



Case Presentation Form

Presenting Provider Name: Natalie Gorman

Presentation Date: 9.19.19

Patient Biological Gender: male

Patient Age: 32

Race:

- American Indian/Alaskan Native Black/African American White/Caucasian
 Asian Native Hawaiian/Pacific Islander Multi-racial Other
 Prefer not to say

Ethnicity:

- Hispanic/Latino Not Hispanic/Latino Prefer not to say

Topics to discuss/areas of concern:

I am presenting on a case where there are several concerns. Medically, member is a African/American male, who is overweight, with uncontrolled diabetes and who is non compliant with medication, checking blood sugars and maintaining a diabetic diet. Additionally, member presents with low cognitive functioning which historically has led to poor decisions in the area of finances and relationships. Member has a limited support system to help him navigate his life and in making sound decisions which are in his best interest. Member has been unable to sustain employment due to poor communication skills and impulsive behaviors.

Pertinent Medical History:

Member reports he was abused as young child, 1 or 2 years of age and he was physically assaulted by a family member requiring surgery and stiches. He does not remember how long he was in the hospital. Member reports in the 3rd grade he was physically assaulted at school and required medical treatment. Member reports around 16 years old, he suffered a drowning accident where he was placed in ICU, and reportedly needing life support due to brain damage. He does not recall how long he was in the hospital.

He reports no other surgeries or significant medical history.

Diagnosis:

- IDD Diagnosis
- Diabetes
- ADHD
- Hyperlipidemia



Case Presentation Form

Other issues:

Low income/Financial strain
Poor support system
Poor social skills

Psychiatric History: (Age of first mental health contact, Past Diagnoses, History of self-harming behaviors or suicide attempts, etc.)

Details:

Little is known regarding the first age of mental health contact for this member. There are no reported incidences of self harm or suicide attempts known. There is a history of member being unsure of his sexuality and struggling with gender identity. He has been terminated from employment due to making sexual advances toward another coworker. He had a PCS worker who was hired to meet his needs and he made sexual advances toward this individual. He lacks poor social skills and the ability to understand how to approach others of whom he may be attracted too. In addition, because he is unsure of his sexuality and how to openly address these issues, many times will refrain from discussing the subject all together due to fear or feelings of guilt. Member is a religious person and has been taught the Bible teaches against homosexual behavior, and this teaching conflicts with what believes of himself. Because of this he questions if he can be religious and love God and in turn have God love him while also being gay.

The member receives therapeutic services from a community mental health provider. This service had been historically often as weekly but has recently been monthly. Member therapist will meet with him in the home or community. Since member has limited transportation means, he does not go to the community mental health center. Focus of therapy has been to learn how to maintain appropriate social relationships, romantic relationships, how to manage conflict, and setting goals for more independence. Member reports this service is helpful but has also requested to attend group therapy, with younger males.

The member is on the IDD waiver and is approved for personal care services (PCS). He has reported needing assistance with housekeeping, laundry, meal prep, supervision, transportation and shopping. He lives with his mother, who is also in receipt of in home and community based services due to ongoing medical needs. She has limited mobility and is a diabetic. She has an in home caregiver twice a week, and attends day services three times a week. Her provider transports her to and from the center.

Medication summary:

- Januvia 100MG Daily
- Metformin 1000MG BID
- Losartan Potassium 25MG Daily
- Testing Strips, check BSG daily
- Atorvastatin 20 mg, daily



Case Presentation Form

Trauma History: (Age of significant traumas and brief summary)

Details:

There is little known about any early trauma, excluding what was reported above and below in legal history.

Social History: (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

Details:

Living Situation: Member currently lives with his mother in a two bedroom apartment in a larger metro city. Member moved from a duplex due to infestation of bed bugs. Member owes for back payment for electric and will need to pay that in full, if he were to move anywhere else. Currently, the rent paid includes utilities so he did not have to pay anything back to move to this apartment. The apartment currently is new and is able to meet his needs.

Employment Status: Currently member is unemployed. He has had two jobs since this worker has been with him. One at a restaurant and one with Janitorial. He reports he wants to have employment currently, but has not applied anywhere. He previously had participated in Voc Rehab services. Currently, he reports he has seen Dr in a large city for testing, and reports he has a worker with Voc Rehab who is currently working with him on possible job placement. He struggled in social relationships at work, and with communicating with his supervisor.

Pertinent Legal History: No current charges known, he does have a criminal charge as a juvenile for sodomy with a family member. Allegations are member was the aggressor in this encounter.

Level of Education: Member did complete high school and has taken some classes at a Community College.

Relationship Status: Currently single with no known children. Member has never been married. He has not been in a long term relationship.

Support System: Member has one informal support in the form of his PCS worker who has been a friend for quite a while. He provides transportation support for member and takes to social events, activities, but providing in home support for member, he is not consistent. When asking member for other supports or those he could reach out to if needed, member reports there is no one else he can depend on including family members.

Member has a younger sister who is the reported DPOA for their mother, but she lives out of state and family reports her involvement is minimum. During the time this worker has been serving this member,



Case Presentation Form

there has been no contact with her. When asking the member for other family support, he can provide none.

Pertinent Lab Work: NA

Most recent A1C- 11.2

Summary of recent Urine Toxicology (if applicable): NA

Substance Use History, if applicable: (For each relevant substance include age at first use, age where use became problematic/regular, longest period of sobriety (Including what how patient maintained sobriety) and most recent pattern of use.)

There are no known reports of member using substances