 IQ while in elementary school. J is 6'1" in height and weighs about 200lbs, his hygiene is poor, his appearance is inconsistent and reflects the level of outside support he's receiving: at times he's neat and appropriately dressed, while at other times he's disheveled, wearing the same clothes day after day and carrying a strong body odor. His speech is slow, deliberate and at times tangential and he always presents as sad and uninterested.

Personal History
J. says that his home life growing up was "very bad," however in a previous psychiatric evaluation he indicated that "it was good a good life." He reports that he has an older sister and that his mother and father were never married. He also reports that his mother used drugs while pregnant with him and that he was addicted to methadone at birth. J. stated that his mother and father broke up when he was 13. His mother, Ms. M., said their separation was very hard on J. because he really looked up to and loved his father. J.'s mother indicated that J. had a "very bad" upbringing, much of it because of their family problems and the issues that she was dealing with. J. reported being neglected and said that both his mother and father suffered from mental illnesses. Ms. M. reported that J's father suffered from schizophrenia. J. said that he started hearing voices at about 16-17 years old.

Education
In 1995 J. was evaluated to have an IQ of 104, he was also diagnosed with learning disabilities and. was in special education classes from the second grade until he dropped out of school in the 11th grade. Despite having an Individualized Education Plan (IEP), J. struggled in school. He and his mother became homeless about 1999 and on April 12, 2000 the court ordered that he be placed in shelter care. Ms. M. reported that at that time he was staying with a friend of the family while she was working out problems in her life. Meanwhile, J. continued to struggle in school, partly because of poor attendance and a chaotic home life and partly because of his diagnosed learning disabilities.

Substance Use History
J. began using drugs at an early age. He reported that at age 14 he and his mother used heroin together. From there he tried "every drug there is." At about age 15 he met a girl and moved in with her. He said he stayed with her for about three years and used "heavily" while he lived with her. They broke up in 2005 at which time J. became homeless. Since becoming homeless in 2005, he has suffered beatings, confirmed by Community Hospital records, and robberies while living 'the street life.' He also has a history of incarcerations.

Until October 2007 J. suffered from polysubstance abuse and it was believed that most of his psychiatric issues were drug induced. Because of this, his therapists found it difficult to give a definitive diagnosis. However, on 10/8/07 he was admitted to Destiny Treatment Center's inpatient program in City, State. Since October 2007 he has been clean and yet continues to exhibit severe cognitive impairment as well as borderline functioning. The discharge summary on 2/12/08 states that "client was successful but not appropriate for treatment at Destiny." According to A. Harrison, Certified Alcohol Drug Counselor-II, "Mr. M. did not appear to understand many things that were conveyed to him and found it difficult to interact with the milieu."

Legal History
The majority of J's legal problems stem form breaking into and sleeping in abandoned and boarded up structures. He has multiple charges of trespassing, and several theft charges for riding the train without fare.

Physical Health History
On 9/9/05 J arrived at Charity Hospital via ambulance complaining of skin rash, lesion, boils (which also brought him to the ER on 1/26/06) and tender area that had begun several days earlier and continued to worsen. The painful area he complained about was his right lower extremity, the result of sitting on a rusty nail days earlier and being bitten by a spider. On 3/2/06 J reported to the ER with a knife wound to his finger. J reports he told the doctors that he cut himself in the kitchen at home, but his mother informed me that he had been robbed, and she was unsure of how his finger got cut but came home bleeding. J has also had a broken hand he claims to have suffered from a fight, records don't state the cause but do confirm that he had been in a fight in November of 2006.

Psychiatric History
J. M. has a history of mental illness going back to age 16. He began hearing voices about that time. Ms. M. reported that J. has always had cognitive difficulties; she thought that having to "constantly remind him of how to do things showed that he was lazy." She reported that J. began seeing R. Masters (children's services) and D. Hardwick for psychological therapy at about age 14.

Because his memory is very poor and his relationship with his mother was sporadic during his teen years, it is difficult to get a clear picture of his mental health before 9/9/05. However, records from Charity Hospital in City, State on 9/9/05 indicate that he experienced symptoms of schizophrenia and was prescribed Wellbutrin and Zyprexa. Those records also show that he experienced many physical complaints as well; things like rashes, boils, lesions, knife wounds, sprains, broken bones and assaults. All of these happened within a year of him becoming homeless, between 9/9/05 and 4/30/06.

By March of 2006, J. was connected with Community Mental Health (CMH) and presented with anxiety, panic attacks, as well as auditory and visual hallucinations. These continue with varying severity. On 3/2/06 J. presented to the walk-in clinic at CMH after he accidentally elbowed his mother in the eye. He complained of panic attacks and auditory hallucinations. He reported that a female voice tells him "to harm them". He also stated there was "a camera in his house that is

sending pictures to the internet." He believed everyone knew him and was talking about him. On 4/30/06 he reported to Charity again this time diagnosed with anxiety with mention of a recent assault.

On 5/1/06 at the Carson Network walk-in clinic J. reported "he's been experiencing periodic si [suicidal ideation] and that he'd been feeling suicidal yesterday at the hospital."

On 5/5/06 in a Carson report about an interview with J., he reported "having intrusive thoughts describing thoughts of someone he knows being hurt, 'like raped or something horrible.'"

On 6/9/07 Project Respite was called to the Lancaster Apartments in City, State because J. was "manic, tearful and screaming."

On 4/17/08 J. met with J. Harper, Mental Health Specialist for Community Center. During that first session Harper wrote "clear symptoms of thought disturbance as evidenced by speech latency, thought blocking, internal preoccupation, concrete thinking, memory problems, and slow understanding of new information." He also noted that J. was in a "four month sustained remission verified by random urinalysis with Act and Community Center."

Functional Information

Understand, Remember, or Apply Information

In case notes from 5/15/08 J. Harper noted "on general observation in the homeless shelter day room, he presented earlier in the day with severe poor hygiene, very strong body odor and dirty clothes." He also noted poor memory, with examples, of J. not remembering information given to him the day before which "demonstrated that he had only a partial understanding of the information I was giving him."

J. relies on his mother and grandmother to recall the events in his life and to ensure he gets to appointments. Once, I wanted to make an appointment with him so he went to the bunk area to retrieve his calendar, when he opened it, two dollars fell to the floor. He said his mother had given him the two dollars for bus fare. I suggested that he put the money in his pocket and he looked at me as though he didn't understand why. In my interviews with him he tries to answer questions, but often appears confused.

J. speaks to his mother and grandmother daily. Without assistance he would have great difficulty taking the bus, managing money, maintaining a residence, grooming and maintaining his hygiene.

Interact With Others

J. is friendly, polite and courteous. However, I have never seen him interact with anyone other than shelter staff and his mother. On several occasions I have encountered J. at the Community Center shelter and have noticed J. sitting alone appearing as though he was in a daze. I have seen him at the shelter more than eight times and have never seen him socialize.
Evidence shows that while on the streets he tended to be a mark; he has been both beaten and robbed. In March of 2006, June of 2006 and November of 2006 J was beaten and robbed for the

few dollars he'd received from his grandmother. He has reported that to get money he worked for his grandmother cutting her lawn and picking up trash around the house for $10-15.

Concentrate, Persist, or Maintain Pace
For very short periods of time J. can hold a conversation. However, when you request information he tends to become confused and has difficultly focusing. J is willing to do tasks if asked, and will address his hygiene issues when it's brought to his attention, however he lacks motivation to initiate task on his own. Even while living in the shelter his mother and grandmother are his constant supports, for example, he calls them numerous times a day for advice and reminders of what and when he should be somewhere. For the most part, his mother and grandmother take him to most of his appointments and to all important appointments. His ability to remember and/or understand conversations or assignments appears markedly impaired as witnessed above by J. Hart\per, mental health worker at Community Center.

Records show that J. suffered from mental illness and cognitive deficits since before September of 2005. From that time until October of 2007 it was believed that his impairments were drug induced. However, records show that after being clean and sober for 10 months he continues to present with cognitive deficits and at least borderline functioning.

Adapt or Manage Oneself
As previously reported, J's hygiene and appearance is inconsistent and reflects the level of outside support he's receiving: at times he's neat and appropriately dressed, while at other times he's disheveled, wearing the same clothes day after day and carrying a strong body odor. According to Ms. M., J. has had problems his whole life with effectively managing self-care which have led to negative consequences. On 4/10/06 he and his mother were evicted from the Street L Apartments because of trashing their unit. Project Respite was called to their apartment on 4/9/06 because Ms. M. interpreted a comment made by J as suicidal intention. They had to talk outside the apartment because "the apartment was in extreme disarray." Both J. and his mother agree that it was J.'s doing, since she mostly stayed on another floor with her boyfriend.

Due to his limitations, J's mother buys all his clothing and does all his laundry. He does not shop or cook, or prepare his meals but states he can and often does make sandwiches.

Summary
J. M. has had lifelong history of cognitive impairment and mental illness. As a result of his poor hygiene he has contracted and been treated for rashes, boils and staph infections. He has suffered beatings while living on the streets. He is unable to navigate to destinations on his own. Despite being friendly and courteous, records show that he has problems determining appropriate behavior. He was unable to achieve sobriety without a closed and supportive environment. Without consistent structure and support, J. M. cannot function independently, appropriately, effectively or safely, on a sustained basis.

If you have any questions, please, feel free to call me at 333-333-3333.

Sincerely,
Case Manager