

JAMAICA HOSPITAL MEDICAL CENTER

Jamaica, New York 11418

DISCHARGE SUMMARY

NAME: SCHOOLCRAFT, ADRIAN

MEDICAL RECORD NO.: 1298984

ADM. DATE: 11/3/09

DIS. DATE: 11/6/09

ATTENDING PHYSICIAN: Isak Isakov, MD

DICTATING PHYSICIAN: Same.

HISTORY OF PRESENT ILLNESS: This is a 34-year-old white, single, male, a police officer, with no past psychiatric history and was not taking any psychotropic medications in the past. He denied any substance abuse history. He stated that he has been working in the police department for approximately six years and, from the beginning of his career, he was not "happy" with "how the precinct was run" and was making multiple complaints that were not "addressed". Instead, he was "declared emotionally unstable" and his gun was taken away from him for approximately six months after psychiatric evaluation by police department psychiatrist. Since then, he started collecting "evidence" to "prove his point" and became suspicious "They are after him".

On the day of admission, he had a verbal altercation with one of the officers who was "threatening" him. He left his job before his shift was over. Prior to leaving the work station, he excused himself that he was not feeling well. According to him, he came home and took Nyquil and fell asleep. He was awakened by police officers in his room. He doesn't know how they entered his room, who asked him to come with them to the precinct. After he refused to comply to go voluntarily, they involuntarily put him in the car handcuffed, and brought him to the emergency room of Jamaica Hospital where he was evaluated by psychiatrist after medical clearance, and transferred to Psychiatric emergency room with questionable diagnosis of psychosis NOS and admitted to Psych Unit 3 on 11/3/09 for further evaluation.

On evaluation today, he was feeling anxious. He was suspicious and guarded. He was demanding to be discharged and appeared restless. He denied any suicidal or homicidal ideations, denied any auditory or visual hallucinations. He expressed questionable paranoid ideas of conspiracy and cover-ups going in the precinct. His cognition and memory were intact. Insight and judgment were partial. He was admitted with the diagnosis of psychosis NOS, rule out adjustment disorder with anxiety.

HOSPITAL COURSE: A decision was made to obtain additional information prior to initiation of treatment. Patient was not taking any medications. The next day, a meeting was held with the patient's father and a representative from the precinct. Patient repeated his story which was of concern to his father. During the observation in the unit without taking any medications, patient was appropriate in interaction, calm and not agitated. He denied any suicidal or homicidal ideations. He was not experiencing any



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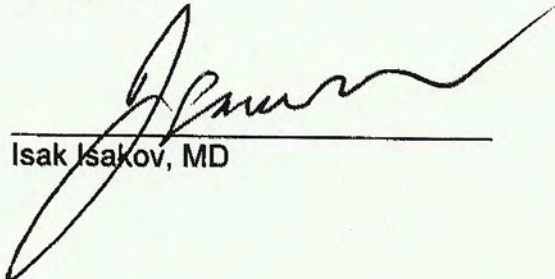
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paranoid ideations, but was concerned about issues in the precinct. After observation for a few days on the unit, there were no significant psychiatric symptoms to treat with medications.

Patient was discharged on his own on 11/6/09 with recommendation to follow-up with the psychotherapist and, if he becomes symptomatic, to see a psychiatrist for medication.

DIAGNOSIS ON DISCHARGE:

Axis I: Adjustment disorder with anxious mood.
Axis II: Deferred.
Axis III: None.
Axis IV: Related to stress at job.
Axis V: On admission 40; on discharge 65.



Isak Isakov, MD

ll: rps
D: 3/22/10
T: 3/26/10
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