



Case Presentation Form

Presenting Provider Name: Maggie Myers

Presentation Date: 05-21-2020

Patient Biological Gender: Male **Patient Age:** 48

Race:

White/Caucasian

Ethnicity:

X Not Hispanic/Latino

Topics to discuss/areas of concern:

Member experiences chronic depression and multiple health concerns. Member is currently on the Physically Disabled (PD Waiver) and receiving services from his local Community Mental Health Center (CMHC). Member is experiencing the isolation effects from COVID 19 and has issues with managing chronic depression.

Pertinent Medical History

Diagnosis: Records indicate member's diagnoses are Major Depressive Disorder, Type 2 Diabetes, Chronic Renal Failure, Benign Intercranial Hypertension, Ischemic Cardiomyopathy. Records indicate member is currently on the Physical Disabled (PD) Waiver. PD Waiver was initiated in November 2019. Member was in rehabilitation in November 2019 due to issues from a fall.

Psychiatric History: (Age of first mental health contact, Past Diagnoses, History of self-harming behaviors or suicide attempts, etc.) Records indicate Behavioral Health Referral came in on 02-18-2020 due to member's admission to inpatient psychiatric facility in February 2020. Presenting problems at time of admission included chronic suicidal ideation and hopelessness. Records indicate member discharged from facility to home on 02/27/2020 and reported to Sunflower Health Plan staff at time of follow up that he is feeling better and working with his local CMHC for medications, therapy, and Case Management. Member reported he has been depressed since he was in high school. Member denies any suicide attempts, but chronic struggles with suicidal ideation and depressed mood.



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Details: Most recent contact with member and member's CMHC provider indicated member continuing to struggle with low mood and motivation, isolating and depressed. Therapy happening via telehealth weekly and CMHC has made a referral for Peer Support to begin first telephonically and then in person post lock-down. Member has concerns regarding medication efficacy for depression.

Medication summary:

Lorazepam Inj 2 mg/ml IJ

Metoclopram Tab 10 mg OR

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

Details: No Trauma history recorded.

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

Details: Member is currently unemployed and on disability. No reported legal history. Member has his GED. Member does not have a significant other. Member lives alone. Member's support system is limited – he has an adult son, but the relationship is strained, member had to ask his adult son to move out months ago.

Pertinent Lab Work: Not available.

Summary of recent Urine Toxicology (if applicable): Not available.

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.) Member has no reported substance abuse history.