

**IN THE SUPREME COURT FOR THE STATE OF NEVADA**

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Jan 10 2022 06:24 a.m.  
Elizabeth A. Brown  
Clerk of Supreme Court

Jeffrey Reed,  Petitioner,  vs.  Alecia Reed nka Draper and Alicia Draper, as Conservator for Emily Reed,  Respondent.	Supreme Court #: 82575 (Appeal)  District Court Case #: 05D338668
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**VOLUME 4 of 11 - RESPONDENT'S APPENDIX**

BRENNAN LAW FIRM

/s/ Elizabeth Brennan

ELIZABETH BRENNAN

Nevada Bar No. 7286

7340 Eastgate Road, Suite 170

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Phone: (702) 419-2133

Attorney for Respondent Emily Reed

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Respectfully Submitted on this 10<sup>th</sup> day of January, 2022.

BRENNAN LAW FIRM

/s/ Elizabeth Brennan

ELIZABETH BRENNAN

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Attorney for Respondent Emily Reed

## **CERTIFICATE OF SERVICE**

The foregoing **Respondent's Appendix** in the above-captioned case was served this date by mailing a true and correct copy thereof, via first class, postage prepaid and addressed as follows **and** by electronic service through the Court's electronic filing system:

Amanda M. Roberts, Esq.  
Roberts Stoffel Family Law Group  
Attorney for Appellant  
4411 S. Pecos Road  
Las Vegas, Nevada 89121

Clerk, Nevada Supreme Court  
201 S. Carson Street, Suite 201  
Carson City, Nevada 89701

Dated this 10<sup>th</sup> day of January, 2022.

*/s/ Elizabeth Brennan*  
an employee of Brennan Law Firm



**Emily Reed**

Log / Notes

August 29, 2019 9:55am



**Amen Clinics**

Jennifer Love-Farrell, M.D.

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Left another vm for pt's therapist Dr. Roger Boehm. Gave him my cell # to call today.

--Digitally Signed: 08/29/2019 09:55 am Psychiatrist / Addiction Medicine Specialist Jennifer Love-Farrell, M.D.

**RESP'T APP 0721**

**Emily Reed**

Log / Notes

August 29, 2019 9:03am



**Amen Clinics**

Jennifer Love-Farrell, M.D.

Have been in contact with staff re: Emily's hospitalization but didn't have access to Best Notes while traveling for 24 hours.

She was reportedly doing well at her intensive; "alters were merging, so she was pretty worn out." They were going to antique shops after sessions.

Mom got the meds from her mom in AZ and they were placed in a bag. "I didn't think of locking them up; I didn't think she would take the pills." They went to the therapy apt; pt had thrown up that morning and she was drowsy at the therapy meeting. Heidi (the alter) said, "I wasn't there, but someone took pills." Mom sent her mom back to the hotel to check, and all of the bottles were empty. They took her to the ER, who took poison control, and they told mom "the amounts weren't dangerous for her." "She was slurring her words and was really groggy. She was seen by a mental health expert in the ER and was transferred to the psychiatric center to be evaluated by a psychiatrist at 3:30am. Mom wasn't allowed to see her except during visitation yesterday. "She still couldn't walk, and she looked like she had been beaten up. She was vomiting green. Her lips were blistered. She's not eating. She has bumps on her head; they wouldn't put her in restraints." Mom was trying to figure out how pt was transferred there in the middle of the night when she seemed so unstable. Pt's mom and grandmother had to fork feed her a few bitse and few sips of water.

Mom is worried about her safety at that hospital. Mom spoke with the director and wants her removed and taken to another hospital, but can't find one close to where they are.

Spoke with mom over 30 min; she is talking to the medical director this morning. Discussed the lamictal was XR and pt's lamictal level could be rising for several days after her OD, so mom needs to 1) ask the doc if the level is being measured, 2) what are they doing to keep her from self-injurious behavior, 3) are her vital signs stable? 4) does she need to be transferred somewhere where she can receive proper care?

Mom will call back after talking to the director at the hospital.

--Digitally Signed: 08/29/2019 09:49 am Psychiatrist / Addiction Medicine Specialist Jennifer Love-Farrell, M.D.

**RESP'T APP 0722**

**Emily Reed**

Log / Notes

August 29, 2019 8:38am



**Amen Clinics**

Krystle Meyer

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**Krystle Meyer:** 8/29/2019 8:38am

8/27 - Emily's mom called to let us know that Emily took "all" of her medications at once: Olanzipine (17 pills), Lamictal (19) and Pristiq (13). Mom took her to the ER

8/28 at 330 in the morning she was transfered to a psych hospital

8/28 at 7:00PM mom was able to visit and Emily's face was black and blue, elbows raw, she looked like she had been beaten up. She couldnt stand, started vomiting, slurring words. Nurses said that she is just flaring around.

8/29 talked with mom and she is going to meet with the director at 12:30EST to ask for them to release Emily into her care.

Mom wants to drive 25 hours and take Emily to Sierra Tucson. I have reached out to Dr Love to see if she can speak with her today.

**RESP'T APP 0723**



**Emily Reed**

Log / Notes

August 23, 2019 2:43pm



**Amen Clinics**

Krystle Meyer

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**Krystle Meyer:** 8/23/2019 2:43pm

Called in and talked to Miriam

**Tanya Curtis:** 8/22/2019 3:17pm

Patient's mom called in to let us know Emily will be going out of town early Saturday morning and needs a refill on her Gabapentin 300mg qd prn anxiety. Please call in refill to Wahlgreen's (714) 969-1368.

**RESP'T APP 0724**

**Emily Reed**

Log / Notes

August 8, 2019 3:42pm



**Amen Clinics**

Jennifer Love-Farrell, M.D.

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After talking to Alecia, called pt's therapist Roger and left vm requesting he call me tomorrow on my cell after their appointment.

--Digitally Signed: 08/08/2019 03:44 pm Psychiatrist / Addiction Medicine Specialist Jennifer Love-Farrell, M.D.

**RESP'T APP 0725**

**Emily Reed**

Log / Notes

August 8, 2019 3:41pm



**Amen Clinics**

Jennifer Love-Farrell, M.D.

**Jennifer Love-Farrell, M.D.:** 8/8/2019 3:41pm

Called Alecia. "I knew she was suicidal since she saw her dad...we've been up and down...." Two sessions ago pt's therapist called mom and told her that one of the alters blocked out the others and has a suicidal plan. "They agreed with Emily they want to see Jesus, and some want to end life and others do not. Emily is stuck." She didn't disclose the plan. "The plan is not in AZ," but she has said she's tired of talking about it and just wants to do it when she gets to CA. She doesn't want to go to the hospital or increase her medication. She has therapy tomorrow. She is supposed to f/u with me Monday via phone. She returns home August 18. She is up during the night, 1-3am, and she isn't remembering any of it. Asked if we can change the apt to today; "she's tired and she'll be mad I called you. I think we can wait until Monday. Her cousins just left so she'll sleep for two days." Court is in November and as of now pt is being ordered by the judge to testify. There is a hearing Oct 15 to discuss further.

Will have staff email consent form for therapist if it isn't on file; he's recommending they fly out for a 3-day intensive session to address the SI. Spoke with mom for over 20 min. Will call therapist and request he call MD tomorrow after pt's session.

**Leilani Hernandez:** 8/8/2019 10:22am

Mom called and stated that patient has had suicidal thoughts since June but mom has kept patient busy. Emily is in Arizona with her grandmother and comes back next week. She has an appt with you on Monday. Emily stated to her therapist that she has a suicidal plan when she gets back to California. Mom would like to speak with you today. Alecia 714 916 1524

**RESP'T APP 0726**



**Emily Reed**

Log / Notes

February 19, 2019 8:46am



**Amen Clinics**

Danica Killian

spoke w/ pharmacy about the fax refills they have been sending for Emily's desvenlafaxine. I let them know she was given a handwritten rx on 1/14/19 with 4 refills. They are checking their system and will call me back if they have questions.

--Digitally Signed: 02/19/2019 08:47 am: PCC Danica Killian

**RESP'T APP 0727**

**Emily Reed**

Log / Notes

November 7, 2018 3:05pm



**Amen Clinics**

Melanie Arambula

**Subject: FW: The Rewards of Surrender! ! Wednesday at 10 AM PST**

**To:** "mscharf.amenclinics@qlog.bestnotes.com" , "Dr. Jennifer Farrell"

**From:** Melanie Scharf

**Received:** 11/6/2018 2:42pm CST

Melanie Arambula1541536933

**From:** Alecia Draper

**Sent:** Tuesday, November 06, 2018 12:40 PM

**To:** Melanie Scharf

**Subject:** Fwd: The Rewards of Surrender! ! Wednesday at 10 AM PST

Please pass this along to Dr. Love

This is a 16 week online class Emily is participating in.

Emily is just listening and has not yet wanted to review the home work. Class notes, or begin to write anything about her own story.

Alecia

Emily's mom

Sent from my iPhone

Begin forwarded message:

**From:** Spirit of Life Recovery Ministries <stephanie@newlifespíritrecovery.com>

**Date:** November 6, 2018 at 7:43:20 AM PST

**To:** aleciadraper@gmail.com

**Subject:** The Rewards of Surrender! ! Wednesday at 10 AM PST

**Reply-To:** stephanie@newlifespíritrecovery.com

||

||

**RESP'T APP 0728**

Hello!

I apologize for my delay in getting out a video this week. I finally have it posted! As you'll find in viewing this, I was very ill last week and so everything sort of got behind! This week's class is about the value, benefit and breakthrough of surrender!

Please find the video below of last weeks' class:

**RESP'T APP 0729**



<p><u>LIKES:</u> Christian music,</p> <p><u>DISLIKES:</u> meat</p> <p><u>PERSONALITY:</u> reserved,</p>	<p><u>LIKES:</u> order</p> <p><u>DISLIKES:</u></p> <p><u>PERSONALITY:</u></p>	<p><u>LIKES:</u> Children</p> <p><u>DISLIKES:</u></p> <p><u>PERSONALITY:</u> passionate, Patient, achy</p>	<p><u>LIKES:</u> Bacon, sweets, Bike rides, games, Pina People</p> <p><u>DISLIKES:</u> Dogs, argue</p> <p><u>PERSONALITY:</u> Naive, funny</p>
<p><u>LIKES:</u> Sports</p> <p><u>PERSONALITY:</u> angry</p>	<p><u>PROTECTOR/MANAGER</u></p> <p><u>LIKES:</u> People, church</p> <p><u>PERSONALITY:</u> Sassy</p>	<p><u>TRAMA/PROTECTOR (CHILDREN)</u></p> <p><u>LIKES:</u> Reading, Spaghetti, writing</p> <p><u>DISLIKES:</u> loud noise,</p> <p><u>PERSONALITY:</u> Mute</p>	<p><u>TRAMA</u></p> <p><u>LIKES:</u> music</p> <p><u>DISLIKES:</u></p> <p><u>PERSONALITY:</u></p>

LIKES:

LIKES: MOVIES

LIKES:

DISLIKES: PEOPLE

PERSONALITY: Stubborn

PERSONALITY: M&M

RESP'T APP 0731



# Del Amo Hospital Medication Reconciliation

## ADMISSION MEDICATIONS:

Information Source:

☒ Patient ☐ Family/Friend: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Unable to obtain - Reason: \_\_\_\_\_

ALLERGIES: Haldol

Females Only:

Pregnant: ☐ Yes ☒ No

Lactating: ☐ Yes ☒ No

List ALL Patient's Current Medications (prescriptions, over the counter meds, PRNs, vitamins, supplements, birth control, eye/ear drops, etc)	Dosage	Route	Schedule / Frequency	Reason / Indication	Last Taken (date)
<u>pristia</u>		<u>PO</u>		<u>depression</u>	
<u>lamictal</u>		<u>PO</u>		<u>&amp; mood</u>	
<u>anvan</u>		<u>PO</u>		<u>anxiety</u>	

Contacted Psychiatrist and/or Internist (print names): Dr. Hirsch

To Review/Reconcile Medications on: (Date / Time) 2/28/18 @ 2:25

By Nurse (print/sign name and title): Z. maravez RN / S. malik RN

## MEDICATIONS TO TAKE AFTER DISCHARGE:

Name of Medication	Dosage	How to Take	How Often to Take	When to Take	Reason / Indication
PRazosin	1mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on:	NIGHTMARES
PRazosin	1mg 2 TABS	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on:	NIGHTMARES
LAMICTAL	150mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on:	MOOD STABILIZER
PRISTIA	100mg + 50mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on:	DEPRESSION
GEDDON	40mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on:	MOOD STABILIZER
ATIVAN	0.5mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input checked="" type="checkbox"/> 4x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on: <u>AS NEEDED</u>	ANXIETY
SONATA	10mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on: <u>AS NEEDED</u>	INSOMNIA

Any medications taken during this hospitalization that caused an allergic reaction? ☒ No ☐ Yes (explain below)

Med(s)/Reaction(s): \_\_\_\_\_

I have been provided a copy of the above instructions and given the opportunity to ask questions. My signature below indicates my understanding. Date: 3/26/18

Patient or Guardian Signature: Emily

Discharging RN Signature: Dr. Hirsch RN

**PATIENT COPY**



**Emily Reed**

Log / Notes

March 20, 2018 2:18pm



**Amen Clinics**

Melanie Arambula

---

Alecia,

I just received your email forwarded to me, as I am Dr. Farrell's new assistant. I looked at Emily's file and it looks like when Melina was still with the company Emily had missed an appointment with Dr. Farrell (2/20/18) and Melina charged for that missed appointment per our policy.

I will make Dr. Farrell aware that Emily is still in the hospital. Any updates that you would like her to know please feel free to send my way so that I may make her aware. I sincerely hope that Emily is doing well.

Please feel free to reach out to me with any further questions or concerns. All the best!

In Your Service,

Melanie Arambula  
Amen Clinics, Inc.  
Patient Care Coordinator  
mscharf@amenclinics.com  
(949)266-3793

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From: Alecia Draper  
Date: March 20, 2018 at 12:20:02 PM PDT  
To: Melina Thaxton  
Subject: Re: Attorney  
Melina,

I received my cc statement for February and noticed a \$200 charge for Emily. Emily has been in a hospital in Texas and transferred to Del Amo in Torrance, CA since Feb 3rd. The charge came through on Feb 20th. I realize that Dr. Farrell may have sent in prescriptions for our pharmacy because I have picked up medication to be sure I have it when Emily returns home.

Emily's 30 min appointments are \$200 so I wouldn't think sending in refill for medication would be this amount. Can you please clarify the charge. The hospital in Texas said they had no contact with Dr. Farrell and only left her several voice messages. Del Amo has also said they have had no contact with her. Emily has been on 6 additional medications while in these hospitals. All are given because of different conditions they are seeing. I don't think Dr. Farrell has seen these reports or is aware of this.

Let me know what you find out. I do not want to be billed unless Emily is seen at the office or I request a written letter that will take time for her to review and write.

Thank you,  
Alecia

**RESP'T APP 0733**

**Emily Reed**

Log / Notes

June 29, 2017 10:26am



**Amen Clinics**

Alex Cameron

---

**Alex Cameron:** 6/29/2017 10:26am  
called in

**Jennifer Farrell, M.D.:** 6/29/2017 9:52am  
ok to call with one refill

**Alex Cameron:** 6/28/2017 9:05am  
pt. needs refill on:

laotrigene 150mg 1 po BID #60

lov: 6/9

fut: 7/7

pharm# 714-969-1368

**RESP'T APP 0734**



FAXED  
1/10/18  
mr

Date: 1/10/18

To: Shawnice Coleman

Fax #: 410-938-5072

RE: E. R.

From: Amen Clinics

Number of Pages  
(including cover sheet): 2

Memo:

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**Re: Emily Reed**

**January 10, 2018**

**To Whom It May Concern:**

**Emily Reed is currently taking the following medications:**

**Lamictal 150mg bid**

**Pristiq 50mg qd**

**Please contact me with any further questions or concerns.**



**Melina Thaxton, Patient Care Coordinator**

**Amen Clinics, Orange County**

**949-266-3793**

**RESP'T APP 0736**

ER 001695



**Emily Reed**

Log / Notes

January 10, 2018 2:18pm



**Amen Clinics**

Melina Thaxton

Subject: **FW: Shepard Pratt Trauma Center**

To: "mthaxton.amenclinics@qlog.bestnotes.com"

From: Melina Thaxton

Received: 1/9/2018 6:29pm CST

Melina Thaxton1515544188

**From:** Emily Reed [mailto:emilyrocks10@gmail.com]

**Sent:** Tuesday, January 09, 2018 2:35 PM

**To:** Melina Thaxton

**Subject:** Re: Shepard Pratt Trauma Center

Melina,

Attached is the consent form requested.

Thank you,

Alecia

On Tue, Jan 9, 2018 at 12:57 PM, Melina Thaxton <mthaxton@amenclinic.com> wrote:

Hi Emily,

I have attached a consent form for Shepard Pratt Trauma Center- they have requested an updated medication list be sent to them. If this is ok with you, please sign and date the bottom of the form, and mark the "information release"™ box.

Once I receive this authorization from you, I will send it over to them.

Thank you!

In your service,

**Melina Thaxton**

*Patient Care Coordinator*

Direct: 949-266-3793

mthaxton@amenclinic.com

**Amen Clinics, Inc.**

**RESP'T APP 0737**

3150 Bristol Street, Suite 400

Costa Mesa, CA 92626

Office: 949-266-3700

Fax: 949-266-3750

[mthaxton@amenclinic.com](mailto:mthaxton@amenclinic.com)

[www.amenclinics.com](http://www.amenclinics.com)

\*For all appointments ACI requires that cancellations for scheduled appointments be received 24 "business" hours in advance during regular office hours (Monday through Friday 8:00am to 5:00pm). Unkept or late cancelled appointments will be charged the full fee for the appointment.\*

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**RESP'T APP 0738**

**Emily Reed**

Log / Notes

January 19, 2018 10:10am



**Amen Clinics**

Melina Thaxton

Subject: **Attorney**

To: "aleciadraper@gmail.com" , "emilyrocks10@gmail.com"

From: Melina Thaxton

Received: 1/19/2018 12:04pm CST

Melina Thaxton1516385093

Hi Emily,

I received a call from Natalie Richardson (an attorney) requesting Dr. Farrell to fill out some forms on your behalf, and to fax them to her office. Is this ok with you? If so, please fill out the attached information release form for Dr. Farrell to speak with her.

In your service,

**Melina Thaxton**

*Patient Care Coordinator*

Direct: 949-266-3793

[mthaxton@amenclinic.com](mailto:mthaxton@amenclinic.com)

**Amen Clinics, Inc.**

*3150 Bristol Street, Suite 400*

*Costa Mesa, CA 92626*

Office: 949-266-3700

Fax: 949-266-3750

[mthaxton@amenclinic.com](mailto:mthaxton@amenclinic.com)

[www.amenclinics.com](http://www.amenclinics.com)

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**RESP'T APP 0739**

**Emily Reed**

Log / Notes

October 20, 2017 12:52pm



**Amen Clinics**

Melina Thaxton

Emily was placed on 5150 hold at St. Joseph's Hospital last Friday 10/13. She was released today- I received a call from the social worker (Emily) at the hospital. When discharged, they needed to schedule an appt with her psychiatrist. Dr. Farrell is out of the office until 10/30, and recommended the patient see Dr. Darmal in her absence. She is scheduled for Wed 10/25.

--Digitally Signed: 10/20/2017 01:02 pm: PCC Melina Thaxton

**RESP'T APP 0740**



**Emily Reed**

Log / Notes

October 23, 2017 11:05am



**Amen Clinics**

Melina Thaxton

Pt is looking into Shepard Pratt Program in Maryland- on the waiting list, seeing if she can get into with insurance. She is going to AZ to live with her grandma full-time, as she can watch her full-time. Pt is more stable when in AZ with her grandmother. Can come back to CA for her appointments with Dr. Farrell, or do skype appts.

--Digitally Signed: 10/23/2017 11:09 am: PCC Melina Thaxton

**RESP'T APP 0741**

3/14 ER 001701

Emily Reed

4/18-20

3/17/14 ER → adm 3/18-4/07/14

SI, alt. sleep x 1 week, uncontr. crying,  
seen by PMD but worsening. Refusing food,  
wanted to starve to death.

Brought to ED b/c crying in school on floor  
in fetal position.

2007 beh Δ's, mother abused

IEP since age 15 & psychologist.

Developmentally: Failed mult. hearing tests  
but hearing eventually found to be normal  
+ tests indicated possible malingering.

→ IEP started 5<sup>th</sup> grade

106  
divorce

d/c 4/7/14 MDD, chronic PTSD, soc. anx d/o

one episode of AH. Regressed, self-harming  
behav, asked to sleep in closet. Disclosed  
sex abuse by dad's roommate - forced to  
watch porn + engage in oral sex for years.

11yr  
hx

— "prolonged abuse, decline in social + academic  
fn., complex fam. dynamics" 5 meds Rx'd  
Sent to Center For Discovery

CFD (35d) 4/7-5/12/14 - Recommended partial hosp  
after but scheduling conflicts so 10P.  
Y noted "dep off/on x several years" - much  
worse 2° abuse. Mult. panic att/day @ CFD.  
D/C'd 2° insurance denial for further tx.

RESP'T APP 0742

Feb/March 2015 5150 Del Amo SI x/mo  
ER 001002

4/16-17/2015

agitated @ school, rolling around on asphalt  
fetal position x 35 min, screaming per  
school psychologist. 5150

Trauma work, dissociation, AH

Upcoming court case

4/18-20 PTSD, MDD = 4 features

↓ 3/15 Del Amo 5150 12<sup>th</sup> grade (18)

No d/c summary

SI ~~at~~ tried to strangle self w/ sweater  
sleeves



To whom it may concern:

July 13, 2017

Re: Ms. Emily Reed

DOB: November 16, 1996

I have been asked to write this letter on behalf of Ms. Reed to provide expert opinion on whether Ms. Reed could reasonably be considered disabled prior to the age of 18. I have reviewed an annotated version of Nevada Revised Statute 125B.110 provided by her attorney. Ms. Reed (Emily) has been under my care since March 2016. I have reviewed her medical records dating back to 2014, including emergency room visits, psychiatric hospitalizations, and residential treatment records in preparation of this opinion.

Emily was first brought to the emergency room in March 2014, at age 17. She was suicidal, hadn't slept well the week prior, was crying uncontrollably, refusing to eat, stating she wanted to starve to death. She was brought to the emergency department after an episode at school in which she was crying in class, laying on the floor in the fetal position. Of note from these records, her parents divorced in 2006 and behavior changes started in 2007, around the time her brother was reportedly abused. An IEP (Individual Education Program) was put in place when Emily was in the fifth grade, and a psychologist was included in her IEP at age 15. It was also noted developmentally she had failed multiple hearing tests, but her hearing was eventually found to be normal and tests indicated possible malingering. She was admitted to the UCI psychiatric hospital adolescent unit for three weeks, March 18-April 7, 2014. Review of the three weeks of hospital medical records reveals one episode of auditory hallucinations, and regressed, self-injurious behavior, including her request to sleep in her closet. She disclosed sexual abuse by her father's roommate of 11 years' duration wherein she was forced to watch pornography and engage in oral sex. The doctor notes "prolonged abuse, decline in social and academic function, complex family dynamics," and she was placed on five psychotropic medications to try to help stabilize her. Her diagnoses given after that lengthy hospital stay for evaluation and treatment were: Major Depressive Disorder, Chronic Post Traumatic Stress

Amen Clinics Southern California  
3150 Bristol St. Suite 400  
Costa Mesa, CA 92626  
P (888) 564-2700  
F (949) 266-3750

**RESP'T APP 0744**

ER 001703





Disorder, and Social Anxiety Disorder. She was not stable enough to discharge home, and so was sent to a residential treatment program, Center For Discovery.

Emily had a lengthy (35 day) stay at Center for Discovery (CFD) between April 7-May 12, 2014, and was discharged not by physician recommendation, but because insurance denied further residential treatment. The psychiatrist recommended the partial hospital program, but due to "scheduling conflicts," Emily was transitioned to an intensive outpatient program. Notes from CFD indicate "depression off and on for several years," much worse secondary to the abuse. She experienced "multiple panic attacks a day" while in the program.

In March 2015, when Emily was 18 but still in the 12th grade, she was admitted to Del Amo hospital on a 5150 (California statute of involuntary hospitalization) for suicidal ideation after she tried to strangle herself with the sleeves of a sweater. She was reportedly there for one month, but a discharge summary from Del Amo has not been made available for review.

In April 2015 Emily was again hospitalized. She was agitated, rolling around on the asphalt in the fetal position for 35 minutes and screaming, according to her school psychologist. Leading to this episode her records indicate she had been doing some trauma therapy, was dissociating, had auditory hallucinations, and an upcoming court case involving the perpetrator of her abuse. She was diagnosed with Major Depressive Disorder with Psychotic Features, and Post Traumatic Stress Disorder.

Emily came to see me after a dissociative episode at her therapist's office wherein she was crying, shaking, in the fetal position on her therapist's floor, and EMS had to be called to transport her to the hospital. She was in such a state that EMS made a report to the CA DMV and her license was taken away, and she had to undergo extensive clearance from a neurologist and psychiatrist in order for her to regain the ability to drive. To this day she continues to experience dissociative episodes, high anxiety, depression, suicidal ideation,



and an inability to participate in gainful employment. In order to attempt to support her into a healthy life, she is undergoing intensive therapies, included but not limited to equine therapy, intensive psychotherapy, trauma therapy, group therapy, and she has an emotional support dog. Her behavior became so erratic and potentially dangerous that I had to put her mother on FMLA leave in order to stay with Emily 24/7. Unfortunately her court case still has not been heard, and she repeatedly must prepare to testify, just to have the trial continued over and over again.

The legal question at hand is whether Emily was disabled prior to age 18. Although I was not her psychiatrist at the time, the medical record clearly uses the qualifier “chronic” for her diagnosis of Post Traumatic Stress Disorder (PTSD) when she was 17 years old. In psychiatry, trauma diagnoses are placed into one of two categories: Acute Stress Disorder, or PTSD. Any trauma with symptoms lasting under one month is designated Acute Stress Disorder. With symptoms lasting over one month, a diagnosis of PTSD is given, qualified by “acute” (symptoms last one to three months), “chronic” (symptoms last three months or more), or “with delayed onset” (symptoms first appear at least six months after the event). It is clear Emily was diagnosed with Chronic PTSD at age 17, and the behaviors outlined in her chart are consistent with longstanding symptoms of abuse prior to it being discovered during this hospitalization. Notably, as far back as 2007, Emily was hiding possessions (wallets, keys, shoes of multiple family members). This is around the time her brother was reportedly abused (there was reportedly a deposition wherein a family friend “admitted he tied Emily’s brother’s hands in a long sleeved shirt behind his back and duct taped his hands and locked him in a room.”) It is not uncommon for children to start hiding things when they are being forced to keep secrets. The record also indicates Emily started having nightmares in 2009, which is a frequent symptom of PTSD. Physicians in her medical records have also frequently referenced “years of depression,” even pre-dating her first hospitalization at age 17.

It is clear Emily met diagnostic criteria for Chronic PTSD when she was 17 years old, and had suffered years of depression and abuse prior to this, as well as nightmares and behavioral issues (from hiding things to possibly malingering hearing issues) dating back to as early as 2007.





It is also my professional opinion Emily is not able to support herself. We tried to have her work part time at one point, and she was unable to tolerate it, even though she was with family and had her emotional support dog with her. I am unsure whether she is receiving disability assistance, but certainly think she would qualify.

In short, Emily is unable to engage in any substantial gainful activity by reason of her significant and chronic mental impairment, which has lasted for many years and is expected to last for a period of over 12 months.

Please do not hesitate to contact me should you require further information in this matter.

Sincerely,

Jennifer Love Farrell, MD

Diplomate, American Board of Psychiatry and Neurology

Diplomate, American Board of Addiction Medicine

Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine

**Pure Light Counseling Elise Collier MS-LMFT #78451  
901 Dove street Suite 140 Newport Beach, CA 92660**

5/5/17

I have been the treating clinician for Emily Reed since April 2015. Emily presents with complex PTSD, chronic, severe and severe Dissociative identity Disorder, NOS. Emily's symptoms include, intense urges to self harm, dissociation, suicidality, impulsivity, depression, severe anxiety with panic, anhedonia, nightmares, and disturbing internal stimuli (i.e. fragmented parts screaming in her head). When Emily has just been exposed to a internal or external threat a disturbance in the client's mental state causes clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning. When active, this condition substantially limits several of Emily's major life activities such as: concentrating, thinking, interacting with others, sleeping, eating, and caring for self.

As a client Emily vacillates from engaged and motivated to self defeating and withdrawal. Emily has engaged in the following treatment modalities: DBT treatment (mindfulness, thought stopping, emotional regulation training), EMDR (positive resourcing , desensitizing disturbing memories) , Breathing and Safe place exercises, and Recognizing negative thought patterns and challenging them. In addition Emily has done some integration DID work with attempting to integrate her parts. Due to the intensity of Emily's internal distress the work has been moving 3 steps forward and 2 steps back. Emily's strengths are following directions, compassion, determination, and hard work. While this diagnosis is difficult to quantify or predict a treatment outcome, I believe that comprehensive treatment in a safe environment will give Emily an opportunity to live a well-adjusted life.

Elise Collier MS-LMFT

[elise@purelightcounseling.com](mailto:elise@purelightcounseling.com)

562-335-9552

**RESP'T APP 0748**

ER 001707



**Emily Reed**

Log / Notes

May 3, 2017 2:42pm



**Amen Clinics**

Alex Cameron

Subject: **FW: Emily Reed**

To: "acameron.amenclinics@qlog.bestnotes.com"

From: Alex Cameron

Received: 5/3/2017 4:36pm CDT

Alex Cameron1493847379

---

**From:** Alecia Draper [mailto:[aleciadraper@gmail.com](mailto:aleciadraper@gmail.com)]

**Sent:** Wednesday, May 03, 2017 11:58 AM

**To:** Alex Cameron

**Subject:** Re: Emily Reed

The contact name is Kelly Fauscett

She is the intake coordinator.

The contact number is 615 831-6987

You can call and ask for Kelly directly if you have any questions.

Let me know if you need anything else.

I will have Emily sign another form and email it back today.

Alecia

Sent from my iPhone

On May 3, 2017, at 11:32 AM, Alex Cameron <[acameron@amenclinic.com](mailto:acameron@amenclinic.com)> wrote:

Alecia,

Dr. Farrell will need Emily to sign a consent form for us to release to whoever it is, we will need a name . Also we will need to schedule a time for her to write it which can vary from 30 minutes to an hour with a fee.

In your service,

Alex Cameron

Patient Care Coordinator

**RESP'T APP 0749**

acameron@amenclinic.com

3150 Bristol St. Ste 400

Costa Mesa, CA 92626

(O)949.266.3700

(D)949.266.3793

(F)949.266.3750

**\*For all appointments ACI requires that cancellations for scheduled appointments be received 24 business hours in advance during regular office hours (Monday through Friday 8:00am to 5:00pm). Unkept or late cancelled appointments will be charged the full fee for the appointment.\***

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**From:** Alecia Draper [mailto:[aleciadraper@gmail.com](mailto:aleciadraper@gmail.com)]

**Sent:** Tuesday, May 02, 2017 12:39 PM

**To:** Alex Cameron

**Subject:** Re: Emily Reed

They need to know the following-

Length of treatment

Why she is being treated

How often

Emily's Progress

Emily's diagnosis

Basically an overall care history from Dr Farrell's perspective.

**RESP'T APP 0750**

Thank you

Alecia

Sent from my iPhone

On May 2, 2017, at 12:28 PM, Alex Cameron <acameron@amenclinic.com> wrote:

Alecia,

I have attached the receipt of everything you have paid for. Regarding the letter, can you write in an email exactly what they need it to say so I can let Dr. Farrell know, thank you.

In your service,

Alex Cameron

Patient Care Coordinator

acameron@amenclinic.com

3150 Bristol St. Ste 400

Costa Mesa, CA 92626

(O)949.266.3700

(D)949.266.3793

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**RESP'T APP 0751**

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**From:** Alecia Draper [mailto:[aleciadraper@gmail.com](mailto:aleciadraper@gmail.com)]  
**Sent:** Monday, May 01, 2017 4:56 PM  
**To:** Alex Cameron  
**Subject:** Emily Reed

Alex,

I am hoping you can help me.

My ex husband wants to return to court in Las Vegas to remove Emily's child support and medical support because he feels she is not disabled.

Emily is on SSI and has never worked or been able to live independently without family care do to her PTSD.

I need to show all medical payments that have been payed to the Amen Clinic for all of Emily's treatments and monthly psychologist visits.

Emily completed the brain scan to determine the best medication to prescribe when we first were seen. I can't recall the the total but it was several thousand dollars.

I need something that lists all dates and payments received

Can you email me a complete statement?

Thank you for your help in advance!!

**RESP'T APP 0752**



Alecia

Sent from my iPhone

Begin forwarded message:

**From:** Staples Business Center <Ccreg03@staplesbusinesscenter.com>  
**Date:** April 26, 2017 at 3:02:14 PM PDT  
**To:** "aleciadraper@gmail.com" <aleciadraper@gmail.com>  
**Subject:** Scan from Staples

Scanned Document From Staples Store

**RESP'T APP 0753**

**Emily Reed**  
Log / Notes  
May 3, 2017 2:35pm



**Amen Clinics**  
Alex Cameron

Subject: **FW: Emily Reed**  
To: "acameron.amenclinics@qlog.bestnotes.com"  
From: Alex Cameron  
Received: 5/3/2017 4:30pm CDT

Alex Cameron1493847045

---

**From:** Alecia Draper [mailto:aleciadraper@gmail.com]  
**Sent:** Wednesday, May 03, 2017 11:53 AM  
**To:** Alex Cameron  
**Subject:** Re: Emily Reed

That's will be fine.

You have my card on file that can be charged.

Please email me a receipt I need to keep track of all payments for court in addition to the payment report you sent me.

The facility is called Mercy Multiplied

I will get a name and send it today.

Thank you,

Alecia

Sent from my iPhone

On May 3, 2017, at 11:32 AM, Alex Cameron <acameron@amenclinic.com> wrote:

Alecia,

Dr. Farrell will need Emily to sign a consent form for us to release to whoever it is, we will need a name . Also we will need to schedule a time for her to write it which can vary from 30 minutes to an hour with a fee.

In your service,

Alex Cameron

Patient Care Coordinator

**RESP'T APP 0754**

acameron@amenclinic.com

3150 Bristol St. Ste 400

Costa Mesa, CA 92626

(O)949.266.3700

(D)949.266.3793

(F)949.266.3750

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**Sent:** Tuesday, May 02, 2017 12:39 PM

**To:** Alex Cameron

**Subject:** Re: Emily Reed

They need to know the following-

Length of treatment

Why she is being treated

How often

Emily's Progress

Emily's diagnosis

Basically an overall care history from Dr Farrell's perspective.

**RESP'T APP 0755**

Thank you

Alecia

Sent from my iPhone

On May 2, 2017, at 12:28 PM, Alex Cameron <acameron@amenclinic.com> wrote:

Alecia,

I have attached the receipt of everything you have paid for. Regarding the letter, can you write in an email exactly what they need it to say so I can let Dr. Farrell know, thank you.

In your service,

Alex Cameron

Patient Care Coordinator

acameron@amenclinic.com

3150 Bristol St. Ste 400

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\*For all appointments ACI requires that cancellations for scheduled appointments be received 24 "business" hours in advance during regular office hours (Monday through Friday 8:00am to 5:00pm). Unkept or late cancelled appointments will be charged the full fee for the appointment.\*

**RESP'T APP 0756**



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**Sent:** Monday, May 01, 2017 4:56 PM  
**To:** Alex Cameron  
**Subject:** Emily Reed

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My ex husband wants to return to court in Las Vegas to remove Emily's child support and medical support because he feels she is not disabled.

Emily is on SSI and has never worked or been able to live independently without family care do to her PTSD.

I need to show all medical payments that have been payed to the Amen Clinic for all of Emily's treatments and monthly psychologist visits.

Emily completed the brain scan to determine the best medication to prescribe when we first were seen. I can't recall the the total but it was several thousand dollars.

I need something that lists all dates and payments received

Can you email me a complete statement?

Thank you for your help in advance!!

**RESP'T APP 0757**

Alecia

Sent from my iPhone

Begin forwarded message:

**From:** Staples Business Center <Ccreg03@staplesbusinesscenter.com>  
**Date:** April 26, 2017 at 3:02:14 PM PDT  
**To:** "aleciadraper@gmail.com" <aleciadraper@gmail.com>  
**Subject:** Scan from Staples

Scanned Document From Staples Store

**RESP'T APP 0758**

**Emily Reed**

Log / Notes

May 3, 2017 1:02pm



**Amen Clinics**

Alex Cameron

Subject: **RE: Emily Reed**

To: Alecia Draper

From: Alex Cameron

Received: 5/3/2017 2:38pm CDT

Alex Cameron1493840299

Ok thank you.

In your service,

Alex Cameron

Patient Care Coordinator

[acameron@amenclinic.com](mailto:acameron@amenclinic.com)

3150 Bristol St. Ste 400

Costa Mesa, CA 92626

(O)949.266.3700

(D)949.266.3793

(F)949.266.3750

\*For all appointments ACI requires that cancellations for scheduled appointments be received 24  
business hours in advance during regular office hours (Monday through Friday 8:00am to 5:00pm).  
Unkept or late cancelled appointments will be charged the full fee for the appointment.\*

The information contained in this message may be privileged, confidential, and protected from disclosure. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer.

---

**From:** Alecia Draper [mailto:[aleciadraper@gmail.com](mailto:aleciadraper@gmail.com)]

**Sent:** Wednesday, May 03, 2017 11:58 AM

**To:** Alex Cameron

**Subject:** Re: Emily Reed

The contact name is Kelly Fauscett

She is the intake coordinator.

The contact number is 615 831-6987

You can call and ask for Kelly directly if you have any questions.

Let me know if you need anything else.

**RESP'T APP 0759**

I will have Emily sign another form and email it back today.

Alecia

Sent from my iPhone

On May 3, 2017, at 11:32 AM, Alex Cameron <acameron@amenclinic.com> wrote:

Alecia,

Dr. Farrell will need Emily to sign a consent form for us to release to whoever it is, we will need a name . Also we will need to schedule a time for her to write it which can vary from 30 minutes to an hour with a fee.

In your service,

Alex Cameron

Patient Care Coordinator

acameron@amenclinic.com

3150 Bristol St. Ste 400

Costa Mesa, CA 92626

(O)949.266.3700

(D)949.266.3793

(F)949.266.3750

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**RESP'T APP 0760**



**From:** Alecia Draper [mailto:[aleciadraper@gmail.com](mailto:aleciadraper@gmail.com)]  
**Sent:** Tuesday, May 02, 2017 12:39 PM  
**To:** Alex Cameron  
**Subject:** Re: Emily Reed

They need to know the following-

Length of treatment

Why she is being treated

How often

Emily's Progress

Emily's diagnosis

Basically an overall care history from Dr Farrell's perspective.

Thank you

Alecia

Sent from my iPhone

On May 2, 2017, at 12:28 PM, Alex Cameron <[acameron@amenclinic.com](mailto:acameron@amenclinic.com)> wrote:

Alecia,

I have attached the receipt of everything you have paid for. Regarding the letter, can you write in an email exactly what they need it to say so I can let Dr. Farrell know, thank you.

In your service,

**RESP'T APP 0761**

Alex Cameron

Patient Care Coordinator

acameron@amenclinic.com

3150 Bristol St. Ste 400

Costa Mesa, CA 92626

(O)949.266.3700

(D)949.266.3793

(F)949.266.3750

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**From:** Alecia Draper [mailto:[aleciadraper@gmail.com](mailto:aleciadraper@gmail.com)]

**Sent:** Monday, May 01, 2017 4:56 PM

**To:** Alex Cameron

**Subject:** Emily Reed

Alex,

I am hoping you can help me.

My ex husband wants to return to court in Las Vegas to remove Emily's child support and medical support because he feels she is not disabled.

**RESP'T APP 0762**

Emily is on SSI and has never worked or been able to live independently without family care do to her PTSD.

I need to show all medical payments that have been payed to the Amen Clinic for all of Emily's treatments and monthly psychologist visits.

Emily completed the brain scan to determine the best medication to prescribe when we first were seen. I can't recall the the total but it was several thousand dollars.

I need something that lists all dates and payments received

Can you email me a complete statement?

Thank you for your help in advance!!

Alecia

Sent from my iPhone

Begin forwarded message:

**From:** Staples Business Center <Ccreg03@staplesbusinesscenter.com>  
**Date:** April 26, 2017 at 3:02:14 PM PDT  
**To:** "aleciadraper@gmail.com" <aleciadraper@gmail.com>  
**Subject:** Scan from Staples

Scanned Document From Staples Store

**RESP'T APP 0763**

**Emily Reed**  
Log / Notes  
May 3, 2017 11:36am



**Amen Clinics**  
Alex Cameron

Subject: **RE: Emily Reed**  
To: Alecia Draper  
From: Alex Cameron  
Received: 5/3/2017 1:32pm CDT

Alex Cameron1493836369

Alecia,

Dr. Farrell will need Emily to sign a consent form for us to release to whoever it is, we will need a name . Also we will need to schedule a time for her to write it which can vary from 30 minutes to an hour with a fee.

In your service,

Alex Cameron

Patient Care Coordinator

[acameron@amenclinic.com](mailto:acameron@amenclinic.com)

3150 Bristol St. Ste 400

Costa Mesa, CA 92626

(O)949.266.3700

(D)949.266.3793

(F)949.266.3750

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Unkept or late cancelled appointments will be charged the full fee for the appointment.\*

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---

**From:** Alecia Draper [mailto:[aleciadraper@gmail.com](mailto:aleciadraper@gmail.com)]  
**Sent:** Tuesday, May 02, 2017 12:39 PM  
**To:** Alex Cameron  
**Subject:** Re: Emily Reed

They need to know the following-

Length of treatment

Why she is being treated

How often

**RESP'T APP 0764**

Emily's Progress

Emily's diagnosis

Basically an overall care history from Dr Farrell's perspective.

Thank you

Alecia

Sent from my iPhone

On May 2, 2017, at 12:28 PM, Alex Cameron <acameron@amenclinic.com> wrote:

Alecia,

I have attached the receipt of everything you have paid for. Regarding the letter, can you write in an email exactly what they need it to say so I can let Dr. Farrell know, thank you.

In your service,

Alex Cameron

Patient Care Coordinator

acameron@amenclinic.com

3150 Bristol St. Ste 400

Costa Mesa, CA 92626

(O)949.266.3700

(D)949.266.3793

(F)949.266.3750

\*For all appointments ACI requires that cancellations for scheduled appointments be received 24 "business" hours in advance during regular office hours (Monday through Friday 8:00am to 5:00pm). Unkept or late cancelled appointments will be charged the full fee for the appointment.\*

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**RESPT APP 0765**



prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer.

**From:** Alecia Draper [mailto:[aleciadraper@gmail.com](mailto:aleciadraper@gmail.com)]  
**Sent:** Monday, May 01, 2017 4:56 PM  
**To:** Alex Cameron  
**Subject:** Emily Reed

Alex,

I am hoping you can help me.

My ex husband wants to return to court in Las Vegas to remove Emily's child support and medical support because he feels she is not disabled.

Emily is on SSI and has never worked or been able to live independently without family care do to her PTSD.

I need to show all medical payments that have been payed to the Amen Clinic for all of Emily's treatments and monthly psychologist visits.

Emily completed the brain scan to determine the best medication to prescribe when we first were seen. I can't recall the the total but it was several thousand dollars.

I need something that lists all dates and payments received

Can you email me a complete statement?

Thank you for your help in advance!!

Alecia

**RESP'T APP 0766**

Sent from my iPhone

Begin forwarded message:

**From:** Staples Business Center <Ccreg03@staplesbusinesscenter.com>  
**Date:** April 26, 2017 at 3:02:14 PM PDT  
**To:** "aleciadraper@gmail.com" <aleciadraper@gmail.com>  
**Subject:** Scan from Staples

Scanned Document From Staples Store

**RESP'T APP 0767**

**Emily Reed**

Log / Notes

April 27, 2017 4:35pm



**Amen Clinics**

Katie Dimedio

---

Follow up email

Dear Emily and Alecia,

I hope this message finds you well. I am sending this message following two calls earlier today.

Per our conversation I wanted to forward you some information, please keep in mind that you will need to contact all of these programs individually and ask specific questions about payment/insurance, length of stay, treatment specifics, and ultimately decide if it's a fit for you.

I hope you are able to find exactly what you are looking for! Best of luck on your journey. %uF04A

Warmly,

Katie

Kuleana Therapy

\*please ask to speak with Anne (sounds like Annie)

(949) 327-9383

Fax: (949) 830-5530

Kuleanatherapy@gmail.com

23832 Rockfield Blvd.

Suite 150

Lake Forest, CA 92630-2805

<https://kuleanatherapy.com/>

- Has an eating disorder and nutrition component
- Can accommodate PTSD care
- Can accommodate long term care
- Payment / cost individual - please ask them for more information

The Refuge A Healing Place

(352) 288-3333

Fax: (352) 288-3333

14835 SE 85th St

OKLAWAHA, FL 32179

- 90 day program
- PTSD/Trauma primary
- Please inquire about payment / insurance

Menninger

12301 Main Street

Houston, TX 77035-6207

<http://www.menningerclinic.com/patient-care/inpatient-treatment/hope>

**RESP'T APP 0768**

(800) 351-9058

- Focused care for your interests
- Payment/insurance - individual please work with them directly

In your service,

Katie Dimedio  
Clinic Outreach Manager, Amen Clinics - Southern California  
O: (949) 266-3799 | C: (310) 897-6531 | F: (949)266-3750  
<http://www.Amenclinics.com>  
3150 Bristol Street, Suite 400  
Costa Mesa, CA 92626

**RESP'T APP 0769**

**Emily Reed**

Log / Notes

April 27, 2017 11:45am



**Amen Clinics**

Katie Dimedio

---

Met with pt and Mother Alicia Draper.

Emily: 714-465-7489

Alecia: 714-916-1524

**SUGGESTIONS**

- The refuge - <http://www.therefuge-ahealingplace.com/ptsd-treatment/#content> - Katie left general message with Alecia that I had more information and offered direct contact number.
- Menninger - communicated by Dr. Farrell, Katie called Lary Mendoza to follow up
- anne lee program

**NEEDS**

- pt is looking for a long term program 6 months to 1 year
- Per patient: PTSD/Trauma /Self-esteem focused per patient
- Per Dr. Farrel: Life transition program
- Per. Alex: ED treatment

**OPTIONS**

**FINANCE**

- Family needs to understand cost - Katie will get general rates
- Location doesn't matter

PENDING TRIAL DATE: JULY 17TH IN LAS VEGAS

**RESP'T APP 0770**



**Emily Reed**

Log / Notes

April 14, 2017 12:46pm



**Amen Clinics**

Alex Cameron

---

called in:

aripiprazole 5mg-half po qd x1 week, then 1 po qd #30 w/ 0 refills

pharm# 714-969-1368

--Digitally Signed: 04/14/2017 12:47 pm: Alex Cameron

**RESP'T APP 0771**

**Emily Reed**

Log / Notes

September 22, 2016 5:03pm



**Amen Clinics**

Jennifer Love-Farrell, M.D.

---

Left vm with pt's therapist Elise to discuss pt's nutritional status, her crying with food, etc.

--Digitally Signed: 09/22/2016 05:03 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

**RESP'T APP 0772**

**Emily Reed**

Log / Notes

June 1, 2016 1:30pm



**Amen Clinics**

Jennifer Love-Farrell, M.D.

Got vm from pt's therapist Elise Collier; she says pt's mom was frustrated at Emily's silence during the session. "In my experience it takes a while to draw her out, but she's been engaged in sessions...expressing where she's at." She has "little to no motivation to live; she doesn't want to do anything, wants to stay indoors; she has no motivation to change." Elise says she has been pushing for Emily to do NF or brainstate with Rick, and Emily doesn't want to do 2 sessions/week. "She's just not motivated." "This is a very difficult case." "She's still having trouble accessing thoughts and feelings. And she didn't even want to refill her lamictal. She wants to stay inside and wants it all to go away. She's not suicidal, but wishes she could disappear."

At this point it seems pt is really struggling, and isn't willing to participate in a higher level of care. Tx options include ongoing medication with neurofeedback, day hospital at Mission, residential treatment at Malibu Vista or the Meadows, TMS.

Spoke with Elise, who says pt is still wanting to go back to her perpetrator and her parents don't want to pay for further residential treatment. "She's been brainwashed not to trust her mom." Elise likes The Meadows and Onsite in TN. She says she'd like to see me without her parents; this can be tried again, but last time pt's grandmother had to be brought into session b/c pt wasn't able to speak with MD.

Elise says pt has to face the perpetrator at trial this September. Discussed the difficulties of treating this case when she herself isn't able to really participate in therapy and wishes to isolate. She probably needs at least six months of residential work to establish trust and rapport for meaningful therapy.

Time spent: 20 min

--Digitally Signed: 06/01/2016 01:53 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

**RESP'T APP 0773**

**Emily Reed**

Log / Notes

May 27, 2016 6:15pm



**Amen Clinics**

Jennifer Love-Farrell, M.D.

---

Called pt's therapist Elise to touch base re: pt's therapy, level of participation and communication, etc. Left vm and requested we touch base after the weekend.

--Digitally Signed: 05/27/2016 06:18 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

**RESP'T APP 0774**

**Emily Reed**

Log / Notes

April 22, 2016 2:20pm



**Amen Clinics**

Jennifer Love-Farrell, M.D.

---

MD called pt's therapist Elise to again try to discuss Emily seeing her twice weekly vs starting neurofeedback. Left vm.

--Digitally Signed: 04/22/2016 02:22 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

**RESP'T APP 0775**



**Emily Reed**

Log / Notes

April 12, 2016 9:57am



**Amen Clinics**

Jennifer Love-Farrell, M.D.

MD received vm from pt's therapist Elise. She reports pt started lamictal; she says pt told her later that pt was suicidal the day she saw this MD and the few days prior and withheld that information, and with lamictal she feels "away from the edge of the cliff" with her SI. "She continues to experience trouble accessing her thoughts, and doing daily tasks like making phone calls and doing what needs to be done on an adult level." Pt is being monitored by her grandmother in AZ and Elise is skyping with pt.

MD doesn't have consent for pt's grandmother to call and to discuss safety issues while pt is staying with her. MD called Emily and reached her. "I think lamictal is working really well, actually. I feel more clear." Asked pt about depression; "its not too bad." Discussed a plan for if her mood worsens, anxiety worsens, or if she becomes suicidal. During office hours she can call me via Alex's direct line; after hours through the main line, and she can tell her grandmother or call 9-1-1 to go to the hospital. She denies any side effects from lamictal and says things are going better.

MD returned Elise's call and left vm outlining the emergency plan and thanking her for her vm.

Time spent: 15 minutes.

--Digitally Signed: 04/12/2016 10:07 am Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

**RESP'T APP 0776**

**Emily Reed**

Log / Notes

April 7, 2016 3:06pm



**Amen Clinics**

Jennifer Love-Farrell, M.D.

---

Left vm for pt's therapist Elise to discuss twice weekly therapy vs doing NF.

--Digitally Signed: 04/07/2016 03:08 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

**RESP'T APP 0777**

**Emily Reed**

Log / Notes

March 28, 2016 12:45pm



**Amen Clinics**

Jennifer Love-Farrell, M.D.

---

MD played "phone tag" with both Elise and Rick (consent on file for each). Rick's message was that getting Emily stabilized on medication would be the next best step for her. "Obviously its a complex case. Her dissociative states stabilize with treatment, then she destabilizes again....Her brain isn't holding b/c of the trauma she's working through." He says he will get consent to share her treatment record with me.

--Digitally Signed: 03/28/2016 12:48 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

**RESP'T APP 0778**

**Emily Reed**

Log / Notes

March 25, 2016 1:45pm



**Amen Clinics**

Jennifer Love-Farrell, M.D.

---

Found a working number for Rick, but got vm. Left message to call back and discuss.

--Digitally Signed: 03/25/2016 01:47 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

**RESP'T APP 0779**

**Emily Reed**

Log / Notes

March 25, 2016 1:35pm



**Amen Clinics**

Jennifer Love-Farrell, M.D.

---

Spoke with pt's referring therapist Elise for 15-20 min prior to Emily's eval and will continue to speak to coordinate care. Attempted to call Rick Tansey, but the first number isn't correct, and the second goes to a Dr. Jennifer Tansey, not Rick. Will have staff contact pt for the correct office number.

--Digitally Signed: 03/25/2016 01:37 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

**RESP'T APP 0780**



# **EXHIBIT 16**

## **EXHIBIT 16**

**EXHIBIT 16**  
**RESP'T APP 0781**

## History/Final Evaluation

## Facility

## Amen Clinics Orange County

AMEN CLINICS, INC.  
A Medical Corporation  
3150 Bristol St., Suite 400 Costa Mesa, CA 92626  
Phone: (888) 564-2700 Fax: (949) 266-3750  
Website: www.amenclinics.com/orange-county

History Date: March 23, 2016

Medical Historian: Teri Stroop

Evaluation Date: March 25th, 2016

Amen Clinic Physician: Jennifer Farrell, M.D.

## Demographics

Date: 03/23/2016

Patient Name: Emily Reed

Patient ID#: 365847

Address: 20762 Crestview Ln Huntington Beach, CA 92646

Telephone  
(Home):

Cell: (714) 465-7489

Date of Birth: 11/16/1996

Age: 19

Gender: Female

Email: Emilyrocks10@gmail.com

## Patient Identification

Occupation: N/A

Race: Caucasian

Religion: Christian

Number of children: N/A

Marital status: Single

The information presented below was obtained during an interview with Emily, her mother, and her grandmother, as well as a review of intake questionnaires.

## Amen Clinics

How did you first learn about the Amen Clinics?

Emily first learned about the Amen Clinic through her therapist Elise Collier.

## Referral Source/Facility

Name: Elise Collier Specialty: Therapist

Phone: 562-335-9552 Fax: Email:

Address: 901 Dove St Suite 145 Newport Beach, Ca. 92660

## Chief Complaint

Chief complaint:

"PTSD, severe depression, anxiety, learning disability including processing and memory. This stems from nine years of sexual, mental,

ER 001740

RESP'T APP 0782

and verbal abuse."

#### Patient Goals For Evaluation

"I need to be able to regulate life skills with success and become more independent without having complications or hospitalizations."

#### Presenting problem/primary symptoms:

Approximately two years ago Emily revealed that she had been experiencing sexual, emotional, and verbal abuse from a caregiver since the age of eight. Since that time her mother reports Emily has been experiencing emotional "breakdowns" which have led to numerous hospitalizations. She says that while Emily is able to function normally in her daily life, she "goes through the motions" and cannot discuss emotions or feelings, as well as experiences memory loss regarding the abuse. Emily complains of pain in her head and says her brain is "loud". Her mother reports Emily will have periods of time wherein she is present and then "catatonic". She also reports Emily experiences frequent "pseudo seizures" in which Emily falls to the floor, cannot move or speak, feels dizzy and nauseous, and afterwards feels extremely fatigued. While experiencing these episodes Emily will say that her head feels "pressurized". Her mother says Emily also has difficulty answering questions, is overwhelmed and "freezes" because she cannot determine if her answer is "true or untrue". Emily finds it difficult to be in public alone and experiences frequent flashbacks as well as nightmares. Her mother says she also picks her skin and bites her nails often.

Emily's mother and grandmother say that in general she is usually pleasant and happy when she is not experiencing her symptoms. She has trained a service dog and volunteers in her church community. They say Emily wants to have a productive life and needs the right support team to help her through this difficult time.

#### Biological Information

##### PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY:

Over the last two years Emily has been taken to inpatient hospitalization numerous times for episodes of disassociation and seizure like activity. She also took part in the Center for Discovery residential treatment program for thirty days approximately one year ago. Emily saw Rick Tansey at Max My Brain for brain optimization treatment for several sessions. Emily has been attending therapy session with Elise Collier MS, MFT for the past six months.

##### Previous diagnoses:

Complex PTSD, major depressive disorder-severe with psychotic features, episodic panic, anxiety, dissociative behavior.

##### Medications and supplements taken at the time of scan:

None reported.

Date Started	Date Ended	Medication Name	Dosage	Times Taken Per Day	Effectiveness	Side-Effects/Problems
04/07/2014	07/01/2014	Clonazepam	0.5mg	2	Cannot Recall	Dissociated
04/07/2014	07/01/2014	Prozac	30mg	1	Cannot Recall	Dissociated
04/07/2014	07/01/2014	Neurontin	300mg	3	Cannot Recall	Dissociated
04/07/2014	05/12/2014	Prazosin	2mg	1	Cannot Recall	Dissociated
04/07/2014	07/01/1014	Ativan	1mg	1	Cannot Recall	Dissociated
05/14/2014	07/01/2014	Gabapentin	300mg	1	Cannot Recall	Dissociated
03/07/2014	03/30/2014	Abilify	5mg	2	Not Effective	Shaking,muscles became weak
		Risperdal	unknown	1	Not Effective	Shaking,slurred speech, muscles weak
		Latuda	unknown	1	Not Effective	Shaking,slurred speech, weak muscles
		Haldol	unknown	1	Somewhat Effective	Allergic reaction
03/18/2014	04/07/2014	Clonazepam	1.5mg	2	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Lorazepam	1mg	1	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Prozac	40mg	1	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Prazosin Hydrochloride	2mg	1	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Neurontin	100mg	2	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Senna	17.2	1	Cannot Recall	Dissociated

Date Started	Date Ended	Supplement Individual or Combinations	Effectiveness	Side-Effects/Problems
04/07/2014	03/11/2016	Melatonin	Somewhat Effective	None reported

REST APP 0783

**Medical History**

Male

Female

**Current medical information**

Height: 5' 4"

Weight: 113 lbs

Waist: 20"

Primary Care Physician: Joanne Fierro

Last Physical Exam: 02/04/2016

Date started last menstrual period: 03/12/2016

System	Past	Current	Additional Details
General	Recent weight loss, Poor appetite, Excessive Sleeping	Cold sweats during the day, Tired or worn out, Difficulty Sleeping, Sweating excessively at night	
Neurological	Pacing due to muscle restlessness, Slurred speech, Speech problem (other), Weakness in muscles	Forgotten periods of time, Dizziness, Drowsiness, Muscle spasms or tremors, Impaired ability to remember, Numbness	
Respiratory	Shortness of breath	Rapid breathing	"During a PTSD breakdown"
Chest and Cardiovascular		Rapid / irregular pulse, Chest pain	
Head, Eye, Ear, Nose and Throat	Disturbances in smell	Headache, Neck pain or stiffness, Blurred vision, See spots or shadows	
Gastrointestinal		Nausea or vomiting, Abdominal (stomach/belly) pain	
Musculoskeletal		Back pain or stiffness, Leg pain, Muscle cramps or pain	
Skin, Hair		Increased perspiration	
Genitourinary			
Females Only		Premenstrual moodiness, irritability, anger, tension, bloating, breast tenderness, cramps and headaches	
Males Only			
Surgical Procedures			
Illnesses			

**Past Medical Information**

Reason for Hospitalization	Date / Length of Stay	Outcome
Mental breakdown	03/18/2014-04/07/2014	Disclosed nine years and still happening of sexual, verbal, mental abuse by care giver that she lived with during her fathers visitation.
PTSD, suicidal ideation	04/07/2014-05/12/2014	Somewhat stable but over medicated
Los Alamitos/Del Amo Hospital	03/06/2015-03/30/2014	PTSD somewhat stable
UCIMC Neuropsychiatric Center	04/16/2015-04/20/2015	PTSD somewhat stable
Hoag Hospital	08/31/2015-09/01/2015	Suicidal ideation

**Prenatal and Birth Events**

Neither Emily nor her mother suffered any pregnancy or birth complications.

**Allergies/Drug intolerances?**

Yes - Haldol- Muscles stopped working, couldn't swallow or speak.

**RESP'T APP 0784**

ER 001742

Page 3 of 18

**Head/Brain Trauma:**

In 2014 Emily fell down several flights of stairs and sustained a concussion.

Emily frequently experiences a dissociative state in which she does not move or respond to communication.

Emily experiences seizure like activity in which her head spins, she shakes while lying on the floor and cannot move, screams, and suffers blurred vision and erratic breathing.

**Tests and Labs**

- Blood Work - Yes Date: (02/16/2016): No reported abnormality
- EKG - Yes Date: (04/17/2015): No reported abnormality
- CT Scan - Yes Date: (04/17/2015): No reported abnormality
- MRI/fMRI - Yes Date: (03/11/2013): No reported abnormality

**Dietary/Exercise Information**

Emily reports her current diet is healthy and appetite good. She has no experience with a gluten free or casein free diet. She consumes fruits five days a week, vegetables six days a week, and eats breakfast everyday. She consumes one cup of coffee per day on average. She has no reported food allergies or sensitivities. Her current bowel function is reportedly normal. She currently exercises by walking and running.

**Alcohol/Drug History**

None reported.

**Sleep Behavior**

Emily reports having problems falling asleep and frequently experiences nightmares. She sleeps an average of seven hours per evening and has no sleep related issues.

**Family History****Biological mother's history:**

Emily's mother is forty-three years old and has been married three times. She received a high school education and works as a bakery and deli specialist. She has no reported history of behavioral, emotional, learning, or psychiatric problems and no reported history of drug or alcohol abuse. There is no reported history of learning or psychiatric problems in her family.

**Biological father's history:**

Emily's father is forty-seven years old. He has reportedly struggled with depression. There is no reported history of learning or psychiatric problems in his family.

**Siblings:**

- Anthony, 16 (Brother): No reported learning or psychiatric problems.
- Adam, 15 (Brother): No reported learning or psychiatric problems.
- Noah, 19 (Step- Brother): Noah reportedly struggles with depression.

**Children:**

None.

**Psychological Information****Significant Life Events:**

"Nine years of sexual, mental, and emotional abuse by her caregiver."

**Significant Perceived Successes:**

"Went to Japan with a Huntington Beach program. Ran cross country in high school. Completed a half marathon. Training her service dog Monarch."

**Significant Perceived Failures**

"Going back to the hospital. Not being able to control body sensations and feelings that take over. Intense anger and aggressive side that takes over at times."

**Relationship with Mother:**

"We try and spend as much time together as possible. We love, care, and support each other."

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**Relationship with Father:**

"My dad is very busy and does not see me much, he has not been a part of my recovery. I do not see him at this time because it causes me more breakdowns, anxiety, and depression."

**Sexual history:**

None reported.

**History of abuse:**

Yes - "I was sexually, mentally, and emotionally abused by my caregiver that I lived with during my dad's visitation schedule. This was happening from the age of eight until seventeen years old. I wanted to end my life so I was hospitalized and finally told the truth."

**Description of self:**

"Quiet, reserved individual. I keep to myself and have a hard time communicating with others."

**Description of strengths:**

"Kind and caring towards others."

**Social Information**

Adult

**Current life stressors:**

"My dad, being in small or large groups of people, being asked a question, future- like going to college and what job I will have. Getting my driver's license back."

**School history:**

Emily last attended Huntington Beach high school where she received A's and B's. She reportedly struggled with processing disorder. She believes her teachers would say she is "a hard working, special young woman, determined to succeed."

**Employment history:**

None reported.

**Military history:**

None reported.

**History of legal problems:**

None reported.

**Family structure:**

Emily currently lives with her mother, step-father, and two brothers.

**Current Marital or Relationship Satisfaction:**

None reported.

**History of Past Marriages:**

None reported.

**Cultural / Ethnic Background:**

None reported.

**Relationships:**

"I spend some time with friends and I do not share personal things or feelings with them."

**Community Connection:**

"I volunteer at Church two hours a week and attend church on Sundays with my family."

**Spiritual Information****Spiritual background:**

"Christian, I have accepted Jesus and have been baptized."

**Personal impact of spiritual background:**

"Saved my life."

**Practices that produce "Spiritual Fruit":**

"Listening to Christian music and training my service dog."

**Belief in a higher power? Explain:**

Yes - "My belief in God and Jesus."

**Purpose or mission:**

"No."

**Unusual spiritual experience:**

None reported.

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## Mental Status Examination

**Appearance:** Neat

**Attitude:** Guarded

**Behavior:** Other: withdrawn

**Eye Contact:** Hesitant

**Speech:** Slowed

**Orientation:** Emily was oriented to person, place, time, and situation.

**Mood (in patient's own words):** anxious

**Affect:** Constricted

**Thought process:** Linear

**Worries/Obsessions:**

**Delusions?** None reported

**Suicidal ideation?** None reported

**Homicidal ideation?** None reported

**Hallucinations:** None reported

**Illusions:** None reported

**Attention span:**

**Memory:** # of 3 remembers right away: # of 3 remembers after 5 minutes:

**Judgment:** Fair

**Abstraction:**

**Relatedness:** Distant

**Insight:** Poor

## Questionnaires/Checklist Results

Adult

### ADULT AMEN GENERAL SYMPTOM CHECKLIST

This checklist contains a list of symptoms seen commonly in a neuropsychiatric setting. The patient and, if possible, a significant other complete it. The checklist responses suggest the following diagnoses.

**According to patient:**

Major Depression

- 1) Feeling depressed or being in a sad mood- 4
- 4) Having recurrent thoughts of death or suicide- 4
- 5) Experiencing sleep changes, such as a lack of sleep or a marked increase in sleep- 3
- 6) Feeling physically agitated or being slowed down- 4
- 7) Having feelings of low energy or tiredness- 4
- 8) Having feelings of worthlessness, helplessness, hopelessness or guilt- 3
- 9) Experiencing decreased concentration or memory- 4

Panic Disorder

- 18) Experiencing panic attacks, which are periods of intense, unexpected fear or emotional discomfort.- 4
- 19) Having periods of trouble breathing or feeling smothered- 3
- 26) Having feelings of a situation not being real- 4
- 30) Fearing death- 3
- 31) Fearing going crazy or doing something out-of-control- 4

Social Anxiety

- 33) Excessive fear of being judged by others, which causes you to avoid or get anxious in situations- 3

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#### Obsessive Compulsive Disorder

- 35) Having recurrent bothersome thoughts, ideas, or images that you try to ignore- 3
- 36) Having trouble getting stuck on certain thoughts, or having the same thought over and over- 3
- 37) Experiencing excessive or senseless worrying- 4
- 38) Others complaining that you worry too much or get stuck on the same thoughts- 4
- 39) Having compulsive behaviors that you must do or else you feel very anxious, such as excessive hand washing, checking locks, or counting or spelling- 4
- 39) Having compulsive behaviors that you must do or else you feel very anxious, such as excessive hand washing, checking locks, or counting or spelling- 4
- 40) Needing to have things done a certain way or else you become very upset- 3
- 41) Others complaining that you do the same thing over and over to an excessive degree (such as cleaning or checking)- 3

Other: Mother

#### According to other:

##### Major Depression

- 1) Feeling depressed or being in a sad mood- 4
- 4) Having recurrent thoughts of death or suicide- 3
- 5) Experiencing sleep changes, such as a lack of sleep or a marked increase in sleep- 4
- 6) Feeling physically agitated or being slowed down- 4
- 7) Having feelings of low energy or tiredness- 4
- 8) Having feelings of worthlessness, helplessness, hopelessness or guilt- 4
- 9) Experiencing decreased concentration or memory- 4

#### Agoraphobia

- 32) Avoiding everyday places for 1) fear of having a panic attack or 2) needing to go with other people in order to feel comfortable- 4

#### Generalized Anxiety Disorder

- 57) Having unrealistic or excessive worry in at least a couple areas of your life- 4
- 59) Experiencing muscle tension, aches, or soreness- 3
- 60) Having feelings of restlessness- 3
- 61) Becoming easily fatigued- 4
- 62) Experiencing shortness of breath or feeling smothered- 3
- 63) Experiencing a pounding or racing heartbeat- 4
- 73) Finding it difficult to concentrate, or having your mind go blank- 4
- 74) Having trouble falling or staying asleep- 3
- 75) Experiencing irritability- 3

#### AMEN BRAIN SYSTEM CHECKLIST

Based on his extensive brain imaging research, Dr. Amen developed the following checklist, which attempts to identify the symptoms most commonly associated with the brain systems listed below. The patient, and if possible, a significant other, complete it. The checklist responses suggest problems in the following brain systems.

#### According to patient:

##### Prefrontal Cortex Symptoms (PFC): Inattention Symptoms : Highly probable

- 6) Avoiding, disliking, or being reluctant to engage in tasks that require sustained mental effort- 4
- 9) Being forgetful- 3
- 10) Having poor planning skills- 3
- 11) Lacking clear goals or forward thinking- 4
- 12) Having difficulty expressing feelings- 4
- 16) Feeling apathetic or unmotivated- 3
- 17) Feeling tired, sluggish or slow moving- 3
- 18) Feeling spacey or in a fog- 4

##### Cingulate System Symptoms (CS): Probable

- 29) Worrying excessively or senselessly- 4
- 31) Getting upset when things are out of place- 4
- 33) Tending to have repetitive negative thoughts- 3
- 34) Tending toward compulsive behaviors (i.e., things you feel you must do)- 3
- 35) Intensely disliking change- 3
- 39) Having difficulties seeing options in situations- 3
- 42) Needing to have things done a certain way or else becoming very upset- 4
- 44) Tending to say no without first thinking about the question- 4
- 45) Tending to predict fear- 3

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**Limbic System Symptoms (LS): May be possible**

- 46) Experiencing frequent feelings of sadness- 3
- 47) Having feelings of moodiness- 3
- 49) Having low energy- 3
- 50) Being irritable- 3
- 53) Having feelings of hopelessness about the future- 3
- 54) Having feelings of helplessness or powerlessness- 3

**Basal Ganglia System Symptoms (BGS): May be possible**

- 64) Frequently feeling nervous or anxious- 4
- 75) Avoiding conflict- 4
- 85) Feeling shy or timid- 4
- 86) Being easily embarrassed- 3

**Temporal Lobe System Symptoms (TLS): May be possible**

- 92) Finding that own irritability tends to build, then explodes, then recedes, often being tired after a rage- 4
- 93) Having periods of spaciness and/or confusion- 4
- 94) Experiencing periods of panic and/or fear for no specific reason- 3
- 101) Experiencing periods of forgetfulness or memory problems- 4

**Other: Mother**

**According to other:**

**Prefrontal Cortex Symptoms (PFC): Inattention Symptoms : Probable**

- 6) Avoiding, disliking, or being reluctant to engage in tasks that require sustained mental effort- 4
- 9) Being forgetful- 3
- 12) Having difficulty expressing feelings- 4
- 16) Feeling apathetic or unmotivated- 4
- 17) Feeling tired, sluggish or slow moving- 4
- 18) Feeling spacey or in a fog- 4

**Cingulate System Symptoms (CS): May be possible**

- 29) Worrying excessively or senselessly- 3
- 31) Getting upset when things are out of place- 3
- 33) Tending to have repetitive negative thoughts- 4
- 37) Having trouble shifting attention from subject to subject- 3
- 43) Others complaining that you worry too much- 3
- 44) Tending to say no without first thinking about the question- 4

**Limbic System Symptoms (LS): May be possible**

- 49) Having low energy- 3
- 53) Having feelings of hopelessness about the future- 3
- 54) Having feelings of helplessness or powerlessness- 3
- 56) Feeling excessive guilt- 4

**Basal Ganglia System Symptoms (BGS): Probable**

- 64) Frequently feeling nervous or anxious- 4
- 66) Symptoms of heightened muscle tension (such as headaches, sore muscles, hand tremors, etc.)- 3
- 74) Avoiding places for fear of having an anxiety attack- 4
- 75) Avoiding conflict- 4
- 83) Having a tendency to freeze in anxiety-provoking situations- 4
- 84) Lacking confidence in own abilities- 3
- 85) Feeling shy or timid- 3

**Temporal Lobe System Symptoms (TLS): Probable**

- 92) Finding that own irritability tends to build, then explodes, then recedes, often being tired after a rage- 3
- 93) Having periods of spaciness and/or confusion- 3
- 94) Experiencing periods of panic and/or fear for no specific reason- 4
- 98) Experiencing headaches or abdominal pain of uncertain origin- 3
- 100) Having dark thoughts, ones that may involve suicidal or homicidal thoughts- 4
- 101) Experiencing periods of forgetfulness or memory problems- 4

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## **THE AMEN CLINIC LEARNING DISABILITY ADULT SCREENING QUESTIONNAIRE**

This questionnaire is a self-report form identifying possible learning disability issues in the areas of reading, writing, math, sequencing, abstraction, organization, memory, and language. The questionnaire responses suggest problems in the following areas.

### **According to patient:**

#### **Oral Expressive Language**

28)I have difficulty expressing myself in words - 4

29)I have trouble finding the right word to say in conversations - 4

30)I have trouble talking around a subject or getting to the point in conversations - 4

#### **Receptive Language**

31)I have trouble keeping up or understanding what is being said in conversations - 4

32)I tend to misunderstand people and give the wrong answers in conversations - 3

33)I have trouble understanding directions people tell me - 3

#### **Abstraction**

44)I have trouble understanding jokes people tell me - 4

45)I tend to take things too literally - 4

#### **Memory**

53)I have trouble with my memory - 4

55)It is hard for me to memorize things for school or work - 4

56)I know something one day but do not remember it the next day - 4

57)I forget what I am going to say right in the middle of saying it - 4

58)I have trouble following directions that have more than one or two steps - 3

### **Other Mother**

#### **According to other:**

#### **Oral Expressive Language**

28)I have difficulty expressing myself in words - 4

29)I have trouble finding the right word to say in conversations - 4

#### **Abstraction**

44)I have trouble understanding jokes people tell me - 4

45)I tend to take things too literally - 4

#### **Memory**

53)I have trouble with my memory - 4

54)I remember things from long ago but not recent events - 3

55)It is hard for me to memorize things for school or work - 3

56)I know something one day but do not remember it the next day - 4

57)I forget what I am going to say right in the middle of saying it - 3

58)I have trouble following directions that have more than one or two steps - 3

## **THE AMEN CLINIC HORMONE HEALTH QUESTIONNAIRE**

This questionnaire is a self-reported form identifying possible sex, thyroid, and adrenal hormone imbalances. The questionnaire responses suggest problems in the following areas.

Low Progesterone: Low levels suggested and should be considered

4)Are your menstrual cycles irregular? - 4

7)Do you have painful periods? - 3

8)Do you have difficulty concentrating, sometimes called "brain fog"? - 4

11)Are you tired or have low energy? - 3

13)Do you have painful cramping during your menstrual cycle? - 3

### **Other Tests Performed**

The BDI-II is a 21-item self-report instrument for measuring the severity of depression in adults (18+). A score of 14 or more may indicate the presence of depression. Scores are classified as follows: 0-13 (minimal), 14-19 (mild), 20-28 (moderate) and 29-63 (severe). Total BDI score = 30

### Conners' Continuous Performance Task

This is a fifteen-minute computer test of attention, vigilance and impulse control. The significant findings are as follows: The chances are 80.55 out of 100 that a clinically significant problem exists.

### WebNeuro Wellness

WebNeuro Wellness is an objective, quantitative and standardized assessment of both symptoms and neurocognition which can help support more informed clinical decisions. The WebNeuro Brain Health Report identifies the patient's strengths and vulnerabilities in each of four areas: Thinking, Emotion, Self Regulation and Feeling, and gives comparisons to other healthy adults of the same age and gender. Please refer to your patient binder for a copy of your report.

### Neuropsychiatric Symptom Checklist

*Please review the symptoms below and place a check in the appropriate box if you or any of your family members have had the problems listed:*

Anxiety	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Panic attacks	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input checked="" type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Phobias	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Depression	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Seasonal mood changes (SAD)	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Elevated mood	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Bipolar mood	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Mania	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Irritability	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hot temper	<input type="checkbox"/> Self	<input checked="" type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Self-mutilation	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Suicide attempts	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Psychiatric hospitalization	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Social isolation	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hallucinations	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Schizophrenia	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Psychosis	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Paranoia	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Delusions	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Dissociative states	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Grief	<input checked="" type="checkbox"/> Self	<input checked="" type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
ADHD	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Concentration difficulties	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input checked="" type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Attention difficulties	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input checked="" type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hyperactivity	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives

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Intolerance of boredom	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Learning/School difficulties	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Juvenile delinquency	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Defiant behavior	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Fire setting	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Bedwetting	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Cruelty to animals	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Legal troubles	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Anger or rage problems	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Obsessions or compulsions	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Anorexia Nervosa	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Bulimia (binging/purging)	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Laxative/Diuretic abuse	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Alcohol abuse	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Drug/Substance abuse	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Head injury	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Concussion	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Tourette's Syndrome	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Amnesia	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Dementia	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Narcolepsy	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Irresistible sleep attacks	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sleep Apnea	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Heavy snoring during sleep	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hallucinations going to sleep	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hallucinations when awakening	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Restless legs during sleep	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Night terrors	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sleepwalking	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sexual difficulties	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sexual abuse victim	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sexual abuse perpetrator	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Physical abuse victim	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Physical abuse perpetrator	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Mental retardation	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Autism	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Asperger's Disorder	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Pervasive Developmental D/O	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sensitivity to light	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives

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Sensitivity to odors	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sensitivity to sounds	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sensitivity to touch	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives

#### SPECT Study Parameters

As part of the evaluation, a resting and a concentration brain SPECT study were performed.

#### SPECT Study parameters:

The brain SPECT studies were performed in the following manner: The patient was placed in a dimly lit, quiet room. Intravenous access was obtained via small-gauge butterfly. The patient remained quiet for several minutes, with eyes open to allow their mental state to equilibrate to the environment.

For the baseline resting study, 99m Tc hexamethylpropylene amine oxime, HMPAO (Ceretek) was injected after the initial equilibration period.

For the concentration study, after the initial equilibration period, the patient started the Conners Continuous Performance Test.

A tomographic brain study was performed approximately 30-60 minutes later, using a high-resolution Picker Prism 3000 gamma camera with fan beam collimators. Data was acquired in 128 X 128 matrices. One hundred twenty images with 3 degrees separation spanning 360 degrees rotation were obtained. The data was prefiltered using a low pass filter with a high cutoff. Attenuation correction was performed using a linear method. Coronal, sagittal, and transaxial tomographs were reconstructed with a slice thickness of approximately 9 mm. The transaxial tomographs were parallel to the orbitalmeatal line. The tomographs were displayed using a standardized linear color scale. The studies were read by visual inspection in all three planes, in 3-dimensional surface brain maps (looking at the most active 45% of brain activity), and 3-dimensional active brain maps (comparing average activity with the most active 15% of brain activity).

#### SPECT Study Findings

Brain SPECT imaging basically shows us three things: areas of the brain that work well, areas of the brain that work too hard, and areas of the brain that do not work hard enough. With this information, together with the clinical information obtained through our extensive history-taking process, psychometric testing, and clinical evaluation, we are able to develop a more comprehensive, effective, and integrated treatment plan. SPECT scans help delineate the brain physiology underlying psychiatric problems and may or may not fully correlate with the clinical DSM-V diagnoses, since the DSM-V is based on historical symptom clusters and not on underlying brain systems. This is part of why SPECT scans can be so helpful.

#### Findings:

These are good quality scans. The most significant findings are thalamic increases at rest and right basal ganglia increases in both studies. Right midlateral frontal and temporal increases are present. The combination of frontal, temporal, parietal and occipital decreases is suggestive of posttraumatic change. Subtle inferior orbitofrontal decreases are seen bilaterally in both studies.

#### CONCLUSIONS:

1: Diffuse and focal increased thalamic tracer activity seen at rest.

This finding may be present in people who are normal. However, we also frequently see it in people who have issues with depression, dysthymia (chronic mild depression) or mood cycles. Clinical correlation is important. In our research there is a trend for left-sided problems to be associated with anger and irritability, right sided problems more often associated with inwardly directed sadness. In our experience we have seen diffuse limbic overactivity tends to be more consistent depression and focal increased limbic activity (more on one side than the other) to be associated with cyclic mood disorders. When focal increased uptake is found in conjunction with patchy increased uptake across the cortical surface there is a higher likelihood of a cyclothymic or bipolar disorder. If clinically indicated, diffuse increased limbic uptake is often helped by antidepressant medications. If there is also increased anterior cingulate activity, consider a serotonergic antidepressant. If there is not increased anterior cingulate activity, consider an antidepressant that increases either dopamine (such as bupropion) or norepinephrine (such as imipramine or desipramine).

2: Increased right basal ganglia tracer activity seen on both studies.

This finding may be present in people who are normal. However, we also see it very frequently in people who struggle with anxiety (left sided problems are often associated with irritability, right sided problems more often associated with inwardly directed anxiety). If clinically indicated, it may be helped by antianxiety medications, such as buspirone, and deep relaxation techniques. Sometimes if the finding is focal in nature (more one side than the other) anticonvulsant medications can be helpful. When it is normal, we often see it associated with people who have high levels of motivation.

3: Increased tracer activity in the right lateral prefrontal cortex seen on both studies, and increased right temporal lobe tracer activity seen with concentration.

This finding has been reported in seizure disorders and local trauma near this area. Clinical correlation is needed.

5: Decreased medial anterior prefrontal cortex tracer activity seen with concentration.

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This finding is often associated with prefrontal cortex symptoms, such as short attention span, impulsivity, low motivation, disorganization, and distractibility. It may be secondary to a physical trauma or other insult to the brain. This pattern, if clinically indicated, may be responsive to psychostimulant or stimulating antidepressant medication.

6: Decreased right temporal lobe tracer activity seen on both studies, more severe with concentration.

This abnormality may be associated with several different symptoms including mood instability, irritability, memory problems, abnormal perceptions (auditory or visual illusions, periods of déjà vu), periods of anxiety or irritability with little provocation, periods of spaciness or confusion, and unexplained headaches or abdominal pain. We have found abnormalities in this part of the brain to be helped with anticonvulsant medication when clinically indicated. Decreased activity in the temporal lobes may also be associated with learning problems, especially reading comprehension difficulties and auditory processing problems. Problems in the right temporal lobe have been associated with social withdrawal, social skill struggles and depression (more inwardly directed difficulties as opposed to left sided problems). If clinically indicated, it may be helped by anticonvulsant medications. A supplement alternative might be GABA to help inhibit erratic firing. If memory problems are the primary issue, then we often prescribe acetylcholine-esterase inhibitors, Namenda or a group of supplements to enhance memory, such as ginkgo biloba and Phosphatidyl serine.

7: Decreased left parietal lobe tracer activity seen on both studies, more severe with concentration, and decreased left and right posterior frontal cortex tracer activity seen on both studies.

This finding has been associated with toxic exposure, brain trauma, infection or Alzheimer's disease. The parietal lobes have also been implicated in attentional issues, direction sense, doing complex tasks and orienting oneself in space. Clinical correlation is essential.

8: Decreased tracer activity in the left and right inferior orbital prefrontal cortex seen on both studies.

When decreased perfusion in the inferior orbital prefrontal cortex is seen in both the resting and concentration states there may be a combination of depression and ADD or ADHD present. Clinical correlation is needed. This pattern has also been seen in response to head injuries affecting this part of the brain, and later in life in some dementia processes. This pattern, if clinically indicated, may be responsive to psychostimulant or stimulating antidepressant medication.

### Physician Section

It was a pleasure meeting with you and your parents today, Emily. We reviewed the above history and findings and discussed treatment goals of 1) staying out of the hospital and creating a life that feels less overwhelming, 2) having a good support team in place, 3) deal with the spurts of internal anger and the constant anxiety, and 4) get you to where you have confidence to start college classes.

All of the treatment options we discussed are outlined below; here's where we'll start:

- 1) Send your recent lab work and the school testing results.
- 2) I will talk with Dr. Gaddis (and possibly Dr. Kraus) about neurofeedback, and with Rick about Brain State. I will also continue to be in contact with Elise.
- 3) Start omega-3.
- 4) Start yoga.

We will get together next week to decide whether you will do Brain State or start medication and potentially neurofeedback. I look forward to working with you on this.

### Bio-Psycho-Social-Spiritual Evaluation

Given the pattern of symptoms and scan findings, I believe there is real hope for significant improvement with a regimen to properly optimize brain function.

### Diagnosis

#### Current

**F43.12 - Post-traumatic stress disorder, chronic**  
03/25/2016

Jennifer Farrell, M.D.

**F44.89 - Other dissociative and conversion disorders**  
03/25/2016

Jennifer Farrell, M.D.

### Biological Plan

#### General Bio-Medical Principles:

- Eliminate any potential toxins such as marijuana, excessive alcohol, other drugs, nicotine, caffeine, and environmental toxins.
- Treat or eliminate any potential underlying medical problem (for example: hypothyroidism, hormone imbalances, chronic infections).

RESPTAPP0794

- Avoid any behaviors that put your brain at risk.

**Laboratory Recommendations:** We want to rule out any underlying biomedical issues that may be causing or exacerbating your symptoms.

#### Comprehensive Metabolic Panel

Send a copy of recent lab work. I recommend the following panel: CBC with differential, fasting general metabolic panel, lipid panel with particle size, 25-hydroxy vitamin D, homocysteine, hemoglobin A1C, thyroid panel [TSH, Free T3, Free T4, thyroid antibodies (thyroglobulin + thyroid peroxidase)], ferritin, DHEA-S

#### **Suggested Optimal Ranges of Some Important Blood Tests:**

Thyroid: The TSH level should be 2.0 or lower, ideally between 0.5 and 1.5. Aim for a free T3 level in the upper third of the so-called normal range.

Vitamin B12: 500 pg/ml or above

Vitamin D (25 Hydroxy): Aim for a level of 60-80, ideally about 80 ng/ml.

Ferritin: 50 or above, ideally about 100 ng/ml.

Zinc: Plasma zinc target of 100 mcg/dl.

#### **Specialty Consults** To Do Now

##### Other

I recommend having a hormone assessment with Dr. Koren Barrett. You can read more about her credentials at [www.newportintegrativehealth.com](http://www.newportintegrativehealth.com). Bring a copy of your hormone questionnaire (above) to your appointment.

#### **Potential Non-pharmacologic Biological Treatment Options:**

##### Neurofeedback

Trains your brain waves to produce healthy patterns, activating areas that need greater stimulation, and calming areas that are overactive. Neurofeedback is particularly helpful in quieting racing thoughts and calming excessive limbic, temporal lobe, and basal ganglia drive that can contribute to moodiness and anxiety.

QEEG (electrical brain mapping) is used by the neurofeedback specialist to determine the most appropriate protocol to maximize brain functioning.

Dr. Jay Gaddis does neurofeedback in our office, and Dr. Christine Kraus is on Dove Street.

#### **Medication**

##### **Medication Recommendation** To Do Now

When possible and practical, we generally start with a more natural approach first, combining the use of targeted nutraceuticals, focused psychotherapeutic modalities, healthy nutrition, regular exercise, normalization of sleep, a good daily schedule, clarity regarding current priorities and sense of purpose, etc., then go to traditional medication if needed.

However, based on your symptom history, genetic loading, and test results, I recommend initiating a trial of lamictal. Lamictal is a mood stabilizer/anticonvulsant that is effective for a cycling or irritable mood disorder with depression as the major component of the mood disorder. It can help stabilize temporal lobe functioning. A ten to fourteen week, slow titration may be necessary and is recommended. The starting dose can be as low as 25mg/day with changes every two weeks, watching for a rash. The dosage range is 100 to 400mg/day (given twice daily).

#### **Nutraceuticals/Supplements**

Based on your history, results of your assessments that were performed as part of the evaluation, and your prior treatment response, I would recommend that you start the following supplement(s). I am primarily going to make recommendations among our own branded nutraceuticals, simply because I know they are manufactured to the highest level of quality and purity, and that rigorous scientific thought and study went into their formulation to specifically address the needs of your brain type. However, if you would prefer to purchase the ingredients from outside sources, I would be happy to give you a list of the component ingredients.

##### Recommended Supplements To Do Now

##### **Omega-3 Fatty Acid**

I recommend you take 3,000 mg of fish oil per day. The Amen Clinics produce Omega 3 Power, which is a highly purified, high-quality omega-3 supplement. This highly concentrated and ultra-purified fish oil is a highly potent source of omega-3 fatty acids EPA and DHA, which are essential building-blocks for cell membranes and also essential for the brain's nerve cell connections (synapses). EPA and DHA provide crucial support for healthy memory, attention and other cognitive functions. Healthy mood, calm and controlled demeanor, as well as for healthy development and maintenance of the brain and cardiovascular systems. Omega-3 has been shown to be helpful for brain healing/repair, has direct antidepressant benefit, and is good for cardiovascular functioning.

If you buy it from an outside vendor, you want to select a product that contains roughly a 3:2 EPA:DHA ratio, and take 3,000 mg/day or more of EPA+DHA. That equals about 1-1/2 packets/day of Coromega or three capsules/day of Omega 3 Power.

Background: The brain is 60% fat. All of our 100 billion nerve cells are lined in essential fatty acids. Low levels of Omega-3 fatty acids have been found in ADD, depression, and dementia. Omega-3 fatty acids (found in fish and flax seed oil) taken at a dosage of 2,000 to 6,000 mg daily can be a beneficial augmentation for mood stabilization and cognitive repair. High quality, pharmaceutical-grade fish oil is best, as it has higher levels than flax seed oil to boost the levels of Omega-3 fatty acids in the brain. Here are sources of good and bad dietary fat:

Good fat sources: anchovies, avocados, Brazil nuts, canola oil, cashews, flax seed oil, green leafy vegetables, herring, lean meats, olive oil, peanut oil, Pistachio nuts, salmon, sardines, trout, tuna, walnuts, whitefish.

Bad fat sources: bacon, butter, cheese (regular fat), cream sauces, donuts, fried foods such as potatoes/onion rings, ice cream, lamb chops, margarine, potato chips (fried), processed foods, steak, and whole milk.

Dosing: Take 2 softgels daily with meals, or more, to a maximum 4 softgels per day

## Nutritional Plan

### To Do Now

### Recommended Nutritional Plan

**Dietary Strategies:** The brain uses 20 - 30% of the calories you consume. A brain healthy diet is critical to your treatment success.

### General Guidelines:

#### Eat 5 to 6 Small, Frequent Meals

Eat 5 to 6 small, frequent meals throughout the day to help stabilize your blood sugar and your mood. If you have low temporal lobe activity and are easily irritable or anxious, controlling the highs and lows resulting from unstable glucose levels can be very helpful.

a.) A typical plate would include: protein, healthy fats and low glycemic high fiber carbohydrates. Having protein at each meal also may help increase dopamine levels and increase focus and concentration during the day.

b.) Sample meals include: protein smoothie with berries, almond milk and nuts, veggies with hummus or guacamole, almond butter on fruit, grilled chicken on salad, lamb chops with broccoli and sweet potato, or salmon with asparagus and quinoa.

#### Eliminate Sugar

Eliminate Sugar, Soda/ Diet Soda, Sugar Alternatives from your diet. If you have sugar cravings, depression, and/or comfort eating, eliminating sugar may help you. Even though they are low in calories, the sweet taste causes the release of insulin, causing a drop in blood sugar, which triggers hunger and cravings for sugar. The artificial sweeteners also dampen the "reward centers" in your brain, which also induce you to indulge in more calorie-rich, sweet-tasting food. They hijack the same pleasure centers in your brain that drugs of abuse like cocaine and heroin do, and trigger addiction-like cravings and sugar-seeking behavior.

Individuals who drink a lot of diet soda also develop Type II diabetes and weight gain as frequently - perhaps even more frequently - than those who drink regular sodas. Even if you maintain a healthy weight, they still significantly increase the risk of the top three killers in the United States: diabetes, heart disease and stroke.

#### Water

Water: Consume 1/2 your weight in ounces per day, with maximum of 100 oz/day.

### Food Mood Connection:

#### Lower Carbohydrate Diet

If you struggle with impulsive behaviors, ADD/ADHD, difficulty concentrating, difficulty focusing, lack of energy, or low activity in the pre-frontal cortex and temporal lobes, consider a diet that is higher in protein and healthy fats and lower in carbohydrates.

## Exercise Plan

**A regular exercise regimen:** To Do Now

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The health benefits from physical exercise are truly amazing. Solid research has shown that regular exercise helps protect brain cells against toxins, including free radicals and excess glutamate; helps repair damaged DNA; reduces the risk of cognitive impairment, heart disease and stroke; improves cholesterol and fat metabolism, plus improving blood, oxygen and glucose delivery to tissues; reduces risk of diabetes, osteoporosis, depression, colon and breast cancer. Regular exercise is as effective as 12 sessions of psychotherapy. It is one of the best, natural treatments for ADHD, anxiety, and depression. I recommend that you exercise a minimum of 30 minutes 5 times per week. In order for the exercise to be aerobic you must have a sustained increased heart rate.

Consider incorporating any exercise you enjoy - biking, swimming, walking, hiking, aerobic classes, Cross-Fit, tennis. Set the bar low. Even if you commit to walking to the end of the block and back every day, it's a start.

**Specific Brain-Type Physical Exercise Recommendations:**

The best types of exercise for your brain include coordination activities (e.g., dancing, tennis, table tennis) that incorporate coordination moves with aerobic activity. These types of aerobic activities spawn new brain cells, while the coordination moves strengthen these new connections.

- Deep Limbic**  
Aerobic activities that are social, such as dancing or joining a local sports team, help calm hyperactivity in the deep limbic system and enhance your mood, in addition to a boost of blood flow and multiple neurotransmitters in the brain.
- Basal Ganglia**  
Yoga and tai chi soothe overactivity in basal ganglia and calm anxiety.
- Temporal Lobe**  
Can be reduced through aerobic coordination activities that involve music.

**Mental Exercise To Do Now**

- Specific Brain-Type Mental Exercise Recommendations:**
- The brain is like a muscle. The more you use your brain, the better it will function. New learning and mental work-outs are essential to keeping the brain healthy.
- Prefrontal Cortex**  
Crossword puzzles and word games, meditation, hypnosis.
  - Deep Limbic**  
Killing the ANTs (automatic negative thoughts), gratitude practice
  - Basal Ganglia**  
Deep relaxation, hand-warming techniques, diaphragmatic breathing
  - Temporal Lobe**  
Memory games, naming games, singing
  - Parietal Lobes**  
Juggling, interior design

Psychological Plan

**Psychotherapy To Do Now**

- Dialectical Behavior Therapy**  
This is a type of therapy that trains you in specific self-regulation skills, maintain a quiet mind and body, and make healthy behavioral choices, even when anxious or stressed.
- Somatic Experiencing**  
This is a therapy designed by Peter Levine, PhD, that is a great body-focused way to release the physiologic energy trapped as the result of developmental trauma. It can be very effective when used in combination with EMDR.  
<http://www.traumahealing.com/somatic-experiencing/>
- Women's Small Group**  
I would love to see you find and participate in a small women's group, either through a therapist, a church, or a support group. You could benefit tremendously from the kind of support, camaraderie, encouragement, equipping, and accountability that such a group provides.

RESPTAPP 0797



## Relaxation and Mindfulness Techniques

Techniques such as guided imagery, prayer, meditation, diaphragmatic breathing exercises, autogenic training, etc., can be quite beneficial psychologically and biologically. They increase resilience to stress and conflict, quiet your brain and body, improve sleep, and enhance immune system functioning.

### Brain Fit Life Membership

I'm going to provide you with a free Brain Fit Life (BFL) membership for one year. This is our online program to help you improve your brain health anytime, anywhere. It has a lot of fantastic content and I think it will be very helpful for you. BFL starts by having you take the Brain Health Assessment which gives you a Brain Fit Score and a description of your unique brain type. You are then provided with a personalized plan to optimize your brain and body, including:

- Exercises and games to focus, balance and train your brain
- Meditation and hypnosis audios
- Brain-healthy recipes
- Workout tips
- Live monthly coaching calls with Tana and Dr. Amen
- And so much more!

I'll include a sheet in your take-home binder that provides more details of BFL's benefits.

### Costa Mesa

To start your free membership, visit [www.mybrainfitlife.com](http://www.mybrainfitlife.com) and take the Brain Health Assessment. You can then create an account with your email address and this promo code: BFLCM (this code is only for you, so please don't share it with anyone). Enjoy!

### Spiritual Plan

#### Adult To Do Now

Your main job is to figure out the lifestyle - the schedule of daily and weekly practices - that keep your spiritual well filled up. Consider what activities - prayer, meditation, music, contact with like-minded people, spiritually-focused readings, time in nature, etc - reliably keep you emotionally and spiritually centered. What are the activities that reliably produce 'spiritual fruit' of joy, gratitude, compassion, and the acceptance of yourself and others? What are the choices that anchor you most effectively in your authentic self? Be specific.

Purpose is about goals, but it is primarily about the way you orient yourself to the world on a daily basis. What is the mindset, the emotional and spiritual center, out of which you relate and function most effortlessly, meaningfully, joyfully, and fruitfully? What have you learned about how to anchor yourself in that way of being throughout the day, in the midst of both trials and opportunities?

What are your current priorities - your "purposes" - going into this next chapter of your life? A purpose is something you are drawn toward and cannot refuse; you feel "pulled" to your purpose. Stop and form a mental "picture" of how you want your life to look in the near future. Let's build upon the values and insights of your current purpose, vision, and priorities to create a plan that will lead you successfully ahead, step by step.

Goal-Setting. You cannot hit a target you cannot see. It's also more powerful to run to a given compelling 'light' of your choice, rather than just trying to run from the 'darkness'. You came to the Amen Clinic because you're at a transition point in your life. Take time to ponder the direction you want your life to go in.

- Who are you now, and what is important in this upcoming phase of life?
- What has your life taught you so far about where your gifts and interests lie?
- What is your over-arching sense of mission, or calling?

- What could you do this week to begin to embed those values into your life, so that you experience a deep sense of purpose and meaning on a regular basis, rather than having it be a rare or random experience?

Make a written contract with yourself. Use the format, "Because I value \_\_\_\_\_, I will do \_\_\_\_\_. Write those commitments out for your goals as they relate to important relationships, vocational or educational, finances, physical health, emotional and spiritual health, and goals that help you fulfill your mission or calling.

Make a public declaration of your intentions by sharing that contract with selected others who know and love you, and review it regularly.

Journal: Get in the habit of reconnecting with yourself on a daily basis. What are you feeling, what are you sensing, what's working, what's not working, what's emerging.

### Physician Details

**RESP'T APP 0798**

Questions: I am available to you via email or phone. Extremely simple questions may be handled by a brief exchange of messages;

otherwise, it is better to schedule appointments. While we do not charge for very brief issues requiring five minutes or less of my time, letter writing, form completion, record review, review of laboratory results, medication prior authorization, and other requests outside of scheduled appointments will incur a charge, depending on the amount of time needed.

I am happy to speak to and collaborate with anyone involved in your care. Please sign a release for me to send a copy of this report to any health care professional you are currently seeing, and anyone else you would like to receive one.

Thank you very much for allowing me to participate in your care. I am optimistic that the recommendations we discussed will be helpful to you. Generally, I answer all questions during your scheduled appointment times, but if you have a brief question in the interim, then please contact me via my assistant at [acameron@amenclinic.com](mailto:acameron@amenclinic.com). My assistant, Alex, can be reached at the clinic by calling 949-266-3793.

**Jennifer Farrell, M.D.**

**Diplomate, American Board of Psychiatry and Neurology**

**Diplomate, American Board of Addiction Medicine**

**Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine**

Physician Signatures
—Digitally Signed: 03/25/2016 12:04 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

**RESP'T APP 0799**

ER 001757

Page 18 of 18

**REED, EMILY**

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

Acq: 15:07:37 3/24/2016

Step 8 Shoot

Inj Time: 14:57 Tc-99m

HMPAD H/L: 6.02 hrs

Tc-99m

Heads: 1,2,3 Wins: 1

Acq Matrix: 128 x 128

27 Images Max Ct: 1000

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Term: 21.00 Seconds

File: 016

Image ID: Trans Obl

Acq ID: BASE

Organ: BRAIN

Slice: 6.50 mm

Filter: LoP/Ramp/

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Costa Mesa CA



RE P' APP 0800

ER 001758



**REED, EMILY**

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

Acq: 15:07:37 3/24/2016

Step &amp; Shoot

Inj Time: 14:57 Tc-99m

HMPAO H/L: 6.02 hrs

Tc-99m

Heads: 1,2,3 Wins: 1

Acq Matrix: 128 x 128

27 Images Max Ct: 1000

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Tern: 21.00 Seconds

File: 016

Image ID: Trans Obl

Acq ID: BASE

Organ: BRAIN

Slice: 6.50 mm

Filter: LoP/Ramp/

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Costa Mesa CA



APP 0801

ER 001759



**REED, EMILY**

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

Acq: 14:52:46 3/23/2016

Step 8 Shoot

Inj Time: 14:47 Tc-99m

HMPAD H/L: 6.02 hrs

Tc-99m

Heads: 1,2,3 Wins: 1

Acq Matrix: 128 x 128

29 Images Max Ct: 959

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Tern: 24.00 Seconds

File: 07

Image ID: Trans Obl

Acq ID: CONC

Organ: BRAIN

Slice: 6.47 mm

Filter: LoP/Ramp/

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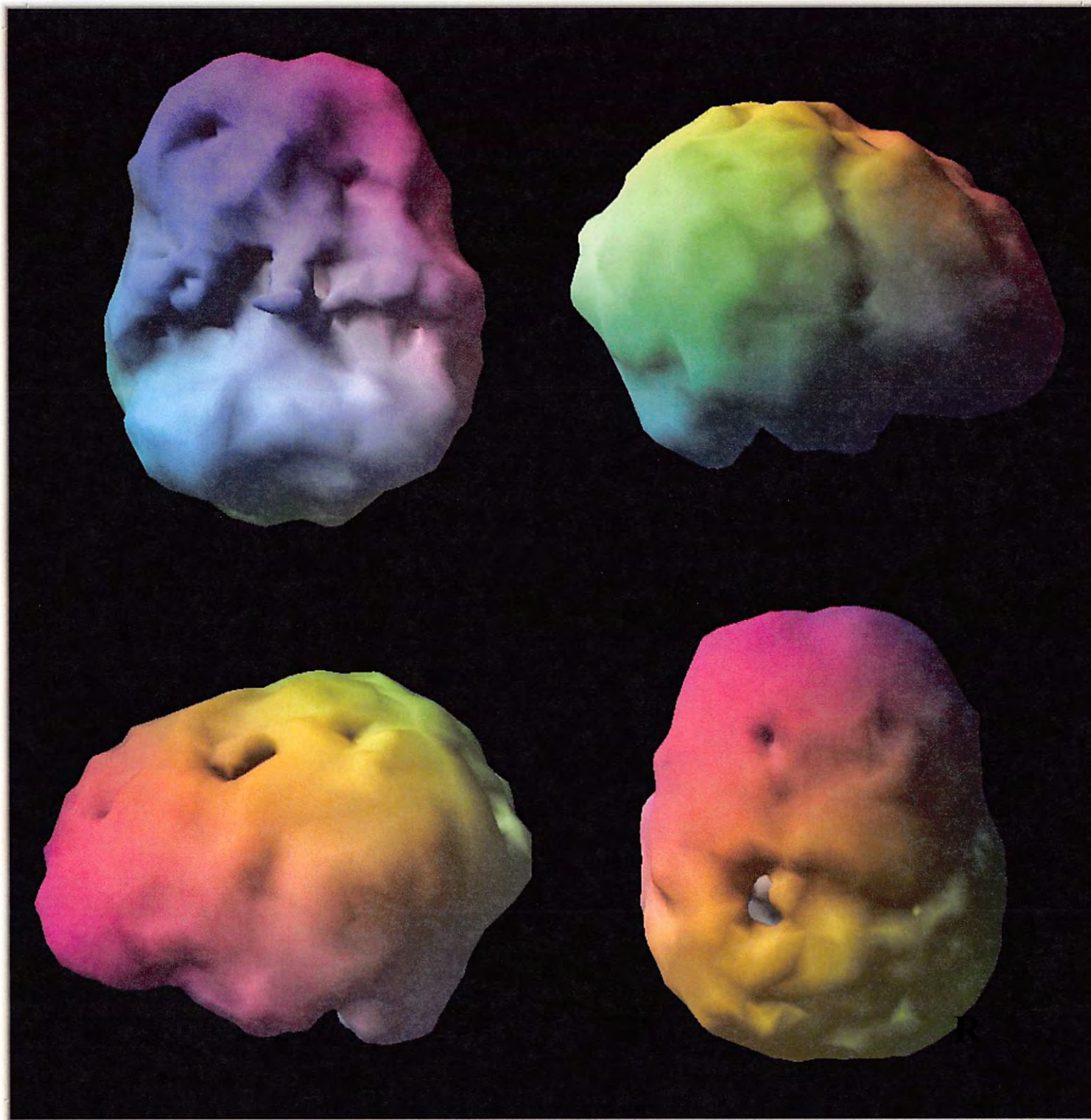
Costa Mesa CA

 **PICKER**  
NUCLEAR MEDICINE DIVISION

R P APP 0802

ER 001760





InfoBox: 3D Surface 2

**REED, EMILY**

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

Acq: 14:52:46 3/23/2016

Step & Shoot

Inj Time: 14:47 Tc-99m

HMPAO H/L: 6.02 hrs

Tc-99m

Heads: 1,2,3 Wins: 1

Acq Matrix: 128 x 128

29 Images Max Ct: 959

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Tern: 24.00 Seconds

File: 07

Image ID: Trans Obl

Acq ID: CONC

Organ: BRAIN

Slice: 6.47 mm

Filter: LoP/Ramp/

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**APP 0803**

ER 001761



**REED, EMILY**

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

Acq: 14:52:46 3/23/2016

Step 8 Shoot

Inj Time: 14:47 Tc-99n

HMPAO H/L: 6.02 hrs

Tc-99n

Heads: 1,2,3 Wins: 1

Acq Matrix: 128 x 128

29 Images Max Ct: 959

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Tern: 24.00 Seconds

File: 07

Image ID: Trans Obl

Acq ID: CONC

Organ: BRAIN

Slice: 6.47 mm

Filter: LoP/Ramp/

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**APP 0804**

ER 001762

# **EXHIBIT 17**

## **EXHIBIT 17**

**EXHIBIT 17**  
**RESP'T APP 0805**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

Gavin Newsom, Governor

**DEPARTMENT OF SOCIAL SERVICES**

V61/F24/AMLABE

V61 CA DDS SIERRA  
PO BOX 30732  
SALT LAKE CITY, UT 84130-9856



FAX: 1-866-868-2592

August 20, 2019

AMEN CLINIC/COSTA MESA  
MEDICAL RECORDS  
STE 400  
3150 BRISTOL ST  
COSTA MESA CA 92626

**This Bar Code Page is the Return Cover  
Sheet for Records.**

**You MUST collate your response like this:**

- **Top page** – bar code page
- **Second page** – invoice(s)
- **Third page and beyond** – all other records/documents
- **Send or fax record for one or more charts at the same time. Note:** Each individual's bar code page **MUST** be the **first page** of that individual's records.

**FAX Records Toll Free to 1-866-868-2592.**

or

You can upload electronic records if you are registered on the  
Electronic Records Express Secured Website. For info -  
[www.socialsecurity.gov/ere](http://www.socialsecurity.gov/ere)

or

**MAIL the records. Put this page on top of the  
records. Address must show in the window.**



V61 CA DDS SIERRA  
PO BOX 30732  
SALT LAKE CITY, UT 84130-9856



RQID:D1695736006493521F24 SITE:V61 DR:S  
SSN:\*\*\*\*\* DOCTYPE:0001 RF:D CS:ac2  
Claimant: EMILY CHRISTINE REED  
SSN: \*\*\*-\*\*-3768 DOB: 11/16/1996

MEF IM6 (12/17)

**RESP'T APP 0806**

ER 001763

**DEPARTMENT OF SOCIAL SERVICES**

V61 CA DDS SIERRA  
PO BOX 30732  
SALT LAKE CITY, UT 84130-9856

V61/F24/AMLABE



FAX: 1-866-868-2592

August 20, 2019

AMEN CLINIC/COSTA MESA  
MEDICAL RECORDS  
STE 400  
3150 BRISTOL ST  
COSTA MESA CA 92626

RE: EMILY CHRISTINE REED  
AKA:  
SSN: \*\*\*-\*\*-3768  
DOB: 11/16/1996  
DDS CASE NUMBER: 1695736  
CONTRACT NUMBER: 6493521  
PATIENT NUMBER:  
SERVICE VENDOR NUMBER: J290372

Your patient is receiving benefits based on disability/blindness under the Social Security Act. Your records are essential to our determination.

Upon your request, we may pay a reasonable fee as determined by our agency. Your request must be in writing on a separate form and must be attached to your response. To ensure prompt payment, submit your report within **14 days**. It is our policy to not routinely pay for medical reports received more than 90 days after the date of this request. Please return a copy of this letter with your response.

**Alleged Impairments:**  
disassociative identity disorder, PTSD, depression  
anxiety.

**Dates of treatment:**  
8/2018 to current

**Please complete the attached form. Include any chart notes or reports regarding the alleged impairments.**

We would also like to have a statement, based on your medical findings, expressing your opinion about the claimant's ability, despite the functional limitations imposed by the impairment(s) to do work-related physical and/or mental activities as appropriate:

Mental activities such as understanding and memory; sustained concentration and persistence; social interaction; and adaptation.

**RESP'T APP 0807**

DEA: AMLABE  
DDS CASE NUMBER: 1695736  
REQUEST NUMBER: 6493521

MS. LABERTEAUX/24, Disability Eval. Analyst III  
(559) 297-2032

**THIS REQUEST IS BEING RETURNED. WE DO NOT HAVE THE  
INFORMATION REQUESTED. PLEASE PROVIDE DATE LAST SEEN:**

---



DEA: AMLABE  
DDS CASE NUMBER: 1695736  
REQUEST NUMBER: 6493521

### SHORT-FORM EVALUATION FOR MENTAL DISORDERS

Directions: Please provide a current assessment necessary to evaluate this patient's disability claim. The information must be as objective and specific as possible. **THIS FORM MAY BE USED ONLY WHEN A PRIOR EVALUATION AND CHART NOTES ARE AVAILABLE.**

Date first examined: 3/25/10

Date of most recent visit: 8/12/19

Frequency of Visits: every month

Diagnosis

(DSM IV) (Indicate Principal Diagnosis)

Axis I F43.12

Axis II F44.01

F33.2

Type of Service:

☒ Outpatient

☐ Partial Hospitalization

☐ Case Management

☒ Medication

(list type and dosage)

### CURRENT MENTAL STATUS EXAMINATION: (Circle and comment on abnormal findings)

#### Appearance and Behavior:

Grooming: Well-groomed disheveled, eccentric, poor hygiene.

Motor Activity: Normal, tremor, retarded, agitated, hyperactive.

Speech: Normal, slow, rapid, pressured, slurred, mute, delayed, soft, loud, stuttering, aphasic.

Interview Behavior: Cooperative, guarded, evasive.

Behavior Disturbance: None, irritable, aggressive, violent, poor impulse control, manipulative, apathetic.

Comments: these vary depending on mood + which "alter" is present during hx.

#### Sensorium and Cognitive Functioning:

Orientation: oriented all spheres, disoriented (person, place, time, situation)

Concentration: Intact, slightly distracted, impaired (mild, moderate, severe)

Memory: Normal, impaired (immediate, recent, remote) and degree (mild, moderate, severe) No recent testing, but based on history + report.

Intelligence: Above average, average, below average, borderline, mental retardation.

Comments: No IQ testing has been done.

**Mood and Affect:**

Mood: Normal, anxious, depressed, fearful, elated, euphoric, angry.

Affect: Appropriate, labile, expansive, blunted, flat

Comments: again, @ times is quite labile, angry, and even elated depending on her "alters"

**Perception:**

Hallucinations: None, auditory, visual, olfactory.

Illusion: None, mis-identification

Specify: \_\_\_\_\_

**Thought Process:**

Associations: Goal directed, blocking, circumstantial, tangential, loose, neologisms.

Content-Delusions: None, persecution, somatic, broadcasting, grandiosity, religious, nihilistic, ideas of reference.

Content-Preoccupations: None, obsessions, compulsions, phobias, sexual, suicidal, homicidal, depersonalization.

Judgment: Intact, impaired (mild, moderate, severe).

Comments: Recent hospitalization for suicide attempt.

**ALCOHOL AND DRUG ABUSE:**

Current alcohol use: None, social, abuse (occasional, binge pattern, daily).

Specify Type and Amount: \_\_\_\_\_

Current illicit drug use: None, abuse (occasional, episodic, daily), cannabis, cocaine, heroin, amphetamines, sedatives, hallucinogens, hypnotic, inhalants.

Amounts: \_\_\_\_\_

Detox, Drug Program or Tox Screen: (Specify dates and results)

History alcohol/drug abuse: None, none in past 6 months, none in past \_\_\_\_ years, continuous since \_\_\_\_\_

DEA: AMLABE  
DDS CASE NUMBER: 1695736  
REQUEST NUMBER: 6493521

**PROGRESS IN TREATMENT AND PROGNOSIS:**

Poor - recent overdose - hospitalized and now in another  
residential treatment program.

PLEASE USE THESE DEFINITIONS WHEN CHECKING THE BOXES BELOW.

**Unlimited** - The mental disorder does not affect the ability to perform this activity.

**Good** - The effects of the mental disorder do not significantly limit the individual from consistently and usefully performing the activity.

**Fair** - The evidence supports the conclusion that the individual's capacity to perform the activity is impaired, but the degree/extent of the impairment needs to be further described.

**Poor** - The evidence supports the conclusion that the individual cannot usefully perform or sustain the activity.

MEDICAL SOURCE STATEMENT	Unlimited	Good	Fair	Poor
Understand, remember, and carry out complex instructions				X
Understand, remember, and carry out simple instructions			X	
Maintain concentration, attention and persistence				X
Perform activities within a schedule and maintain regular attendance				X
Complete a normal workday and workweek without interruptions from psychologically based symptoms				X
Interact appropriately with the public				X
Interact appropriately with supervisors				X
Interact appropriately with co-workers				X
Respond appropriately to changes in a work setting				X

DEA: AMLABE  
DDS CASE NUMBER: 1695736  
REQUEST NUMBER: 6493521

Do you believe this patient is capable of managing funds in his or her own best interest? ☐ YES ☒ NO

Name of reporting Psychiatrist/Psychologist (Print or type)

<sup>Farrell</sup>  
Jennifer Love, MD

Signature

*J. Love*

Address 3150 BRISTOL ST. STE. 400

Telephone 949-260-3100

Date 9/3/19

Title

Psychiatrist

City/State

COSTA MESA, CA

**WHOSE Records to be Disclosed**

Form Approved  
OMB No. 0560-0623

NAME (First, Middle, Last, Suffix)

EMILY CHRISTINE REED

SSN 604-94-3788

Birthday  
(mm/dd/yy)

11-16-1998

**AUTHORIZATION TO DISCLOSE INFORMATION TO  
THE SOCIAL SECURITY ADMINISTRATION (SSA)**

**\*\* PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW \*\***

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):  
**OF WHAT** All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
  - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
  - Drug abuse, alcoholism, or other substance abuse
  - Sickle cell anemia
  - Records which may indicate the presence of a communicable or no communicable disease; and tests for or records of HIV/AIDS
  - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

**FROM WHOM**

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

**THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:**

Organization: AMEN CLINIC/COSTA MESA  
Vendor Address: 3150 BRISTOL ST STE 400 COSTA MESA 92626  
Outpatient Date: 8/2018 to current  
Patient DOB: 11/16/96  
Remarks:

**TO WHOM**

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

**PURPOSE**

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if this applies)

**EXPIRES WHEN**

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

**PLEASE SIGN USING BLUE OR BLACK INK ONLY**

**INDIVIDUAL** authorizing disclosure

**SIGN** ▶

Emily Reed

IF not signed by subject of disclosure, specify basis for authority to sign

☐ Parent of minor ☒ Guardian/ ☐ Other personal representative  
Conservator (explain)

(Parent/guardian/personal representative sign here if two signatures required by State law)

Alvin D. Dwyer

Date Signed

10/22/2018

Street Address

20762 CRESTVIEW LANE

Phone Number (with area code)

(714) 916-1624

City

HUNTINGTON BEACH

State

CA

ZIP

92846

**WITNESS**

I know the person signing this form or am satisfied of this person's identity:

**SIGN** ▶

IF needed, second witness sign here (e.g., if signed with "X" above)

**SIGN** ▶

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 2004d-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300, and State law.

Form SSA-827 (11-2012) of (11-2012) Use 4-2009 and Later Editions Until Supply is Exhausted

Page 1 of 2

ER 001770



**Explanation of Form SSA-827,  
"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

**Privacy Act Statement  
Collection and Use of Personal Information**

Sections 205(a), 233(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(l) and 1631(e)(l)(A) of the Social Security Act as amended, [42 U.S.C. 405(a), 433(d)(5)(A), 1382c(a)(3)(H)(i), 1383(d)(l) and 1383(e)(l)(A)] authorize us to collect this information. We will use the information you provide to help us determine your eligibility, or continuing eligibility for benefits, and your ability to manage any benefits received. The information you provide is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, and could result in denial or loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

We may also use the information you provide in computer matching programs.

Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Claims Folder System, 60-0089; Master Beneficiary Record, 60-0090; Supplemental Security Income record and Special Veterans benefits, 60-0103; and Electronic Disability (eDiB) Claims File, 0-0340. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any Social Security office.

**PAPERWORK REDUCTION ACT**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

**RESP'T APP 0814**

**EXHIBIT 18**

**EXHIBIT 18**

**EXHIBIT 18**  
**RESP'T APP 0815**

*Walgreens*  
**Prescription Refill Request**

**FAXED**  
9/25/19  
0952

7800 N CORTARO RD  
TUCSON, AZ 85743  
Tel: 520-572-8699 Fax: 520-572-8795

LOV: 8/30/19  
NOV: ~~Ø~~

Date: 09/22/2019

Time: 4:44 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE \*\*SDL  
MPNMCAID\*\*  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:  
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 1973232-05156  
Drug: GABAPENTIN 300MG CAPSULES  
Generic For:  
Sig: TAKE ONE CAPSULE BY MOUTH AS  
NEEDED FOR ANXIETY EVERY DAY

Requested P/U Time: 09/22/2019 08:43PM  
Prescribed Qty: 30  
Last Refill: 08/23/2019

☒ Denied

☐ If there are **NO** changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qlty: \_\_\_\_\_

Authorized by: \_\_\_\_\_

**Substitution Permitted**

In order for a brand name product to be dispensed, the prescriber must hand write "Brand Necessary" or "Brand Medically Necessary" in the space below.

**Dispense as Written**

Please fax back to Walgreens at: 520-572-8795

This communication is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify sender immediately.



**RESP'T APP 0816**

ER 001772

**Walgreens****Prescription Refill Request**

7800 N CORTARO RD  
TUCSON, AZ 85743  
Tel: 520-572-8699 Fax: 520-572-8795

LOV: 8/30/19  
NOV: Ø

Date: 09/06/2019

Time: 3:24 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE \*\*SDL  
MPNMCAID\*\*  
HUNTINGTON BEACH, CA 92646

**FAXED**  
9/9/19

Birthdate: 11/16/1996  
Med Record #:  
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 1969460-05156  
Drug: OLANZAPINE 2.5MG TABLETS  
Generic For: ZYPREXA 2.5MG TABLETS  
Sig: TAKE 1 TABLET BY MOUTH EVERY NIGHT  
AT BEDTIME

Requested P/U Time: 09/06/2019 06:00PM  
Prescribed Qty: 30  
Last Refill: 08/12/2019

☒ Denied

☐ If there are **NO** changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: \_\_\_\_\_

**Substitution Permitted**

In order for a brand name product to be dispensed, the prescriber must hand write "Brand Necessary" or "Brand Medically Necessary" in the space below.

**Dispense as Written**

Please fax back to Walgreens at: 520-572-8795

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**RESP'T APP 0817**

ER 001773



**Emily Reed**

Log / Notes

August 30, 2019 5:34pm



**Amen Clinics**

Tanya Curtis

---

Called in Rx refills for Lamotrigine 150mg one po qd #14, no refills and generic Pristiq 50mg one po qd #30, no refill to Pharmacist, Steve at Wahlgreen's in Huntington Beach at (714) 969-1368

--Digitally Signed: 08/30/2019 05:36 pm: PCC Tanya Curtis

**RESP'T APP 0818**



**Emily Reed**

Log / Notes

August 12, 2019 3:55pm



**Amen Clinics**

Krystle Meyer

---

Called in olanzapine 2.5mg one po qhs #30; 0 refills

Walgreens: 714-969-1368

Talked to: Anna

--Digitally Signed: 08/12/2019 03:58 pm: Clinic Director Krystle Meyer

**RESP'T APP 0819**

**AMEN CLINICS, INC., A MEDICAL CORPORATION**  
**JENNIFER FARRELL, M.D.**  
 3150 Bristol Street, Suite 400  
 Costa Mesa, CA 92626

CALIC. #A104521  
 DEA #FF0754970  
 XF0754970

Phone: (949) 266-3700 • Fax: (949) 266-3750

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name Smiley Reed D.O.B. 11/16/74 Sex ☐ M ☒ F  
 Address \_\_\_\_\_

1) <u>100 mg XR 25mg</u> <u>po qid #30</u>	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over _____ units <input type="checkbox"/> Do not substitute Refills: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over _____ units <input type="checkbox"/> Do not substitute Refills: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
3) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over _____ units <input type="checkbox"/> Do not substitute Refills: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Batch 19-54900 Presstime 888-4RX-PADS

**X** Smiley Reed Date 6/17/19  
**SP 51** Prescription is void if the number of drugs prescribed is not noted. 0 1 2 3

# Walgreens

## Prescription Refill Request

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

Date: 06/04/2019

Time: 6:06 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE \*\*SDL  
MPNMCAID\*\*  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:  
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2359217-05881  
Drug: LAMOTRIGINE 150MG TABLETS  
Generic For:  
Sig: TAKE 1 TABLET BY MOUTH TWICE DAILY

Requested P/U Time: 06/04/2019 06:00PM  
Prescribed Qty: 60  
Last Refill: 05/10/2019

☒ Denied

*New Rx called 5/22; this is d/c'd*

☐ If there are **NO** changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: \_\_\_\_\_

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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LOV 5/22/19  
NOV 6/17/19

**FAKED**  
6/5/19  
JH

**RESP'T APP 0821**

ER 001777

**Emily Reed**

Log / Notes

May 22, 2019 3:16pm



**Amen Clinics**

Leilani Hernandez

---

Lamictal XR 200mg 1 PO QD #30 no refill  
called into Walgreens Pharmacy on Beach  
714 9691368 spoke with Jeff/lh 5/22/19

--Digitally Signed: 05/22/2019 03:17 pm: Patient Care Coordinator Leilani Hernandez

**RESP'T APP 0822**



## Prescription Refill Request

7800 N CORTARO RD  
TUCSON, AZ 85743  
Tel: 520-572-8699 Fax: 520-572-8795

Date: 05/18/2019

Time: 11:17 AM

### Prescriber Information:

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

### Patient Information:

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE \*\*SDL  
MPNMCAID\*\*  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:   
Phone: 714-916-1524

### Prescription Information:

Rx Number: 1945303-05156  
Drug: DESVENLAFAXINE ER SUCCINATE 50MG T  
Generic For: PRISTIQ 50MG TABLETS  
Sig: TAKE 1 TABLET BY MOUTH EVERY DAY

Requested P/U Time: 05/19/2019 01:00PM  
Prescribed Qty: 30  
Last Refill: 04/17/2019

☐ Denied

☐ If there are NO changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

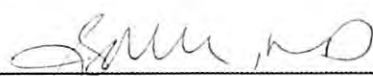
PRN 3 2 1 0

If there ARE changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: 

### Substitution Permitted

*In order for a brand name product to be dispensed, the prescriber must hand write "Brand Necessary" or "Brand Medically Necessary" in the space below.*

### Dispense as Written

Please fax back to Walgreens at: 520-572-8795

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LOV 4-23-19  
NOV 5-22-19  
**FAXED**  
5/21/19  
JD

**RESP'T APP 0823**

ER 001779



**Emily Reed**

Log / Notes

April 23, 2019 1:57pm



**Amen Clinics**

Leilani Hernandez

---

called Lamotrigine 150mg IPO BID #60 with x2 refills

Walgreens 949 228 2537 spoke with Steve/lh

--Digitally Signed: 04/23/2019 01:58 pm: Patient Care Coordinator Leilani Hernandez

**RESP'T APP 0824**

# Walgreens

## Second Prescription Refill Request

10v: 2/18  
 Ant: 3/20

19501 BEACH BLVD  
 HUNTINGTON BEACH, CA 926482305  
 Tel: 714-969-1368 Fax: 714-969-0630

Date: 03/09/2019

Time: 5:07 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
 Address: 3150 BRISTOL ST  
 COSTA MESA, CA 926263054

Phone: 949-266-3700  
 Fax: 949-266-3750  
 DEA #: FF0754970

Faxed:  
 3/11/19  
 AC

**Patient Information:**

Patient: EMILY C REED  
 Address: 20762 CRESTVIEW LANE \*\*SDL  
 MPNMCAID\*\*  
 HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
 Med Record #:  
 Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2315779-05881  
 Drug: LAMOTRIGINE 200MG TABLETS  
 Generic For:  
 Sig: TAKE 1 TABLET BY MOUTH TWICE DAILY  
 ghs

Requested P/U Time: 02/25/2019 08:00AM  
 Prescribed Qty: ~~60~~ 30  
 Last Refill: 12/13/2018  
 (thirty)

**Message:**☐ Denied

☐ If there are **NO** changes to the Rx please  
 circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
 PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
 check box and write in changes.

☒ Drug: lamotrigine 200 mg

☐ Directions:

one po qhs

☒ Refills: 3 ☒ Qty: 30

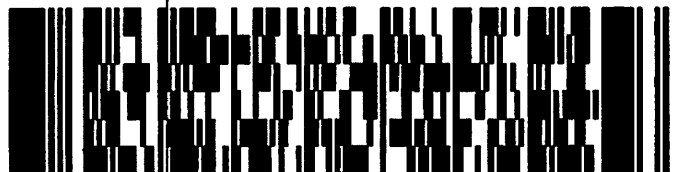
Authorized by: 

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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RESP'T APP 0825

ER 001781

*Walgreens*Prescription Refill Request

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

LOV: 1/14/19  
NOV: 2/18/19

Date: 02/10/2019

Time: 5:03 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:   
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2309447-05881  
Drug: DESVENLAFAXINE ER SUCCINATE 50MG T  
Generic For: PRISTIQ 50MG TABLETS  
Sig: TAKE 1 TABLET BY MOUTH EVERY DAY

Requested P/U Time: 02/11/2019 05:00AM  
Prescribed Qty: 30  
Last Refill: 01/16/2019

☒ Denied

*Given handwritten Rx on 1/14/19 with 4 refills. Avoid duplicate Rx in your system.*

- ☐ If there are **NO** changes to the Rx please circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

- ☐ Authorized as a 90 day supply PLUS # of additional Refills:

PRN 3 2 1 0

- ☐ If there **ARE** changes to the Rx please check box and write in changes.

☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: \_\_\_\_\_

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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**FAXED**  
2/12/19

**RESP'T APP 0826**

ER 001782

# AMEN CLINICS, INC., A MEDICAL CORPORATION

JENNIFER FARRELL, M.D.

3150 Bristol Street, Suite 400

Costa Mesa, CA 92626

Phone: (949) 266-3700 • Fax: (949) 266-3750

CA Lic. #A104521

DEA #FF075497C

XF075497C

## LIST OF SECURITY FEATURES ON REVERSE SIDE

Name

Emily Reed

D.O.B. 11/14/96

Address

Sex ☐ M ☒ F

1) desvenlafaxine ER 50mg or po qd #30	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
2)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Batch 17-46427

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

X

Sally W

Date 1/14/19

SP 51 Prescription is void if the number of drugs prescribed is not noted. 02 ☒ 1 ☐ 2 ☐ 3

**Emily Reed**

Log / Notes

December 6, 2018 4:43pm



**Amen Clinics**

Melanie Arambula

---

Called in RX:

Lamotrigine 100mg 1.5 tabs po qd and two at hs #105 RF x 1

Walgreens 714-969-1368 spoke with Jill

**RESP'T APP 0828**



10v: 11/6  
nov: 12/6

*Walgreens*

**Prescription Refill Request**

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

**FAXED**  
12/4/18

Date: 12/03/2018

Time: 1:16 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:  
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2278280-05881  
Drug: LAMOTRIGINE 150MG TABLETS  
Generic For:  
Sig: TAKE 1 TABLET BY MOUTH TWICE DAILY

Requested P/U Time: 12/03/2018 03:00PM  
Prescribed Qty: 60  
Last Refill: 11/27/2018

☒ Denied

*New Rx called in 11/6/18 Now 200mg bid*

☐ If there are NO changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there ARE changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: \_\_\_\_\_

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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**RESP'T APP 0829**

ER 001785

nov: 11/6  
nov: 12/6

2018/11/27 16:16:48 1 /1

*Walgreens*  
**Prescription Refill Request**

**FAXED**  
11/29/18

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

Date: 11/27/2018

Time: 5:16 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:  
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2275856-05881  
Drug: TRAZODONE 50MG TABLETS  
Generic For:  
Sig: TAKE ONE-HALF TO 1 TABLET BY MOUTH  
EVERY NIGHT AT BEDTIME AS NEEDED  
FOR INSOMNIA

Requested P/U Time: 11/27/2018 07:00PM  
Prescribed Qty: 30  
Last Refill: 10/26/2018

☐ Denied

☐ If there are **NO** changes to the Rx please  
circle **TOTAL # of Authorized Refills:**

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: *[Signature]*

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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**RESP'T APP 0830**

ER 001786

**Emily Reed**

Log / Notes

November 6, 2018 12:34pm



**Amen Clinics**

Melanie Arambula

---

Called in RX:

Lamotrigine 200mg one po bid #60 RF x 1

Walgreens 714-969-1368 LVM

**RESP'T APP 0831**



10v: 0/27  
nov: 10/2

2018/09/27 00:30:14 1 / 1

*Walgreens*

**Prescription Refill Request**

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

10/11/18

Date: 09/27/2018

Time: 12:29 AM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:   
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2249691-05881  
Drug: LAMOTRIGINE 150MG TABLETS  
Generic For:   
Sig: TAKE 1 TABLET BY MOUTH TWICE DAILY

Requested P/U Time: 09/26/2018 02:00PM  
Prescribed Qty: 60  
Last Refill: 09/03/2018

☐ Denied

☐ If there are **NO** changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: *[Signature]*

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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**RESP'T APP 0832**

ER 001788

2018/09/27 00:30:27 1 / 1

Faxed  
10/2/18

**Walgreens**  
**Prescription Refill Request**

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

Date: 09/27/2018

Time: 12:29 AM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:  
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2249892-05881  
Drug: GABAPENTIN 300MG CAPSULES  
Generic For:  
Sig: GENERIC FOR NEURONTIN. TAKE ONE  
CAPSULE BY MOUTH UPTO THREE TIMES  
DAILY AS NEEDED FOR ANXIETY

Requested P/U Time: 09/26/2018 02:00PM  
Prescribed Qty: 90  
Last Refill: 08/29/2018

☒ Denied Not currently using. Do not refill.

☐ If there are **NO** changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_

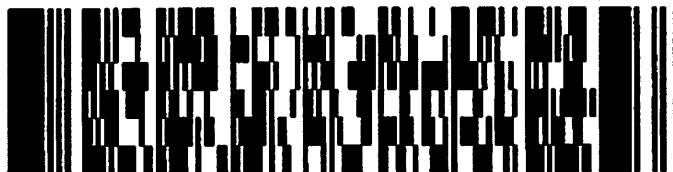
☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: [Signature]

In accordance with state regulations, a generic will be substituted unless otherwise indicated.  
☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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RESP'T APP 0833

ER 001789



**AMEN CLINICS, INC., A MEDICAL CORPORATION**

**JENNIFER FARRELL, M.D.**

3150 Bristol Street, Suite 400

Costa Mesa, CA 92626

Phone: (949) 266-3700 • Fax: (949) 266-3750

CA Lic. #A104521

DEA #FF075497C

XF075497C

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name Sandy Reed D.O.B. 11/16/76

Address \_\_\_\_\_ Sex ☐ M ☒ F

1) <u>Levantine Regime po</u> <u>bid # 60</u>	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input checked="" type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
2) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Batch 17-46427

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

**X** Sandy Reed Date 10/2/15

**SP 51** Prescription is void if the number of drugs prescribed is not noted. 000 ☐ 1 ☐ 2 ☐ 3

**RESP'T APP 0834**

ER 001790

10/1: 8/27  
nov: 10/2

2018/09/26 12:32:21 1 /1

*Walgreens*  
**Prescription Refill Request**

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

9/27/18

Date: 09/26/2018

Time: 12:32 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:   
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2249291-05881  
Drug: DESVENLAFAXINE ER SUCCINATE 50MG T  
Generic For: PRISTIQ 50MG TABLETS  
Sig: TAKE 1 TABLET BY MOUTH EVERY DAY

Requested P/U Time: 09/26/2018 02:00PM  
Prescribed Qty: 30  
Last Refill: 09/03/2018

☐ Denied

☐ If there are **NO** changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: *[Signature]*

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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**RESP'T APP 0835**

ER 001791

*Walgreens***Prescription Refill Request**

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

9/27/18

Date: 09/26/2018

Time: 12:32 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:  
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2249292-05881  
Drug: TRAZODONE 50MG TABLETS  
Generic For:  
Sig: TAKE ONE-HALF TO 1 TABLET BY MOUTH  
EVERY NIGHT AT BEDTIME AS NEEDED  
FOR INSOMNIA

Requested P/U Time: 09/26/2018 02:00PM  
Prescribed Qty: 30  
Last Refill: 08/29/2018

☐ Denied

☐ If there are **NO** changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
check box and write in changes.

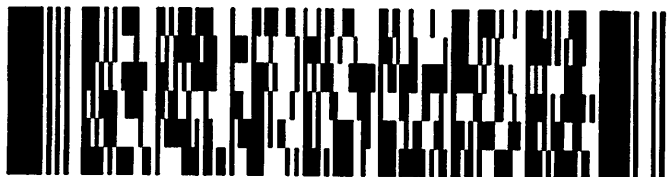
☐ Drug:☐ Directions:☐ Refills:☐ Qty:Authorized by: *[Signature]*

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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**RESP'T APP 0836**

ER 001792

# AMEN CLINICS, INC., A MEDICAL CORPORATION

JENNIFER FARRELL, M.D.

3150 Bristol Street, Suite 400

Costa Mesa, CA 92626

Phone: (949) 266-3700 • Fax: (949) 266-3750

CA Lic. #A104521

DEA #FF0754970

XF0754970

## LIST OF SECURITY FEATURES ON REVERSE SIDE

COLOR

Name

Emily Reed

D.O.B.

11/10/96

Address

Sex ☐ M ☒ F

SECURE

1) trazodone 50mg - half to one tab po qhs prn insomnia #130	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2) gabapentin 300mg or po up to tid prn anxiety #90	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input checked="" type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
3)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Batch 17-46427

Reorder from Prestimize [www.prestimizeprinters.com](http://www.prestimizeprinters.com)

No. 0220

X

Signature

Date

8/27/18

SP 51 Prescription is void if the number of drugs prescribed is not noted: 1 2 3

RESP'T APP 0837

ER 001793

California Senate Bill No. 151  
*Enhanced Security Features:*  
Latent Void • Chemical Void • Thermo-Chromic Ink (Color Secure™)  
• Watermark • Microprint Border

**RESP'T APP 0838**

ER 001794



**AMEN CLINICS, INC., A MEDICAL CORPORATION**

**JENNIFER FARRELL, M.D.**

3150 Bristol Street, Suite 400

Costa Mesa, CA 92626

Phone: (949) 266-3700 • Fax: (949) 266-3750

CA Lic. #A104521

DEA #FF0754970

XF0754970

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name Emily Reed D.O.B. 11/10/96

Address \_\_\_\_\_ Sex ☒ M ☐ F

1) trazodone 50mg half to one tab po qhs prn insomnia #30	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2) Gabapentin 300mg po po qhs prn anxiety #90	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input checked="" type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
3) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Batch 17-46427 Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

X Farrell, MD Date 8/27/13

SP 51 Prescription is void if the number of drugs prescribed is not noted. 20 ☐ 1 ☒ 2 ☐ 3

RESP'T APP 0839

**AMEN CLINICS, INC., A MEDICAL CORPORATION**

**JENNIFER FARRELL, M.D.**

3150 Bristol Street, Suite 400

Costa Mesa, CA 92626

Phone: (949) 266-3700 • Fax: (949) 266-3750

CA Lic. #A104521

DEA #FF0754970

XF0754970

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name Emily Reed D.O.B. 11/16/96

Address \_\_\_\_\_ Sex ☐ M ☒ F

1) Lamotrigine ODT 100mg one po qhs per tablet nopt compliance #30	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
3)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Batch 17-46427

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

X gally, no Date 6/4/18

SP 51 Prescription is void if the number of drugs prescribed is not noted. one ☒ 1 ☐ 2 ☐ 3

**RESP'T APP 0840**

ER 001796

Phone: (949) 266-3700 • Fax: (949) 266-3750

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name Emily Reed D.O.B. 11/16/18

Address \_\_\_\_\_  
Sex ☐ M ☒ F

1) Prestige 50mg no po qd -# 30	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2) Lamotrigine 150mg no po bid #60	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input checked="" type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
3) hydroxyzine (vistaril) 50mg 1-2 po qhs #60 pharmacia	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input checked="" type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Render from Presttime [www.presttimeprinters.com](http://www.presttimeprinters.com)

batch 17-46427

**x** Leahy, ND Date 4/20/18

3P 51 Prescription is void if the number of drugs prescribed is not noted. July ☐ 1 ☐ 2 ☒ 3

Fut: 2/20

*Walgreens*Prescription Refill Request

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

FAXED

Date: 02/19/2018

Time: 8:09 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:  
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2155250-05881  
Drug: DESVENLAFAXINE SUCCINATE 50MG ER  
TB  
Generic For: PRISTIQ 50MG TABLETS  
Sig: TAKE 1 TABLET BY MOUTH EVERY DAY.  
GENERIC FOR: PRISTIQ 50 MG TABLETS

Requested P/U Time: 02/20/2018 08:07PM  
Prescribed Qty: 30  
Last Refill: 01/18/2018

☐ Denied

☐ If there are NO changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 (3) 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there ARE changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_☐ Directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: \_\_\_\_\_

In accordance with state regulations, a generic will be substituted unless otherwise indicated

☐ Dispense as Written/Brand Medication Necessary

Please fax back to Walgreens at: 714-969-0630

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RESP'T APP 0842

ER 001798

*Walgreens***Prescription Refill Request**

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

**FAKED**  
2/8/8

lov: 1/29  
fut: 2/20

Date: 02/06/2018

Time: 8:09 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3700  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:   
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2149492-05881  
Drug: LAMOTRIGINE 150MG TABLETS  
Generic For:   
Sig: TAKE 1 TABLET BY MOUTH TWICE DAILY

Requested P/U Time: 02/07/2018 08:08PM  
Prescribed Qty: 60  
Last Refill: 01/09/2018

☐ Denied

☐ If there are **NO** changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: *[Signature]*

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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**RESP'T APP 0843**

ER 001799



# Walgreens

## Prescription Refill Request

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

**FAKED**  
11/20/17

Date: 11/19/2017

Time: 7:20 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3793  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:  
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2113640-05881  
Drug: DESVENLAFAXINE SUCCINATE 50MG ER  
TB  
Generic For: PRISTIQ 50MG TABLETS  
Sig: TAKE 1 TABLET BY MOUTH EVERY DAY

Requested P/U Time: 11/20/2017 07:18PM  
Prescribed Qty: 30  
Last Refill: 10/21/2017

☐ Denied

☐ If there are **NO** changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: Julie, MD

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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**RESP'T APP 0844**

ER 001800

*\*has appt today*

# Walgreens

## Prescription Refill Request

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

Date: 11/19/2017

Time: 7:20 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3793  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:  
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2113640-05881  
Drug: DESVENLAFAXINE SUCCINATE 50MG ER  
TB  
Generic For: PRISTIQ 50MG TABLETS  
Sig: TAKE 1 TABLET BY MOUTH EVERY DAY

Requested P/U Time: 11/20/2017 07:18PM  
Prescribed Qty: 30  
Last Refill: 10/21/2017

☐ Denied

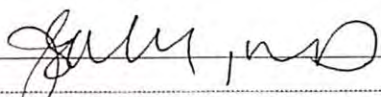
☐ If there are NO changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 3 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there ARE changes to the Rx please  
check box and write in changes.

☐ Drug: \_\_\_\_\_☐ Directions: \_\_\_\_\_☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_Authorized by: 

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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RESP'T APP 0845

ER 001801



# Walgreens

## Prescription Refill Request

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

**FAKED**  
11/20/17

Date: 11/19/2017

Time: 7:20 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3793  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:   
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2113640-05881  
Drug: DESVENLAFAXINE SUCCINATE 50MG ER  
TB  
Generic For: PRISTIQ 50MG TABLETS  
Sig: TAKE 1 TABLET BY MOUTH EVERY DAY

Requested P/U Time: 11/20/2017 07:18PM  
Prescribed Qty: 30  
Last Refill: 10/21/2017

☐ Denied

☐ If there are **NO** changes to the Rx please  
circle TOTAL # of Authorized Refills:

PRN 6 5 4 **(3)** 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
check box and write in changes.

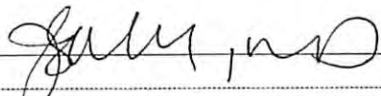
☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: 

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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# RESP'T APP 0846

ER 001802

*\*has appt today**Walgreens*Prescription Refill Request

19501 BEACH BLVD  
 HUNTINGTON BEACH, CA 926482305  
 Tel: 714-969-1368 Fax: 714-969-0630

Date: 11/19/2017

Time: 7:20 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
 Address: 3150 BRISTOL ST  
 COSTA MESA, CA 926263054

Phone: 949-266-3793  
 Fax: 949-266-3750  
 DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
 Address: 20762 CRESTVIEW LANE  
 HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
 Med Record #:  
 Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2113640-05881  
 Drug: DESVENLAFAXINE SUCCINATE 50MG ER  
 TB  
 Generic For: PRISTIQ 50MG TABLETS  
 Sig: TAKE 1 TABLET BY MOUTH EVERY DAY

Requested P/U Time: 11/20/2017 07:18PM  
 Prescribed Qty: 30  
 Last Refill: 10/21/2017

☐ Denied

☐ If there are NO changes to the Rx please  
 circle TOTAL # of Authorized Refills:

PRN 6 5 4 (3) 2 1

☐ Authorized as a 90 day supply  
 PLUS # of additional Refills:

PRN 3 2 1 0

If there ARE changes to the Rx please  
check box and write in changes.

☐ Drug:☐ Directions:☐ Refills:☐ Qty:Authorized by: *Julie, MD*

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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**RESP'T APP 0847**

ER 001803



# Walgreens

## Prescription Refill Request

19501 BEACH BLVD  
HUNTINGTON BEACH, CA 926482305  
Tel: 714-969-1368 Fax: 714-969-0630

**FAXED**  
11/20/17

Date: 11/19/2017

Time: 7:20 PM

**Prescriber Information:**

Physician: JENNIFER FARRELL  
Address: 3150 BRISTOL ST  
COSTA MESA, CA 926263054

Phone: 949-266-3793  
Fax: 949-266-3750  
DEA #: FF0754970

**Patient Information:**

Patient: EMILY C REED  
Address: 20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646

Birthdate: 11/16/1996  
Med Record #:  
Phone: 714-916-1524

**Prescription Information:**

Rx Number: 2113640-05881  
Drug: DESVENLAFAXINE SUCCINATE 50MG ER  
TB  
Generic For: PRISTIQ 50MG TABLETS  
Sig: TAKE 1 TABLET BY MOUTH EVERY DAY

Requested P/U Time: 11/20/2017 07:18PM  
Prescribed Qty: 30  
Last Refill: 10/21/2017

☐ Denied

☐ If there are **NO** changes to the Rx please  
circle **TOTAL # of Authorized Refills:**

PRN 6 5 4 **(3)** 2 1

☐ Authorized as a 90 day supply  
PLUS # of additional Refills:

PRN 3 2 1 0

If there **ARE** changes to the Rx please  
check box and write in changes.

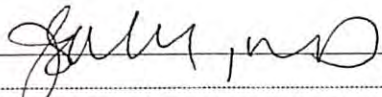
☐ Drug: \_\_\_\_\_

☐ Directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Refills: \_\_\_\_\_ ☐ Qty: \_\_\_\_\_

Authorized by: 

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 714-969-0630

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**RESP'T APP 0848**

ER 001804



AMEN CLINICS, INC., A MEDICAL CORPORATION  
JENNIFER FARRELL, M.D.

3150 Bristol Street, Suite 400  
Costa Mesa, CA 92626

Phone: (949) 266-3700 • Fax: (949) 266-3750

CALIC. #A10452  
DEA #FF075497  
XF075497

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name Emily Reed D.O.B. 11/16/96 Sex ☐ M ☒ F  
Address \_\_\_\_\_

1) <u>Pristiq 50mg one po qd</u> <u>#30</u>	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2) <u>Danotrigive 150mg one</u> <u>po bid #60</u>	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input checked="" type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
3) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input checked="" type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Batch 16-42081-2 Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

☒ Sam, MD Date 8/4/17

SP 51 Prescription is void if the number of drugs prescribed is not noted. Two ☐ 0 ☒ 1 ☒ 2 ☐ 3

RESP'T APP 0849

ER 001805

**AMEN CLINICS, INC., A MEDICAL CORPORATION**  
**JENNIFER FARRELL, M.D.**

3150 Bristol Street, Suite 400  
 Costa Mesa, CA 92626

Phone: (949) 266-3700 • Fax: (949) 266-3750

CA Lic. #A10452  
 DEA #FF075497  
 XF075497

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name Emily Reed D.O.B. 11/16/96 Sex ☐ M ☒ F  
 Address \_\_\_\_\_

1) <u>Plavix 50mg one p<sup>o</sup> qd</u> <u>#36</u>	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
3) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Batch 16-42081-2 Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

**X** Signature, no Date 8/25/17

**SP 51** Prescription is void if the number of drugs prescribed is not noted. one ☒ 1 ☐ 2 ☐ 3

**RESP'T APP 0850**

**AMEN CLINICS, INC., A MEDICAL CORPORATION**  
**JENNIFER FARRELL, M.D.**

3150 Bristol Street, Suite 400  
 Costa Mesa, CA 92626

Phone: (949) 266-3700 • Fax: (949) 266-3750

CA Lic. #A10452  
 DEA #FF075497  
 XF075497

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name Emily Reed D.O.B. 11/16/96

Address \_\_\_\_\_ Sex ☐ M ☒ F

1) Lamothine 150mg po bid #100	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input checked="" type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input checked="" type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
3) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Batch 16-42081-2 Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

**X** Salem, ND Date 11/20/17

**SP 51** Prescription is void if the number of drugs prescribed is not noted. 06 ☒ 1 ☐ 2 ☐ 3

**RESP'T APP 0851**

AMEN CLINICS, INC., A MEDICAL CORPORATION  
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CA Lic. #A10452  
DEA #FF075497  
XF075497

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name

Emily Reed

D.O.B.

11/16/96

Address

Sex ☐ M ☒ F

1) Lamothine 150mg one po bid #60	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input checked="" type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
3)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Batch 16-42081-2

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

X

Date 5/26/17

SP 51 Prescription is void if the number of drugs prescribed is not noted. One ☒ 1 ☐ 2 ☐ 3

RESP'T APP 085

ER 001808

# AMEN CLINICS, INC., A MEDICAL CORPORATION

JENNIFER FARRELL, M.D.

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CA Lic. #A10452

DEA #FF075497

XF075497

## LIST OF SECURITY FEATURES ON REVERSE SIDE

Name

Emily Reed

D.O.B.

11/16/96

Address

Sex ☐ M ☒ F

1) Lamotrigine 150mg or  
bid #60

Quantity: ☐ 1-24 ☐ 25-49 ☒ 50-74  
☐ 75-100 ☐ 101-150 ☐ 151+ ☐ units  
☐ Do not substitute Refills ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐

2)

Quantity: ☐ 1-24 ☐ 25-49 ☐ 50-74  
☒ 75-100 ☐ 101-150 ☐ 151+ ☐ units  
☐ Do not substitute Refills ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐

3)

Quantity: ☐ 1-24 ☐ 25-49 ☐ 50-74  
☒ 75-100 ☐ 101-150 ☒ 151+ ☐ units  
☐ Do not substitute Refills ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐

Batch 16-42081-2

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

X

Farrell, J

Date

3/24/17

one

SP 51 Prescription is void if the number of drugs prescribed is not noted.

☒ 1 ☐ 2 ☐ 3

RESP'T APP 0853

ER 001809



AMEN CLINICS, INC., A MEDICAL CORPORATION

JENNIFER FARRELL, M.D.

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CA Lic. #A10452

DEA #FF075497

XF075497

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name Emily Reed D.O.B. 11/16/70

Address \_\_\_\_\_ Sex ☐ M ☒ F

1) lanotrigine 150mg or 100  
bid #100 Quantity: ☐ 1-24 ☐ 25-49 ☒ 50-74  
☐ 75-100 ☐ 101-150 ☐ 151+ \_\_\_\_\_ units  
☐ Do not substitute Refills ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

2) \_\_\_\_\_ Quantity: ☐ 1-24 ☐ 25-49 ☐ 50-74  
☐ 75-100 ☐ 101-150 ☐ 151+ \_\_\_\_\_ units  
☐ Do not substitute Refills ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

3) \_\_\_\_\_ Quantity: ☐ 1-24 ☐ 25-49 ☐ 50-74  
☐ 75-100 ☐ 101-150 ☐ 151+ \_\_\_\_\_ units  
☐ Do not substitute Refills ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

Batch 16-42081-2

James JMO Date 1/23/17

**X**

**SP 51** Prescription is void if the number of drugs prescribed is not noted.

☒ 1 ☐ 2 ☐ 3

AMEN CLINICS, INC., A MEDICAL CORPORATION

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CA Lic. #A10452

DEA #FF075497

XF075497

LIST OF SECURITY FEATURES ON REVERSE SIDE

Name

Smily Reed

D.O.B.

11/16/96

Address

Sex ☐ M ☒ F

Quantity: ☐ 1-24 ☐ 25-49 ☒ 50-74  
☐ 75-100 ☐ 101-150 ☐ 151+ ☐ units  
☐ Do not substitute Refills ☐ 0 ☒ 1 ☐ 2 ☐ 3 ☐

1) Lamotrigine 150mg depo  
bid #60

Quantity: ☐ 1-24 ☐ 25-49 ☐ 50-74  
☐ 75-100 ☐ 101-150 ☐ 151+ ☐ units  
☐ Do not substitute Refills ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐

2)

Quantity: ☐ 1-24 ☐ 25-49 ☐ 50-74  
☐ 75-100 ☐ 101-150 ☐ 151+ ☐ units  
☐ Do not substitute Refills ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐

3)

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

Batch 16-42081-2

X Smily Reed Date 11/15/16

SP 51 Prescription is void if the number of drugs prescribed is not noted. over 1 ☐ 2 ☐ 3

AMEN CLINICS, INC., A MEDICAL CORPORATION  
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DEA #FF075497  
XF075497

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name Emily Reed D.O.B. 11/16/96

Address \_\_\_\_\_ Sex ☐ M ☒ F

1) <u>lamotrigine 150mg</u> <u>po bid #60</u>	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input checked="" type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
3) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Batch 16-42081-2

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

Emily Reed Date 9/22/16

**X**

**SP 51** Prescription is void if the number of drugs prescribed is not noted. oe ☒ 1 ☐ 2 ☐ 3

RESP'T APP 085

# AMEN CLINICS, INC., A MEDICAL CORPORATION

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CA Lic. #A10452

DEA #FF075497

XF075497

## LIST OF SECURITY FEATURES ON REVERSE SIDE

Name

Emily Reed

D.O.B.

11/16/96

Address

Sex ☐ M ☒ F

1) <u>lanatrine 150g we po</u> <u>bid #60</u>	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input checked="" type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
3) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Batch 16-42081-2

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

**X**

Date

8/23/16

**SP 51** Prescription is void if the number of drugs prescribed is not noted. one ☐ 1 ☐ 2 ☐ 3

RESP'T APP 085

AMEN CLINICS, INC., A MEDICAL CORPORATION  
JENNIFER FARRELL, M.D.

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CA Lic. #A10452  
DEA #FF075497  
XF075497

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name

*Smiley Reed*

D.O.B.

*11/16/98*

Address

Sex ☐ M ☒ F

1) Lamotrigine 150mg po bid #60	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input checked="" type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
3)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Batch 16-42081-2

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

**X**

Date

*7/22/18*

**SP 51** Prescription is void if the number of drugs prescribed is not noted. *See* ☒ 1 ☐ 2 ☐ 3



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DEA #FF075497

XF075497

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name Emily Reed D.O.B. 11/16/96

Address \_\_\_\_\_ Sex ☒ M ☐ F

1) Quinine 100y one po qd and we add a half at hs x 2	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input checked="" type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2) P.T. #77	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Reorder from Presstime www.presstimeprinters.com

Batch 16-42081-2

Shawn, MD Date 6/24/16

SP 51 Prescription is void if the number of drugs prescribed is not noted. 06 ☒ 1 ☐ 2 ☐ 3

# AMEN CLINICS, INC., A MEDICAL CORPORATION

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CA Lic. #A10452

DEA #FF075497

XF075497

## LIST OF SECURITY FEATURES ON REVERSE SIDE

Name

Emily Reed D.O.B. 11/16/96

Address

Sex ☒ M ☐ F

1) Lamotrigine 200mg one 0096 #30	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
3)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Batch 16-42081-2

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

**X**

Emily Reed Date 5/27/19

**SP 51** Prescription is void if the number of drugs prescribed is not noted. one ☒ 1 ☐ 2 ☐ 3

RESP'T APP 086

# AMEN CLINICS, INC., A MEDICAL CORPORATION

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CA Lic. #A104521

DEA #FF0754970

XF0754970

## LIST OF SECURITY FEATURES ON REVERSE SIDE

Name Emily Reed D.O.B. 11/10/98

Address \_\_\_\_\_ Sex ☐ M ☒ F

1) Lamotrigine 25mg one po qhs x 2 weeks, then two po qhs #42	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
3) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ _____ units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Reorder from Presstime www.presstimeprinters.com

Batch 13-35412

**X** Emily, MD Date 4/11/16

**SP 51** Prescription is void if the number of drugs prescribed is not noted. one ☒ 1 ☐ 2 ☐ 3

# AMEN CLINICS, INC., A MEDICAL CORPORATION

JENNIFER FARRELL, M.D.

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CA Lic. #A10452

DEA #FF075497

XF075497

## LIST OF SECURITY FEATURES ON REVERSE SIDE

Name

*Emily Reed*

D.O.B.

*11/16/96*

Address

Sex ☐ M ☒ F

1) <i>lamotrigine 100mg one po qbs x 2 weeks, then one and a half</i>	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2) <i>pp0 qbs x 2 weeks #35</i>	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
3) _____	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input checked="" type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

Batch 16-42081-2

**X**

Date *4/29/14*

**SP 51** Prescription is void if the number of drugs prescribed is not noted. one ☒ 1 ☐ 2 ☐ 3

RESP'T APP 0862

EP 001818



AMEN CLINICS, INC., A MEDICAL CORPORATION

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CA Lic. #A10452

DEA #FF075497

XF075497

**LIST OF SECURITY FEATURES ON REVERSE SIDE**

Name Emily Reed D.O.B. 11/16/96

Address \_\_\_\_\_ Sex ☐ M ☒ F

1) Lamotrigine 100mg capsules x 2 weeks, then she and a half	Quantity: <input type="checkbox"/> 1-24 <input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2) P.O. qhs x 2 weeks #35	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input checked="" type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151+ <input type="checkbox"/> units <input type="checkbox"/> Do not substitute Refills <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Batch 16-42081-2

Reorder from Presstime [www.presstimeprinters.com](http://www.presstimeprinters.com)

**X** Emily Reed Date 4/29/14

**SP 51** Prescription is void if the number of drugs prescribed is not noted. one ☒ 1 ☐ 2 ☐ 3

RESP'T APP 0863

ER 001819



# **EXHIBIT 19**

## **EXHIBIT 19**

**EXHIBIT 19**  
**RESP'T APP 0864**

## History/Final Evaluation

## Facility

## Amen Clinics Orange County

AMEN CLINICS, INC.  
A Medical Corporation  
3150 Bristol St., Suite 400 Costa Mesa, CA 92626  
Phone: (888) 564-2700 Fax: (949) 266-3750  
Website: www.amenclinics.com/orange-county

History Date: March 23, 2016

Medical Historian: Teri Stroop

Evaluation Date: March 25th, 2016

Amen Clinic Physician: Jennifer Farrell, M.D.

## Demographics

Date: 03/23/2016

Patient Name: Emily Reed

Patient ID#: 365847

Address: 20762 Crestview Ln Huntington Beach, CA 92646

Telephone  
(Home):

Cell: (714) 465-7489

Date of Birth: 11/16/1996

Age: 19

Gender: Female

Email: Emilyrocks10@gmail.com

## Patient Identification

Occupation: N/A

Race: Caucasian

Religion: Christian

Number of children: N/A

Marital status: Single

The information presented below was obtained during an interview with Emily, her mother, and her grandmother, as well as a review of intake questionnaires.

## Amen Clinics

How did you first learn about the Amen Clinics?

Emily first learned about the Amen Clinic through her therapist Elise Collier.

## Referral Source/Facility

Name: Elise Collier Specialty: Therapist

Phone: 562-335-9552 Fax: Email:

Address: 901 Dove St Suite 145 Newport Beach, Ca. 92660

## Chief Complaint

**RESP'T APP 0865**

Chief complaint:

"PTSD, severe depression, anxiety, learning disability including processing and memory. This stems from nine years of sexual, mental, ER 001820

and verbal abuse."

#### Patient Goals For Evaluation

"I need to be able to regulate life skills with success and become more independent without having complications or hospitalizations."

#### Presenting problem/primary symptoms:

Approximately two years ago Emily revealed that she had been experiencing sexual, emotional, and verbal abuse from a caregiver since the age of eight. Since that time her mother reports Emily has been experiencing emotional "breakdowns" which have led to numerous hospitalizations. She says that while Emily is able to function normally in her daily life, she "goes through the motions" and cannot discuss emotions or feelings, as well as experiences memory loss regarding the abuse. Emily complains of pain in her head and says her brain is "loud". Her mother reports Emily will have periods of time wherein she is present and then "catatonic". She also reports Emily experiences frequent "pseudo seizures" in which Emily falls to the floor, cannot move or speak, feels dizzy and nauseous, and afterwards feels extremely fatigued. While experiencing these episodes Emily will say that her head feels "pressurized". Her mother says Emily also has difficulty answering questions, is overwhelmed and "freezes" because she cannot determine if her answer is "true or untrue". Emily finds it difficult to be in public alone and experiences frequent flashbacks as well as nightmares. Her mother says she also picks her skin and bites her nails often.

Emily's mother and grandmother say that in general she is usually pleasant and happy when she is not experiencing her symptoms. She has trained a service dog and volunteers in her church community. They say Emily wants to have a productive life and needs the right support team to help her through this difficult time.

#### Biological Information

##### PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY:

Over the last two years Emily has been taken to inpatient hospitalization numerous times for episodes of disassociation and seizure like activity. She also took part in the Center for Discovery residential treatment program for thirty days approximately one year ago. Emily saw Rick Tansey at Max My Brain for brain optimization treatment for several sessions. Emily has been attending therapy session with Elise Collier MS, MFT for the past six months.

##### Previous diagnoses:

Complex PTSD, major depressive disorder-severe with psychotic features, episodic panic, anxiety, dissociative behavior.

##### Medications and supplements taken at the time of scan:

None reported.

Date Started	Date Ended	Medication Name	Dosage	Times Taken Per Day	Effectiveness	Side-Effects/Problems
04/07/2014	07/01/2014	Clonazepam	0.5mg	2	Cannot Recall	Dissociated
04/07/2014	07/01/2014	Prozac	30mg	1	Cannot Recall	Dissociated
04/07/2014	07/01/2014	Neurontin	300mg	3	Cannot Recall	Dissociated
04/07/2014	05/12/2014	Prazosin	2mg	1	Cannot Recall	Dissociated
04/07/2014	07/01/2014	Ativan	1mg	1	Cannot Recall	Dissociated
05/14/2014	07/01/2014	Gabapentin	300mg	1	Cannot Recall	Dissociated
03/07/2014	03/30/2014	Abilify	5mg	2	Not Effective	Shaking, muscles became weak
		Risperdal	unknown	1	Not Effective	Shaking, slurred speech, muscles weak
		Latuda	unknown	1	Not Effective	Shaking, slurred speech, weak muscles
		Haldol	unknown	1	Somewhat Effective	Allergic reaction
03/18/2014	04/07/2014	Clonazepam	1.5mg	2	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Lorazepam	1mg	1	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Prozac	40mg	1	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Prazosin Hydrochloride	2mg	1	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Neurontin	100mg	2	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Senna	17.2	1	Cannot Recall	Dissociated

Date Started	Date Ended	Supplement Individual or Combinations	Effectiveness	Side-Effects/Problems
04/07/2014	03/11/2016	Melatonin	Somewhat Effective	None Reported

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**Medical History**

Male

Female

**Current medical information**

Height: 5' 4"

Weight: 113 lbs

Waist: 20"

Primary Care Physician: Joanne Fierro

Last Physical Exam: 02/04/2016

Date started last menstrual period: 03/12/2016

System	Past	Current	Additional Details
General	Recent weight loss, Poor appetite, Excessive Sleeping	Cold sweats during the day, Tired or worn out, Difficulty Sleeping, Sweating excessively at night	
Neurological	Pacing due to muscle restlessness, Slurred speech, Speech problem (other), Weakness in muscles	Forgotten periods of time, Dizziness, Drowsiness, Muscle spasms or tremors, Impaired ability to remember, Numbness	
Respiratory	Shortness of breath	Rapid breathing	"During a PTSD breakdown"
Chest and Cardiovascular		Rapid / irregular pulse, Chest pain	
Head, Eye, Ear, Nose and Throat	Disturbances in smell	Headache, Neck pain or stiffness, Blurred vision, See spots or shadows	
Gastrointestinal		Nausea or vomiting, Abdominal (stomach/belly) pain	
Musculoskeletal		Back pain or stiffness, Leg pain, Muscle cramps or pain	
Skin, Hair		Increased perspiration	
Genitourinary			
Females Only		Premenstrual moodiness, irritability, anger, tension, bloating, breast tenderness, cramps and headaches	
Males Only			
Surgical Procedures			
Illnesses			

**Past Medical Information**

Reason for Hospitalization	Date / Length of Stay	Outcome
Mental breakdown	03/18/2014-04/07/2014	Disclosed nine years and still happening of sexual, verbal, mental abuse by care giver that she lived with during her fathers visitation.
PTSD, suicidal ideation	04/07/2014-05/12/2014	Somewhat stable but over medicated
Los Alamitos/Del Amo Hospital	03/06/2015-03/30/2014	PTSD somewhat stable
UCIMC Neuropsychiatric Center	04/16/2015-04/20/2015	PTSD somewhat stable
Hoag Hospital	08/31/2015-09/01/2015	Suicidal ideation

**Prenatal and Birth Events**

Neither Emily nor her mother suffered any pregnancy or birth complications.

**Allergies/Drug intolerances?**

Yes - Haldol- Muscles stopped working, couldn't swallow or speak.

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**Head/Brain Trauma:**

In 2014 Emily fell down several flights of stairs and sustained a concussion.

Emily frequently experiences a dissociative state in which she does not move or respond to communication.

Emily experiences seizure like activity in which her head spins, she shakes while lying on the floor and cannot move, screams, and suffers blurred vision and erratic breathing.

**Tests and Labs**

- Blood Work - Yes Date: (02/16/2016): No reported abnormality
- EKG - Yes Date: (04/17/2015): No reported abnormality
- CT Scan - Yes Date: (04/17/2015): No reported abnormality
- MRI/fMRI - Yes Date: (03/11/2013): No reported abnormality

**Dietary/Exercise Information**

Emily reports her current diet is healthy and appetite good. She has no experience with a gluten free or casein free diet. She consumes fruits five days a week, vegetables six days a week, and eats breakfast everyday. She consumes one cup of coffee per day on average. She has no reported food allergies or sensitivities. Her current bowel function is reportedly normal. She currently exercises by walking and running.

**Alcohol/Drug History**

None reported.

**Sleep Behavior**

Emily reports having problems falling asleep and frequently experiences nightmares. She sleeps an average of seven hours per evening and has no sleep related issues.

**Family History****Biological mother's history:**

Emily's mother is forty-three years old and has been married three times. She received a high school education and works as a bakery and deli specialist. She has no reported history of behavioral, emotional, learning, or psychiatric problems and no reported history of drug or alcohol abuse. There is no reported history of learning or psychiatric problems in her family.

**Biological father's history:**

Emily's father is forty-seven years old. He has reportedly struggled with depression. There is no reported history of learning or psychiatric problems in his family.

**Siblings:**

- Anthony, 16 (Brother): No reported learning or psychiatric problems.
- Adam, 15 (Brother): No reported learning or psychiatric problems.
- Noah, 19 (Step- Brother): Noah reportedly struggles with depression.

**Children:**

None.

**Psychological Information****Significant Life Events:**

"Nine years of sexual, mental, and emotional abuse by her caregiver."

**Significant Perceived Successes:**

"Went to Japan with a Huntington Beach program. Ran cross country in high school. Completed a half marathon. Training her service dog Monarch."

**Significant Perceived Failures**

"Going back to the hospital. Not being able to control body sensations and feelings that take over. Intense anger and aggressive side that takes over at times."

**Relationship with Mother:**

"We try and spend as much time together as possible. We love, care, and support each other."

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**Relationship with Father:**

"My dad is very busy and does not see me much, he has not been a part of my recovery. I do not see him at this time because it causes me more breakdowns, anxiety, and depression."

**Sexual history:**

None reported.

**History of abuse:**

Yes - "I was sexually, mentally, and emotionally abused by my caregiver that I lived with during my dad's visitation schedule. This was happening from the age of eight until seventeen years old. I wanted to end my life so I was hospitalized and finally told the truth."

**Description of self:**

"Quiet, reserved individual. I keep to myself and have a hard time communicating with others."

**Description of strengths:**

"Kind and caring towards others."

**Social Information**

Adult

**Current life stressors:**

"My dad, being in small or large groups of people, being asked a question, future- like going to college and what job I will have. Getting my driver's license back."

**School history:**

Emily last attended Huntington Beach high school where she received A's and B's. She reportedly struggled with processing disorder. She believes her teachers would say she is "a hard working, special young woman, determined to succeed."

**Employment history:**

None reported.

**Military history:**

None reported.

**History of legal problems:**

None reported.

**Family structure:**

Emily currently lives with her mother, step-father, and two brothers.

**Current Marital or Relationship Satisfaction:**

None reported.

**History of Past Marriages:**

None reported.

**Cultural / Ethnic Background:**

None reported.

**Relationships:**

"I spend some time with friends and I do not share personal things or feelings with them."

**Community Connection:**

"I volunteer at Church two hours a week and attend church on Sundays with my family."

**Spiritual Information****Spiritual background:**

"Christian, I have accepted Jesus and have been baptized."

**Personal impact of spiritual background:**

"Saved my life."

**Practices that produce "Spiritual Fruit":**

"Listening to Christian music and training my service dog."

**Belief in a higher power? Explain:**

Yes - "My belief in God and Jesus."

**Purpose or mission:**

"No."

**Unusual spiritual experience:**

None reported.

**RESP'T APP 0869**

## Mental Status Examination

**Appearance:** Neat

**Attitude:** Guarded

**Behavior:** Other: withdrawn

**Eye Contact:** Hesitant

**Speech:** Slowed

**Orientation:** Emily was oriented to person, place, time, and situation.

**Mood (in patient's own words):** anxious

**Affect:** Constricted

**Thought process:** Linear

**Worries/Obsessions:**

**Delusions?** None reported

**Suicidal ideation?** None reported

**Homicidal ideation?** None reported

**Hallucinations:** None reported

**Illusions:** None reported

**Attention span:**

**Memory:** # of 3 remembers right away: # of 3 remembers after 5 minutes:

**Judgment:** Fair

**Abstraction:**

**Relatedness:** Distant

**Insight:** Poor

## Questionnaires/Checklist Results

Adult

### ADULT AMEN GENERAL SYMPTOM CHECKLIST

This checklist contains a list of symptoms seen commonly in a neuropsychiatric setting. The patient and, if possible, a significant other complete it. The checklist responses suggest the following diagnoses.

**According to patient:**

Major Depression

- 1) Feeling depressed or being in a sad mood- 4
- 4) Having recurrent thoughts of death or suicide- 4
- 5) Experiencing sleep changes, such as a lack of sleep or a marked increase in sleep- 3
- 6) Feeling physically agitated or being slowed down- 4
- 7) Having feelings of low energy or tiredness- 4
- 8) Having feelings of worthlessness, helplessness, hopelessness or guilt- 3
- 9) Experiencing decreased concentration or memory- 4

Panic Disorder

- 18) Experiencing panic attacks, which are periods of intense, unexpected fear or emotional discomfort.- 4
- 19) Having periods of trouble breathing or feeling smothered- 3
- 26) Having feelings of a situation not being real- 4
- 30) Fearing death- 3
- 31) Fearing going crazy or doing something out-of-control- 4

Social Anxiety

- 33) Excessive fear of being judged by others, which causes you to avoid or get anxious in situations-

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#### Obsessive Compulsive Disorder

- 35) Having recurrent bothersome thoughts, ideas, or images that you try to ignore- 3
- 36) Having trouble getting stuck on certain thoughts, or having the same thought over and over- 3
- 37) Experiencing excessive or senseless worrying- 4
- 38) Others complaining that you worry too much or get stuck on the same thoughts- 4
- 39) Having compulsive behaviors that you must do or else you feel very anxious, such as excessive hand washing, checking locks, or counting or spelling- 4
- 39) Having compulsive behaviors that you must do or else you feel very anxious, such as excessive hand washing, checking locks, or counting or spelling- 4
- 40) Needing to have things done a certain way or else you become very upset- 3
- 41) Others complaining that you do the same thing over and over to an excessive degree (such as cleaning or checking)- 3

Other: Mother

#### According to other:

##### Major Depression

- 1) Feeling depressed or being in a sad mood- 4
- 4) Having recurrent thoughts of death or suicide- 3
- 5) Experiencing sleep changes, such as a lack of sleep or a marked increase in sleep- 4
- 6) Feeling physically agitated or being slowed down- 4
- 7) Having feelings of low energy or tiredness- 4
- 8) Having feelings of worthlessness, helplessness, hopelessness or guilt- 4
- 9) Experiencing decreased concentration or memory- 4

#### Agoraphobia

- 32) Avoiding everyday places for 1) fear of having a panic attack or 2) needing to go with other people in order to feel comfortable- 4

#### Generalized Anxiety Disorder

- 57) Having unrealistic or excessive worry in at least a couple areas of your life- 4
- 59) Experiencing muscle tension, aches, or soreness- 3
- 60) Having feelings of restlessness- 3
- 61) Becoming easily fatigued- 4
- 62) Experiencing shortness of breath or feeling smothered- 3
- 63) Experiencing a pounding or racing heartbeat- 4
- 73) Finding it difficult to concentrate, or having your mind go blank- 4
- 74) Having trouble falling or staying asleep- 3
- 75) Experiencing irritability- 3

#### AMEN BRAIN SYSTEM CHECKLIST

Based on his extensive brain imaging research, Dr. Amen developed the following checklist, which attempts to identify the symptoms most commonly associated with the brain systems listed below. The patient, and if possible, a significant other, complete it. The checklist responses suggest problems in the following brain systems.

#### According to patient:

Prefrontal Cortex Symptoms (PFC): Inattention Symptoms : Highly probable

- 6) Avoiding, disliking, or being reluctant to engage in tasks that require sustained mental effort- 4
- 9) Being forgetful- 3
- 10) Having poor planning skills- 3
- 11) Lacking clear goals or forward thinking- 4
- 12) Having difficulty expressing feelings- 4
- 16) Feeling apathetic or unmotivated- 3
- 17) Feeling tired, sluggish or slow moving- 3
- 18) Feeling spacey or in a fog- 4

Cingulate System Symptoms (CS): Probable

- 29) Worrying excessively or senselessly- 4
- 31) Getting upset when things are out of place- 4
- 33) Tending to have repetitive negative thoughts- 3
- 34) Tending toward compulsive behaviors (i.e., things you feel you must do)- 3
- 35) Intensely disliking change- 3
- 39) Having difficulties seeing options in situations- 3
- 42) Needing to have things done a certain way or else becoming very upset- 4
- 44) Tending to say no without first thinking about the question- 4
- 45) Tending to predict fear- 3

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**Limbic System Symptoms (LS): May be possible**

- 46) Experiencing frequent feelings of sadness- 3
- 47) Having feelings of moodiness- 3
- 49) Having low energy- 3
- 50) Being irritable- 3
- 53) Having feelings of hopelessness about the future- 3
- 54) Having feelings of helplessness or powerlessness- 3

**Basal Ganglia System Symptoms (BGS): May be possible**

- 64) Frequently feeling nervous or anxious- 4
- 75) Avoiding conflict- 4
- 85) Feeling shy or timid- 4
- 86) Being easily embarrassed- 3

**Temporal Lobe System Symptoms (TLS): May be possible**

- 92) Finding that own irritability tends to build, then explodes, then recedes, often being tired after a rage- 4
- 93) Having periods of spaciness and/or confusion- 4
- 94) Experiencing periods of panic and/or fear for no specific reason- 3
- 101) Experiencing periods of forgetfulness or memory problems- 4

**Other: Mother**

**According to other:**

**Prefrontal Cortex Symptoms (PFC): Inattention Symptoms : Probable**

- 6) Avoiding, disliking, or being reluctant to engage in tasks that require sustained mental effort- 4
- 9) Being forgetful- 3
- 12) Having difficulty expressing feelings- 4
- 16) Feeling apathetic or unmotivated- 4
- 17) Feeling tired, sluggish or slow moving- 4
- 18) Feeling spacey or in a fog- 4

**Cingulate System Symptoms (CS): May be possible**

- 29) Worrying excessively or senselessly- 3
- 31) Getting upset when things are out of place- 3
- 33) Tending to have repetitive negative thoughts- 4
- 37) Having trouble shifting attention from subject to subject- 3
- 43) Others complaining that you worry too much- 3
- 44) Tending to say no without first thinking about the question- 4

**Limbic System Symptoms (LS): May be possible**

- 49) Having low energy- 3
- 53) Having feelings of hopelessness about the future- 3
- 54) Having feelings of helplessness or powerlessness- 3
- 56) Feeling excessive guilt- 4

**Basal Ganglia System Symptoms (BGS): Probable**

- 64) Frequently feeling nervous or anxious- 4
- 66) Symptoms of heightened muscle tension (such as headaches, sore muscles, hand tremors, etc.)- 3
- 74) Avoiding places for fear of having an anxiety attack- 4
- 75) Avoiding conflict- 4
- 83) Having a tendency to freeze in anxiety-provoking situations- 4
- 84) Lacking confidence in own abilities- 3
- 85) Feeling shy or timid- 3

**Temporal Lobe System Symptoms (TLS): Probable**

- 92) Finding that own irritability tends to build, then explodes, then recedes, often being tired after a rage- 3
- 93) Having periods of spaciness and/or confusion- 3
- 94) Experiencing periods of panic and/or fear for no specific reason- 4
- 98) Experiencing headaches or abdominal pain of uncertain origin- 3
- 100) Having dark thoughts, ones that may involve suicidal or homicidal thoughts- 4
- 101) Experiencing periods of forgetfulness or memory problems- 4

**RESP'T APP 0872**

## **THE AMEN CLINIC LEARNING DISABILITY ADULT SCREENING QUESTIONNAIRE**

This questionnaire is a self-report form identifying possible learning disability issues in the areas of reading, writing, math, sequencing, abstraction, organization, memory, and language. The questionnaire responses suggest problems in the following areas.

### **According to patient:**

#### **Oral Expressive Language**

- 28)I have difficulty expressing myself in words - 4
- 29)I have trouble finding the right word to say in conversations - 4
- 30)I have trouble talking around a subject or getting to the point in conversations - 4

#### **Receptive Language**

- 31)I have trouble keeping up or understanding what is being said in conversations - 4
- 32)I tend to misunderstand people and give the wrong answers in conversations - 3
- 33)I have trouble understanding directions people tell me - 3

#### **Abstraction**

- 44)I have trouble understanding jokes people tell me - 4
- 45)I tend to take things too literally - 4

#### **Memory**

- 53)I have trouble with my memory - 4
- 55)It is hard for me to memorize things for school or work - 4
- 56)I know something one day but do not remember it the next day - 4
- 57)I forget what I am going to say right in the middle of saying it - 4
- 58)I have trouble following directions that have more than one or two steps - 3

### **Other Mother**

#### **According to other:**

#### **Oral Expressive Language**

- 28)I have difficulty expressing myself in words - 4
- 29)I have trouble finding the right word to say in conversations - 4

#### **Abstraction**

- 44)I have trouble understanding jokes people tell me - 4
- 45)I tend to take things too literally - 4

#### **Memory**

- 53)I have trouble with my memory - 4
- 54)I remember things from long ago but not recent events - 3
- 55)It is hard for me to memorize things for school or work - 3
- 56)I know something one day but do not remember it the next day - 4
- 57)I forget what I am going to say right in the middle of saying it - 3
- 58)I have trouble following directions that have more than one or two steps - 3

## **THE AMEN CLINIC HORMONE HEALTH QUESTIONNAIRE**

This questionnaire is a self-reported form identifying possible sex, thyroid, and adrenal hormone imbalances. The questionnaire responses suggest problems in the following areas.

Low Progesterone: Low levels suggested and should be considered

- 4)Are your menstrual cycles irregular? - 4
- 7)Do you have painful periods? - 3
- 8)Do you have difficulty concentrating, sometimes called "brain fog"? - 4
- 11)Are you tired or have low energy? - 3
- 13)Do you have painful cramping during your menstrual cycle? - 3

### **Other Tests Performed**

**RESP'T APP 0873**

Beck Depression Inventory (BDI-II)

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The BDI-II is a 21-item self-report instrument for measuring the severity of depression in adults (18+). A score of 14 or more may indicate the presence of depression. Scores are classified as follows: 0-13 (minimal), 14-19 (mild), 20-28 (moderate) and 29-63 (severe). Total BDI score = 30

### Conners' Continuous Performance Task

This is a fifteen-minute computer test of attention, vigilance and impulse control. The significant findings are as follows: The chances are 80.55 out of 100 that a clinically significant problem exists.

### WebNeuro Wellness

WebNeuro Wellness is an objective, quantitative and standardized assessment of both symptoms and neurocognition which can help support more informed clinical decisions. The WebNeuro Brain Health Report identifies the patient's strengths and vulnerabilities in each of four areas: Thinking, Emotion, Self Regulation and Feeling, and gives comparisons to other healthy adults of the same age and gender. Please refer to your patient binder for a copy of your report.

### Neuropsychiatric Symptom Checklist

Please review the symptoms below and place a check in the appropriate box if you or any of your family members have had the problems listed:

Anxiety	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Panic attacks	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input checked="" type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Phobias	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Depression	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Seasonal mood changes (SAD)	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Elevated mood	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Bipolar mood	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Mania	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Irritability	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hot temper	<input type="checkbox"/> Self	<input checked="" type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Self-mutilation	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Suicide attempts	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Psychiatric hospitalization	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Social isolation	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hallucinations	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Schizophrenia	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Psychosis	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Paranoia	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Delusions	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Dissociative states	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Grief	<input checked="" type="checkbox"/> Self	<input checked="" type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
ADHD	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Concentration difficulties	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input checked="" type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Attention difficulties	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input checked="" type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hyperactivity	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives

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Intolerance of boredom	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Learning/School difficulties	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Juvenile delinquency	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Defiant behavior	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Fire setting	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Bedwetting	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Cruelty to animals	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Legal troubles	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Anger or rage problems	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Obsessions or compulsions	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Anorexia Nervosa	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Bulimia (binging/purging)	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Laxative/Diuretic abuse	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Alcohol abuse	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Drug/Substance abuse	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Head injury	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Concussion	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Tourette's Syndrome	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Amnesia	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Dementia	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Narcolepsy	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Irresistible sleep attacks	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sleep Apnea	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Heavy snoring during sleep	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hallucinations going to sleep	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hallucinations when awakening	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Restless legs during sleep	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Night terrors	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sleepwalking	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sexual difficulties	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sexual abuse victim	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sexual abuse perpetrator	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Physical abuse victim	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Physical abuse perpetrator	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Mental retardation	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Autism	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Asperger's Disorder	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Pervasive Developmental D/O	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sensitivity to light	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives

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Sensitivity to odors	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sensitivity to sounds	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sensitivity to touch	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives

#### SPECT Study Parameters

As part of the evaluation, a resting and a concentration brain SPECT study were performed.

#### SPECT Study parameters:

The brain SPECT studies were performed in the following manner: The patient was placed in a dimly lit, quiet room. Intravenous access was obtained via small-gauge butterfly. The patient remained quiet for several minutes, with eyes open to allow their mental state to equilibrate to the environment.

For the baseline resting study, 99m Tc hexamethylpropylene amine oxime, HMPAO (Ceretek) was injected after the initial equilibration period.

For the concentration study, after the initial equilibration period, the patient started the Conners Continuous Performance Test.

A tomographic brain study was performed approximately 30-60 minutes later, using a high-resolution Picker Prism 3000 gamma camera with fan beam collimators. Data was acquired in 128 X 128 matrices. One hundred twenty images with 3 degrees separation spanning 360 degrees rotation were obtained. The data was prefiltered using a low pass filter with a high cutoff. Attenuation correction was performed using a linear method. Coronal, sagittal, and transaxial tomographs were reconstructed with a slice thickness of approximately 9 mm. The transaxial tomographs were parallel to the orbitalmeatal line. The tomographs were displayed using a standardized linear color scale. The studies were read by visual inspection in all three planes, in 3-dimensional surface brain maps (looking at the most active 45% of brain activity), and 3-dimensional active brain maps (comparing average activity with the most active 15% of brain activity).

#### SPECT Study Findings

Brain SPECT imaging basically shows us three things: areas of the brain that work well, areas of the brain that work too hard, and areas of the brain that do not work hard enough. With this information, together with the clinical information obtained through our extensive history-taking process, psychometric testing, and clinical evaluation, we are able to develop a more comprehensive, effective, and integrated treatment plan. SPECT scans help delineate the brain physiology underlying psychiatric problems and may or may not fully correlate with the clinical DSM-V diagnoses, since the DSM-V is based on historical symptom clusters and not on underlying brain systems. This is part of why SPECT scans can be so helpful.

#### Findings:

These are good quality scans. The most significant findings are thalamic increases at rest and right basal ganglia increases in both studies. Right midlateral frontal and temporal increases are present. The combination of frontal, temporal, parietal and occipital decreases is suggestive of posttraumatic change. Subtle inferior orbitofrontal decreases are seen bilaterally in both studies.

#### CONCLUSIONS:

1: Diffuse and focal increased thalamic tracer activity seen at rest.

This finding may be present in people who are normal. However, we also frequently see it in people who have issues with depression, dysthymia (chronic mild depression) or mood cycles. Clinical correlation is important. In our research there is a trend for left-sided problems to be associated with anger and irritability, right sided problems more often associated with inwardly directed sadness. In our experience we have seen diffuse limbic overactivity tends to be more consistent depression and focal increased limbic activity (more on one side than the other) to be associated with cyclic mood disorders. When focal increased uptake is found in conjunction with patchy increased uptake across the cortical surface there is a higher likelihood of a cyclothymic or bipolar disorder. If clinically indicated, diffuse increased limbic uptake is often helped by antidepressant medications. If there is also increased anterior cingulate activity, consider a serotonergic antidepressant. If there is not increased anterior cingulate activity, consider an antidepressant that increases either dopamine (such as bupropion) or norepinephrine (such as imipramine or desipramine).

2: Increased right basal ganglia tracer activity seen on both studies.

This finding may be present in people who are normal. However, we also see it very frequently in people who struggle with anxiety (left sided problems are often associated with irritability, right sided problems more often associated with inwardly directed anxiety). If clinically indicated, it may be helped by antianxiety medications, such as buspirone, and deep relaxation techniques. Sometimes if the finding is focal in nature (more one side than the other) anticonvulsant medications can be helpful. When it is normal, we often see it associated with people who have high levels of motivation.

3: Increased tracer activity in the right lateral prefrontal cortex seen on both studies, and increased right temporal lobe tracer activity seen with concentration.

This finding has been reported in seizure disorders and local trauma near this area. Clinical correlation is needed.

5: Decreased medial anterior prefrontal cortex tracer activity seen with concentration.

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This finding is often associated with prefrontal cortex symptoms, such as short attention span, impulsivity, low motivation, disorganization, and distractibility. It may be secondary to a physical trauma or other insult to the brain. This pattern, if clinically indicated, may be responsive to psychostimulant or stimulating antidepressant medication.

6: Decreased right temporal lobe tracer activity seen on both studies, more severe with concentration.

This abnormality may be associated with several different symptoms including mood instability, irritability, memory problems, abnormal perceptions (auditory or visual illusions, periods of déjà vu), periods of anxiety or irritability with little provocation, periods of spaciness or confusion, and unexplained headaches or abdominal pain. We have found abnormalities in this part of the brain to be helped with anticonvulsant medication when clinically indicated. Decreased activity in the temporal lobes may also be associated with learning problems, especially reading comprehension difficulties and auditory processing problems. Problems in the right temporal lobe have been associated with social withdrawal, social skill struggles and depression (more inwardly directed difficulties as opposed to left sided problems). If clinically indicated, it may be helped by anticonvulsant medications. A supplement alternative might be GABA to help inhibit erratic firing. If memory problems are the primary issue, then we often prescribe acetylcholine-esterase inhibitors, Namenda or a group of supplements to enhance memory, such as ginkgo biloba and Phosphatidyl serine.

7: Decreased left parietal lobe tracer activity seen on both studies, more severe with concentration, and decreased left and right posterior frontal cortex tracer activity seen on both studies.

This finding has been associated with toxic exposure, brain trauma, infection or Alzheimer's disease. The parietal lobes have also been implicated in attentional issues, direction sense, doing complex tasks and orienting oneself in space. Clinical correlation is essential.

8: Decreased tracer activity in the left and right inferior orbital prefrontal cortex seen on both studies.

When decreased perfusion in the inferior orbital prefrontal cortex is seen in both the resting and concentration states there may be a combination of depression and ADD or ADHD present. Clinical correlation is needed. This pattern has also been seen in response to head injuries affecting this part of the brain, and later in life in some dementia processes. This pattern, if clinically indicated, may be responsive to psychostimulant or stimulating antidepressant medication.

### Physician Section

It was a pleasure meeting with you and your parents today, Emily. We reviewed the above history and findings and discussed treatment goals of 1) staying out of the hospital and creating a life that feels less overwhelming, 2) having a good support team in place, 3) deal with the spurts of internal anger and the constant anxiety, and 4) get you to where you have confidence to start college classes.

All of the treatment options we discussed are outlined below; here's where we'll start:

- 1) Send your recent lab work and the school testing results.
- 2) I will talk with Dr. Gaddis (and possibly Dr. Kraus) about neurofeedback, and with Rick about Brain State. I will also continue to be in contact with Elise.
- 3) Start omega-3.
- 4) Start yoga.

We will get together next week to decide whether you will do Brain State or start medication and potentially neurofeedback. I look forward to working with you on this.

### Bio-Psycho-Social-Spiritual Evaluation

Given the pattern of symptoms and scan findings, I believe there is real hope for significant improvement with a regimen to properly optimize brain function.

### Diagnosis

#### Current

**F43.12 - Post-traumatic stress disorder, chronic**  
03/25/2016

Jennifer Farrell, M.D.

**F44.89 - Other dissociative and conversion disorders**  
03/25/2016

Jennifer Farrell, M.D.

### Biological Plan

#### General Bio-Medical Principles:

- Eliminate any potential toxins such as marijuana, excessive alcohol, other drugs, nicotine, caffeine, and environmental toxins.
- Treat or eliminate any potential underlying medical problem (for example: hypothyroidism, hormone imbalances, chronic infections).

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- Avoid any behaviors that put your brain at risk.

**Laboratory Recommendations:** We want to rule out any underlying biomedical issues that may be causing or exacerbating your symptoms.

#### Comprehensive Metabolic Panel

Send a copy of recent lab work. I recommend the following panel: CBC with differential, fasting general metabolic panel, lipid panel with particle size, 25-hydroxy vitamin D, homocysteine, hemoglobin A1C, thyroid panel [TSH, Free T3, Free T4, thyroid antibodies (thyroglobulin + thyroid peroxidase)], ferritin, DHEA-S

#### **Suggested Optimal Ranges of Some Important Blood Tests:**

Thyroid: The TSH level should be 2.0 or lower, ideally between 0.5 and 1.5. Aim for a free T3 level in the upper third of the so-called normal range.

Vitamin B12: 500 pg/ml or above

Vitamin D (25 Hydroxy): Aim for a level of 60-80, ideally about 80 ng/ml.

Ferritin: 50 or above, ideally about 100 ng/ml.

Zinc: Plasma zinc target of 100 mcg/dl.

#### **Specialty Consults** To Do Now

##### Other

I recommend having a hormone assessment with Dr. Koren Barrett. You can read more about her credentials at [www.newportintegrativehealth.com](http://www.newportintegrativehealth.com). Bring a copy of your hormone questionnaire (above) to your appointment.

#### **Potential Non-pharmacologic Biological Treatment Options:**

##### Neurofeedback

Trains your brain waves to produce healthy patterns, activating areas that need greater stimulation, and calming areas that are overactive. Neurofeedback is particularly helpful in quieting racing thoughts and calming excessive limbic, temporal lobe, and basal ganglia drive that can contribute to moodiness and anxiety.

QEEG (electrical brain mapping) is used by the neurofeedback specialist to determine the most appropriate protocol to maximize brain functioning.

Dr. Jay Gaddis does neurofeedback in our office, and Dr. Christine Kraus is on Dove Street.

#### **Medication**

##### **Medication Recommendation** To Do Now

When possible and practical, we generally start with a more natural approach first, combining the use of targeted nutraceuticals, focused psychotherapeutic modalities, healthy nutrition, regular exercise, normalization of sleep, a good daily schedule, clarity regarding current priorities and sense of purpose, etc., then go to traditional medication if needed.

However, based on your symptom history, genetic loading, and test results, I recommend initiating a trial of lamictal. Lamictal is a mood stabilizer/anticonvulsant that is effective for a cycling or irritable mood disorder with depression as the major component of the mood disorder. It can help stabilize temporal lobe functioning. A ten to fourteen week, slow titration may be necessary and is recommended. The starting dose can be as low as 25mg/day with changes every two weeks, watching for a rash. The dosage range is 100 to 400mg/day (given twice daily).

#### **Nutraceuticals/Supplements**

Based on your history, results of your assessments that were performed as part of the evaluation, and your prior treatment response, I would recommend that you start the following supplement(s). I am primarily going to make recommendations among our own branded nutraceuticals, simply because I know they are manufactured to the highest level of quality and purity, and that rigorous scientific thought and study went into their formulation to specifically address the needs of your brain type. However, if you would prefer to purchase the ingredients from outside sources, I would be happy to give you a list of the component ingredients.

##### Recommended Supplements To Do Now

##### **Omega-3 Fatty Acid**

I recommend you take 3,000 mg of fish oil per day. The Amen Clinics produce Omega 3 Power, which is a highly purified, high-quality omega-3 supplement. This highly concentrated and ultra-purified fish oil is a highly potent source of omega-3 fatty acids EPA and DHA, which are essential building-blocks for cell membranes and also essential for the brain's nerve cell connections (synapses). EPA and DHA provide crucial support for healthy memory, attention and other cognitive functions, healthy mood, and for clear and controlled demeanor, as well as for healthy development and maintenance of the brain and cardiovascular systems. Omega-3 has been shown to be helpful for brain healing/repair, has direct antidepressant benefit, and is good for cardiovascular functioning.



If you buy it from an outside vendor, you want to select a product that contains roughly a 3:2 EPA:DHA ratio, and take 3,000 mg/day or more of EPA+DHA. That equals about 1-1/2 packets/day of Coromega or three capsules/day of Omega 3 Power.

Background: The brain is 60% fat. All of our 100 billion nerve cells are lined in essential fatty acids. Low levels of Omega-3 fatty acids have been found in ADD, depression, and dementia. Omega-3 fatty acids (found in fish and flax seed oil) taken at a dosage of 2,000 to 6,000 mg daily can be a beneficial augmentation for mood stabilization and cognitive repair. High quality, pharmaceutical-grade fish oil is best, as it has higher levels than flax seed oil to boost the levels of Omega-3 fatty acids in the brain. Here are sources of good and bad dietary fat:

Good fat sources: anchovies, avocados, Brazil nuts, canola oil, cashews, flax seed oil, green leafy vegetables, herring, lean meats, olive oil, peanut oil, Pistachio nuts, salmon, sardines, trout, tuna, walnuts, whitefish.

Bad fat sources: bacon, butter, cheese (regular fat), cream sauces, donuts, fried foods such as potatoes/onion rings, ice cream, lamb chops, margarine, potato chips (fried), processed foods, steak, and whole milk.

Dosing: Take 2 softgels daily with meals, or more, to a maximum 4 softgels per day

## Nutritional Plan

### To Do Now

### Recommended Nutritional Plan

**Dietary Strategies:** The brain uses 20 - 30% of the calories you consume. A brain healthy diet is critical to your treatment success.

### General Guidelines:

#### Eat 5 to 6 Small, Frequent Meals

Eat 5 to 6 small, frequent meals throughout the day to help stabilize your blood sugar and your mood. If you have low temporal lobe activity and are easily irritable or anxious, controlling the highs and lows resulting from unstable glucose levels can be very helpful.

a.) A typical plate would include: protein, healthy fats and low glycemic high fiber carbohydrates. Having protein at each meal also may help increase dopamine levels and increase focus and concentration during the day.

b.) Sample meals include: protein smoothie with berries, almond milk and nuts, veggies with hummus or guacamole, almond butter on fruit, grilled chicken on salad, lamb chops with broccoli and sweet potato, or salmon with asparagus and quinoa.

#### Eliminate Sugar

Eliminate Sugar, Soda/ Diet Soda, Sugar Alternatives from your diet. If you have sugar cravings, depression, and/or comfort eating, eliminating sugar may help you. Even though they are low in calories, the sweet taste causes the release of insulin, causing a drop in blood sugar, which triggers hunger and cravings for sugar. The artificial sweeteners also dampen the "reward centers" in your brain, which also induce you to indulge in more calorie-rich, sweet-tasting food. They hijack the same pleasure centers in your brain that drugs of abuse like cocaine and heroin do, and trigger addiction-like cravings and sugar-seeking behavior.

Individuals who drink a lot of diet soda also develop Type II diabetes and weight gain as frequently - perhaps even more frequently - than those who drink regular sodas. Even if you maintain a healthy weight, they still significantly increase the risk of the top three killers in the United States: diabetes, heart disease and stroke.

#### Water

Water: Consume 1/2 your weight in ounces per day, with maximum of 100 oz/day.

### Food Mood Connection:

#### Lower Carbohydrate Diet

If you struggle with impulsive behaviors, ADD/ADHD, difficulty concentrating, difficulty focusing, lack of energy, or low activity in the pre-frontal cortex and temporal lobes, consider a diet that is higher in protein and healthy fats and lower in carbohydrates.

## Exercise Plan

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**A regular exercise regimen:** To Do Now

The health benefits from physical exercise are truly amazing. Solid research has shown that regular exercise helps protect brain cells against toxins, including free radicals and excess glutamate; helps repair damaged DNA; reduces the risk of cognitive impairment, heart disease and stroke; improves cholesterol and fat metabolism, plus improving blood, oxygen and glucose delivery to tissues; reduces risk of diabetes, osteoporosis, depression, colon and breast cancer. Regular exercise is as effective as 12 sessions of psychotherapy. It is one of the best, natural treatments for ADHD, anxiety, and depression. I recommend that you exercise a minimum of 30 minutes 5 times per week. In order for the exercise to be aerobic you must have a sustained increased heart rate.

Consider incorporating any exercise you enjoy - biking, swimming, walking, hiking, aerobic classes, Cross-Fit, tennis. Set the bar low. Even if you commit to walking to the end of the block and back every day, it's a start.

#### **Specific Brain-Type Physical Exercise Recommendations:**

The best types of exercise for your brain include coordination activities (e.g., dancing, tennis, table tennis) that incorporate coordination moves with aerobic activity. These types of aerobic activities spawn new brain cells, while the coordination moves strengthen these new connections.

##### **Deep Limbic**

Aerobic activities that are social, such as dancing or joining a local sports team, help calm hyperactivity in the deep limbic system and enhance your mood, in addition to a boost of blood flow and multiple neurotransmitters in the brain.

##### **Basal Ganglia**

Yoga and tai chi soothe overactivity in basal ganglia and calm anxiety.

##### **Temporal Lobe**

Can be reduced through aerobic coordination activities that involve music.

#### **Mental Exercise To Do Now**

##### **Specific Brain-Type Mental Exercise Recommendations:**

The brain is like a muscle. The more you use your brain, the better it will function. New learning and mental work-outs are essential to keeping the brain healthy.

##### **Prefrontal Cortex**

Crossword puzzles and word games, meditation, hypnosis.

##### **Deep Limbic**

Killing the ANTs (automatic negative thoughts), gratitude practice

##### **Basal Ganglia**

Deep relaxation, hand-warming techniques, diaphragmatic breathing

##### **Temporal Lobe**

Memory games, naming games, singing

##### **Parietal Lobes**

Juggling, interior design

#### **Psychological Plan**

#### **Psychotherapy To Do Now**

##### **Dialectical Behavior Therapy**

This is a type of therapy that trains you in specific self-regulation skills, maintain a quiet mind and body, and make healthy behavioral choices, even when anxious or stressed.

##### **Somatic Experiencing**

This is a therapy designed by Peter Levine, PhD, that is a great body-focused way to release the physiologic energy trapped as the result of developmental trauma. It can be very effective when used in combination with EMDR.

<http://www.traumahealing.com/somatic-experiencing/>

##### **Women's Small Group**

I would love to see you find and participate in a small women's group, either through a therapist, a church, or a support group. You could benefit tremendously from the kind of support, camaraderie, encouragement, **RESPT APP 0880** and accountability that such a group provides.

## Relaxation and Mindfulness Techniques

Techniques such as guided imagery, prayer, meditation, diaphragmatic breathing exercises, autogenic training, etc., can be quite beneficial psychologically and biologically. They increase resilience to stress and conflict, quiet your brain and body, improve sleep, and enhance immune system functioning.

### Brain Fit Life Membership

I'm going to provide you with a free Brain Fit Life (BFL) membership for one year. This is our online program to help you improve your brain health anytime, anywhere. It has a lot of fantastic content and I think it will be very helpful for you. BFL starts by having you take the Brain Health Assessment which gives you a Brain Fit Score and a description of your unique brain type. You are then provided with a personalized plan to optimize your brain and body, including:

- Exercises and games to focus, balance and train your brain
- Meditation and hypnosis audios
- Brain-healthy recipes
- Workout tips
- Live monthly coaching calls with Tana and Dr. Amen
- And so much more!

I'll include a sheet in your take-home binder that provides more details of BFL's benefits.

#### Costa Mesa

To start your free membership, visit [www.mybrainfitlife.com](http://www.mybrainfitlife.com) and take the Brain Health Assessment. You can then create an account with your email address and this promo code: BFLCM (this code is only for you, so please don't share it with anyone). Enjoy!

### Spiritual Plan

#### Adult To Do Now

Your main job is to figure out the lifestyle - the schedule of daily and weekly practices - that keep your spiritual well filled up. Consider what activities - prayer, meditation, music, contact with like-minded people, spiritually-focused readings, time in nature, etc - reliably keep you emotionally and spiritually centered. What are the activities that reliably produce 'spiritual fruit' of joy, gratitude, compassion, and the acceptance of yourself and others? What are the choices that anchor you most effectively in your authentic self? Be specific.

Purpose is about goals, but it is primarily about the way you orient yourself to the world on a daily basis. What is the mindset, the emotional and spiritual center, out of which you relate and function most effortlessly, meaningfully, joyfully, and fruitfully? What have you learned about how to anchor yourself in that way of being throughout the day, in the midst of both trials and opportunities?

What are your current priorities - your "purposes" - going into this next chapter of your life? A purpose is something you are drawn toward and cannot refuse; you feel "pulled" to your purpose. Stop and form a mental "picture" of how you want your life to look in the near future. Let's build upon the values and insights of your current purpose, vision, and priorities to create a plan that will lead you successfully ahead, step by step.

Goal-Setting. You cannot hit a target you cannot see. It's also more powerful to run to a given compelling 'light' of your choice, rather than just trying to run from the 'darkness'. You came to the Amen Clinic because you're at a transition point in your life. Take time to ponder the direction you want your life to go in.

- Who are you now, and what is important in this upcoming phase of life?
- What has your life taught you so far about where your gifts and interests lie?
- What is your over-arching sense of mission, or calling?

- What could you do this week to begin to embed those values into your life, so that you experience a deep sense of purpose and meaning on a regular basis, rather than having it be a rare or random experience?

Make a written contract with yourself. Use the format, "Because I value \_\_\_\_\_, I will do \_\_\_\_\_. Write those commitments out for your goals as they relate to important relationships, vocational or educational, finances, physical health, emotional and spiritual health, and goals that help you fulfill your mission or calling.

Make a public declaration of your intentions by sharing that contract with selected others who know and love you, and review it regularly.

Journal: Get in the habit of reconnecting with yourself on a daily basis. What are you feeling, what are you sensing, what's working, what's not working, what's emerging.

### Physician Details

**RESP'T APP 0881**

Questions: I am available to you via email or phone. Extremely simple questions may be handled by a brief exchange of messages;

ER 001836

otherwise, it is better to schedule appointments. While we do not charge for very brief issues requiring five minutes or less of my time, letter writing, form completion, record review, review of laboratory results, medication prior authorization, and other requests outside of scheduled appointments will incur a charge, depending on the amount of time needed.

I am happy to speak to and collaborate with anyone involved in your care. Please sign a release for me to send a copy of this report to any health care professional you are currently seeing, and anyone else you would like to receive one.

Thank you very much for allowing me to participate in your care. I am optimistic that the recommendations we discussed will be helpful to you. Generally, I answer all questions during your scheduled appointment times, but if you have a brief question in the interim, then please contact me via my assistant at [acameron@amenclinic.com](mailto:acameron@amenclinic.com). My assistant, Alex, can be reached at the clinic by calling 949-266-3793.

**Jennifer Farrell, M.D.**

**Diplomate, American Board of Psychiatry and Neurology**

**Diplomate, American Board of Addiction Medicine**

**Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine**

<b>Physician Signatures</b>
—Digitally Signed: 03/25/2016 12:04 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

**RESP'T APP 0882**

ER 001837

Page 18 of 18



**Amen Clinics, Inc.**  
**A Medical Corporation**  
 SPECT BRAIN IMAGING PATIENT WORKSHEET

**Office Use only:**

- ☐ Scan-Only    ☒ ACI Eval    ☐ SAME DAY  
☐ ACI Scan Review    ☐ ReSPECT  
☐ Sedation  
☐ Atlanta    ☐ Bellevue    ☐ Brisbane  
☐ New York    ☐ Costa Mesa    ☐ Reston

Initial box  
after uploaded  
to BestNotes:

SPECT scans ordered  
☐ Baseline ☐ Concentration  
☒ Both ☐ Intervention

Current Date: \_\_\_\_\_

Please fill out the first 2 columns completely.

Name: EMILY REED  
FIRST M.I. LAST  
 Address: 20762 Crestview Lane  
HB, CA 92646  
 Phone: HM \_\_\_\_\_ OTHR \_\_\_\_\_  
 DOB: 11/16/96 AGE: 19 SEX: F  
 HT: 5-4 WT: 110  
 HANDED: ☒ Right ☐ Left ☐ Both  
 Pregnant: ☐ Yes ☒ No Nursing: ☐ Yes ☒ No  
 For Females: date started last period 3/12/16

**Who Is Your Referring Doctor?**

(Please fill out completely; if none, enter "None")

Name: Elise Collier  
 Address: 901 Drive Street 145  
Newport Beach CA 92660  
 Telephone: 562 335-9552 Fax: \_\_\_\_\_

**Are You Seeing A Doctor At The Amen Clinic?**

Yes ☒ No ☐ Name DR. FABER  
 Appointment Date: 3/25/16

**Current Medications and Supplements** (Please list all medications and supplements taken at any time within the last month. Please include the date and times of last dose) [If none, enter "None"]

Excedrin - 2 total  
Sudafed - 2 total  
adul - 2 total  
Melatonin - 2

Which of the following symptoms or problems have been significant for you (or your child) currently [C] or in the past [P]?

- C P  
☐ head trauma (list date and type) \_\_\_\_\_  
☐ aggressive or violent behavior  
☒ depression or mood instability  
☐ bipolar spectrum  
☒ anxiety or nervousness  
☒ gets stuck on negative thoughts or behaviors  
☒ obsessive thoughts or compulsive behaviors  
☐ behavior addictions, i.e., eating, sex or gambling  
☐ brain effects of drug or alcohol abuse  
☐ toxic chemical exposure  
☐ attention deficit disorder  
☐ autistic spectrum  
☒ learning problems: type Processing  
☒ memory problems  
☒ past emotional traumatic issues  
☐ oppositional or conduct problems  
☐ premenstrual tension syndrome  
☐ stroke  
☐ seizure activity ☐ absence ☐ generalized  
☐ Other: \_\_\_\_\_

Physical Abuse? ☐ Yes ☒ No  
 Drug Abuse? ☐ Yes ☒ No  
 Do you smoke? ☐ Yes ☒ No  
 If yes, how much \_\_\_\_\_ how long \_\_\_\_\_

Family Hx of Psychiatric Problems? ☐ Yes ☒ No  
 If Yes, who and what problem? \_\_\_\_\_

\*\*Please notify your scan technician if there are any medical conditions they should be aware of (i.e. hepatitis, HIV, blood thinners, etc).\*\*

Amen Clinics  
 SIGNATURE

Date: 3/23/16

Emily Reed

**Nuclear Technologist Section**

Patient ID \_\_\_\_\_ CID 365847

**Concentration Study**  
 Date: 3/23/16 Dose: 20.7 Tc 99m HMPAO  
 Log #: \_\_\_\_\_ Optical Disk #: \_\_\_\_\_

Eyes: ☒ Open ☐ Closed....Lights: ☐ On ☒ Off  
 Computer ☒ Math Cards ☐ Other ☐

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Baseline Study**  
 Date: 3/24 Dose: 21.5 Tc 99m HMPAO  
 Log #: \_\_\_\_\_ Optical Disk #: \_\_\_\_\_

Eyes: ☒ Open ☐ Closed....Lights: ☐ On ☒ Off  
 Computer ☐ Math Cards ☐ Other ☐

Comments: LA  
 \_\_\_\_\_

**(Conc/Base) Challenge Study**  
 Intervention: \_\_\_\_\_

Date: \_\_\_\_\_ Dose: \_\_\_\_\_ Tc 99m HMPAO  
 Log #: \_\_\_\_\_ Optical Disk #: \_\_\_\_\_

Eyes: ☐ Open ☐ Closed....Lights: ☐ On ☐ Off  
 Computer ☐ Math Cards ☐ Other ☐

Comments: \_\_\_\_\_

**RESP'T APP 0883**

**Prior Studies**

☐ MRI ☒ CT Scan ☐ EEG ☐ SPECT



3/14

Emily Reed

4/18-20

3/17/14 ER → adm 3/18-4/07/14

SI, alt. sleep x 1 week, uncontr. crying,  
seen by PMD but worsening. Refusing food,  
Wanted to starve to death.

Brought to ED b/c crying in school on floor  
in fetal position.

2007 beh Δ's, brother abused

IEP since age 15 = psychologist.

Developmentally: Failed mult. hearing tests  
but hearing eventually found to be normal  
+ tests indicated possible malingering.

→ IEP started 5<sup>th</sup> grade

106  
divorce

d/c 4/7/14 MDD, chronic PTSD, soc. anx d/o

one episode of AH. Regressed, self-harming  
behav, asked to sleep in closet. Disclosed  
sex abuse by dad's roommate - forced to  
watch porn + engage in oral sex for years.

11yr  
hx

— "prolonged abuse, decline in social + academic  
fn., complex fam. dynamics" 5 meds Rx'd

Sent to Center For Discovery

CFD 4/7-5/12/14 - Recommended partial hosp  
(35d) after but scheduling conflicts so 10P.

Y noted "dep off/on x several years" - much  
worse 2° abuse. Mult. panic att/day @ CFD.

D/C'd 2° insurance denial for further tx.

RESP'T APP 0884

**RESP'T APP 0885**

ER 001840

Feb/March 2015 5150 Del Amo SI x/mo

4/16-17/2015

agitated @ school, rolling around on asphalt  
fetal position x 35 min, screaming per  
school psychologist. 5150

Trauma work, dissociation, AH

Upcoming court case

4/18-20 PTSD, MDD = 4 features

↓ 3/15 Del Amo 5150 12<sup>th</sup> grade (18)

No d/c summary

SI ~~at~~ tried to strangle self w/ sweater  
sleeves

RESP'T APP 0886

ER 001841

**RESP'T APP 0887**

ER 001842

Name: Emily Reed Marital Status: Single Age: 19 Sex: F  
 Occupation: N/A Education: 12<sup>th</sup>

**Instructions:** This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

**1. Sadness**

- 0 I do not feel sad.  
 ① I feel sad much of the time.  
 2 I am sad all the time.  
 3 I am so sad or unhappy that I can't stand it.

**2. Pessimism**

- 0 I am not discouraged about my future.  
 ① I feel more discouraged about my future than I used to be.  
 2 I do not expect things to work out for me.  
 3 I feel my future is hopeless and will only get worse.

**3. Past Failure**

- 0 I do not feel like a failure.  
 1 I have failed more than I should have.  
 ② As I look back, I see a lot of failures.  
 3 I feel I am a total failure as a person.

**4. Loss of Pleasure**

- ① I get as much pleasure as I ever did from the things I enjoy.  
 1 I don't enjoy things as much as I used to.  
 2 I get very little pleasure from the things I used to enjoy.  
 3 I can't get any pleasure from the things I used to enjoy.

**5. Guilty Feelings**

- 0 I don't feel particularly guilty.  
 1 I feel guilty over many things I have done or should have done.  
 2 I feel quite guilty most of the time.  
 ③ I feel guilty all of the time.

**6. Punishment Feelings**

- 0 I don't feel I am being punished.  
 1 I feel I may be punished.  
 ② I expect to be punished.  
 3 I feel I am being punished.

**7. Self-Dislike**

- 0 I feel the same about myself as ever.  
 1 I have lost confidence in myself.  
 ② I am disappointed in myself.  
 3 I dislike myself.

**8. Self-Criticalness**

- 0 I don't criticize or blame myself more than usual.  
 1 I am more critical of myself than I used to be.  
 ② I criticize myself for all of my faults.  
 3 I blame myself for everything bad that happens.

**9. Suicidal Thoughts or Wishes**

- 0 I don't have any thoughts of killing myself.  
 ① I have thoughts of killing myself, but I would not carry them out.  
 2 I would like to kill myself.  
 3 I would kill myself if I had the chance.

**10. Crying**

- ① I don't cry any more than I used to.  
 1 I cry more than I used to.  
 2 I cry over every little thing.  
 3 I feel like crying, but I can't.

14

Subtotal Page 1

Continued on Back



**11. Agitation**

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

**12. Loss of Interest**

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

**13. Indecisiveness**

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

**14. Worthlessness**

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

**15. Loss of Energy**

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

**16. Changes in Sleeping Pattern**

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

**17. Irritability**

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

**18. Changes in Appetite**

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

**19. Concentration Difficulty**

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

**20. Tiredness or Fatigue**

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

**21. Loss of Interest in Sex** N/A

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

16

Subtotal Page 2

14

RESP'T APP 0889

30

Total Score



## **Conners' Continuous Performance Test II (CPT II V.5)**

*By C. Keith Conners, Ph.D. and MHS Staff*

### **Profile Report**

**Client Name:** Emily Reed

Age: 19  
Gender: Female  
Education: n/a  
Grade: n/a  
Administration Date: March 23, 2016  
School/Facility: n/a  
Current Medication(s): n/a

Caution: This report is intended to be used by the test administrator as an interpretive aid. This report should not be used as the sole basis for clinical diagnosis or intervention.



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P.O. Box 950, North Tonawanda, NY 14120-0950  
3770 Victoria Park Ave., Toronto, ON M2H 3M6

**RESP'T APP 0890**

ER 001845

## Introduction

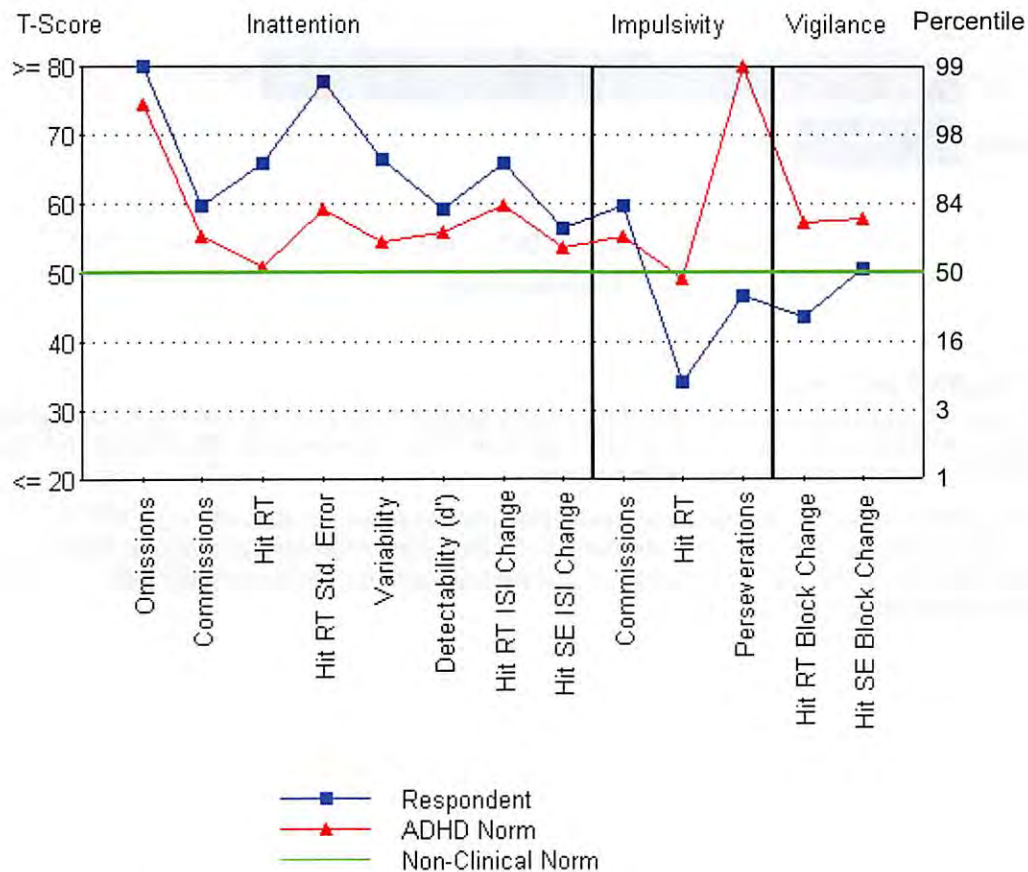
The Conners' Continuous Performance Test II (CPT II) is a valuable assessment tool that can reveal important information about an individual's functioning. The instrument is helpful when a diagnosis of ADHD is being considered.

This report provides information about Emily's CPT II scores, what scales and indexes are elevated and how she compares to the normative group. The non-clinical sample includes 1,920 individuals from the general population. The clinical norm groups include 378 cases with ADHD, and 223 neurologically-impaired adults. For further information refer to the CPT II Technical Guide and Software Manual published by MHS.



## Respondent Profile Contrasted Against Non-Clinical and ADHD Norms

The following graph compares Emily's T-scores against Non-Clinical and ADHD norms.



Note: For visual display in the graph above, Hit RT is scaled such that for

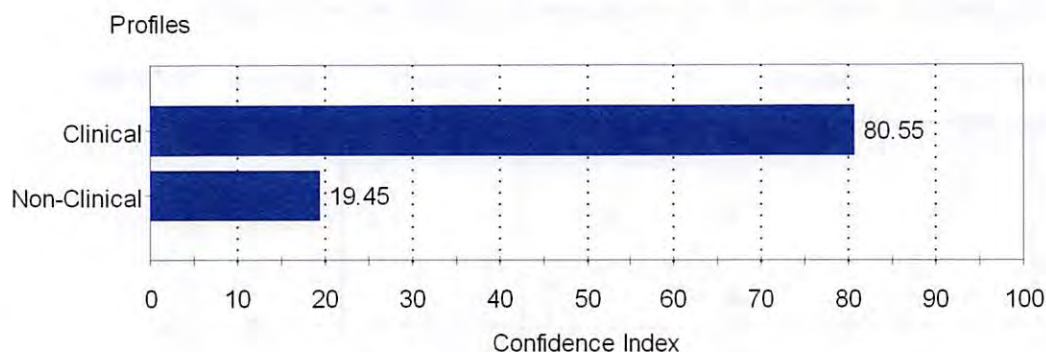
1. Inattention - slow reaction times produce high T-scores.
2. Impulsivity - fast reaction times produce high T-scores.

**RESP'T APP 0892** 

ER 001847

## Confidence Index Associated with ADHD Assessment

The following graph shows Emily's Confidence Index for the clinical and non-clinical profiles.



### Clinical, 80.55% Confidence

The CPT discriminant function indicates that the results better match a clinical than non-clinical profile. The Confidence Index computed can be readily described in the following way: The chances are 80.55 out of 100 that a significant attention problem exists.

The Confidence Index should always be reviewed in relation to results on the remaining CPT II measures. When the Confidence Index falls close to 50 (providing no decision), however, there is a heightened need to examine all individual index and measure scores, and to consider the inter-relationships between them.



## Summary of Overall Measures

(general population norms used)

The following table summarizes Emily's overall measures and gives general information about how she compares to the normative group.

Measure	Value	T-Score	Percentile	Guideline
Omissions %	24 7.43	103.63	99.00	MARKEDLY ATYPICAL
Commissions %	17 47.22	59.77	85.91	MILDLY ATYPICAL
Hit RT	498.30	65.70	95.23	ATYPICALLY SLOW
Hit RT Std. Error	11.87	77.80	99.00	MARKEDLY ATYPICAL
Variability	15.46	66.38	94.91	MARKEDLY ATYPICAL
Detectability (d')	0.47	59.04	81.70	MILDLY ATYPICAL
Response Style ( $\beta$ )	1.27	53.53	67.46	within average range
Perseverations %	0 0.00	46.79	41.25	within average range
Hit RT Block Change	-0.01	43.62	29.53	good performance
Hit SE Block Change	-0.01	50.68	56.66	within average range
Hit RT ISI Change	0.10	65.97	95.50	MARKEDLY ATYPICAL
Hit SE ISI Change	0.09	56.52	77.36	within average range

## Summary of Inattention Measures

(general population norms used)

The following table summarizes Emily's inattention measures and gives general information about how she compares to the normative group.

Measure	Value	T-Score	Percentile	Guideline
Omissions %	24 7.43	103.63	99.00	Inattention
Commissions %	17 47.22	59.77	85.91	Inattention
Hit RT	498.30	65.70	95.23	Inattention
Hit RT Std. Error	11.87	77.80	99.00	Inattention
Variability	15.46	66.38	94.91	Inattention
Detectability (d')	0.47	59.04	81.70	Inattention
Hit RT ISI Change	0.10	65.97	95.50	Inattention
Hit SE ISI Change	0.09	56.52	77.36	OK

## Summary of Impulsivity Measures

### (general population norms used)

The following table summarizes Emily's impulsivity measures and gives general information about how she compares to the normative group.

Measure	Value	T-Score	Percentile	Guideline
Commissions %	17 47.22	59.77	85.91	Impulsive
Hit RT	498.30	65.70	95.23	OK
Perseverations %	0 0.00	46.79	41.25	OK

## Summary of Vigilance Measures

### (general population norms used)

The following table summarizes Emily's vigilance measures and gives general information about how she compares to the normative group.

Measure	Value	T-Score	Percentile	Guideline
Hit RT Block Change	-0.01	43.62	29.53	OK
Hit SE Block Change	-0.01	50.68	56.66	OK

## About the Summary Measures

Conversions were made for d' so that high T-scores (i.e.,  $\geq 60$ ) indicate poor performance for ALL measures listed in the table.

For  $\beta$ , both high AND low scores are noteworthy, indicating unusual response styles.

Likewise, both high and low Hit RT T-scores can be significant. Low T-scores (unusually fast RTs) may be associated with impulsivity, and high T-scores (unusually slow RTs) may indicate inattentiveness.

In general, the more measures that are atypical, the more likely that a problem exists. The presence of only one atypical measure does not usually indicate a problem.

## Interpretive Guide

The CPT II provides a rich source of information. The report includes four sections. The first section checks the validity of the administration. The second section defines the measures and summarizes the respondent's performance on each measure. The third section synthesizes the information from the measures into a performance profile and provides substantive analysis. The fourth section uses discriminant analyses to provide an overall assessment, which is summarized briefly in the QuickView section presented next.

## QuickView

### Respondent: Emily Reed

Confidence Index Assessment (ADHD): Clinical, Confidence Index = 80.55%

Clinically Significant Attention Problem, Confidence Index = 80.55%. The CPT discriminant function indicates that the results better match an ADHD clinical profile than non-clinical profile. The Confidence Index can be described in the following way. The chances are 80.55 out of 100 that a clinically significant problem exists.

In addition to the Confidence Index, the scores for all of the other specific measures must be considered when interpreting the results.

## Validity of Administration

The CPT II performs a self-diagnostic check of the accuracy of the timing of each CPT administration. There was no indication of any timing difficulties or respondent non-compliance, and the current administration should be considered valid.

## Definitions and Summary of Measures

This section defines each measure, and provides a brief statement regarding the respondent's performance with respect to each of these measures. Substantive interpretation is then provided in subsequent sections.

### Omissions

Omissions result from the failure to respond to target letters (i.e., non-Xs)

Emily made a large number of omission errors. The percentage of omission errors was substantially higher than the average of the normative group.

### Commissions

Commission errors are made when responses are given to non-targets (i.e., Xs).

Emily made a large number of commission errors. The percentage of commission errors is higher than the average of the normative group.

### Hit Reaction Time - Overall (Hit RT)

Overall Hit Reaction Time is the average speed of correct responses for the entire test.

Emily's overall mean reaction time was very slow in comparison to the normative group average.

### Standard Error - Overall (Hit RT Std Error)

Standard Error is a measure of response speed consistency. The higher the Overall Standard Error, the greater the inconsistency in the response speed.

Emily's reaction times were substantially more variable than the normative group average. Reaction times were highly inconsistent.

**Variability of Standard Error**

Like Overall Standard Error, the Variability of Standard Error is a measure of response speed consistency. However, Variability of Standard Error measures "within respondent" variability. That is, the amount of variability the individual shows in 18 separate segments of the test in relation to his or her own overall standard error. Although Variability of Standard Error is a different measure than Overall Standard Error, typically the two measures produce comparable results. The higher the Variability of Standard Error, the greater the inconsistency in the response speed.

The Variability of Standard Error for Emily was substantially higher than the normative group average.

**Detectability (d')**

The value  $d'$  is a measure of the difference between the signal (non-X) and noise (X) distributions. As such  $d'$  provides a means for assessing an individual's discriminative power since, in general, the greater the difference between the signal and noise distributions, the better the ability to distinguish and detect X and non-X stimuli.

Emily had a relatively high T-score for d-prime which indicates below par detectability.

**Response Style Indicator ( $\beta$ )**

Beta ( $\beta$ ) represents an individual's response tendency: Some individuals are cautious and choose not to respond very often. Conceptually, such individuals want to make sure they are correct when they give a response. Higher values of Beta reflect this response style. The emphasis is on avoiding commission errors. Other individuals respond more freely to make sure they respond to most or all targets, and they tend to be less concerned about mistakenly responding to a non-target. Lower values of Beta are produced by this response style.

The obtained value of Beta is within the average range of the normative group indicating a fairly typical response style.

**Perseverations**

Any reaction time that is less than 100 ms constitutes a perseverative response. Given normal expectations of physiological ability to respond, such responses are usually either slow responses to a preceding stimuli, a random response, an anticipatory response, or a response repeated without consideration of the stimuli or task requirements.

The number of perseverations made by the respondent is within the average range.

**Hit Reaction Time by Block (Hit RT Block Change)**

Hit RT Block Change measures change in reaction time across the duration of the test. High values of Hit RT Block Change indicate a substantial slowing in reaction times. Low values indicate that responses got quicker as the test progressed.

The low T-score indicates that Emily performed better than the norm on this measure.

**Standard Error by Block (Hit SE Block Change)**

Standard Error by Block detects changes in response consistency over the duration of the test. High values of Hit SE Block Change indicate a substantial loss of consistency as the test progressed. Low values on this measure indicate sustained or improved response consistency.

The observed change in response consistency was about typical in comparison to others in the normative group.

**Reaction Time by Inter-Stimulus Interval (Hit RT ISI Change)**

This measure examines change in average reaction times at the different Inter-Stimulus Intervals (i.e., when the letters are presented at 1, 2, or 4 second intervals).

The high T-score on this measure indicates that Emily slowed down substantially in response to longer Inter-Stimulus Intervals. Sometimes, this finding relates to activation/arousal needs. Consider optimal stimulation levels in explaining performance.

**Standard Error by Inter-Stimulus Interval (Hit SE ISI Change)**

This measure examines change in the standard error of reaction times at the different Inter-Stimulus Intervals (i.e., when the letters are presented at 1, 2, or 4 second intervals).

The obtained value of Hit SE ISI Change is within the average range of the normative group indicating typical changes in response consistency across the different ISI levels.

**Profile Analysis**

This section integrates all of the CPT data obtained from the administration to provide clinically relevant interpretations of the results. The interpretations given in this section should be treated as hypotheses, and must be combined with other information about the respondent.

\* Slow and inaccurate: Slow responses coupled with lots of errors is a distinctly problematic pattern that cannot easily be explained by response style. Generally, this pattern is a strong indicator of an attention-related deficit.

\* Standard Error and Variability both pertain to consistency of performance, and attentiveness. Since both of these measures are elevated, performance was generally erratic and indicative of poor attention capacity.

\* Emily's CPT performance was substantively affected by the Inter-Stimulus Interval. Specifically, there was a substantial decline in reaction time when the ISI was slowed from 1 second to 2 and 4 seconds. The failure to make the necessary adjustment to the change in tempo of stimulus presentation may reflect a diminished ability to adapt to changing task requirements.

In addition, each score can also be considered separately concentrating on T-scores above 60 (if there are any). High scores in Omissions, Commissions, and Overall Hit Reaction Time pertain to inattentiveness. High scores on Overall Standard Error and Variability relate to response consistency and "erraticness." A high T-score for d' is commonly associated with poor perceptual power for this task and a below average ability to discriminate targets from non-targets. High scores on either Hit RT ISI Change or Hit SE ISI Change tend to indicate a difficulty to adjust to changing task demands. High commission T-scores can be the result of inattentiveness, but when coupled with average or faster than average reaction times (e.g., Overall Hit RT T-score of 50 or less), it also can be due to impulsivity. High scores on either Hit RT Block Change or Hit SE Block Change result from a decline in performance as the test progressed, and high scores on these measures may relate to vigilance deficits.

**Overall Assessment**

This section looks at the Confidence Index and the number of elevated measures to provide an overall assessment of performance on the CPT.

ADHD Assessment: Poor CPT performance; potential attention problems.

The ADHD Confidence Index suggests a clinical classification, and several measures were elevated significantly.

**Important Additional Notations**

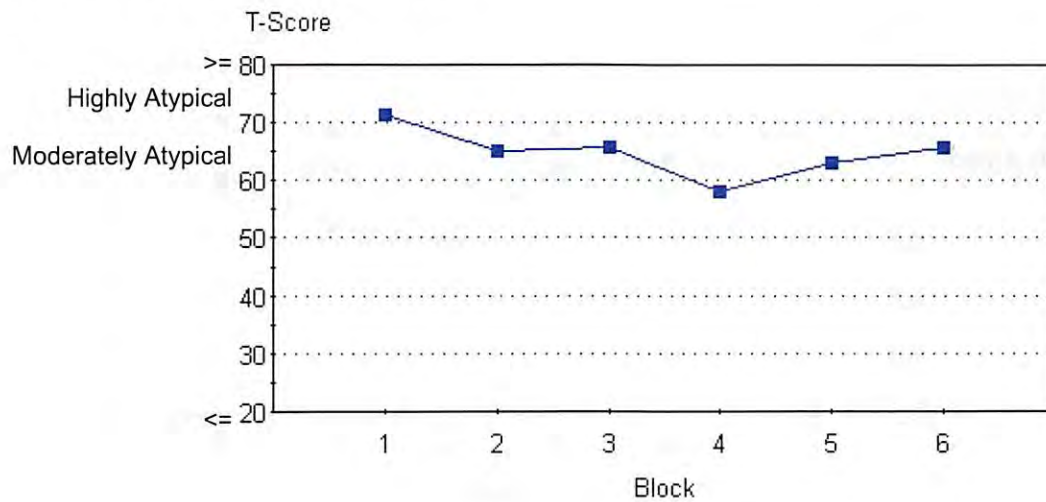


The comments in this report are based on general patterns apparent in Emily Reed's responses. Always examine the graphs and information provided carefully to refine (and add to) the interpretations given. For instance, you will want to consider the statistics that are not explicitly discussed in this printed report. Please consult the CPT II Technical Guide and Software Manual, or use the CPT II Help while examining "on screen" report for information about the statistics.

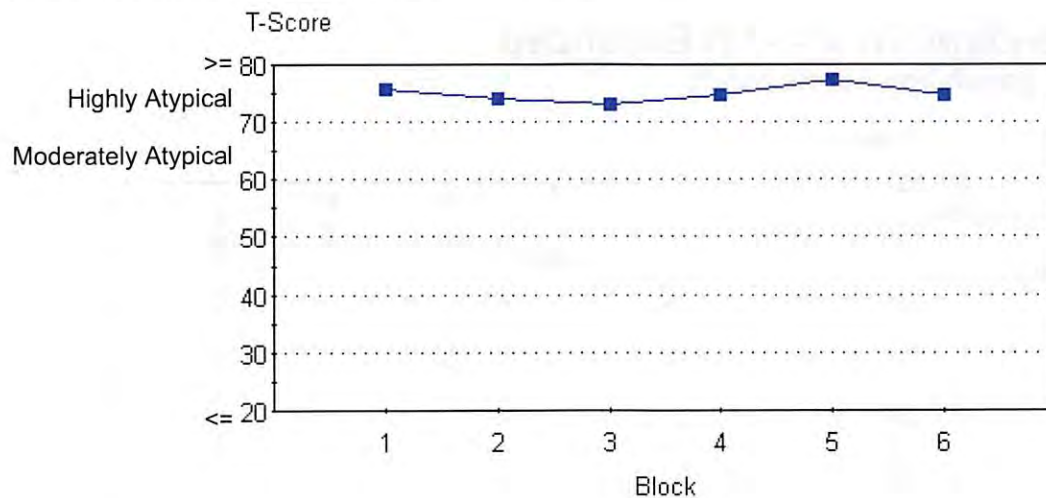
The comments made in this report should be used as an aid in the assessment process. Other sources of information (e.g., historical information, assessments, observations) should be used in conjunction with the information from the CPT II reports when assessing an individual. The information contained in this report should be treated as confidential.

**RESP'T APP 0899**  **MHS**

## Mean Hit Reaction Times - ISI Collapsed (general population norms used)



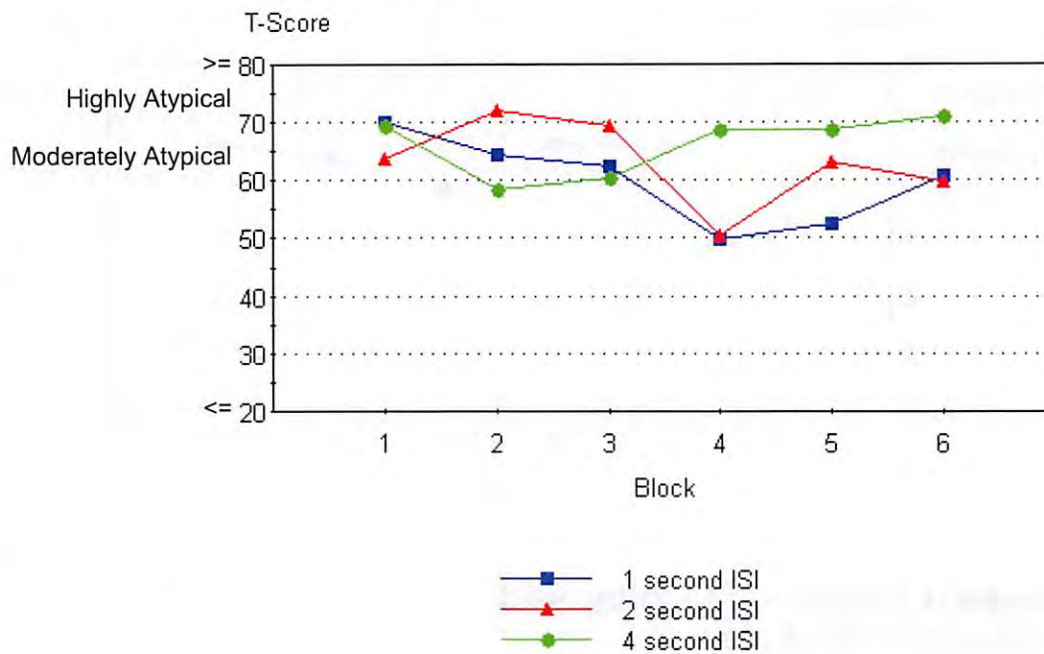
## Hit Standard Errors - ISI Collapsed (general population norms used)



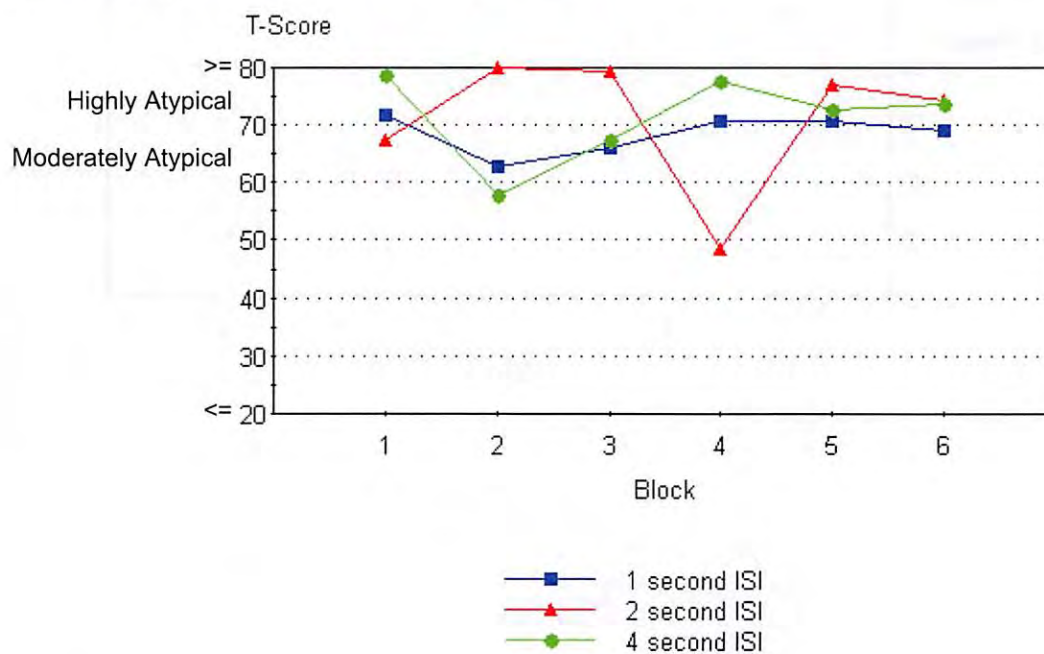
RESPT APP 0900  MHS

ER 001855

## Mean Hit Reaction Times - ISI Expanded (general population norms used)



## Hit Standard Errors - ISI Expanded (general population norms used)



RESP'T APP 0901 

ER 001856

**Block Data (ISI Collapsed)**

Measure	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6
Trials	59	60	60	60	60	60
Targets	53	54	54	54	54	54
%	90.00	90.00	90.00	90.00	90.00	90.00
Hits	46	45	51	52	52	53
%	87.00	83.00	94.00	96.00	96.00	98.00
Omissions	7	9	3	2	2	1
%	13.00	17.00	6.00	4.00	4.00	2.00
Non-Targets	6	6	6	6	6	6
%	10.00	10.00	10.00	10.00	10.00	10.00
Rejections	3	4	4	3	3	2
%	50.00	67.00	67.00	50.00	50.00	33.00
Commissions	3	2	2	3	3	4
%	50.00	33.00	33.00	50.00	50.00	67.00
Overall RT (ms)	512	531	503	435	493	497
Hit RT (ms)	518	526	510	443	493	507
Commission RT (ms)	420	655	338	288	491	371
Hit RT Std. Error (ms)	34.18	25.51	26.57	26.37	30.68	28.71

 **RESP'T APP 0902**

**Block Data (1 Second ISI)**

Measure	Block 1	Block 6	Block 9	Block 10	Block 14	Block 17	Overall
Trials	19	20	20	20	20	20	119
Targets	17	18	18	18	18	18	107
%	89.00	90.00	90.00	90.00	90.00	90.00	90.00
Hits	11	16	17	17	18	18	97
%	65.00	89.00	94.00	94.00	100.00	100.00	91.00
Omissions	6	2	1	1	0	0	10
%	35.00	11.00	6.00	6.00	0.00	0.00	9.00
Non-Targets	2	2	2	2	2	2	12
%	11.00	10.00	10.00	10.00	10.00	10.00	10.00
Rejections	1	1	2	0	0	0	4
%	50.00	50.00	100.00	0.00	0.00	0.00	33.00
Commissions	1	1	0	2	2	2	8
%	50.00	50.00	0.00	100.00	100.00	100.00	67.00
Overall RT (ms)	452	475	444	338	392	413	415
Hit RT (ms)	463	464	444	344	375	429	416
Commission RT (ms)	324	637	0	290	551	267	397
Hit RT Std. Error (ms)	53.68	29.41	31.69	32.42	35.56	34.26	15.13

RESP'T APP 0903  MHS

ER 001858



**Block Data (2 Second ISI)**

Measure	Block 2	Block 4	Block 8	Block 12	Block 13	Block 18	Overall
Trials	20	20	20	20	20	20	120
Targets	18	18	18	18	18	18	108
%	90.00	90.00	90.00	90.00	90.00	90.00	90.00
Hits	17	12	17	17	16	18	97
%	94.00	67.00	94.00	94.00	89.00	100.00	90.00
Omissions	1	6	1	1	2	0	11
%	6.00	33.00	6.00	6.00	11.00	0.00	10.00
Non-Targets	2	2	2	2	2	2	12
%	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Rejections	1	2	1	1	1	0	6
%	50.00	100.00	50.00	50.00	50.00	0.00	50.00
Commissions	1	0	1	1	1	2	6
%	50.00	0.00	50.00	50.00	50.00	100.00	50.00
Overall RT (ms)	457	629	567	396	503	459	494
Hit RT (ms)	464	629	581	403	511	457	501
Commission RT (ms)	331	0	324	286	373	476	378
Hit RT Std. Error (ms)	37.29	72.84	57.21	14.16	60.55	46.52	21.47

 **RESP'T APP 0904**

ER 001859

**Block Data (4 Second ISI)**

Measure	Block 3	Block 5	Block 7	Block 11	Block 15	Block 16	Overall
Trials	20	20	20	20	20	20	120
Targets	18	18	18	18	18	18	108
%	90.00	90.00	90.00	90.00	90.00	90.00	90.00
Hits	18	17	17	18	18	17	105
%	100.00	94.00	94.00	100.00	100.00	94.00	97.00
Omissions	0	1	1	0	0	1	3
%	0.00	6.00	6.00	0.00	0.00	6.00	3.00
Non-Targets	2	2	2	2	2	2	12
%	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Rejections	1	1	1	2	2	2	9
%	50.00	50.00	50.00	100.00	100.00	100.00	75.00
Commissions	1	1	1	0	0	0	3
%	50.00	50.00	50.00	0.00	0.00	0.00	25.00
Overall RT (ms)	602	519	496	575	594	641	571
Hit RT (ms)	602	510	504	575	594	641	572
Commission RT (ms)	605	673	352	0	0	0	543
Hit RT Std. Error (ms)	68.32	21.97	39.06	55.86	48.32	51.83	21.05

Date Printed: Wednesday, March 23, 2016

End of Report


**RESP'T APP 0905**

ER 001860

# REED, EMILY

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

Acq: 14:52:46 3/23/2016

Step 8 Shoot

Inj Time: 14:47 Ic-99m

HMPAO H/L: 6.02 hrs

Ic-99m

Heads: 1,2,3 Uins: 1

Acq Matrix: 128 x 128

29 Images Max Ct: 959

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Term: 24.00 Seconds

File: 07

Image ID: Trans Obl

Acq ID: CONC

Organ: BRAIN

Slice: 6.47 mm

Filter: LoP/Ramp/

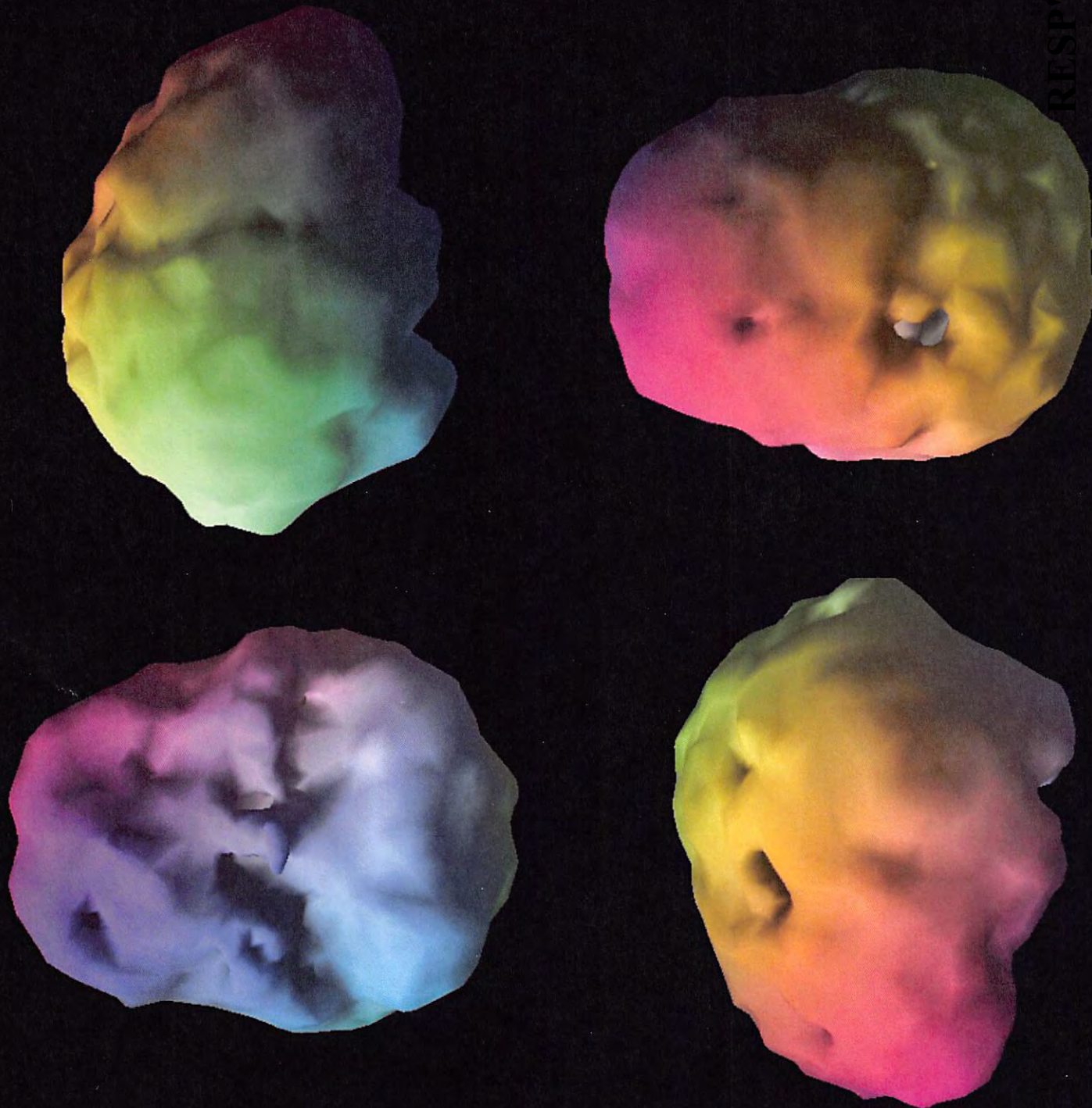
The Amen Clinics

Costa Mesa CA



APP 0906

ER 001861





**REED, EMILY**

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

Acq: 15:07:37 3/24/2016

Step & Shoot

Inj Time: 14:57 Tc-99m

HMPAO H/L: 6.02 hrs

Tc-99m

Heads: 1,2,3 Uins: 1

Acq Matrix: 128 x 128

27 Images Max Ct: 1000

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Term: 21.00 Seconds

File: 016

Image ID: Trans Ob1

Acq ID: BASE

Organ: BRAIN

Slice: 6.50 mm

Filter: LoP/Ramp/

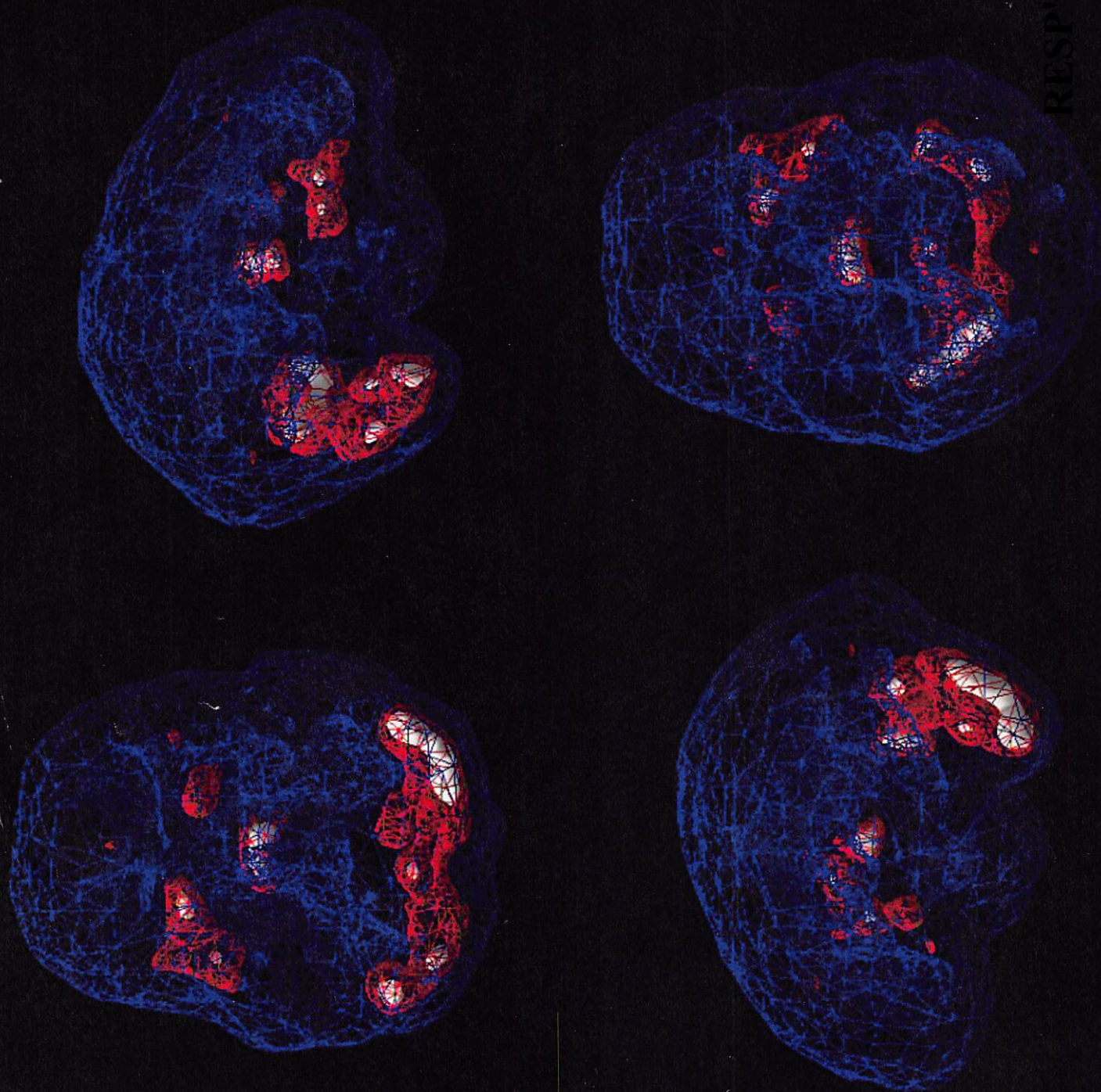
The Anen Clinics

Costa Mesa CA



**APP 0907**

ER 001862





**REED, EMILY**

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

Acq: 15:07:37 3/24/2016

Step & Shoot

Inj Time: 14:57 Tc-99m

HMPAO H/L: 6.02 hrs

Tc-99m

Heads: 1,2,3 Uins: 1

Acq Matrix: 128 x 128

27 Images Max Ct: 1000

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Term: 21.00 Seconds

File: 016

Image ID: Trans Obl

Acq ID: BASE

Organ: BRAIN

Slice: 6.50 mm

Filter: LoP/Ramp/

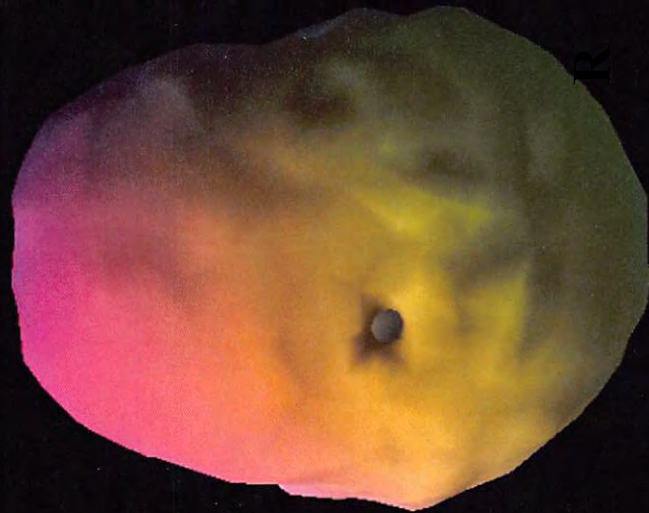
The Amen Clinics

Costa Mesa CA



**APP 0908**

ER 001863





REED, EMILY

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

Acq: 14:52:46 3/23/2016

Step & Shoot

Inj Time: 14:47 Ic-99m

HMPAO H/L: 6.02 hrs

Ic-99m

Heads: 1,2,3 Uins: 1

Acq Matrix: 128 x 128

29 Images Max Ct: 959

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Term: 24.00 Seconds

File: 07

Image ID: Trans Obl

Acq ID: CONC

Organ: BRAIN

Slice: 6.47 mm

Filter: LoP/Ramp/

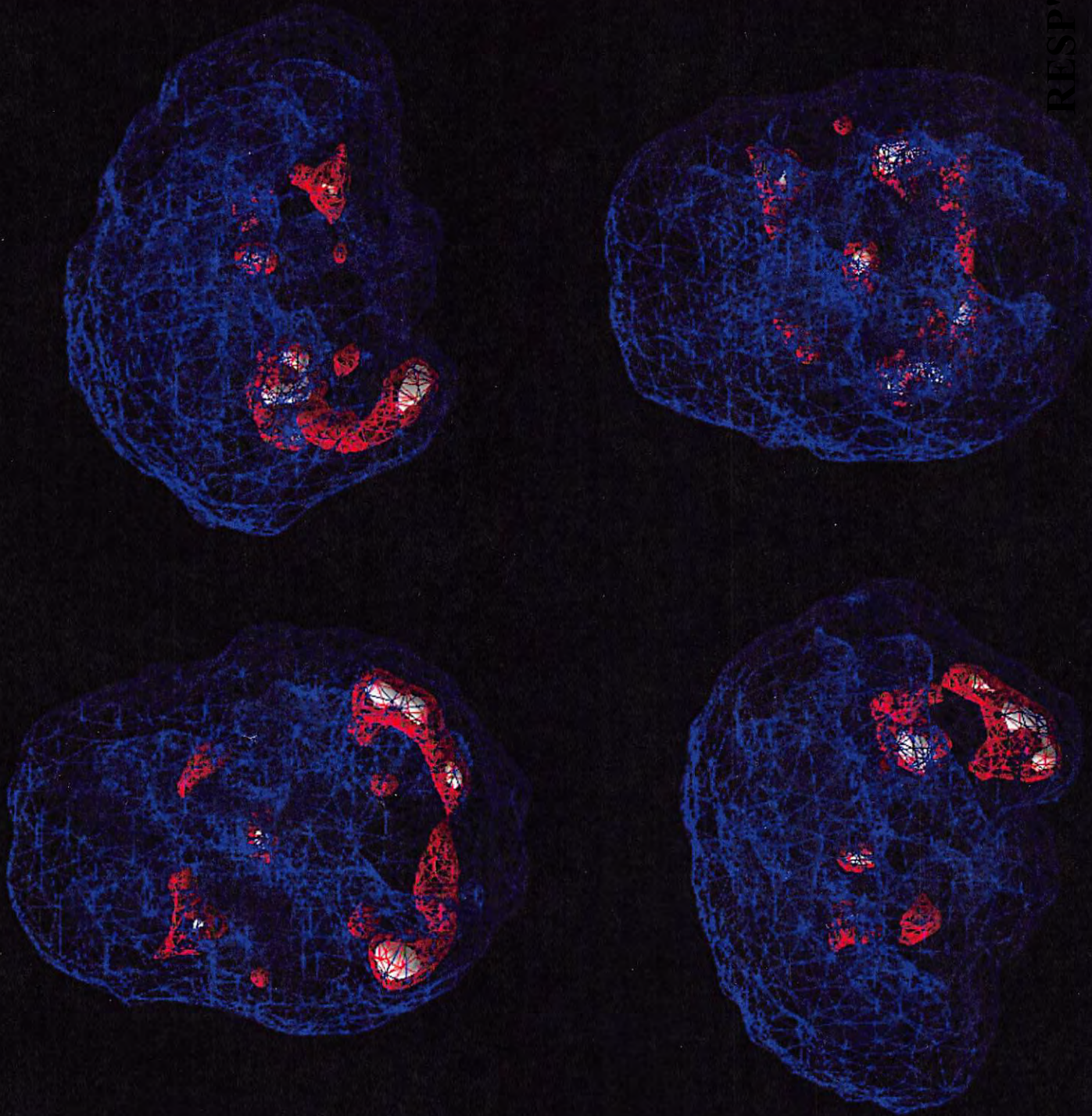
The Amen Clinics

Costa Mesa CA



APP 0909


ER 001864








# Brain Health Report





 AMENN-WELL-08072

 Emily Reed

 16 Nov 1996

 Female

 21 Mar 2016

 Testing Session # 1

## Brain Health Score

Scores range from 1 (low) to 10 (high), and indicate ranked position among others of the same age and gender

1.4  
Thinking

2.5  
Emotion

2  
Self Regulation

3.3  
Feeling

2.3

### Disclaimer

This report (reference PA 9811 3010, report date 22 Mar 2016) provides indications of subjective state and objective brain function as compared directly or indirectly to a normative database. It is not to be used as a basis for action without consideration by a competent relevant professional. Patients should always seek the advice of a trained health professional or relevant specialist regarding any highlighted variances within this report before any treatment or action is taken.

**This report is not intended to be used in any way on its own to diagnose, select treatment or cure any health condition.**

This report does not establish any physician-patient relationship or supplant any in-person medical consultation or examination. Patients should always seek appropriate medical attention for specific ailments.

Patients should not disregard professional medical advice or delay seeking medical treatment as a result of findings contained within this report.

Brain Resource expressly disclaims any and all responsibility for any liability, loss or risk which may be or is incurred as a consequence, directly or indirectly, of any use and application of this report.

Confidential information. Re-disclosure of this information is prohibited without consent of the patient or as otherwise permitted by applicable law or regulation. Civil and/or criminal penalties may attach for the unauthorized disclosure of mental health/chemical dependency information.

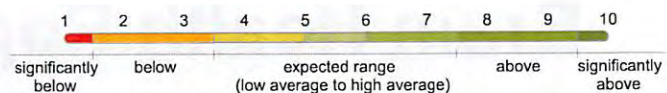
Report Version: BrainHealth 4.1.9. Data Version: BrainHealthWN 4.1.0. © 2016 Brain Resource Group

**RESPT APP 0910**

ER 001865

# Brain Health Scores

STEN scores range from 1 to 10.  
Higher scores always indicate better functioning.  
See end of report for description of Brain Health Scores



## Overall Brain Health Score 2.3

### Thinking 1.4

CAPACITY	SCALE	SCORE	
Motor Coordination	significantly below	1	
Processing Speed	significantly below	1	
Sustained Attention	below	2	
Controlled Attention	below	2.5	
Flexibility	significantly below	1	
Inhibition	below	1.5	
Working Memory	significantly below	1	
Recall Memory	significantly below	1	
Executive Function	below	2	

### Emotion 2.5

CAPACITY	SCALE	SCORE	
Identifying Emotions	below	3	
Emotion Bias	below	2	

### Feeling 3.3

CAPACITY	SCALE	SCORE	
Stress Level	expected range	4	
Anxiety Level	below	2.5	
Depressed Mood Level	expected range	3.5	

### Self Regulation 2

CAPACITY	SCALE	SCORE	
Positivity-Negativity Bias	below	3	
Resilience	below	2	
Social Capacity	significantly below	1	

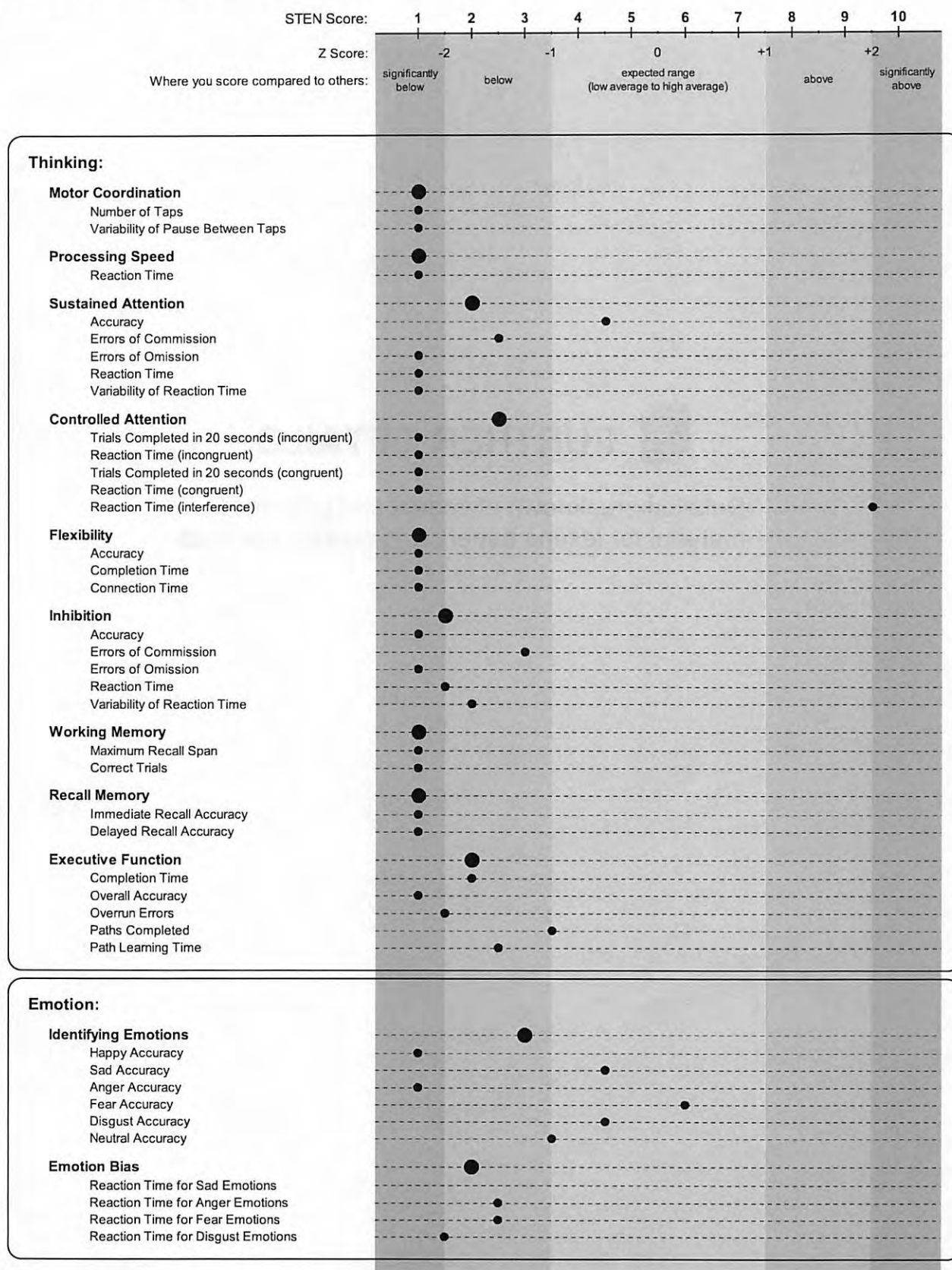


## FURTHER DETAILS

Detailed breakdown of scores and reference material for testing battery and scoring methods



# Part A: Detailed Results





Feeling Questionnaire Answers					
	Never	Occasionally	Often	Very Often	Always
<b>Stress Level</b> 4					
I found it hard to wind down		✓			
I tended to over-react to situations			✓		
I felt that I was using a lot of nervous energy				✓	
I was jumpy and agitated			✓		
I found it difficult to relax				✓	
I was intolerant of anything that kept me from getting on with things	✓				
I was rather touchy	✓				
<b>Anxiety Level</b> 2.5					
I was aware of dryness of my mouth	✓				
I experienced breathing difficulty (e.g. excessive rapid breathing, breathlessness in the absence of physical exertion)		✓			
I experienced trembling (e.g. in the hands)		✓			
I was worried about situations in which I might panic and make a fool of myself				✓	
I felt scared without any good reason		✓			
I felt I was close to panic				✓	
I was aware of the action of my heart in the absence of physical exertion			✓		
<b>Depressed Mood Level</b> 3.5					
I couldn't seem to experience any positive feeling at all			✓		
I found it difficult to work up the initiative to do things			✓		
I felt that I had nothing to look forward to		✓			
I felt that life was meaningless			✓		
I felt down-hearted and blue			✓		
I was unable to become enthusiastic about anything		✓			
I felt I wasn't worth anything				✓	

Self Regulation Questionnaire Answers					
	Never	Occasionally	Often	Very Often	Always
<b>Positivity-Negativity Bias</b> 3					
I was stressed, with my nerves on edge			✓		
I lost hope and wanted to give up when something went wrong		✓			
I tended to over-react to situations			✓		
I felt down-hearted and blue			✓		
I felt I wasn't worth anything				✓	
<b>Resilience</b> 2					
I felt very satisfied with the way I look and act		✓			
I responded best to positive feedback about myself		✓			
When receiving negative comments about myself, I looked for positive things to counter balance those comments	✓				
There were times when people couldn't rely on me as much as they should have been able to		✓			
I was always successful at completing my tasks, even if I had more tasks than others			✓		
<b>Social Capacity</b> 1					
I could sense the mood of a group and discuss unspoken feelings	✓				
I got feedback that I am a sensitive and understanding person				✓	
I usually took the initiative and introduced myself to strangers	✓				
I tried to build my close relationships with people		✓			
I enjoyed socializing and chatting to other people		✓			

## Part B: Description of Brain Health Scores

Thinking <sup>1</sup>		
CAPACITY	DESCRIPTION	TASK DESCRIPTION
Motor Coordination	Capacity to quickly execute movements	<i>Motor Tapping</i> – Repeatedly tap the keyboard space bar with the index finger of their dominant hand as fast as possible for 30 seconds.
Processing Speed	Capacity to rapidly process information	<i>Choice Reaction Time</i> – Respond to 1 of 2 circles that light up, using the left and right arrow keys on the keyboard. There are 20 trials.
Sustained Attention	Capacity to maintain focus while resisting distractions	<i>Continuous Performance Test</i> – 1 of 4 letters (B,C,D,G) are presented one at time. Participants respond when the same letter appears twice in row (an n-back task).
Controlled Attention	Capacity to stop automatic reactions and thoughts as needed	<i>Verbal Interference</i> – Colored words with incongruent color-word combinations (e.g. the word BLUE in red font color) are presented on the screen. In part 1, participants identify the word name (e.g. blue). In part 2, participants identify the font color (e.g. red). Comparable to the Stroop test.
Flexibility	Capacity to effectively switch attention	<i>Switching of Attention</i> – 13 digits (1-13) and 12 letters (A-L) are presented spatially across the screen. Participants select responses in ascending sequential order, alternating between digits and letters (e.g. 1-A-2-B).
Inhibition	Capacity to suppress an inappropriate response	<i>Go/No-Go</i> – The word “press” appears repeatedly on the screen. Respond as quickly as possible when the word is presented in green font color, and inhibit this response when presented in red font color.
Working Memory	Capacity to hold information ‘online’ in the moment	<i>Digit Span</i> – Participants recall in sequential order a series of digits that are presented one at time on the screen, using a 9-digit number pad.
Recall Memory	Capacity to remember information in the short term	<i>Verbal Memory Recall</i> – A list of 20 words is presented one at a time on the screen. Participants then recall the words by selecting 1 of 3 word buttons presented on the screen (1 list word and 2 new words), in consecutive trials, one for each list word.
Executive Function	Capacity to plan and organize behaviour to meet a goal	<i>Maze</i> – Identify by trial and error a hidden path within an 8 x 8 grid of circles. Task ends with two consecutive error-free path completions, or times out after 5 minutes.

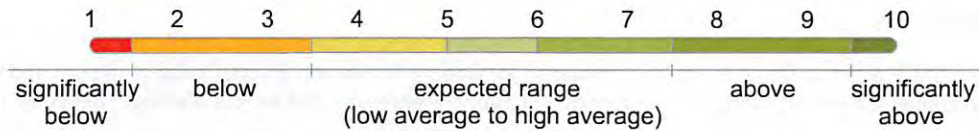
Emotion <sup>2,3</sup>		
CAPACITY	DESCRIPTION	TASK DESCRIPTION
Identifying Emotions	Capacity to identify emotions in others and yourself (such as fear and happiness)	<i>Explicit Emotion Identification</i> – Participants identify the emotional expression of faces presented on the screen, selecting 1 of 6 word labels presented below the face (Happy, Fear, Sad, Anger, Disgust, Neutral).
Emotion Bias	The degree to which your nonconscious negative biases impact your thinking	<i>Delayed Emotion Recognition</i> – Sets of two faces are presented on the screen, one face is repeated from the previous task, and one face is new. Participants select which of the two faces they remember from the previous task. Reaction time for each emotion compared to Neutral reflects the impact of emotions on decision making.

Feeling <sup>4,5</sup>		
CAPACITY	DESCRIPTION	TASK DESCRIPTION
Stress Level	Current stress level, ranging from worry or panic to the complete absence of worry	Stress questions from the Depression, Anxiety and Stress Scale (DASS).
Anxiety Level	Current anxiety level, ranging from very anxious to feeling calm	Anxiety questions from the Depression Anxiety and Stress Scale (DASS).
Depressed Mood Level	Current mood level, ranging from extremely low to an absence of sadness	Depression questions from the Depression Anxiety and Stress Scale (DASS).

Self Regulation <sup>6</sup>		
CAPACITY	DESCRIPTION	TASK DESCRIPTION
Positivity-Negativity Bias	Capacity for enhancing positivity and not magnifying threat	Positivity-Negativity Bias questions from the Brief Risk and Resilience Scale (BRISC).
Resilience	Capacity for coping and feeling confident during times of adversity	Resilience questions from the Brief Risk and Resilience Scale (BRISC).
Social Capacity	Capacity for building connections and keeping relationships	Social Capacity questions from the Brief Risk and Resilience Scale (BRISC).



## Part C: Description of STEN scores



STEN (Standard Ten) scores are commonly used in psychological tests to provide a score scale that ranges from 1 to 10 (poorer to better performance), with a mid-point average score of 5.5. The 5.5 mid-point average is the most common score, and scores that fall farther from the mid-point average (in either direction) are considered less common the further out they fall.

STEN scores are calculated by multiplying the normative z-score by 2 and adding 5.5, such that each STEN score interval is equivalent to a 0.5 z-score interval.





## Part D: References

### Brain Health Scores

1. Silverstein SM, Berten S, Olson P, Paul R, Williams LM, Cooper N, Gordon E (2007). Development and validation of a World-Wide-Web based neurocognitive assessment battery: WebNeuro. Behav Res Methods, 39(4), 940-949 (I).
2. Williams LM, Mathersul D, Palmer DM, Gur RC, Gur RE, Gordon E (2009). Explicit identification and implicit recognition of facial emotions: I. Age effects in males and females across 10 decades. Journal of Clinical and Experimental Neuropsychology, 31(3), 257-277 (I).
3. Mathersul D, Palmer DM, Gur RC, Gur RE, Cooper N, Gordon E, Williams LM (2009). Explicit identification and implicit recognition of facial emotions: II. Core domains and relationships with general cognition. Journal of Clinical and Experimental Neuropsychology, 31(3), 278-291 (I).
4. Henry JD, Crawford JR (2005). The 21-item version of the Depression Anxiety Stress Scales (DASS-21): Normative data and psychometric evaluation in a large non-clinical sample. British Journal of Clinical Psychology, 44, 227-239 (I).
5. Ng F, Trauer T, Dodd S, Callaly T, Campbell S, Berk M (2007). The validity of the 21-item version of the Depression Anxiety Stress Scales as a routine clinical outcome measure. Acta Neuropsychiatrica, 19, 304-310 (I).
6. Williams LM, Cooper NJ, Wisniewski SR, Gatt J, Koslow SH, Kulkarni J, Devarney S, Gordon E, Rush JA (2012). Sensitivity, specificity, and predictive power of the "Brief Risk-resilience Index for SCreening", a brief pan-diagnostic web screen for emotional health. Brain Behav, 2(5), 576-589 (I).

### Grading

References were classified according to an accepted hierarchy of evidence adapted from the US Agency for Healthcare Policy and Research Classification summarized in the table below.

US AHCPR Guidelines Agency for Health Care Policy & Research	
Level	Type of evidence
I	Evidence from large, representative samples.
II	Evidence from small, well-designed but not necessarily representative samples of studies which have been published but do not meet Level I criteria.
III	Evidence from non-representative surveys and case reports.
IV	Evidence from expert committee reports or opinions and/or clinical experience of respected authorities.

## Additional Notes on Report

### Missing data:

- Emotion Memory - Too few responses to calculate reaction time scores, so these scores are not available (e.g. when there is 1 response, standard deviation of reaction time could not be calculated)

**RESP'T APP 0918**

ER 001873



**RESP'T APP 0919**

ER 001874

AltaMed Health Services Corporation  
2040 Camfield Avenue  
Los Angeles, CA, 900401501

Reed, Emily C  
2217 Florida St Apt 3  
Huntingtn Bch, CA, 92648  
Person #: 964664  
Sex: F  
DOB: 11/16/1996

Performing #: QuestDiag

Location: Altamed Huntington Beach Clinic

Tests Ordered : RPR (NG006072), HIV Screen (NG083875), CBC w. Diff (NG005009), CMP (NG322000)

**CBC (INCLUDES DIFF/PLT) (Collection Date: 02/16/2016 09:51, Status: Final)**

Component	Result	Units	Flag	Range	Comment
ABSOLUTE BASOPHILS	18	cells/uL		0-200	
ABSOLUTE EOSINOPHILS	106	cells/uL		15-500	
ABSOLUTE LYMPHOCYTES	2351	cells/uL		850-3900	
ABSOLUTE MONOCYTES	304	cells/uL		200-950	
ABSOLUTE NEUTROPHILS	1822	cells/uL		1500-7800	
BASOPHILS	0.4	%			Test performed at QUEST DIAGNOSTICS-WEST HILLS 8401 FALLBROOK AVENUE WEST HILLS, CA 91304-3226 Director: ENRIQUE TERRAZAS, MD
EOSINOPHILS	2.3	%			
HEMATOCRIT	44.3	%		35.0-45.0	
HEMOGLOBIN	14.7	g/dL		11.7-15.5	
LYMPHOCYTES	51.1	%			
MCH	30.9	pg		27.0-33.0	
MCHC	33.3	g/dL		32.0-36.0	
MCV	93.0	fL		80.0-100.0	
MONOCYTES	6.6	%			
MPV	10.0	fL		7.5-11.5	
NEUTROPHILS	39.6	%			
PLATELET COUNT	236	Thousand/uL		140-400	
RDW	13.7	%		11.0-15.0	
RED BLOOD CELL COUNT	4.76	Million/uL		3.80-5.10	
WHITE BLOOD CELL COUNT	4.6	Thousand/uL		3.8-10.8	

**COMPREHENSIVE METABOLIC PANEL (Collection Date: 02/16/2016 09:51, Status: Final)**

Component	Result	Units	Flag	Range	Comment
ALBUMIN	4.6	g/dL		3.6-5.1	
ALBUMIN/GLOBULIN RATIO	1.6	(calc)		1.0-2.5	
ALKALINE PHOSPHATASE	71	U/L		47-176	
ALT	14	U/L		5-32	

Patient: Reed, Emily C; DOB: 11/16/1996

**RESP'T APP 0920**

ER 001875

Test performed at QUEST DIAGNOSTICS-WEST HILLS  
 8401 FALLBROOK AVENUE  
 WEST HILLS, CA 91304-3226  
 Director: ENRIQUE TERRAZAS, MD

AST	18	U/L	12-32
BILIRUBIN, TOTAL	1.3	mg/dL	H 0.2-1.1
BUN/CREATININE RATIO	NOT APPLICABLE	(calc)	6-22
CALCIUM	9.5	mg/dL	8.9-10.4
CARBON DIOXIDE	21	mmol/L	19-30
CHLORIDE	105	mmol/L	98-110
CREATININE	0.66	mg/dL	0.50-1.00
eGFR AFRICAN AMERICAN	148	mL/min/1.73m2	> OR = 60
eGFR NON-AFR. AMERICAN	128	mL/min/1.73m2	> OR = 60
GLOBULIN	2.8	g/dL (calc)	2.0-3.8
GLUCOSE	81	mg/dL	65-99
POTASSIUM	4.1	mmol/L	3.8-5.1
PROTEIN, TOTAL	7.4	g/dL	6.3-8.2
SODIUM	138	mmol/L	135-146
UREA NITROGEN (BUN)	10	mg/dL	7-20

Fasting reference interval

Patient: Regd, Emily C, DOB: 11/16/1996

RESP'T APP 0921

ER 001876



# HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT

10251 Yorktown Avenue • Huntington Beach, California 92646  
(714) 984-3339 ext. 4260 FAX (714) 984-7019

## SUICIDE ASSESSMENT STUDENT INTERVIEW FORM (CONFIDENTIAL INFORMATION)

Referral Date: 3/7/14

Student's Name Emily Reed DOB 11/16/1996 Age 17 Sex M F

School HBHS Grade 11 Teacher

Guardian's Names Alecia Kremidas Home Phone

Address  Work/Cell

Email alecia.kremidas.2@gmail.com

\*\*\*\*\*

Try to elicit an answer from the student using the following questions:

Tell me about the problem that is causing you stress. School, "I don't know"  
I don't know why but I just keep  
crying. I'm numb. Been crying self to  
sleep.

Are you thinking about killing yourself/committing suicide? (Y N)

If so, how do you plan to do it? "I can't inflict pain upon myself."

Where will you get the (identified means)? Just want to sleep and never  
wake up. I haven't been

Is the (identified means) available to you right now (Y N) eating. Tried to force

When do you plan to do this? self to eat. Packed food, but did

Is anyone else involved (Y N) eat.

If yes, what are their names? (Get as much information as possible)

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Have you thought about killing yourself before? (Y/N) I want to go to sleep and never wake-up  
Approximately how many times? How often? Been thinking

When was the last time you thought about suicide? that way lately

Have you ever tried to commit suicide? (Y/N) Passively not eating

If so, how many times? When? How? \_\_\_\_\_

Have you ever been hospitalized for suicidal behavior? (Y/N) \_\_\_\_\_

How many times? Where? \_\_\_\_\_

How is your appetite? Hasn't been eating. Didn't eat anything

How is your sleep? except breakfast this morning  
sleeps 2-3 hours a night. Lately

Name some reasons why you would like to keep living: Family

What do you think will happen if you commit suicide? Family will be sad.

Do you know anyone that has committed suicide? (Y/N) \_\_\_\_\_

If so, who was it? When did it happen? \_\_\_\_\_

Who are you closest to in your family? \_\_\_\_\_

Which friends are you closest to? \_\_\_\_\_

Besides family and friends, tell me about anyone else that you trust talking to? \_\_\_\_\_

Are you currently seeing a counselor/therapist? (Y/N) Seen her twice

If so, tell me how therapy has helped you? Not making a big difference right now.

Can you think of anyone else who can help you? (Y/N) \_\_\_\_\_

If so, who? How? \_\_\_\_\_

Do you think that your situation will change if you get help? \_\_\_\_\_

RESP'T APP 0923

ER 001878



Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### STRESSES, SYMPTOMS, AND FEELINGS IDENTIFIED DURING INTERVIEWS

#### STRESSES: (Check and circle any that apply)

☒ Loss of loved person by death, separation, divorce, alienation (who, when) *parents*

☐ Loss of peer relationships, breakup with boyfriend/girlfriend

☐ Absence of warm adult parental figure

☐ Family factors (unemployment, frequent moves, frequent fights, abuse, etc.)

☐ Loss of school/sports success, poor school performance

☒ Much pressure to achieve (academics)

☒ Loss of health through sickness, surgery, or accident *"hearing loss"*

☐ Threat of prosecution, criminal involvement, or exposure

☒ Other stresses: (pressure to be a good child, but parents never give him/her the acknowledgement)

#### SYMPTOMS: (Check and circle all that apply)

☒ Difficulty in sleeping and having nightmares

☒ Disturbance in appetite

☒ Weight loss/gain

☒ Social withdrawal / acting out / wide mood swings / temper tantrums *been crying self to sleep lately*

☒ Evidence of masked rage toward guardians or depression (fire setting, vandalism, etc.)

☒ Disturbance of overall activity level hyperactive and/or hypoactive

☐ Accident prone

☐ Truancy, running away

☐ Poor impulse control

☒ Physical/somatic complaints *headaches*

☒ Recent use of professional medical help (last three months) (i.e., bladder infections) *therapist*

☐ Change in personal appearance (clothes and personal hygiene) *at first Christ*

RESP'T APP 0924

ER 001879

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

☒ Preoccupation with death

\_\_\_\_\_ Evidence of final arrangements (i.e., giving away prized possessions)

☒ Increased trouble concentrating

☒ Confused thinking

\_\_\_\_\_ Seeing, hearing, feeling what is not there (hallucinations)

\_\_\_\_\_ Extreme misinterpretations of events and others' behavior (delusions)

**FEELINGS: (Check all that apply)**

☒ Hopelessness/helplessness

☒ Feels should be punished

\_\_\_\_\_ Feels a lack of support from significant others

☒ Self-blame / guilt

☒ Anxiety

☒ Anger

☒ Sadness / depression

**CATEGORY OF PRESENT SELF-DESTRUCTIVE BEHAVIOR (check any that apply):**

\_\_\_\_\_ Serious attempt

(doing something that he/she believes will cause death, having the conscious intent to die)

\_\_\_\_\_ Mild attempt

(a self-destructive act which the student perceives would not be a serious threat to life)

\_\_\_\_\_ Suicidal threat

(saying or doing something that indicates a self-destructive desire)

\_\_\_\_\_ Suicidal ideation

(having thoughts about killing oneself)

Estimate of student's lethality

\_\_\_\_\_ High

\_\_\_\_\_ Medium

\_\_\_\_\_ Low

**Additional notes or observations:**

RESP'T APP 0925

ER 001880

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### SIT ACTION PLAN

Check actions taken:

Who was notified?

When?

By Whom?

☒ School Administrator notified

J. Ross

☒ Parents notified

Mom

☒ Mental Health notified

CAT

☐ Police contacted

☐ Others (specify)

Additional Plan of Action:	Person Responsible:	Date Completed
Called parent. Parent came and suggested that parent takes Emily to ER.		

### SIT TEAM MEMBERS

Name

Title

Signature

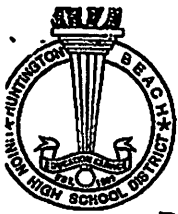
Tiffany Do

Michelle Pendergast

Michael Olsen

RESP'T APP 0926

ER 001881



HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT  
**NOTIFICATION OF EMERGENCY CONFERENCE**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

I/We \_\_\_\_\_, the parent(s)/guardian(s) of \_\_\_\_\_

Were involved in a conference with school personnel on \_\_\_\_\_ (date/time).

We have been notified that our student may be suicidal. We have been further advised that we  
should immediately seek psychological/psychiatric consultation and intervention from trained  
professionals in the community. School personnel have provided the following referrals for us to  
contact:

☐ College Hospital, Costa Mesa 949-642-2734

☒ UCI Hospital, Orange 714-456-7890

☐ Hoag Hospital ER, Newport Beach 949-764-4624

☐ HBUHSD Student Support Brochure

☐

☐

☐

They have also clarified that the school's role is limited to providing follow-up assistance to  
support the treatment services of the trained professional in the community.

Parent/Guardian will have \_\_\_\_\_ evaluated by a psychiatrist. Huntington  
Beach High School needs a release from the psychiatrist stating that s/he is safe to come back to  
school before s/he returns.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
School Personnel

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
School Personnel

\_\_\_\_\_  
Date/Time  
**RESPT APP 0927**

ER 001882



# HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT

5832 Bolsa Avenue • Huntington Beach, California 92649  
(714) 903-7000 FAX (714) 372-8105

Board of Trustees:  
Bonnie Castrey  
Duane Dishno  
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Kathleen Iverson  
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Gregory S. Plutko, Ed.D., Superintendent of Schools

## Suicide Assessment Student Interview\*

Name of Student Emily Reed ID# 386964 DOB 11/16/196  
Grade 12 School HBHS  
Date 3/6/15 Psychologist/Counselor/Nurse Tiffany Do  
Michael Olsen

\*\*\*\*\*

Try to elicit an answer for as many of the questions as possible:

Tell me about the problem that is causing you stress: Family, school, friends,  
being a senior, "I don't really know"

Are you thinking of killing yourself or hurting yourself? (Y/N) Wrote good bye letter.  
Says doesn't have plan, but researched it. Says rather  
Are you thinking of killing/hurting someone else? (Y/N) kill self then others.

How will you do it? didn't identify or admit  
Where will you get the (identified means)? But I don't know  
no specific means.

Is the (identified means) available to you right now? (Y/N) N/A

When do you plan to do this? N/A says she has no con to  
Who else have you told about your plan? but didn't  
Have you posted anything on social media about how you've been feeling or your plan? (Y/N) ID friend  
franc  
or ph

Is anyone else involved? (Y/N)

If yes, who? \_\_\_\_\_

Have you thought about killing yourself before? When was the last time? (Y/N) Last year

How many times? How often? once

How long do these thoughts usually last? months

Have you ever tried to kill yourself? (Y/N) yes threw self in front of car  
If yes, how many times? When/How? in  
street  
stove  
set

Have you ever been hospitalized for thoughts of suicide? (Y/N)

How many times? When/Where? once @ UCT medical,  
discharged then transferred to Ctr. for Discover  
C

Do you take any kind of medication right now? For what? (may be confirmed with emergency card/health office) No.

\*where possible, a cumulative record review should accompany interview

1/26/2015

- wrapped hoodie string RESPITE APP 0928 while  
in M. Olsen's office. Olsen with the help  
of Garlington had to undo string by



Thinking back on the last month, how has your appetite been? How about your sleeping patterns? Wasn't able to sleep or eat. No taste when eat  
Thinking back on the last month, how would you rate your mood most of the time on a scale from 1 (the worst it's ever been) to 10 (the best it's ever been given the circumstances)?

2-3

Thinking back on the last few months, have you lost interest in things you used to enjoy? Like what? running, hanging out w/ friends, formal  
What do you think will happen if you end your life? "I'm self-tish" classes.

Mom will have more time for brother.  
Do you know anyone else who has completed or tried to complete suicide? (Y/N) Y Tell me about him/her/them \_\_\_\_\_

Besides your friends and family, who else do you trust talking to? school staff

Tell me about who you are closest to in your family: Mother

Tell me about who you are closest to among your friends: Maddie

Are you now, or have you ever seen a counselor or a therapist in or outside of school? (Y/N) Y

If yes, tell me how therapy has helped you and what coping skills you've learned: Confusing

Can you think of anyone or anything else that might be able to help you?

Who/How? \_\_\_\_\_

How will your situation change if/when you get help? \_\_\_\_\_

- fearful → doesn't want to go home
- doesn't want mom to take her to ER. Screamed when mom was in the room. wanted mom to go home.
- refused to go stay w/ other relatives.
- communicated through writing.

\*where possible, a cumulative record review should accompany interview

- Wanted to be hospitalized RESPIRATORY 0929  
she would be safe there.  
- Grandmother, would be in danger if not 001884

**Summary of stresses, symptoms and feelings identified during interviews and/or file review**

**STRESSES: (check and circle any that apply)**

- ☐ Loss (real/perceived) of loved one by death, separation, divorce, alienation (who, when?)
- ☐ Loss (real/perceived) of peer relationships, breakup with boyfriend/girlfriend (who, when?)
- ☐ Absence of warm adult parental figure (real/perceived)
- ☐ Family factors (unemployment/pending unemployment, frequent moves/fights, abuse, homelessness etc.)
- ☒ Loss of school/sport success, poor school performance
- ☐ Much pressure to achieve (academics or sports)
- ☐ Loss of health through sickness, surgery or accident
- ☐ Threat of prosecution, criminal involvement, or exposure
- ☐ Other stress:

**SYMPTOMS: (check and circle any that apply)**

- ☒ Difficulty in sleeping and having nightmares
- ☒ Disturbance in appetite
- ☒ Weight loss/gain
- ☒ Social withdrawal/acting out/wide mood swings/temper tantrums
- ☐ Evidence of masked rage toward guardians or depression (fire setting, vandalism, etc.)
- ☐ Disturbance of overall activity level: hyperactive and/or hypoactive
- ☐ Accident prone
- ☐ Truancy, history of running away
- ☐ Poor impulse control
- ☒ Physical/somatic complaints
- ☐ Recent use of professional medical help (last three months)
- ☐ Change in personal appearance (clothes and personal hygiene)
- ☒ Preoccupation with death
- ☒ Evidence of final arrangements (i.e., giving away prized possessions)
- ☒ Increased trouble concentrating
- ☒ Confused/disoriented thinking
- ☒ Seeing, hearing, feeling what is not there (hallucination)
- ☒ Extreme misinterpretations of events and others' behavior (delusions)

**FEELINGS: (check all that apply)**

- ☒ Hopelessness/helplessness
- ☒ Feels should be punished
- ☒ Feels a lack of support from significant others
- ☒ Self-blame/guilt
- ☒ Anxiety
- ☒ Anger
- ☒ Sadness/depression

*good bye note  
pages in note book  
dedicated to impor  
people in her l.f.  
bugs crawling  
sensation on h*

*says "I'm selfish"  
"should go to hell"*

\*where possible, a cumulative record review should accompany interview

**RESP'T APP 0930**

**CATEGORY OF PRESENT BEHAVIOR/LETHALITY LEVEL**

☒ **High Risk:** Doing something that he/she perceives will cause death, having conscious intent to die and plan, means, access.

☐ **Moderate Risk:** History or previous suicidal behavior, but no plan, means, access OR Student is depressed and has given thought as to how he/she might end his/her life. Feels life is overwhelming, feels worthless. May have a plan and/or access to means.

☐ **Low Risk:** Saying or doing something that indicates a self-destructive desire, having thoughts of killing oneself.

**ACTION PLAN****Check actions taken:**

	Who was notified?	When?	By whom?
<input checked="" type="checkbox"/> Consult with colleague	Michael Olsen		Tiffany Do
<input checked="" type="checkbox"/> School administrator notified	K. Seidel		Michael Olsen
<input checked="" type="checkbox"/> Parents notified	Mother		T. Do
<input checked="" type="checkbox"/> Mental health/CAT (if needed)	Cristina (social worker)		M. Olsen
<input checked="" type="checkbox"/> Police (if needed)	came w/ CAT		T. Do
<input checked="" type="checkbox"/> Nurse notified	E. Dorsey		T. Do
<input checked="" type="checkbox"/> Case Carrier (if applicable)	R. Forstman		
<input type="checkbox"/> Others: _____	_____	_____	_____

**Other tasks:**

☐ "No Suicide" contract signed by student

☐ Hotline numbers given to student

☒ Student Hospitalized

Del Amw Beh Health System  
Dr. Gressesse in intensive therapy  
unit

\*where possible, a cumulative record review should accompany interview

**RESP'T APP 0931**

Additional Plan: (may be completed upon a student's return to school in SST or other meeting)

Task	Person Responsible	Date

#### TEAM MEMBERS

Name

Title

Signature

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#### PARENT CONTACT

Contact made: ☐ Face-to-face ☐ Phone

\* If contacting parent will put student at risk, contact CPS.

Describe reaction of guardian(s) to threat:

Notes:

*IEP will be scheduled to discuss placement and mental health status.*

\*where possible, a cumulative record review should accompany interview

**RESP'T APP 0932**

**WEST ORANGE COUNTY CONSORTIUM FOR SPECIAL EDUCATION  
MULTIDISCIPLINARY PSYCHO-EDUCATIONAL ASSESSMENT REPORT  
CONFIDENTIAL**

<b>Student:</b> Emily Reed	<b>School / District:</b> HBHS / HBUHSD
<b>Date of Birth:</b> 11/16/1996	<b>Teacher:</b> Rae Roisman
<b>Age at Time of Assessment:</b> 16	<b>Grade:</b> 11th
<b>Parent(s) / Guardian(s):</b> Alicia Kremidas	<b>Phone:</b> 714.536.6431
<b>Address:</b> 2217 Florida St. #3, Huntington Beach, CA 92648	
<b>Date(s) of Assessment:</b> 10/3/2013	<b>Date of Report:</b> 1/17/2014
<b>Current Placement/Services:</b> Specialized Academic Instruction (directed study skills); General Education	
<b>Examiner(s):</b> Michael Olsen (School Psychologist)	

**REASON FOR REFERRAL**

**ADDITIONAL ASSESSMENT WARRANTED**

The Huntington Beach Union High School District conducted an initial assessment of Emily on 5/14/2008 to determine her eligibility for special education and related services. The District conducted a triennial assessment on 9/20/2013, and Emily was found eligible under Specific Learning Disability and Hard of Hearing. The current referral for assessment is based on questions regarding Emily's auditory processing skills. This information will be used to determine appropriate accommodations to be included in her IEP. The assessment results shall be shared with the IEP Team and Emily's IEP will be revised to the extent appropriate at that time.

This assessment will seek to answer the following questions:

1. What are Emily's current strengths and weaknesses in the area of auditory processing?

**TESTING AND ASSESSMENT MATERIALS**

The testing and assessment materials and procedures used for this assessment were selected and administered so as not to be racially, culturally, or sexually discriminatory. The tests and other assessment materials have been validated for the specific purpose for which they were used, and were administered in conformance with the instructions for the test or other assessment materials. The tests and other assessment materials include those tailored to assess specific areas of educational need. No single procedure was used to determine Emily's eligibility for special education and/or determine appropriate educational programming.

**DEFINITION OF ASSESSMENT TERMS:**

- Standard Scores and Scaled Scores are referenced to a child's age.



- Standard Scores have a mean of 100 and a standard deviation of 15. Average range would include scores from 85 to 115, using these end points as extremes. A score of 2 or more standard deviations, or roughly 30 points or more below 100 would indicate a significant delay. (Note: certain tests, for example the Gillian Autism Rating Scale, report Standard Scores that have a different statistical basis.)
- Scaled scores have a mean of 10 and a standard deviation of about 3. Average would be indicated by scores of about 8 to 12. Scores 6 or more points below 10 represent significant delay.
- The Age Equivalent score is the age of a child who would attain the same number of items correct as this child on a specific measure.
- A Percentile represents the percentage of children of the same age in the norm sample who scored below this student on this test.
- A Confidence Interval (e.g.90-110) represents the range of scores between which this student's true score falls, with a 90 or 95 percentage of certainty.
- T Scores- A T-Score is a standard score with a mean of 50 and a standard deviation of 10.

Components of this assessment include:

- Review of school records
- Student, Teacher Interview
- Observations
- Test of Auditory Processing Skills, Third Edition (TAPS-3)

## PRIMARY LANGUAGE OR OTHER MODE OF COMMUNICATION

Emily's primary language is English. She was assessed by the examiner in her primary language.

## BASIC BACKGROUND INFORMATION

### STRENGTHS/PREFERENCES/INTERESTS

Emily is a quiet girl who completes her assignments and prefers to work independently. Emily is polite, punctual, and attentive in her classes. She works incredibly hard and earns A grades in almost every class. Emily does prefer a smaller, quiet environment for tests.

### PREACADEMIC/ACADEMIC/FUNCTIONAL SKILLS

English-Reading Comprehension and Writing. On the STAR Assessment given 5/1/12, Emily scored within the Basic range in English Language Arts with a scaled score of 325. Her Math score was 360 placing her in the Proficient range. On the Reading Honors Placement Test, her Comprehension was a grade equivalent of 8.9 (within grade level),

## **Multidisciplinary Psycho-Educational Assessment Report (continued):**

---

Vocabulary was a grade equivalent of 10.0 (above grade level) and Reading was a grade equivalent of 9.2 which is right at grade level. Emily functions exceedingly well in all her general education classes.

### **SOCIAL EMOTIONAL/BEHAVIORAL**

Emily needs to improve self-advocacy skills especially when it is necessary to ask a question for clarification and/or directions.

### **HEALTH**

Hearing loss. Audiology report indicates inconsistent response throughout the audiogram. Audiologist wrote suggests a functional component to the hearing test results. Also discrim results in right ear inconsistent with hearing loss patient is indication during testing.

---

The possibility of environmental, cultural, or economic disadvantages has been addressed, and information on their effects, if noted, are specified in this report. Tests used in this assessment were selected carefully with consideration given to their validity for this student and are valid for the purposes for which they were used. Test results obtained have been interpreted in relation to the limits of the test's measured validity and within the context of other relevant data.

---

### **CURRENT STANDARDIZED ASSESSMENT DATA**

#### **Test of Auditory Processing Skills -3rd Edition (TAPS-3)**

The test of Auditory Perceptual Skills – 3rd Edition (TAPS-3) is a diagnostic test of auditory sequential memory, verbal processing and attention. While not measuring hearing, the TAPS-3 serves to measure how well an individual can remember and understand heard information. It consists of a number of subtest that investigate memory and sequencing retention in terms of words, numbers, and directions. The purpose of the TAPS-3 is to identify auditory-perceptual difficulties that can interfere with learning; essentially, this test measures what an individual does with information they hear.

***\*\*\*Emily has history of a hearing impairment, and the scores obtained on this test would not be a valid measure. Instead, the tasks presented to Emily were used to observe specific strengths and weaknesses related to auditory tasks. These observations may help determine Emily's needs, whether they are a result of a hearing impairment or auditory processing deficit.***

**BASIC PHONOLOGICAL SKILLS**

The subtests Word Discrimination, Phonological Segmentation, and Phonological Blending assess basic phonological abilities that allow one to discriminate between sounds within words, segment words into sound-chunks, and blend sound-chunks into words.

**Word Discrimination (EX: card & cart, bus & bus)**

Emily was asked to close her eyes and listen to the two words spoken with the same inflection. She was to identify if the word was the same or different (both examples provided above). Emily struggled throughout this task, taking her time to provide an answer. The words in this task increase in length and complexity. Emily correctly identified 17 out of the 32 items, which is 53% correct. Since the probability of getting an answer correct (same or different) is 50%, after the subtest, Emily was asked if she made any guesses. She reported guessing on many of them, explaining she had a hard time hearing each one. She also explained she could not read my lips since her eyes were closed. Furthermore, Emily sometimes correctly identified some of the more complicated words (Diagram & Diagram, guessing "same") and sometimes got easier words incorrect (Lamp & Lamp, guessing "different").

**Phonological Segmentation (EX: "say, weekend," "now say it without the 'end.'" Correct response: Week)**

For this task, Emily was able to keep her eyes open; however she continued to struggle, giving 15 correct responses out of 35 (43%). She was asked to say a word, and then repeat the word but removing a part of that word. See example above. The parts she was required to remove changed throughout this task, including removing: the ending and beginning syllables in compound words, the beginning and ending syllables in non-compound words (ex: ribbon), and the beginning, ending and middle phonemes (ex: "send" without the /n/). Emily consistently identified the correct response about 50% of the time on all deletions except for middle phoneme deletion. On this task, she missed all 5 items (ex: "raft" without /f/, correct response: "rat."

Emily was then asked to say the original words she had previously said correctly; however, this time with her eyes closed. Of the 28 words she had previously identified correctly with her eyes open, she was only able to correctly identify 6 of those words with her eyes closed (21%).

**Phonological Blending: (EX: b/r/a/ke)**

Emily was asked to listen to words broken down by their individual phonemes, at a rate of about 2 per second. This would be slightly slower than a normal speaking speed. Emily again was able to keep her eyes open, and reported using a combination of listening and reading lips to guess at the right answer. Of the 23 items, Emily was able to correctly identify 13 of the words (57%). It appeared that Emily had more difficulties as the words increased in length. Of the first 8 items (all consisting of 3 phonemes or less), Emily identified 7 of them correctly. Of the last 5 items (containing 5-6 phonemes) she identified 1 correctly.

#### **AUDITORY MEMORY**

The subtests Number Forward, Number Reversed, Word Memory, and Sentence Memory assess basic memory processing, including sequencing skills. Memory is a process that underlies most processing abilities; if one cannot retain what has been heard and maintain it in correct sequence, one cannot process the information accurately.

Overall, Emily significantly struggled on these tasks. She was inconsistent on number and word memory, getting some of the words and numbers correct, but missing several on the longer lists. On the sentence memory, she was able to correctly repeat the first three simple sentences (EX: Run/faster.) She frequently missed parts of longer sentences (Ex: ~~Sherrie~~/recited / the poem.)

#### **AUDITORY COHESION**

The subtests Auditory Comprehension and Auditory Reasoning assess a higher-order linguistic skill that requires one to not only understand what is said, but also to be able to use inferences, deductions, and abstractions to understand the meaning of a passage.

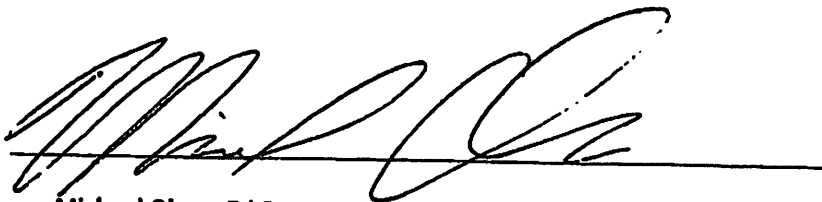
For these subtests, Emily performed slightly better, but still struggled significantly for a student her age. Emily reported hearing parts of the items and reading lips to help attempt identifying the correct answers. Emily often took a significant amount of time to come up with an answer. As the sentences became more complex, she struggled to stay focused and was easily tired.

With Emily's history of hearing difficulties, it is unclear what the possible relationship is between a potential hearing impairment and auditory processing deficits. Clearly, a student who has any hearing impairment will also have difficulties processing auditory information. Throughout the testing, it appears that when Emily is able to read the lips of the person speaking, she has a better opportunity to receive the auditory information. Also, when given an opportunity for the information to be repeated, she was more successful. Because of these obstacles, Emily required a significant amount of time to attempt to process the pieces she did hear with the visual information gathered through lip reading. She appears to have learned to gather some of the information; however, if she feels that information does not make sense, she is reluctant to provide an answer.

Emily reported that the FM devices she used at school increased the likelihood that she would hear the information. She also shared that having a copy of teacher notes also increased the opportunity to piece together information, and make sense of what she was able to hear.

Regardless of an identifiable hearing loss, Emily significantly struggles processing auditory information. Whether this can be contributed to a hearing loss or actual processing deficit is unclear; however, the use of such devices and accommodations has proven to be effective in promoting Emily's access to the curriculum and overall academic performance.

- These assessment results will be shared with the IEP Team to determine if Emily is eligible for special education.
- If the IEP team determines that Emily is eligible for special education, then the IEP team will further determine if her impairments require instruction, services, or both, which cannot be provided with modification of the general education program.
- It is recommended that Emily continue to be allowed to use amplification devices, and access accommodations that will be beneficial to her learning: sitting near the focus of instruction, receiving teacher or student notes to follow along with in class, receive extra time on tests and assignments, etc.
- The IEP Team should consider the following possible unique needs:
  - Hearing and Auditory Processing



Michael Olsen, Ed.S.  
School Psychologist  
MHS/Huntington Beach Union High School District

1/17/14  
Date



**WEST ORANGE COUNTY CONSORTIUM FOR SPECIAL EDUCATION**  
**Multidisciplinary Psycho-Educational Assessment Report**

**CONFIDENTIAL**

<b>Student:</b> Emily Reed	<b>School / District:</b> HBHS/HBUHSD
<b>Date of Birth:</b> 11/16/1996	<b>Teacher:</b> Rae Roisman
<b>Age at Time of Assessment:</b> 16-9	<b>Grade:</b> 11
<b>Parent(s)/ Guardian(s):</b> Alicia Kremidas and Jeffory Reed	<b>Phone:</b> 714-469-2717
<b>Address:</b> 2217 Florida St. #3, Huntington Beach, CA 92646	
<b>Date(s) of Assessment:</b> September 9-16, 2013	<b>Date of Report:</b> September 20, 2013
<b>Primary Language:</b> English	
<b>Current Placement/Services:</b> Specialized Academic Instructions 1 X 30 Minutes Monthly in the form of consultation, and Career Awareness 1x 50 Minutes Yearly	
<b>Examiners:</b> Tiffany Do (School Psychologist), Erin Dorsey (School Nurse), Rae Roisman (Special Education Teacher), & Natalie Fabian (School Psychology Practicum Student)	

**REASON FOR REFERRAL**

A reassessment of an individual with exceptional needs is conducted at least every three years (Triennial Assessment). Emily's initial special education evaluation was in 5/14/2008 and her last triennial IEP evaluation was 4/7/2011. Existing assessment data, including assessments and information provided by the parent(s)/guardian(s), current classroom-based assessments and observations, and teacher and related service providers' observations was reviewed. Additional data is needed to determine:

- if Emily continues to have a disability,
- if Emily continues to need special education and related services
- Emily's present levels of performance,
- Emily's unique needs, and
- appropriate revisions to the IEP.

**TESTING AND ASSESSMENT MATERIALS**

The testing and assessment materials and procedures used for this assessment were selected and administered so as not to be racially, culturally, or sexually discriminatory. The tests and other assessment materials have been validated for the specific purpose for which they were used, and were administered in conformance with the instructions for the test or other assessment materials. The tests and other assessment materials include those tailored to assess specific areas of educational need. No single procedure was used to determine Emily's eligibility for special education and/or determine appropriate educational programming.

Definition of assessment terms:

- Standard Scores and Scaled Scores are referenced to a child's age.
  - Standard Scores have a mean of 100 and a standard deviation of 15. Average range would include scores from 85 to 115, using these end points as extremes. A score of 2 or more standard deviations, or roughly 30 points or more below

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100 would indicate a significant delay. (Note: certain tests, for example the Gillian Autism Rating Scale, report Standard Scores that have a different statistical basis.)

- Scaled scores have a mean of 10 and a standard deviation of about 3. Average would be indicated by scores of about 8 to 12. Scores 6 or more points below 10 represent significant delay.
- The Age Equivalent score is the age of a child who would attain the same number of items correct as this child on a specific measure.
- A Percentile represents the percentage of children of the same age in the norm sample who scored below this student on this test.
- A Confidence Interval (e.g. 90-110) represents the range of scores between which this student's true score falls, with a 90 or 95 percentage of certainty.
- T Scores- A *T-Score* is a standard score with a mean of 50 and a standard deviation of 10.

Components of this assessment include:

- Review of school records
- Grade/Credit Check
- Attendance review
- Parent report
- Student interview/ observation
- Teacher interviews
- Review of Health and Developmental History/ Nurse Evaluation
- *The Kaufman Assessment Battery for Children, Second Edition (KABC-II)*
- *Wide Range Assessment of Memory and Learning- 2<sup>nd</sup> Edition (WRAML-2)*
- *Woodcock Johnson Test of Achievement, 3<sup>rd</sup> Edition (WJ-III)*
- *Behavior Assessment System for Children, Second Edition (BASC-2)*

#### BACKGROUND INFORMATION/ CURRENT PROGRAM/ PSYCHOLOGIST COMMENTS

Emily's background information was gathered from interviews, her school records and information contained in a previous assessment report dated 4/7/2011.

Emily lives with her mother and two brothers in Huntington Beach, California. She visits her father in Las Vegas, Nevada about every other weekend and seven weeks during the summer. Emily indicates that she would like her parents to be together.

The school nurse, Erin Dorsey conducted a health evaluation of Emily on 9/17/2013. Emily's affect and demeanor are appropriate to the situation. Emily's vision was normal and she failed her hearing examine. Vital signs are within normal limits (B/P 96/48 HR 58). Pupils are PERRL and extraocular muscles are intact. Lung sounds are clear to auscultation. Emily's last doctor's appointment was two months ago and dental exam was two weeks ago. No obvious dental caries were noted. Emily states that she attempts to eat healthy. Her BMI is 19.1 which places Emily in the normal weight category. Her graphomotor sample appears to be within normal limits.

The student health appraisal form was completed by Alecia Kremidas, Emily's biological mother. Emily has a hearing deficit per mother. Emily hearing has been tested several times and failed. The last report received from the audiologist indicated Emily is very inconsistent during testing which might suggest the reason for failing is not due to her hearing, but processing the sound.

Emily will be required to test with the school district audiologist in order to determine what type of hearing loss she has and possible hearing aides.

Emily's mother, reports that Emily is a very hard worker. She sets goals and does not give up. Emily never breaks rules. She is kind and loving. Emily is very organized and is willing to try new things that most kids would not. Emily struggles with understanding basic information and concepts. She takes a very long time to fully understand what is going on in books, movies, and television shows. Emily cannot answer most common information. She usually does not want to disappoint her parents and self so she will not voice her opinion. She has great difficulties with reading and spelling. Ms. Kremidas' concern for Emily is that Emily does homework all the time. She has no balance between school, friends, and activities outside of school. Emily tests poorly but does all of the extra credits to maintain her A's. Ms. Kremidas stated, "This is not realistic in real world." Ms. Kremidas would like to see Emily leave California and Las Vegas for college. Emily's mother wants Emily to find her passion and do something she loves. Ms. Kremidas shared that Emily wants a garden and 8 children and that Ms. Kremidas would love that for Emily.

Emily is currently receiving services in career awareness training for 1 x 50 minutes yearly; and is placed in all general education classes. In addition, Emily is currently working on annual IEP goals in the areas of self-advocacy, reading comprehension, and written language.

#### **REVIEW OF EXISTING ASSESSMENT DATA/ EDUCATIONAL HISTORY**

Emily was initially assessed as a fifth grade student. She received services as a student with a hearing impairment (primary eligibility) and specific learning disability (secondary eligibility). However, the triennial evaluation dated 4/7/2011 indicated that Emily was deemed ineligible under the hearing impaired criteria. This report stated that Emily met the eligibility criteria for specific learning disability.

Emily attended school in the Clark County School District until the completion of the 8<sup>th</sup> grade. Emily then transferred to Huntington Beach High School. In her ninth grade year, she earned a 4.00 GPA in the fall semester and a 4.00 in the spring semester. On the ninth grade state testing, Emily scored Basic on English Language Arts and Biology. She scored Proficient on General mathematics. In the first semester of her tenth grade year, Emily received a 4.00 GPA and 3.83 GPA during the second semester. Her STAR results indicate Proficient in Algebra I, Biology, and Science. She performed within the Basic range on English-Language Arts. Emily is currently in the first semester of her eleventh grade year and she is on track for graduation. She has completed 120 credits of the required 220 credits toward graduation requirements. Emily has passed the English-Language Arts (score 390/350) and Mathematics (score 410/350) portions of the CAHSEE. From 8/29/2012 to 6/13/2013, Emily attended school 97.61% of the time. She is currently attending her classes 99.02% of the time from 8/29/13 to 9/20/13. Emily is receiving services in career awareness training and is placed in all general education classes.

#### **EFFECTS OF ENVIRONMENTAL, CULTURAL OR ECONOMIC DISADVANTAGE, IF ANY**

Emily's linguistic, racial and ethnic background were considered prior to the selection and interpretation of evaluation procedures and measures; therefore, this evaluation is considered to be a valid and reliable reflection of her current level of functioning. Furthermore, based upon the information obtained during the course of this evaluation, no educational, environmental,

economic disadvantage or cultural, ethnic difference is considered the primary factor influencing Emily's educational difficulties.

**PRIMARY LANGUAGE OR OTHER MODE OF COMMUNICATION**

Current school record identifies Emily's primary language as English. She was assessed by the examiners in English.

**STUDENT INTERVIEW/ OBSERVATIONS** (Including Career/Vocational Abilities & Interests)

**Interview**

Emily was interviewed to determine her likes and dislikes, in addition to identifying her long-term and short-term goals. During the interview, Emily was pleasant and responded appropriately and in-detail to all of the questions asked of her. Emily lives with her biological mother and two brothers. She has regular contact with her father, who lives in Las Vegas. Emily wishes that her parents are together.

The best thing Emily likes about school is learning new information. The one thing she does not like regarding school is being in a big-size classroom. Emily finds Math to be easy and English difficult. Emily states, "English is hard because it requires a lot of reading which is hard." Emily shares that she reads slow and has difficulty remembering what she read. Emily says she learns best visually. She says that she does not get in trouble at school. The one thing Emily would like to change about school is "more one-on-one time with teachers."

At home, Emily helps out around the house by getting water, cleaning her room, and helping out with dinner.

Socially, Emily seems to be on the shy and reserved side. She reports having five close friends that are mostly around her age. Emily says she has a best friend who lives in Las Vegas. She enjoys spending time with her best friend when she is in Las Vegas visiting her father. Emily enjoys running with her friends. When asked about relationships with her friends, Emily replied that she does not have problems getting along with her friends. She reports that she chooses not to hang out with friends outside of school because she wants to focus on her school work in order to maintain her A's in all her classes.

When asked about her short term goals, Emily says, "Get straight A's." Her long term goals include having a family, go to college, and travel to Japan. Emily shares that she participated in a foreign exchange program over the past summer. She says she went to Japan for two weeks and really liked the culture and country. If Emily could do anything in the future, she would travel around the world.

Emily says that if she could have three wishes, she would wish for 1) a sister to talk to, 2) school to come easier to her because high school is really challenging, and 3) a world peace because she hates to see people getting hurt. If Emily could change one thing about herself, it would be to be able to cope with overwhelming situations. Emily expresses that she worries about her grades and public speaking.

**Observations**

Emily was observed in a Geometry Class during 3rd period on 9/17/13. She was very focused on her work and only looked at her desk or the teacher during the entire period. She was working before the bell even rang. Emily was completely silent during the entire class and didn't respond

to any group questions, or talk to peers for drawing activity at the end of class when her peers were working with others. During class Emily appeared to be around 2 minutes behind the teacher's instruction as evidenced by her focusing her attention on the second board used in the lecture 2 minutes after her classmates. She erased her work, after teacher corrected a problem they were instructed to work on independently. When copying problems from the board, or pictures from paper to paper on her desk, she looked back and forth frequently. During the 80% of the class period Emily sat with her hand on her forehead, when she looked up at the teacher's work or instructions she look confused and/or scared.

Emily was observed in a American Sign Language Class during 4th period on 9/17/13. She was on task 100% of the observation. During the class they were taking a quiz and then working on a crossword puzzle. Unlike in Geometry, Emily did not place her hand on her forehead the entire observation. While taking the test, she was meticulous with her work as evidenced by her erasing work, writing slowly and neatly, and straightening papers and pens on her desk. She did talk to a peer once during an appropriate time to clarify directions on the worksheet. At the end of the observation, the teacher noted that Emily "was amazing" in her class.

### **COGNITIVE ABILITY**

***Based on Emily's performance on the KABC-2, there were great discrepancies between her performance on the sequential memory scale and the rest of the other scales. Emily scores should be interpreted with caution due to her history of hearing impairment.***

Previous assessments dated 4/7/2011 indicate that there is variability between Emily's intellectual skills. Her verbal ability was SS 85, nonverbal SS 97, composite memory SS 47, and composite intelligence index was SS 89. Emily's score on the Test of Nonverbal Intelligence, third edition was SS 65 on form A and SS 95 on form B when administered on two separate days. There were indications of cognitive or intellectual deficits, which may be a result of Emily's hearing impairment or auditory processing.

The school psychologist administered the KABC-2 to Emily on 9/12/2013. The KABC-II is an individually administered measure of the processing and cognitive abilities of children and adolescent aged three through eighteen. It measures a range of abilities including sequential and simultaneous processing, learning, reasoning, and knowledge/crystallized ability. The KABC-II consists of 18 subtests that are grouped into five scales that correspond to processing areas and broad abilities from the Luria and Cattell-Horn-Carroll (CHC) models. The five KABC-II scales are Sequential/Gsm, Simultaneous/ Gv, Learning/Glr, Planning/ Gf, and Knowledge/Gc. Each scale is the same whether the Luria or CHC model is being used. The psychologist computes either the Luria Mental Processing Index (MPI) or the CHC Fluid-Crystallized Index (FCI) for any child or adolescent being evaluated. The FCI includes the Knowledge/Gc scale whereas the MPI does not. This "dual-theoretical" basis of the KABC-II allows psychologists to administer it to bilingual students, children with moderate or severe language disabilities, or children with autism. The Nonverbal Scale allows the psychologist to assess students with hearing loss, moderate to severe speech or language disabilities, limited English proficiency, and so forth.



Kaufman Assessment Battery for Children-second edition; norms based on age			
<u>Scale / Subtest</u>	<u>Standard Score</u> average = 100; average range = 85 – 115 Scale Scores Average=10 Average range= 8-12	<u>Percentile Rank</u> percent of all students who score at or below this level	<u>Classification</u>
<b>Fluid-Crystallized Index (FCI)</b>	<b>78</b>	<b>7</b>	<b>Below Average</b>
<b>Sequential/Gsm</b>	<b>57</b>	<b>0.2</b>	<b>Lower Extreme</b>
Number Recall	3	1	Lower Extreme
Word Order	2	0.4	Lower Extreme
<b>Simultaneous/Gv</b>	<b>89</b>	<b>23</b>	<b>Average</b>
Rover	6	9	Below Average
Triangles	5	5	Below Average
Block Counting	10	50	Average
<b>Planning/Gf</b>	<b>85</b>	<b>16</b>	<b>Low Average</b>
Story Completion	6	9	Below Average
Pattern Reasoning	9	37	Average
<b>Learning/Glr</b>	<b>86</b>	<b>18</b>	<b>Low Average</b>
Atlantis	8	25	Low Average
Rebus	7	16	Below Average
<b>Knowledge/Gc</b>	<b>90</b>	<b>25</b>	<b>Average</b>
Verbal Knowledge	9	37	Average
Riddles	7	16	Below Average

Fluid-Crystallized Intelligence (FCI) is an overall measure of cognitive ability. Emily received a standard score (SS) of 78. Emily's true score is estimated to fall somewhere between 73 and 83. This is within the below average range and is at the 7<sup>th</sup> percentile rank.

On the Sequential portion of the KABC-II, Emily received a SS of 57 (CI 50-68) which is at the 0.2<sup>nd</sup> percentile rank. This is within the extremely low range. Sequential measures a student's short term memory and their ability to briefly hold information in their mind and then use it. On the Number Recall subtest, Emily was required to listen to a list of numbers and repeat them back in the order they were presented. The list increased in length as the test progressed. Emily was able to recall up to 4 numbers. Emily received a scaled score of 3 which is at the 1<sup>st</sup> percentile rank. On the Word Order subtest, Emily was read a list of words and was required to recall the words by pointing to a picture of the word in the order in which the words were read. The task increased in difficulty with more words being read each time. More difficult items include an interference task (color naming) between the stimulus and response. Emily received a scaled score of 2 which is at the 0.4<sup>th</sup> percentile rank. She was able to recall a sequence of 3 words without the color interference task.

The Simultaneous section of the assessment measures a student's visual processing abilities; how well she is able to perceive, manipulate, and think with visual patterns. Emily received a SS of 89 (CI 80-100) which is in the average range and at the 23<sup>rd</sup> percentile rank. Emily experienced great difficulty with envisioning and counting the hidden blocks on the Block Counting subtest.

The Learning section measures the long term memory retrieval of students; how well they are able to remember information, store it, and then recall it at a later time. Emily received a SS of 86 (CI 78-94) which is within the low average range and at the 18<sup>th</sup> percentile rank.

In the area of Planning, Emily received a SS of 85 (CI 74-98) which is within the low average range and at the 16<sup>th</sup> percentile rank. Planning measures a student's ability to solve novel verbal and non verbal problems by requiring them to use inference, reasoning, and an understanding of implications. On the Story Completion subtest, which required Emily to look at a row of pictures that tell a story with some pictures missing and choose from a set of pictures the ones that are needed to complete the story, she worked slowly but carefully on each item. Emily received a scaled score of 6 and at the 9<sup>th</sup> percentile rank. Pattern Reasoning required Emily to look at a series of stimuli that form a pattern with one piece missing. She then had to complete the pattern by selecting the missing piece from an array of stimuli. Emily work through this subtest slowly reasoning quietly to herself to solve the patterns. She demonstrated that this subtest was not challenging for her. Emily received a scaled score of 9 on this subtest which is at the 37<sup>th</sup> percentile rank.

In the area of Knowledge, Emily received a SS of 90 (CI 82-98) which is within the average range and is at the 25<sup>th</sup> percentile rank. Knowledge measures a student's acquired knowledge from within their culture as well as how they apply that knowledge. On the subtest of Verbal Knowledge, Emily was required to select from an array of 6 pictures the one that illustrates the meaning of vocabulary word or the answer to general information prompt. Emily was able to identify pictures of words or information such as "lethargic", "accumulate", "a scene from the Industrial Revolution", and "excavate". Emily received a scaled score of 9 on this subtest which is at the 37<sup>th</sup> percentile rank. On the subtest of Riddles, the examiner says several characteristics of a concrete or abstract verbal concept and Emily is required to name it. Emily was able to name "republic", "coupon", "enamel", and "ticket" when its description was presented to her verbally. Emily received a scaled score of 7 on this subtest which is at the 16<sup>th</sup> percentile rank. Emily will find language loaded tasks somewhat challenging.

The Nonverbal Index is comprised of Story Completion, Triangles, Block Counting, Pattern Reasoning, and Hand Movements. Emily's nonverbal ability is estimated to be within the below average range with a standardize score of 81 and at the 10<sup>th</sup> percentile rank.

Emily demonstrated variability in her intellectual abilities especially with the Sequential or short-term memory tasks. It is noted that Emily processed information slowly and her responses were often 20-30 seconds delayed. Emily also asked the examiner to repeat items more frequently than other examinees. Additionally, she requested that the examiner increase her voice volume. This examiner if lead to believe that Emily's hearing deficit may be interfering with her ability to process information.

### **MEMORY AND PSYCHOLOGICAL PROCESSING**

*Based on her performance on the WRAML-2, Emily's overall memory ability falls in the lower extreme range of functioning when compared to peers her age. Emily demonstrated variability in her ability to recall verbally and visually presented information and concentration and attention.*

#### ***Wide Range Assessment of Memory and Learning- 2<sup>nd</sup> Edition (WRAML-2)***

The examiner administered the Wide Range Assessment of Memory and Learning Second

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Edition (WRAML2) to Emily on 9/16/2013. The WRAML2 is design to assess an individual's immediate memory and/or delay recall memory as well as differentiating between verbal, visual or more global memory deficits. The WRAML2 is comprised of six core subtests that yield three indexes: a Verbal Memory Index, a Visual Memory Index, and an Attention/Concentration Index. These three indexes together form the General Memory Index. Additionally, the WRAML2 measures an individual working memory and general recognition. Working memory is the ability to manipulate auditory information and visual symbolic information. General recognition is the ability to recognize designs and pictures that the subject had previously seen as well as recognize story details and words that the subject had previously heard.

Wide Range Assessment of Memory and Learning - 2nd Edition (WRAML2) CHILDREN'S subtest	Standard Score average = 100; average range = 85 to 115	Classification
<b>GENERAL MEMORY</b>	<b>61</b>	<b>Low</b>
<b>VERBAL MEMORY</b>	<b>82</b>	<b>Below Average</b>
Story Memory	6	Below Average
Verbal Learning	8	Average
<b>VISUAL MEMORY</b>	<b>76</b>	<b>Below Average</b>
Design Memory	7	Below Average
Picture Memory	5	Low
<b>ATTENTION/CONCENTRATION</b>	<b>55</b>	<b>Lower Extreme</b>
Finger Windows	1	Lower Extreme
Number Letter	1	Lower Extreme

Emily's general memory is within the low (confidence interval SS 56-69) and at the 0.5<sup>th</sup> percentile rank.

The Verbal Memory Index is an estimate of how well an individual can learn and recall both meaningful verbal information and relatively rote verbal information. It is derived from the sum of the Story Memory subtest and the Verbal Learning subtest. When consistent performance exists between the two subtests comprising this index, the index presents a reasonable estimate of verbal memory abilities. More specifically, Verbal Memory Index performance is correlated with abilities for everyday tasks (e.g., remembering stories, conversations, or information from lectures; following directions; recalling items from a "things to do" list). Related academic tasks can include the ability to recall the content of information that was read earlier, the ability to learn lists of scientific terms, or the ability to remember vocabulary words. Emily's Verbal Memory Index of SS 82 (90% CI: 76-90; Percentile rank: 12) was found to be within the Below Average range. Generally, within this range on the Verbal Memory Index, Emily should be expected to struggle with learning and remembering verbal information at the same rate as children of similar age.

The Visual Memory Index is an estimate of how well the individual can learn and recall both meaningful (i.e., pictorial) and minimally related, rote (i.e., design) visual information. It is derived from the sum of the Picture Memory subtest and the Design Memory subtest. When consistent performance exists between the two subtests comprising this index, the index presents a reasonable estimate of visual memory ability. More specifically, visual memory abilities may be related to day-to-day tasks (e.g., remembering the layout of the town visited a while ago, identifying different car models, remembering the location of states on a map).

Related academic tasks can include the recall of information from the chalkboard, some aspects of math problems (e.g., graphs, spatial problems), and processing/recalling less verbal or nonverbal aspects of science/technology like a circuit diagram). Emily's Visual Memory Index of SS 76 (90% CI: 69-86; Percentile rank: 5) was found to be within the Below Average range. Generally within this range on the Visual Memory Index, Emily should be expected to have great difficulty with remembering visual information at the levels of children of similar age and this should be noticeable on everyday visual memory tasks.

The Attention/Concentration Index is an estimate of how well the student can learn and recall relatively non-meaningful rote, sequential information. It is the sum of two subtests, Finger Windows and Number Letter. When consistent performance exists between the two subtests comprising this index, the index presents a reasonable estimate for tasks requiring brief attentional demands and/or immediate rote recall abilities. More specifically, performance on the Attention/Concentration Index is correlated with performance on everyday tasks (e.g., remembering a dictated telephone number until it can be written down, remembering visual details of a highway sign or a billboard that one has driven by in the car). Related academic tasks can include learning phonetically irregular spelling words and following the specific details and/or a sequence of oral directions. Emily's Attention/Concentration Index of SS 55 (90% CI: 49-68; Percentile rank: 0.5) was found to be within the Lower Extreme range. Generally, within this range on the Attention/Concentration Index, Emily should perform rote memory tasks at a much lower level than children of similar age.

#### **ACADEMIC ACHIEVEMENT**

Completed by Rae Roisman, case manager on 9/6/2013

The Woodcock Johnson III Tests of Achievement includes nine subtests in the standard battery: three each in Reading, Written Language, and Mathematics. In each area there is a skills assessment, a fluency assessment, and an applications assessment.

Woodcock-Johnson III Tests of Achievement, Form [A/B]; norms based on [age/grade]			
<u>CLUSTERS / Subtests</u>	<u>Standard Score</u> average = 100; average range = 85 to 115	<u>Percentile Rank</u> percent of all students who score at or below this level	<u>Classification</u>
<b>TOTAL ACHIEVEMENT</b>	87	19	Low Average
<b>BROAD READING</b>	77	06	Below Average
Letter-Word Identification	95	38	Average
Reading Fluency	68	02	Low
Passage Comprehension	92	29	Average
<b>BROAD WRITTEN LANGUAGE</b>	81	10	Below Average
Spelling	82	12	Below Average
Writing Fluency	77	07	Below Average
Writing Samples	107	68	Average
<b>BROAD MATH</b>	99	46	Average
Calculation	111	77	Average
Math Fluency	83	13	Below Average
Applied Problems	95	37	Average

Academic Area	Strengths	Weaknesses
Reading	Letter Word is a strong area for Emily. She has good phonics skills	Reading Fluency is a challenge probably due to her processing
Written Language	Writing Samples is a very strong area for Emily	Writing Fluency is a weaker area due to the difficulty processing on a timed test.
Math	Math Calculation is Emily's strongest area.	Math Fluency is weaker due to difficulty processing on a timed times.

Emily is in all general education classes and earns mostly A's. She is an incredibly dedicated and conscientious student. She does prefer to take tests in a special ed. Classroom due to the quieter nature and less students. She also takes advantage of the extra time afforded to her on tests and quizzes. Emily does have a processing disorder which affects her performance on timed tests or in stressful situations.

#### Recommendation

Continue placement as it is with special education supports and assistance. Continue to work on Emily being comfortable with being a self advocate as well.

#### Teacher Reports

Below are reports from Emily's current teachers.



Mrs. Shields, American Sign Language teacher, reports that Emily is a happy and polite student. She is quick to learn. She sits up front and always looks at the teacher. Emily seems very organized. Mrs. Shields does not identify any concerns at this time. Emily has an A in the class.

Ms. Stills, Chemistry teacher reports that she is satisfied with Emily's academic skills. She feels Emily is performing at grade level. Ms. Still says Emily seems shy and lacks classroom participation.

Ms. Capp, US History teacher, reports that Emily is an ideal student when dealing with respect, attentiveness, and work ethic. She is also a very kind young woman. Emily works diligently in class but does not actively participate in class discussions. Emily does not socialize with other others in class. She has excellent behavior and relationships with adults. Emily is timid, but Ms. Capp has yet to notice any dire issues. Emily completes all assignments thoroughly and accurately. Ms. Capp shares that Emily asked to sit close to the teacher during lectures. Overall, Emily is a pleasure to have in class.

Mr. McLaughlin, English teacher, reports that Emily is off to a good start. She has a positive attitude. Mr. McLaughlin indicates that it is too soon to give an accurate report on Emily. Emily currently has an A in English.

Ms. Shackelford, cross country coach, reports that Emily is a great and positive kid. She has excellent relationships with peers and adults. There are no concerns at this time.

Ms. Brady, Geometry teacher, reports that Emily is a very diligent and hard-working student. She always has an amiable personality towards Ms. Brady and her peers. Emily rarely participates in class which makes it difficult for Ms. Brady to gauge her level of understanding of concepts. Emily does well working by herself and asking questions during tutorial. Overall, Emily has solid work habits, positive behavior, and has a lot of potential to succeed in class.

#### **SOCIAL-EMOTIONAL FUNCTIONING/MALADAPTIVE BEHAVIORS**

Emily is a pleasant, polite, respectful, and sensitive young woman. She is easy to talk to and can adequately carry on a conversation. According to teachers, self, and parent rating scales of the BASC-2, Emily exhibits similar social and emotional behavior problems as her peers in the school setting. Ms. Kremidas, mother, rates Emily clinically significant on the subclinical scales of Anxiety, Atypicality, Withdrawal, and Functional Communication. She rated Emily at-risk on Leadership.

#### **SUMMARY**

Emily is currently an eleventh grade student at Huntington Beach High School. Based on her performance on the KABC-2, Emily's overall cognitive abilities are within the below average range of functioning compared to peers her age. Based on her performance on the WRAML-2, Emily's overall memory ability falls in the low range of functioning compared to peers her age. Emily performed poorly on tests, however Emily was able to consistently maintain GPA's of 3.83 and above with specialized academic instruction consultation services during her ninth and tenth grade years. Current evaluation results indicate that Emily's processing ability may be adversely impacted by her hearing impairment. A record review reveals that Emily has a hearing impairment. An updated audiologist evaluation is pending at this time.

#### **DETERMINATION OF ELIGIBILITY: SPECIFIC LEARNING DISABILITY (SLD)**

**EC 56337, 56338; CCR 3030(j)**

A student meets the eligibility criteria for a specific learning disability if:

1. a severe discrepancy exists between intellectual ability and achievement in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, or mathematics reasoning,
2. the discrepancy is due to a disorder in one or more of the basic psychological processes, including attention, visual processing, auditory processing, sensory-motor skills, and cognitive abilities, including association, conceptualization and expression, and
3. the discrepancy is not the result of environmental, cultural, or economic disadvantages.

A student who is being assessed due to characteristics of "dyslexia" or another reading dysfunction shall be eligible for special education and related services if the student meets the eligibility criteria for a specific learning disability.

It is the assessor's opinion that Emily meets the eligibility criteria for Specific Learning Disability because:

- a severe discrepancy does not exist between intellectual ability and academic achievement.
- however, Emily does demonstrate processing disorders in the area(s) of attention, processing speed, and association that impact her educational performance.

#### **DETERMINATION OF ELIGIBILITY: HEARING IMPAIRED (HI)**

**CCR 3030(a)**

A student meets the eligibility criteria for Hearing Impaired (HI) if the student:

1. has a hearing impairment, either permanent or fluctuating, that impairs the processing of linguistic information through hearing even with amplification, and
2. the hearing impairment adversely affects educational performance.

Processing linguistic information includes speech and language reception and speech and language discrimination.

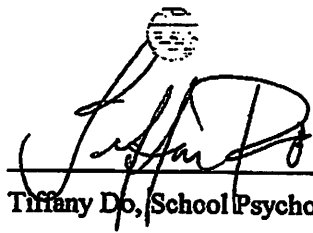
Previous audiological evaluation indicates that Emily showed some significant hearing loss. Emily requires hearing aids. Last school year, the district provided Emily with an FM system but Emily has not used it. A updated audiological evolution is pending at this time.

It is this examiner's opinion that Emily's hearing impairment adversely affects her educational performance and that she may requires special education services. Eligible is pending upon completion of the audiological evaluation.

The assessment results indicate that Emily may meet the eligibility criteria for Hearing Impairment. The IEP Team will take into account all the relevant information that is available on this student to determine the degree of this student's impairment, if any, and whether she requires special education. The IEP Team will make the final determination regarding eligibility and educational programming.

### **RECOMMENDATIONS**

- These assessment results will be shared with the IEP Team to determine if Emily continues to be eligible for special education.
- If the IEP team determines that Emily continues to be eligible for special education, then the IEP team will further determine if Emily's impairments require instruction, services, or both, which cannot be provided with modification of the general education program.
- The IEP Team should consider the following possible unique needs:
  - Attention/Concentration
  - Short Memory
  - Hearing
  - Self-Advocacy
- If Emily's educational needs require more than modification of the general education program, then the IEP Team shall discuss appropriate special education programming in light of her unique needs:
  - Specialized academic instruction/ consultation
  - Extra time on assignments and tests
  - Breaking down large assignments/project (Chunking)
  - Encourage Emily to sit in close proximity of the teacher or near instruction



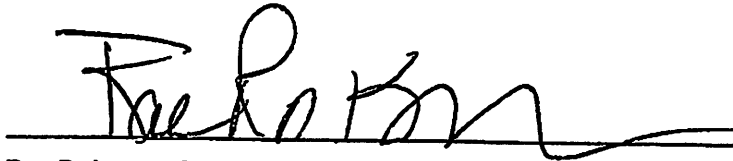
Tiffany Do, School Psychologist

Huntington Beach High School

Huntington Beach Union High School District

9/20/13

Date



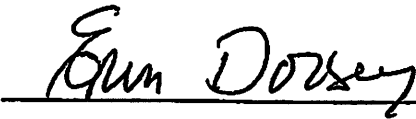
Rae Roisman, Case Manager

Huntington Beach High School

Huntington Beach Union High School District

9/20/13

Date



Erin Dorsey, School Nurse

Huntington Beach High School

Huntington Beach Union High School District

9-20-13

Date

Clark County School District  
Student Support Services Division  
Las Vegas, Nevada 89121  
FAX (702) 799-2494  
Multidisciplinary Evaluation Team Report

**CONFIDENTIAL**

This report contains confidential information and is the property of Clark County School District,  
Las Vegas, Nevada.

Name:	Reed, Emily
Student ID:	508526
MDT Date:	4/7/2011
Reevaluation Date:	4/7/2014
Date Of Birth:	11/16/1996
Chronological Age:	14 - 2
Gender:	Female
Ethnicity:	White
Grade:	08
Parents:	Alecia Kremidas and Jeffrey Reed (Parents (living separately))
Address:	10113 Velvet Dusk Ln. Las Vegas, Nv 89144
Home Phone:	(702) 523-6493
PLC:	English
PLH:	English
Home School:	Rogich M. S.
Attending School:	Rogich M. S.

**REASON FOR REFERRAL:**

Emily was referred for reevaluation on 01/25/11 by Scott Cook, her School Psychologist as required by the Individual with Disabilities Education Act.

**Scope of Evaluation:**

As part of this evaluation, the combined members of the student's IEP Team and Eligibility Team, including an LBA representative, a general education teacher, and a special education teacher, had the opportunity to review existing evaluation data and on the basis of that review, along with input from the parent, identify what additional data if any were needed to complete the reevaluation. The information available for review included her last comprehensive evaluation conducted 05/14/08.

In a student interview, Emily indicated that what she likes best about school is learning new things. She reported that she does not like when she gets a lot of homework. Emily stated that she likes her teachers, who are helpful, and thought that she was doing better at school than before. Reading comprehension was noted to occasionally be difficult, depending upon the book, and that writing mechanics was not easy. Math was described as "in the middle" regarding being easy or difficult, and Emily was noted to have fair automatic recall of math facts. Emily indicated that she may have difficulty understanding teachers when they present a lesson, depending upon teacher and subject. She reported that she generally gets her class work and homework done, and likes most of her classmates. Emily was noted to have a rather substantial response latency in responding to most orally posed questions.

In a parent interview, Emily's mother indicated that she thought that Emily had improved greatly since Emily had begun at Rogich MS. Such areas as vocabulary and reading skills were perceived as much better, and Emily has appeared more confident. However, Ms. Kremidas questioned the recent CCSD audiologist's assessment results, and is pursuing additional assessment in the community. Discussion of current assessment results took place, with discussion about auditory processing difficulties, hearing based and otherwise. Ms. Kremidas appreciated the

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**Reed, Emily - Multidisciplinary Evaluation Team Report**

accommodations that Emily has been receiving in CC classes, in being able to re-take tests, and particularly, the use of a portable amplifier. Emily has been more confident and better at understanding lessons in the classroom, but she is yet noted to be slow to process oral information. Ms. Kremidas indicated that she is comfortable maintaining the current Learning Disabled eligibility, but also wishes to clarify formal audiological and hearing assessment.

In a teacher progress report, Emily's World Geography teacher indicated that Emily was making satisfactory progress and earning a grade of 'A'. Emily was described as very hard working and as completing all her assignments on time. She is very quiet and well behaved, and will raise her hand to ask questions and give answers from time to time. In Science, Emily was reported to be making satisfactory progress and earning a grade of 'A'. She was described as positive, motivated and dedicated, and as having good interactions with teacher and peers. Emily was perceived as potentially benefiting from getting more time taking notes and taking tests. In Pre-Algebra, Emily was indicated to be making satisfactory progress and earning a grade of 'B'. No behavioral difficulties were noted, and Emily was described as a hard-working student. She was reported to always give 100 percent in all that she does. Emily's English teacher reported that Emily is making satisfactory progress and earning a grade of 'A'. Emily was described as an outstanding student, and as self-motivated and having pride in her work. At times, Emily makes simple grammatical errors, but work effort and completion are appropriate.

The multidisciplinary team believes Emily continues to require special education and her IEP does not need to be revised. The measurable annual goals on the present IEP continue to be appropriate. She will continue to participate in the general curriculum as indicated in the IEP. No additional information is necessary.

**EVALUATION PROCEDURES:**

The assessment included all the components of a comprehensive evaluation required by state regulations, including information provided by Emily's parents or primary caregiver (if the student is younger than 18 years of age). Information regarding Emily's current classroom performance (observations and assessments), and the observations of her teachers and other providers of instructional or educational services were also included. Emily's primary language, racial, and ethnic background were considered prior to selection and interpretation of evaluation procedures and measures. All assessment procedures measure a limited sample of a person's total repertoire. The selected measures should only be interpreted within the limits of their measured validity.

The following procedures were components of the evaluation:

PROCEDURES	DATE
Vision Screening, Hearing Screening	4/4/2011
Review of Previous Assessment and School Records	1/26/2011
Student Interview	2/15/2011
Parent Interview	3/1/2011
Wechsler Individual Achievement Test - Third Edition	2/15/2011
Levels of Evidence Protocol	2/15/2011
LD Hypothesis Testing Protocol	2/15/2011
Intervention Assessment Protocol	2/15/2011
Extrinsic and Exclusionary Factors Protocol:	2/15/2011

**BACKGROUND INFORMATION:**

A review of records was conducted by Scott Cook, School Psychologist.

**DEVELOPMENTAL HISTORY:**

According to her mother, Emily's prenatal history is educationally unremarkable. Emily's birth history was without complication and appears educationally unremarkable. Also, according to her mother, Emily's neonatal history was without major incident. Following birth, Emily was able to go home at the same time as her mother.

There is nothing noted in the developmental assessment which appears to adversely impact Emily's educational performance.

**MEDICAL HISTORY:**

EYE	NEAR	DISTANT
-----	------	---------

## Reed, Emily - Multidisciplinary Evaluation Team Report

Left	20/25	20/25
Right	20/25	20/25
Both	20/25	20/25

Emily's general health could be described as good. Emily does not have any history of any prior medications or current medications that might impact her academic performance or behavior. She does take medications for environmental allergies.

On 03/02/11 Emily's vision and hearing were screened. Her vision and hearing were within normal limits suggesting that she has adequate vision and hearing for academic functioning. Emily is noted to have been assessed to have a bilateral mild, fairly flat sensor-neural hearing loss, which is slightly worse in the right ear.

Emily was noted to have had a recent audiology examination that indicated normal hearing, and regarding which she was exited from special education services as having a hearing loss. The nurse noted that Emily was quiet, cooperative and followed directions. She has a delayed response with each task. She keeps an FM system in the Health office and comes daily to pick up and return for use in class. The nurse suggested that student's health does not interfere with learning at this time.

**ATTEMPTS TO EDUCATE IN THE REGULAR CLASSROOM:**

Interventions previously attempted in an effort to maintain Emily in the regular program include: given modified or shortened assignments, given high interest/low vocabulary materials, given individualized classroom help, contact between parent and school, given additional time and given one-on-one with the teacher. Explicit and systematic instruction was provided in reading. The five essential components were taught as needed (phonemic awareness, phonics, vocabulary, reading fluency, and reading comprehension). Explicit and systematic instruction was provided in writing. The essential components were taught as needed (handwriting, capitalization, punctuation, spelling, sentence structure, etc.). Explicit and systematic instruction was provided in math. The essential components were taught as needed (math operations, math reasoning, functional math like time, money, etc.). The instruction was provided by "qualified" teachers in general education settings. The instruction was designed to match the skill level of the student.

**ANALYSIS OF INTERVENTION RESPONSE:**

According to NAC 388.325, a dual deficit in both Level of Performance and Rate of Learning must be evident in order for response to intervention to be determined inadequate.

**EDUCATIONAL HISTORY:**

Emily is presently receiving special education services. She has previously been eligible for such services as a Hearing Impaired student (primary eligibility) and learning disabled student (secondary). However, recent assessment suggests that she shall no longer be eligible for her Hearing Impaired eligibility. That noted, current assessment shall consider for re-evaluation, her other eligibility as a student with a learning disability.

**PRIOR EVALUATIONS:**

Emily was previously evaluated on 05/14/30 while in CCSD. Her chronological age at that time was 11-6.

**Test of nonverbal Intelligence - Third Edition**

On two separate administrations of forms of this test, Emily's scores ranged from SS=65 (first administration) to SS95 (second form, administered on 5/8/08).

**Reynolds Intellectual Assessment Scales**

Verbal Intelligence Index - 85

Nonverbal Intelligence Index - 97

Composite Intelligence Index - 89

Composite Memory -47

**Woodcock Johnson III Tests of Achievement**

Letter Word Identification - 72

Reading Fluency - 58

**Reed, Emily - Multidisciplinary Evaluation Team Report**

Reading Comprehension - 62

Oral Expression - 42

Listening Comprehension - 42

Math Calculation - 89

Math Fluency - 75

Math Reasoning - 99

Spelling - 70

Writing Fluency - 92

Written Expression - 82

Conners Parent Rating Scale - Revised: Long Form  
 Clinically Significant - Cognitive Problems/inattention  
 At-Risk Concern - DSM-IV: Inattentive

Conners Teacher Rating Scale - Revised: Long Form  
 At-Risk - Cognitive Problems/Inattention

At that time the primary disability was Hearing Impairment, and the secondary eligibility was Specific Learning Disability; the least restrictive environment recommended was Regular w/ Resource.

**ACADEMIC ACHIEVEMENT ASSESSMENTS:****Wechsler Individual Achievement Test - Third Edition -- Results:**

Subtest	RS	SS	%ile
Receptive Vocabulary	10	78	7
Oral Discourse Comprehension	10	71	3
LISTENING COMPREHENSION	-	70	2
READING COMPREHENSION	21	83	13
WORD READING	52	92	30
PSEUDO WORD DECODING	29	92	30
NUMERICAL OPERATIONS	41	106	58
SPELLING	24	80	9
BASIC READING	184	91	27

The Wechsler Individual Achievement Test-Third Edition (WIAT-III) is an individually administered clinical instrument designed to measure the achievement of students who are in grades pre-kindergarten (PK) to 12, or ages 4 years 0 months through 19 years 11 months. The WIAT-III consists of 16 subtests used to evaluate listening, speaking, reading, writing, and mathematics skills.

Listening Comprehension was in the Below Average range (SS=70). This test is made up of the Receptive Vocabulary subtest (SS=78; Below Average) and Oral Discourse Comprehension (SS=71; Below Average). Errors were made in recalling stated detail, and stated cause and effect, and could reflect difficulties in auditory memory and processing.

In reading decoding (SS=92) and phonetic decoding (SS=92), average range skills were noted. In word reading, errors were made in vowel sounds ('posed' became 'paused'), incorrect accenting, vowel blends ('choir' became 'chore'), on word endings, and difficulty with long, unfamiliar words. In phonetic decoding, errors were made in vowel blends ('dreep' became 'drep'), vowel sounds ('taph' became 'tafe'), adding unnecessary sounds, and in recognition of silent letters. Reading comprehension was in the Below Average range (SS=83). Errors were made in recognizing stated detail, making inferences, drawing conclusions, and appeared at times related to difficulties in word knowledge.

**Reed, Emily - Multidisciplinary Evaluation Team Report**

In math calculations (SS=106), Emily was successful on problems of addition (including 'carrying'), subtraction (including 'regrouping'), single and multi-digit multiplication, simple and long division, reducing fractions, and several problems of simple algebra. Errors were made in knowing the value of pi, in solving for multiple variables, in working with percentages, and on problems of geometry. In math problem solving, errors were made in work involving 'probability', in telling time duration from a calendar, in determining 'perimeter', in determining numerical average, on problems involving spatial reasoning, and on longer word problems involving multiple steps.

Spelling was in the Below Average range (SS=80). Errors were made in the use of silent letters, in consonant blends, in vowel blends, and in the form of omissions.

**ALTERNATIVE ASSESSMENTS:****Extrinsic and Exclusionary Factors Protocol: -- Results:**

This assessment protocol provides evidence that is required for the determination of special education eligibility as SLD. Specifically, this protocol is designed to assess and document whether extrinsic and/or exclusionary factors are primarily responsible for a student's underachievement.

According to State and Federal regulation, when underachievement is primarily the result of a visual, hearing, or motor disability; mental retardation; emotional disturbance; cultural factors; environmental or economic disadvantage; limited English proficiency; or lack of appropriate instruction in reading and math, SLD cannot be determined. Collectively, these factors are called exclusionary factors, because if one or a combination of these factors is or are primarily responsible for a student's underachievement, then by law these factors exclude that student from being identified as SLD. By definition primarily means an impact on achievement of greater than 50%.

Based on the weight of the evidence, this assessment protocol indicates that more likely than not an Extrinsic/Exclusionary Factor or a combination of these factors does/do not have an adverse impact on Emily's learning. Therefore, this factor or these factors is/are not considered to be primarily responsible for Emily's underachievement.

It is noted that Emily has some historical limitations in hearing, but these were not found sufficient to warrant the maintaining of her Hearing Impaired eligibility.

**Intervention Assessment Protocol -- Results:**

This assessment protocol indicates that valid intervention response data are evident. Specifically, IEP intervention was research based, and it was implemented with integrity (see protocol dated 2/15/2011 for additional information).

**Levels of Evidence Protocol -- Results:**

This assessment protocol indicates that Emily continues to require or need special education services in order to meet either age or grade level standards of performance (see protocol dated 2/15/2011 for additional information).

**LD Hypothesis Testing Protocol -- Results:**

This assessment protocol indicates that SLD continues to be the best explanation for a Emily's underachievement (see protocol dated 2/15/2011 for additional information).

**SPECIAL EDUCATION DETERMINATION:**

Based upon the information obtained during the course of this evaluation, no educational, environmental, economic disadvantage or cultural, ethnic difference is considered to be the primary factor influencing Emily's educational difficulties.

**MDT Summary of Evidence Protocol:** The comprehensive evaluation described in this report formally examined whether this student meets the two general qualifying conditions required for special education eligibility: 1) the identification of an IDEA disability, and 2) the determination of a need for special education services. The MDT Summary of Evidence Protocol is used to summarize and document the eligibility MDT's conclusions regarding assessment findings related to these two qualifying conditions.

**Reed, Emily - Multidisciplinary Evaluation Team Report**

Regarding the condition of disability, this evaluation found that Emily's underachievement in listening comprehension, reading comprehension, spelling is significantly low and not primarily the result of mental retardation, emotional disturbance, other disabilities or exclusionary factors. In addition, this evaluation found that Emily's educational performance is indicative of unexpected and unexplainable underachievement, which is the Clark County School District's operational definition of a Specific Learning Disability. Therefore, SLD is believed to be the best and most probable explanation for Emily's underachievement among reasonable alternative explanations.

Regarding the condition of need, this evaluation found that Emily was provided appropriate instruction, which included individualized intervention, in general education settings. Unfortunately, Emily's response was inadequate as indicated by dual deficits in both Level of Performance and Rate of Learning. Consequently, Emily requires specially designed instruction that cannot be provided or sustained in a general education setting in order to meet age or grade level standards.

Since all required criteria according to State and Federal regulation have been comprehensively evaluated and the two eligibility conditions of disability (SLD) and need are clearly and convincingly evident as documented on the MDT Summary of Evidence Protocol, it is the conclusion of this Multidisciplinary Team that Emily is eligible for special education under the category of Specific Learning Disability pursuant to State of Nevada regulation (NAC 388.420).

**Instructional Recommendations:**

Regardless of actual placement, areas which may require specific goals are reading comprehension, spelling skills, and listening comprehension.

**RECOMMENDATIONS:**

1. Emily appears to be eligible for special education in the area of specific learning disability. However, final determination of eligibility shall be made by the site based multidisciplinary team.
2. Consultation with the school psychologist should be made available on an as needed basis to Emily's caregivers.
3. Continue to facilitate Emily's leisure reading of books and magazines of topical interest, to assist her further development of reading decoding skills, comprehension, fluency, and exposure to new vocabulary.
4. Before beginning instruction, make sure Emily is attending (ex. making eye contact, call Emily by name prior to delivering the information, etc.). Ask Emily to paraphrase new and important instruction to verify her understanding.
5. Enable Emily to use a spell check device or spelling dictionary to double check the correctness of words of which she is not sure.
6. Support and praise Emily's effort in the classroom. Encourage Emily to give her best effort, whether such effort results in good grades or not.
7. Repeat and regularly review important information that is presented orally. Consider maintaining Emily's use of an amplifying device, as Emily reports benefitting from it and understanding classroom information in the classroom through its usage.

The evaluation team that determined eligibility included participation by the parent and, when applicable, the student. The parent attended the eligibility determination meeting.

This report includes a description of parent participation in the educational evaluation and decision regarding eligibility because Emily has not attained the age of majority (or a formal court declaration retaining the parental rights exists). The Multidisciplinary Evaluation Team included all members required by state regulation. Others may have attended if they had information to contribute regarding Emily. The name and role of each attendee is listed in the signature portion of this report. A copy of the Procedural Safeguards under the Individuals with Disabilities Education Act was provided to the parent upon initial referral for evaluation; upon notification of a MET

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## Reed, Emily - Multidisciplinary Evaluation Team Report

meeting, upon notification of an IEP meeting, upon notification of reevaluation of the student (if applicable), and at the MET meeting.

Team Members:

Scott Cook 4-7-11  
Date  
School Psychologist

Kathleen Tatone 4/7/11  
Date  
SRR Joan Cerrone, Dean

Alyson Cerrone 4/7/11  
Date  
Regular Education Teacher

Julie Fink 4/7/11  
Date  
Special Education Teacher

Kathy Richter \_\_\_\_\_  
Date  
School Nurse

Alicia Kords 4-7-11  
Date  
Parent

\_\_\_\_\_ 4/7/11  
Date  
Other

I have reviewed this report and received a copy. I understand that I can submit a written response or propose changes to this report. I have been notified that I may request to review the information used as the basis for this report.

Alicia Kords  
Parent Signature

**WEST ORANGE COUNTY CONSORTIUM FOR SPECIAL EDUCATION**  
**Social-Emotional Assessment**

**CONFIDENTIAL**

<b>Student:</b> Emily Reed	<b>School / District:</b> HBHS/HBUHSD
<b>Date of Birth:</b> 11/16/1996	<b>Teacher:</b> Rae Roisman
<b>Age at Time of Assessment:</b> 17	<b>Grade:</b> 12
<b>Parent(s)/ Guardian(s):</b> Alicia Kremidas and Jeffory Reed	<b>Phone:</b> 714-916-1524
<b>Address:</b> 2217 Florida St. #3, Huntington Beach, CA 92646	
<b>Date(s) of Assessment:</b> September 16-October 22, 2014	<b>Date of Report:</b> October 22, 2014
<b>Primary Language:</b> English	
<b>Current Placement/Services:</b> Specialized Academic Instructions 1 X 50 Minutes Daily, and Career Awareness 1x 50 Minutes Yearly, & Counseling and Guidance 2X 30 Minutes Weekly	
<b>Examiners:</b> Tiffany Do, School Psychologist & Robyn Moses, Director, Mental Health Services	

**REASON FOR REFERRAL**

The Huntington Beach Union High School District conducted Emily's triennial evaluation in September 2013 and auditory processing assessment in May, 2014. The current, additional assessment was initiated to further assess Emily's social/emotional functioning at this time and the information will be used to identify any unique needs or eligibility in this area as well as to consider whether she requires educationally related mental health services. The assessment results shall be shared with the IEP Team and Emily's IEP will be revised to the extent appropriate at that time.

**PRIMARY LANGUAGE OR OTHER MODE OF COMMUNICATION**

Current school record identifies Emily's primary language as English. She was assessed by the examiners in English.

**EFFECTS OF ENVIRONMENTAL, CULTURAL OR ECONOMIC DISADVANTAGE, IF ANY**

Emily's linguistic, racial and ethnic background were considered prior to the selection and interpretation of evaluation procedures and measures; therefore, this evaluation is considered to be a valid and reliable reflection of her current level of functioning. Furthermore, based upon the information obtained during the course of this evaluation, no educational, environmental, economic disadvantage or cultural, ethnic difference is considered the primary factor influencing Emily's educational difficulties.

**TESTING AND ASSESSMENT MATERIALS**

The testing and assessment materials and procedures used for this assessment were selected and administered so as not to be racially, culturally, or sexually discriminatory. The tests and other assessment materials have been validated for the specific purpose for which they were used, and were administered in conformance with the instructions for the test or other assessment materials. The tests and other assessment materials include those tailored to assess specific areas of educational need. No