



# Case Presentation Form

**Presenting Provider Name:** Madison Manzanares

**Presentation Date:** 3/26/20

**Patient Biological Gender:** Female      **Patient Age:** 26

**Race:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> American Indian/Alaskan<br>Native Asian | <input type="checkbox"/> Native Hawaiian/Pacific<br>Islander | <input type="checkbox"/> Multi-racial Other |
| <input type="checkbox"/> Black/African American                  | <input checked="" type="checkbox"/> White/Caucasian          | <input type="checkbox"/> Prefer not to say  |

**Ethnicity:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hispanic/Latino | <input checked="" type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Prefer not to say |
|--|---|--|

**Topics to discuss/areas of concern:**

Member is a 26 year old female who lives in an urban area and attends day and residential services due to being on the IDD waiver. She was diagnosed with stage 3 breast cancers back in October of 2019 after discovering a painful lump in her right breast. She has completed six rounds of chemotherapy and is scheduled to have a full mastectomy. Member originally decided to just have one breast removed, but after testing was completed, it was discovered that member's cancer is due to a genetic component and the probability of her getting cancer again is pretty high. Member has a very long history of calling 911 and insisting on going to the ER for a variety of reasons. This occurs multiple times a week. The most recent ER visits have been due to vomiting and feeling nausea. There have been several occasions where member did in fact need to be at the ER. She has had her appendix removed and also admitted to monitor her potassium levels and breathing/asthma related issues.

**Pertinent Medical History:** Breast cancer, Asthma, GERD

**Diagnosis:**

**Past Dx:** unknown



# Case Presentation Form

## Psychiatric History:

**Diagnosis: IDD, ADHD, Borderline personality disorder, anxiety**

**Past Dx:** Conduct disorder, oppositional defiant disorder, childhood ADHD

**Details:** Member has had multiple threats of suicide in the past which have resulted in superficial self-harm. She has reported overdosing, but labs did not support the claim. She has cut and hurt herself on purpose when wanting to go to the emergency room. Member has had several therapists in the past, and she refuses to go. Member has also been screened multiple times at the Valeo Crisis House, and has been admitted a few times.

**Past Dx:**

## Medication summary:

QUETIAPINE TAB 100MG OR

LITHIUM CARB TAB 300MG ER OR

CLONAZEPAM TAB 1MG OR

DIPHENHYDRAM CAP 25MG OR

BENZONATATE CAP 200MG OR

GUANFACINE TAB 3MG ER OR

CETIRIZINE TAB 10MG OR

LORATADINE TAB 10MG OR

TRAZODONE TAB 100MG OR

PROCHLORPER TAB 10MG OR

ACIDOPHILUS CAP /PECTIN OR

LEXAPRO TAB 10MG OR

ATIVAN TAB 2MG OR

POLYETH GLYC POW 3350 NF OR

NAPROXEN TAB 500MG OR

HYDROXYZ HCL TAB 25MG OR

ABILIFY MAIN INJ 400MG IM

LITHIUM CARB TAB 300MG ER OR



## Case Presentation Form

NOR/EST/FF TAB 1.5/30 OR

ONDANSETRON TAB 8MG OR

QUETIAPINE TAB 25MG OR

OMEPRAZOLE CAP 40MG OR

ALBUTEROL AER 90MCG IN

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

**Details:** member did grow up in foster care. Mother died a few years back and dad has not been in the picture. Trauma has been part of member's history, and I do not have the details.

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

**Details:** Member live in a residential program in an urban community. She is currently living in an apartment with her boyfriend.

Trauma: unknown

Legal: Member does not have any current charges, but past history of legal issues regarding assault and theft.

School: Graduated from high school

Employment: unemployed

**Pertinent Lab Work:** N/A

**Summary of recent Urine Toxicology (if applicable):** N/A

**Substance Use History, if applicable:** None