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Discharge Note from our Visit Last Week

Sophia Vinogradov, MD

All messages have been loaded.

You Jun 3, 5:21 PM

First let me say this note is very well done. I do have a few concerns in the following areas.

Psychiatry Discharge Note Section

Last Sentence - It states we met via telemedicine telephone visit to terminate her work in our clinic. This concerns me as I do not have confirmation yet that Dr. Jaspers the Neurologist is willing to take my case on completely without Dr. Vinogradov's support. While she has adjusted my medication, she has not stated that she is comfortable with a complete transition. I just don't want to assume that without her affirmation. In the past we attempted a transition to Dr. Mark Wolters that did not work as he was not comfortable taking on my case.

I am trying to get a confirmation with Dr. Jaspers before my next 6 month visit in October and will keep the psychiatry clinic posted.

Section 1 Coprolalia

Has stopped taking fluoxetine on her own. I would appreciate a note on the context. Fluoxetine was prescribed solely in the context of PGAD to suppress the sexual stimulus. Since I was doing Tibial Nerve Stimulations I tried stopping Fluoxetine to see if I could make do with the PTNS only. However if the Psychiatry team believes that I should be on it, I have no trouble with it.

Section 2 - Somatic Symptoms

I have been diagnosed with Fibromyalgia since 1997. If the intent behind the statement "Fibromyalgia picture is possible" is to articulate a potential reason that might be causing the electric shocks, it makes sense however I think it needs to be clearer where it does not come across as whether Psychiatry is wondering if Fibromyalgia is a potential diagnosis as it has been a working diagnosis since 1997.

Section 3 - Revision of Previous Psychiatric Diagnoses

Last Line - Patient Wonders if she may have been prone to episodes of "transient altered awareness". I have concerns with the way this statement is worded. I did not come up with this diagnosis. Dr. Thomas

Henry from MNCEP Epilepsy care came up with this diagnosis from his observations of my hospitalization with EEG monitoring from 01/02/2010 - 01/10/2018 where he observed the vocalizations firsthand with subsequent amnesia.

Psychiatric Medication Trials

It states Does not want to take medication per se. I have consistently refused antipsychotics but no other medication. I would like this to be specific. This refusal is a direct result of all the bad reactions I experienced with being on 5 antipsychotics at the same time for a diagnosis that was not even accurate.

Assessment - First Paragraph

It states in past I had concerns about mind-control and electronic harassment/stalking my ex-husband. These concerns are no longer present.

I have never stated that I have no concerns about my ex-husband or my statements on the physical and emotional abuse I suffered at his hand or the beliefs I have about the strategies he employed to ensure I was eliminated from my children's lives have changed.

Clearly this is a separate context from that of the coprolalia and it's atypical presentation. I do not believe that any judgements I have about my ex-husband has any bearing on this working diagnosis. However if the judgements I have about his character and what he has done warrants any other diagnosis besides Atypical Tourettes and PGAD that is prerogative of the Psychiatric Team that I bear no influence over.

You Jun 6, 3:43 PM

I also want to add to the following as I need for neurology - Dr. Jaspers to take over with as accurate a discharge note as possible.

2) Somatic Symptoms.

I want to add a remark to the physical pain element. Dr. Vinogradov and I did not have a chance to discuss that there is still significant pain behind my eyes, in my frontal lobes, at the base of my skull, in the back of my head and behind my right earlobe towards the base of the skull. I still have significant pain more so on my right side than on my left in my shoulder joints, my elbow and knees. I discussed this with Dr. Jaspers. She recommended the Pain Management Clinic and suggested I try a shot in the scalp of my head similar to that of a cortisone shot in the joints. I am waiting to hear back from insurance as to what this will cost me.

1) Coprolalia

I am uncomfortable saying at most 1-2 episodes. It is true that 98% of the time thru the week given my high level of engagement on the outside that it is indeed the case. On the weekends however I do not work nor do I attend activities so there is more time at home. I have tried to mitigate that by spending my SAT afternoons at the library, my Sun mornings at Church. I am still wide open the rest of the time and tend to do all my housework over the weekends. The frequency can be higher over the weekend especially when I am cleaning around the house. They are brief in nature.

You Jun 14, 9:15 AM

This how easy Dr. Jaspers Made my Life. It was really easy for her to get into the note and add an addendum. That is all I am looking for. Listed below are the inaccurate statements in the note.

- 1) I have never stated that my feelings about my ex-husband has changed. I need an addendum to that effect. I need an addendum that states if it has any bearing on her diagnosis
- 2) I have never stated that my pain has attenuated. In fact Dr. Jaspers is recommending occipital nerve injections that I am working with the insurance to get approved.
- 3) I am also working to get cortisone shots approved because right side joints are so painful. I just need an addendum stating that the pain has not attenuated and that I am working with Dr. Jaspers on it.
- 4) I have never stated that I am not open to taking medications per se. I need an addendum stating that I am open to medication just not antipsychotics because psychiatric diagnosis do not apply to me
- 5) I have never stated that I wondered about altered transient awareness. I need an addendum stating Dr. Henry Thomas from MNCEP Epilepsy diagnosed me with altered transient awareness because of the disassociative nature of the episode
- 6) I stopped fluoxetine because it was not a psychiatric drug. it was just an experiment to see if it would suppress the sexual urge. I need an addendum stating that fluoxetine was prescribed for PGAD and that the patient tried stopping it because PTNS was being used to manage the PGAD.

I hope this helps in terms of what I am looking for. Here is the addendum that Dr. jaspers put in her note. Please look at how easy Dr. Jaspers made it for me without putting me thru the medical records amendment process. I deserve an accurate discharge note. It is the rest of my life. this note stays on my medical record for the rest of my life and I deserve for it to be accurate. please consider what Dr. jaspers did for me. She went into the note and added an addendum. It is possible to go into the note and do so.

1 attachment

 Dr. Jaspers Addendum to Note.pdf

Last viewed by staff Jun 14, 9:28 AM

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