NAME _____ AGE 21 SEX M OCCUPATION _____

DATE 11-22-04 CHEIF COMPLAINT C/O headache pain in the lower part of his back, and neck hurt. when he turns his head it hurts. Headaches CONTINUOUS SINCE FRIDAY — 400 mg Motrin

ALLERGIES NKDA

CURRENT MEDICATIONS Motrin PRN

Assaulted at basketball game 3 days ago - Punched in face, saw, back of neck, back

☑ Nursing Assessment Reviewed ☑ BP, HR, RR, Temp reviewed

PHYSICAL EXAM ✓Alert __Anxious
Distress: __NAD ✓mild __moderate __severe

HEENT
__nml ENT inspection
__lids & conjun. nml
__PERRL
✓ears nml
__TM erythema / dullness (R / L)
__Loss of TM landmarks (R / L)
__TM obscured by cerumen/exudate (R / L)
✓nose nml
__rhinorrhea/mucosal edema
__purulent nasal drainage
✓pharynx nml
__mouth ulcerations
__pharyngeal erythema
__tonsillar exudate
__peritonsilar mass
__muffled / hoarse voice
__trismus
__pain on percussion over sinuses
frontal / maxillary / ethmoid
__scleral icterus / pale conjunctivae
__conjunctival erythema / exudate

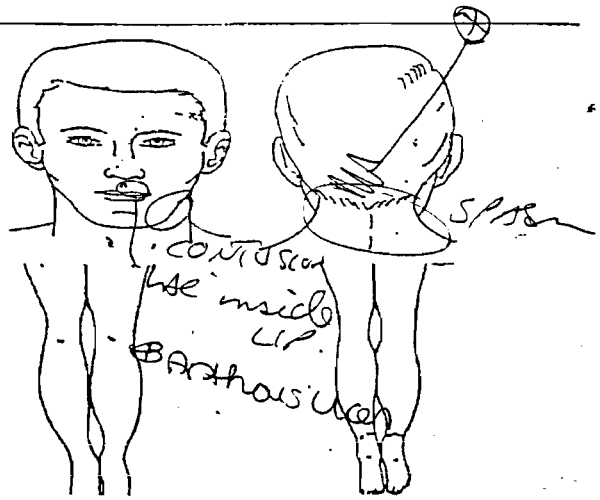
NECK
__nml inspection
__supple
__thyromegaly
__lymphadenopathy (R / L)
__stiff neck / meningismus
CERVICAL STRAIN/SPASM

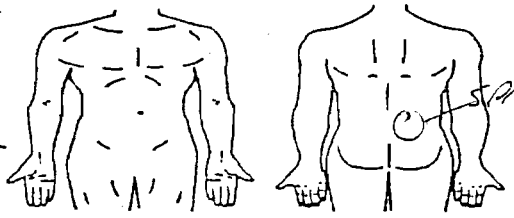
RESPIRATORY
✓no resp. distress
✓breath sounds nml
__respiratory distress
__splinting
__prolonged expirations
__accessory muscle use
__retractions
__decr. air movement
__stridor
__rhonchi
__wheezing
__rales

NEURO/PSYCH
__oriented x3
__mood/affect nml
__CN's nml as tested
__no motor/sensry deficit
__disoriented to person / place / time
__depressed affect
__facial droop/EOM palsy/anisocoria
__weakness / sensory loss

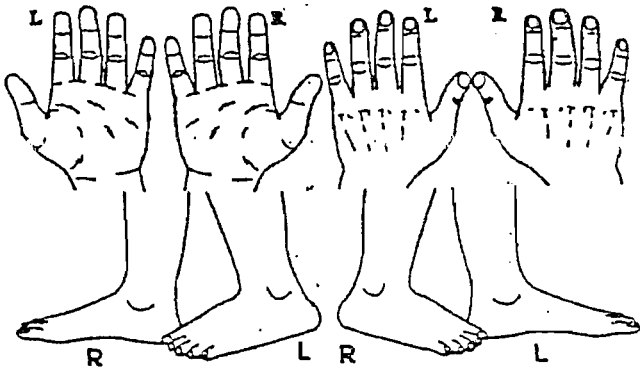
EXTREMITIES
__non-tender
__nml ROM
__no pedal edema
__pedal edema
__calf tenderness

contusion





T=tenderness
R=rebound
m=mild
mod=moderate
sv=severe
Example:- Tsv indicates severe tenderness.



LABS, X-RAYS, AND PROGRESS NOTES

ABDOMEN
✓non-tender
✓no organomegaly
__tenderness MILD @ RLQ MARGIN (2)
__hepatomegaly / splenomegaly / mass
__abnml bowel sounds
QUIET BS - HYPERACTIVE

CVS
✓reg. rate, rhythm
✓heart sounds nml
__irregularly irregular rhythm
__extrasystoles (occasional / frequent)
__tachycardia / bradycardia
__JVD present
__murmur grade ___/6 syst / diast
__pulses (2+ / 4+)
__decreased pulse(s)

__cyanosis / diaphoresis / pallor

POST CONCUSSIVE - SYNDROME

ASSESSMENT (1) (2) LUMBAR MUSCLE SPASM
(2) CERVICAL STRAIN & MUSCLE SPASM.
(3) CONTUSION (4) JAW (ANGLE), (4) LAC LIP

PLAN (1) FLEXERIL
(2) TAKE VICODIN as prescribed
(3) REST
(4) Ultram Amben 10mg q6hs #30

✓ Return for follow up visit on: _____
✓ Return to clinic if symptoms persist or become worse

_____ MD / DO

PROGRESS NOTES

NAME Charlie Haddad AGE SEX OCCUPATION

DATE 10.25.05 CHIEF COMPLAINT C/O- migraines ~ X's 2 days
questions about adding something
to topamax

Pizzeria Topamax 2 am & 50pm
Can't sleep → NOT

HISTORY LAB/XRAY NUMBER helping
2.

ALLERGIES Updated Not helping
CURRENT MEDICATIONS

VITALS: TEMP P/O2 BP LMP WT HT
98.1 94/98% 143/82

PHYSICAL FINDINGS HEENT WNL
CVTC - WNL
Romberg WNL

DX Migraine Cephalalgia

TREATMENT 1. Zonegran 100mg WK 1 at 50mg
2. Stop Topamax
3. Lunesta 3mg
4. DC Vicodin
wk 2 100mg q h.s

INSTRUCTIONS TO PATIENT S. D TO MOTTAN —
& MAXALT 10mg MLT & Motrin 800
CONDITION ON DISCHARGE Imitrex not helping

REFERRAL TO

PHYSICIAN SIGNATURE

JOEL BELTRAN, D.O.
BOARD CERTIFIED NEUROLOGY
800 Cooper, Suite 11 • Saginaw, MI 48602 • Phone 989.583.7090 • Fax 989.583.7091

April 25, 2005

John Kemerer, D.O.
3020 Boardwalk
Saginaw, MI 48603

RE: Charlie Haddad

Dear Dr. Kemerer:

I had the pleasure of seeing your patient, Charlie Haddad, in neurological consultation in my office on April 25, 2005. This is a right handed, 21 year old, Arabic gentleman who complains of headaches after being involved in a fight on November 19, 2004. He was at a Pistons game at that time and was punched by a basketball player and fell backward. He is not sure if he passed out. He has very little memory of the event. Subsequently he was taken to Pontiac Hospital in which he stayed overnight with multiple tests performed which were unremarkable, therefore he was sent home the next day. He suffered a chipped tooth. Since then he has been having headaches on a daily basis with the severe ones every two weeks. These are frontal as well as behind his eyes and the back of his head. He is more sensitive to touch. He feels depressed and he admits to photo sensitivity. These will last several hours. He will also get dizzy. He had no headaches prior to the incident. At times he will wake up with the headaches. He is not sleeping well but his appetite is good. He also is more irritable. He has been taking Vicodin with minimal improvement. He also has been taking Advil once a day which lessens the headaches. He tried Imitrex on a daily basis also with no help. A CT of the head was performed which showed no acute findings. There is no family history of headaches.

Neurological examination: Vitals include a blood pressure of 122/78. Pulse is 68. Respirations 20. Weight is 273 pounds. Patient is awake, alert and oriented times three. His speech is fluent. He follows commands appropriately. No agnosia, apraxia or anosmia noted. Pertinent findings on the examination neurologically shows tenderness to palpation involving the cervical spine with good range of motion. There is no gross asymmetry noted. The neurological examination is unremarkable.

Impressions:

1. This is a 21 year old gentleman with a history of cephalgia after a closed head injury with the examination neurologically showing no focal or lateralizing findings. Funduscopic exam is benign. I suspect these are post concussion headaches with migraine component.

Recommendations:

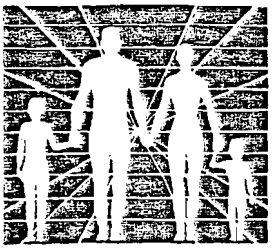
1. I will try him on Elavil 25mg one pill at bedtime and will give him samples of Relpax for abortive therapy. He will no longer take the Imitrex. I also told him to reduce his Advil usage which can certainly cause rebound headaches as well as cutting back his Vicodin. I would also recommend physical therapy for neck pain, otherwise he will see me in follow up in four weeks.

Full details of the neurological consultation and examination are on the patients' chart.

Thank you for letting me participate in the care of this patent. Please feel free to contact me for any reason regarding the patients' neurological condition.

Fraternally,

Joel M. Beltran, D.O.
JMB/skh
*Dictated but not necessarily read



SPECTRUM
REHABILITATION CENTERS, INC.

March 15, 2005

NEUROPSYCHOLOGICAL EVALUATION

PATIENT NAME:	Charlie Haddad
AGE:	21
EDUCATION:	11 + food handling certification + certified cell phone technician
OCCUPATION:	Disabled portable phone salesperson
HANDEDNESS:	Right
EVALUATION DATE(S):	12/21/04 and 12/24/04

TESTS ADMINISTERED:

Initial Diagnostic and Evaluation Session
Biopsychosocial History
Neuropsychological Symptom Checklist
Wechsler Memory Scale-III
1. Information and Orientation
2. Logical Memory I
3. Faces I
4. Verbal Paired Associates I
5. Family Pictures I
6. Letter-Number Sequencing
7. Spatial Span
8. Logical Memory II
9. Logical Memory II Recognition
10. Faces II
11. Verbal Paired Associates II
12. Verbal Paired Associates Recognition
13. Family Pictures II
14. Word Lists I
15. Word Lists II

Reitan-Indiana Aphasia Screening Test
Reitan-Klove Sensory-Perceptual Examination
1. Tactile Perception
2. Auditory Perception
3. Visual Perception
4. Tactile Finger Recognition
5. Fingertip Number Writing Perception
6. Tactile Form Recognition

Halstead Category Test
Tactual Performance Test
Smith Symbol Digit Modalities Test (Written and Oral)
Trail Making Test Parts A and B
Wide Range Achievement Test-III
1. Spelling
2. Arithmetic
3. Reading

(TESTS cont'd)

Wechsler Adult Intelligence Scale-III
1. Picture Completion
2. Vocabulary
3. Digit Symbol-Coding
4. Similarities
5. Block Design
6. Arithmetic
7. Matrix Reasoning
8. Digit Span
9. Information
10. Picture Arrangement
11. Comprehension
12. Symbol Search
13. Letter-Number Sequencing
14. Object Assembly

Minnesota Multiphasic Personality Inventory-2
Behavior Change Inventory
Barona Index
Rey 15-Item Memory Test
Lateral Dominance Examination
Manual Finger Tapping Test
Grip Strength Test
Speech-sounds Perception Test
Seashore Rhythm Test
Paced Auditory Serial Addition Test
Portland Digit Recognition Test
NAART
Olfactory Discrimination Examination
Bells Test
Line Bisection Test
Stroop Test
Controlled Oral Word Association Test
Wisconsin Card Sorting Test
Recognition Memory Procedures for the Halstead-Reitan Neuropsychological Test Battery
Data Analysis, Interpretation, Review of Records and Report Preparation

BACKGROUND INFORMATION AND BEHAVIORAL OBSERVATIONS:

Charlie Haddad is a 21-year-old single Lebanese-American (born in the U.S.A.) male who was seen for neuropsychological evaluation secondary to a history of changes in mental functioning following an 11/19/04 assault with head trauma. The patient presents with complaints of memory loss, dizziness, headaches and other problems since an 11/19/04 assault. He indicates that on that date he was at a basketball game at the Palace in Auburn Hills, Michigan. His last memory is that of cheering during the game. He indicates that he has subsequently come to learn what happened and has seen videotapes of the

incident over and over to the extent that he has seen what happened. He notes that a friend of his was in an argument with one of the players and he apparently tried to get between them to break them up. He indicates that he fell to the ground and after he got up was struck in the back of the head perhaps a couple of times when he was punched by reportedly one of the players. He indicates that he was then hit in the jaw by another player. His next memory appears to be that of being taken to a security room. His memory was very patchy. He then recalls being at Pontiac Osteopathic Hospital and having a CT scan. He noted that in the videos he appeared to be quite dazed after being struck. He indicates that he had posterior head swelling and he had left facial swelling and a chipped tooth. He notes that he had a few beers at the game that evening.

The patient reports no prior history of neuropsychological testing. He reports no prior history of significant head injuries. He has been taking Motrin since the assault. He has taken Vicodin as well, and his last dose was about a week ago. He reports no previous medical problems. He reports no history of fractures or surgeries or hospitalizations. He indicates that he drinks beer occasionally. He reports that he had gotten into some trouble a couple of years ago after drinking a couple of beers while underage. He indicates that he does not use illicit drugs.

The patient reports that he went into the 12th grade at Birch Run High School. He indicates that he quit the 12th grade because he had switched schools and then decided to get a GED. He reports that he received a lot of C's in his studies. He reports that he had a speech class in grade school and had trouble with his r's. He indicates that he was class president at Chesaning High School and had organized the chess team. He reports that he has certificates as a food handler and as a cell phone technician.

The patient reports that at the time of the assault he was working as a portable phone salesperson. He indicates that he had been working about 50 to 70 hours per week. He indicates that since the assault he has not been able to function on the job. He reports that it is a family-operated business and that he tries to go in but cannot handle it because of headaches, irritability and problems with organization.

The patient indicates that his 64-year-old father is in good health and is a retired teacher. He indicates that his 48-year-old mother is in good health and still works to some extent in family-related businesses. He has two brothers and one sister, all of whom are reportedly healthy and working. He reports no known family history of psychiatric or neurological conditions. He reports good relationships with family. He has a female friend. He lives in a house in Saginaw, Michigan, with his parents and sister.

Mr. Haddad indicates that he was having problems with lifting and bending and performing chores initially after the assault, but those symptoms are improving. He indicates that he used to enjoy working and playing cards. He used to play basketball two times per week. He reports that he worked out

several times per week and would run two miles at a time. He indicates that he has not been able to participate in these activities since the assault as he did previously.

The patient reports that he is followed by Dr. John Kemmerer. He indicates that he has seen several doctors since the assault. He is about 5'7" in height and weighs about 240 lbs. He was dressed casually. His grooming was good. He wears contacts for distance vision. He indicates that he was in a neck brace after the assault for some time. He was cooperative and cordial in his interactions. He was one day off in estimating today's date. He was able to indicate that George Bush was the President. He was not able to tell me the name of the Mayor of the City of Detroit. He was born in Saginaw, Michigan. He does report trouble initiating and maintaining sleep since the assault, which is a significant problem for him. His gait was grossly functional. His arms and hands were grossly functional. His vision and hearing were grossly functional. He reports daily head pain since the assault that can be very limiting. He indicates that he was initially experiencing problems with neck and back pain after the assault that have been improving. His speech was fluent. Articulation was good. He spoke at a normal rate. He reports feeling depressed and tired since the assault. There were no indications of hallucinations or delusions. There were no indications of suicidal or homicidal ideation or behavior.

Mr. Haddad complains of intermittent symptoms of blurred vision and diplopia since the assault and with fatigue. He complains of loss of interest in previous activities and changes in his attitudes since that time. He complains of problems with irritability, anxiety, depression and understanding others. He reports difficulties with reasoning and concentration as well as problems with distractibility and his abilities to think clearly and quickly. He reports problems with memory since the assault.

The patient indicates that he weighed 7½ lbs. at birth. He reported no birth defects or complications after the delivery. He reported no problems during his mother's labor or delivery with him. He indicates that he had a speech class as a child in grade school. He has a current driver's license. He indicates that he drives on a limited basis since the assault. He was driven to the appointment today by a family member.

REVIEW OF RECORDS:

At the time of this evaluation, I had the opportunity to review some medical records concerning this patient.

An 11/19/04 Emergency Department record from Pontiac Osteopathic Hospital indicates that the impression was that of status post assault with closed head injury.

An 11/20/04 CT scan of the head without contrast did not reveal any mass effect or any area of hyperdensity or hypodensity.

An 11/19/04 Consent Form from Pontiac Osteopathic Medical Center indicates that the patient was unable to sign due to his condition.

An 11/19/04 Plasma Alcohol Study indicated a reading of 116 micrograms per deciliter.

A Nursing Report from Pontiac Osteopathic Medical Center indicates that the patient was disoriented to time.

An Emergency Record Report indicates again that the patient was confused, and there is a diagram revealing an area of trauma to the left facial region.

Another Emergency Room record indicates that the patient was confused and alert and oriented x only 1. The Glasgow Coma rating appears to be either a 13 or a 14.

An 11/22/04 medical record indicates that the patient has had headaches on a continuous basis since Friday, and the assessment was that of a Postconcussive Syndrome with a cervical strain and muscle spasm. It was noted that he was placed on Flexeril, Vicodin and Ambien and was advised to rest.

A 12/6/04 medical record indicates sensitivity to light and noise and left-sided jaw pain as well as dizziness on an ongoing basis. The assessment was that of a Closed Head Injury and Postconcussive Syndrome as well as migraine cephalgia. He was prescribed Topamax and was referred to a neurologist. He was given Imitrex.

A 3/9/05 medical record indicates that the patient complained of an injury to the back of the head with headaches and pain behind the eyes. It was noted that there was photophobia and phonophobia. The assessment was that of migraine cephalgia, chronic daily headaches and Postconcussive Syndrome. He was prescribed Topamax and Imitrex.

TEST RESULTS:

The patient has a Full Scale Barona Index of 100. He cannot use reading-related measures to project characteristic levels of functioning because of what appear to be specific developmental limitations with respect to reading skills. The current test results appear to reflect reliable measurements of current functional capacities.

Sensory-Perceptual Processes:

In the tactile examination, the patient demonstrated moderate difficulties with finger localization on the left and mild difficulties on the right. He had moderate difficulties with fingertip number writing perception on the left and mild difficulties on the right. There were no indications of tactile suppression. He was able to consistently identify unilateral and bilateral

simultaneous tactile stimulation. There were no indications of astereognosis or increased tactile perceptual response latencies.

In the auditory examination, the patient was able to consistently identify unilateral and bilateral simultaneous auditory stimulation. In the olfactory examination, he demonstrated significant difficulties with olfactory discrimination as measured via each nasal passage, worse on the right compared to the left.

In the visual examination, the patient was able to consistently identify unilateral and bilateral simultaneous visual field stimulation. He also performed normally on measures of line bisection. Results of a cancellation procedure revealed a slight tendency to neglect right visual field stimuli compared to left visual field stimuli.

Orientation, Attention and Memory:

The patient's performance was mildly impaired on measures of simple attention span utilizing both digital and spatial materials. His performance was moderate to severely impaired, however, on measures of passive sustained attention utilizing both auditory-melodic and auditory-phonemic materials.

In the memory examination, Mr. Haddad performed with evidence of significant recent memory dysfunction. Results of the Wechsler Memory Scale-III reveal an Immediate Memory Index score in the mild to moderately impaired range. His General or Delayed Memory Index score was also in the mildly impaired range. Visual memory abilities were more consistently impaired than auditory memory measures. Overall auditory recent memory measures were considered borderline impaired.

Language and Related Functions:

The patient demonstrated intact basic auditory-phonemic processing capacities and auditory-verbal comprehension abilities. There were no deficits noted in areas of number and letter recognition, writing, mental calculations or basic arithmetic achievement. There were no indications of right-left confusion. The patient did demonstrate some minor difficulties with more complex repetition. He did generate a naming error on the Aphasia Screening Test. Overall semantic capacities were mild to moderately limited. Verbal fluency functions were correspondingly limited as well. Reading and spelling abilities were quite limited and in only the mid-primary range.

Visual-Spatial Organization and Constructional Functions:

The patient performed within the mild to moderately impaired range on measures of basic visual feature analytic functions required for associated higher level cognitive operations including visual discrimination. He performed adequately on several structured measures of constructional abilities, but results of less structured constructional drawing procedures revealed at least

mild underlying difficulties in negotiating spatial relationships and poor planning capacities.

Information Processing Speed:

The patient's performance varied between normal limits and the moderately impaired range on several measures of linear information processing speed and efficiency that were administered in this examination.

Problem Solving, Abstraction and Executive Functions:

Mr. Haddad was able to engage in overlearned routine problem solving. He demonstrated impairments, however, in areas of abstraction, judgment and higher level novel problem solving requiring spontaneous cognitive set shifting with evidence of executive function impairment. For example, on the Wisconsin Card Sorting Test, he was only able to complete three of the categories and he generated 34 perseverative errors.

Motor Skills:

In the motor examination, Mr. Haddad performed with evidence of mild relative upper extremity motor slowing with the dominant right hand beyond expected right-left differences. Upper extremity grip strength testing also revealed mild relative upper extremity motor slowing up and down the right hand, again beyond expected right-left differences.

Intellectual Assessment:

Intellectually, the patient is functioning with a WAIS-III Verbal IQ of 79, a Performance IQ of 86 and a Full Scale IQ of 80. He does appear to be experiencing difficulties in intellectual functioning secondary to problems in the areas of abstraction, executive functions, judgment and attentional capacities in particular.

Psychological Functioning:

Results of the MMPI-2 indicate a somewhat virtuous response to inquiry within this area and, as such, the current psychometric test results within this sphere may underestimate the magnitude of underlying dysphoria and behavioral disturbance. There was a minor amount of response variability noted possibly related to higher level comprehension problems. Given this patient's history and background, the current test results are considered interpretively useful. The particular constellation of test scores observed among scales 1, 2 and 3 suggest that he may have an underlying tendency to express dysphoria through physical complaints. A review of the findings indicates significant symptoms of depression, reduced ego strength, fatigue, somatic and pain concerns, dyssomnia, post-traumatic anxiety and impaired conation. It should be noted that the patient generated a high proportion of MMPI-2 neurological items in the positive direction. Results of the Behavior Change Inventory suggest

significant changes in the patient's behavior in comparing his functioning prior to the time of the 11/19/04 assault to his functioning since that time. For example, he was previously described in terms of being energetic and enthusiastic whereas he is now described in terms of being depressed, absent-minded, forgetful and tired.

SUMMARY AND RECOMMENDATIONS:

Results of this comprehensive neuropsychological examination indicate that Mr. Haddad's overall level of neuropsychological test performance falls well within the organically impaired range when objective methods of classification are utilized. It should be noted that some of the sensory and motor abnormalities observed in this examination may be related at least in part to peripheral factors and should be evaluated and treated through the appropriate medical procedures if necessary. This patient also presents with what appear to be probable developmental limitations in language and academic skills, particularly with respect to word reading and spelling abilities. He demonstrates what appear to be acquired problems, particularly in the following areas:

1. Signs of tactile sensory-perceptual dysfunction, worse on left compared to right
2. Signs of dysnosmia bilaterally, worse on right compared to left
3. Impaired attentional capacities
4. Impaired recent memory functions
5. Impaired abstraction, judgment and executive functions
6. Sleep disturbance, pain, fatigue, reduced ego strength, depression, post-traumatic anxiety and impaired conation

In terms of the etiology of the above symptoms, the history indicates that Mr. Haddad was working and apparently functioning quite adequately from a neurobehavioral perspective up until the time of an 11/19/04 assault with closed head injury. He reports declines in several areas of neurobehavioral functioning since that time that are consistent with abnormalities observed in the current objective test findings. The Emergency Room records clearly indicate that significant neurotrauma occurred in that the patient was confused and significantly disoriented and diagnosed with a concussion, which is a brain injury, as well as a closed head injury. My impression is that of a Postconcussion Syndrome secondary to the 11/19/04 Closed Head Injury, a Mood Disorder secondary to the 11/19/04 injuries and a Pain Disorder with Dyssomnia secondary to the 11/19/04 injuries.

IMPRESSIONS:

1. Postconcussion Syndrome secondary to 11/19/04 Closed Head Injury

2. Mood Disorder secondary to 11/19/04 injuries

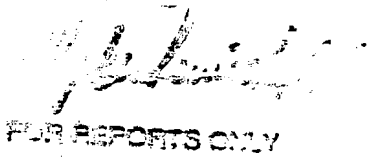
3. Pain Disorder with Dyssomnia secondary to 11/19/04 injuries

Mr. Haddad is being followed by Dr. John Kemmerer and he indicates that he has been seen by some other physicians in the area as well, although he could not recall their names.

When last seen, the patient had attempted to return to work but could not effectively function because of his persisting symptoms. He was previously very active and enjoyed his work as well as sports-related activities and working out. He has not been able to resume those activities. He was experiencing ongoing difficulties with sleep and daily headaches that could be very limiting. He has great difficulties with depression, irritability, mood regulation and fatigue. I do think that he may be able to benefit from additional rehabilitation interventions including individual psychotherapy, psychiatric evaluation and treatment, and neurological care if that is not already occurring at this time. A neuropsychological re-examination can be considered in a period of 9 to 12 months for longitudinal studies if necessary. I will contact the patient regarding the above recommendations.

Please contact me if I can provide you with any additional information concerning these findings.

Very truly yours,



Bradley G. Sewick, Ph.D., ABPN, C.C.M.
Licensed Psychologist
Board Certified Neuropsychologist
Certified Case Manager

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