

PARK NICOLLET CLINIC  
ST. LOUIS PARK, MN. 55426

Name: STROCK, Kyle Service Date: 05/23/2006  
MR #: 46079687 PNC #: Dictating Clinician: REANEY, JUDSON  
DOB: 4Dec87 AGE: 18 Acct Type: C  
SSN: Acct #: 159368521  
Transcription Type: CLINIC PROGRESS NOTE - MANDATORY SIGN

NAME: STROCK, KYLE MR: 000046079687  
ACCT: 159368521 VISIT: 000159368521  
DICTATING CLINICIAN: Judson B Reaney, MD  
JOB: 200605300956176700

## CLINIC PROGRESS NOTE

DATE OF VISIT: 05/23/2006

SUBJECTIVE:  
CONFIRMATORY CONSULTATION

NAME: Kyle Strock  
VISIT #: 159368521  
MRN: 46079687  
DOB: 12/04/1987  
DATE OF CONSULTATION: 05/23/06

Kyle Strock is an 18-year-old young man whose developmental nurse practitioner requested a confirmatory consultation regarding his diagnosis of attention deficit hyperactivity disorder-inattentive type. Kyle's primary physician is Dr. Mark Hench, Park Nicollet Carlson office. Kyle is accompanied to the appointment by his father Tim and both were interviewed today. Kyle was diagnosed originally with attention deficit hyperactivity disorder-predominantly inattentive type by Dr. Leslie S. Burt on 12/27/96. Ms. Tannahill evaluated Kyle and reconfirmed the diagnosis on 10/06/05. This was part of a comprehensive team evaluation at the Alexander Center. The other member of that team was Dr. Thomas T. Bennett, PsyD, LP, pediatric clinical psychology. Together they diagnosed attention deficit hyperactivity disorder-inattentive type.

As a part of my evaluation I reviewed the evaluation done originally by Dr. Burt in 1996, the multidisciplinary evaluation at the Alexander Center from 10/2005, current ADHD Rating Scale from Kyle's father and one teacher, a Child Behavior Checklist, and the results of a Conners' Continuous Performance Test-2. Also reviewed were Robinsdale Armstrong High School report cards.

Kyle and his father indicate that he was first diagnosed with ADD in Virginia by Dr. Leslie Burt. They thought that he was in about first grade at that time. A psychologist reportedly participated in those evaluations, although I do not have those records. Kyle was started on Ritalin for three to four years. He did not like how he felt on the medication and felt he was a "zombie." He did not smile. He felt "zoned" and unemotional. He also had rebound hyperactivity. "I was nuts (hyper)." He never tried any other

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medications. Because of the side effects of his medication his mother wanted him off of medication and he stayed off for about five years. He just resumed medication with Concerta 45 mg total each morning last fall with Ms. Tannahill.

As an infant Kyle was "tongue tied." He disliked crowds. He self-regulated well. Otherwise his father did not note anything unusual. As a toddler he was very active. He would flit from one thing to another much more than other toddlers and seemed to have a short attention span. In preschool he again was noted to go quickly from one activity to another. He had a hard time attending to things like table work. He would wander around the classroom and had problems with group activities. This continued to be a problem in kindergarten, only worse. He did not do his work. He was pulled out of school due to his inattention and disruptive behavior. He was home-schooled through first grade. It was at that time that he started on Ritalin and that seemed to help greatly, although side effects as noted above occurred.

In second grade Kyle began a private Christian school. He was on his medication, grades were better, and he got his work done better, but he still had late assignments and had some problems with inattention. He continued in that school for half of third grade and then began public school due to problems with the cost of the private school. He was an accelerated reader and a great speller. He continued in that school through sixth grade. He needed a lot of parent guidance and help to stay focused and on task. The teachers and parents had to sign off on his work as an accommodation to make sure that he got as much of his work done as possible. Grades ranged from C's to A's. In sixth grade he was offered a special organizational class. During that year he was publicly humiliated by a teacher and he shut down and withdrew.

Kyle began middle school in Ohio. His Ritalin was discontinued. He had a lot of missing work. He had poor focus in class and was easily distracted, except in his history class which he was especially interested in. Grades then ranged from C's to F's. In eighth grade his parents divorced in mid year. He moved to Southern Ohio. Educational standards in his school were reported to be very low. He was able to get B's and C's with a few D's and F's. He continued to have attentional and distraction issues. This continued in ninth and tenth grades in Ohio pretty much the same.

Kyle in eleventh grade started at Robinsdale Armstrong High School. He failed most of the year. He had a lot of late and missing assignments. He tended to do somewhat better on tests. His father reports that they asked for accommodations and none were provided. In twelfth grade he had his reevaluation at the

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Alexander Center and was diagnosed with attention deficit disorder.

Disruptive Behavior Disorder Rating Scales were obtained in the fall of 2005. His Japanese teacher, Mike Smart, filled out a teacher questionnaire. Behaviors that were endorsed as pretty much or very much included failing to give close attention to details and making careless mistakes in school work; not following through on instructions and failing to finish school work; chores, or duties in the workplace; having difficulty sustaining attention in tasks or play activities; often losing things necessary for tasks or activities; avoiding or disliking and is reluctant to engage in tasks that require sustained mental effort; difficulty organizing tasks or activities; is forgetful in daily activities. His total score on the ADHD-4 Rating Scale was less than the 80th percentile, inattention was less than 90th percentile, and impulsivity/hyperactivity less than the mean. Kyle's father also filled out a current parent Disruptive Behavior Disorder Rating Scale. He also endorsed ADHD-inattentive type with 8 total endorsements at the 93rd percentile. Inattention was greater than 98th percentile and impulsivity/hyperactivity less than mean. No current teacher rating scales are available.

Kyle describes having a hard time staying focused. With homework he needs redirection. His father states that typically every one to two minutes he needs an adult to get him refocused. During lectures Kyle reports that his mind wanders often. His note taking is impaired. When he looks at his notes they are off topic or do not make sense. Reading focus is good if he is interested in the material, but problematic if he is not. He has poor handwriting. He has problems with the mechanics of writing like grammar and spelling. Kyle frequently loses things that he needs. Home/school materials is a major issue. When he does complete work he often loses or cannot find it. He does not follow directions and makes frequent careless errors due to inattention. He usually can get done early with tests, but may rush through them making careless errors.

Problems at home related to attention include being easily distracted by extraneous stimuli; shifting from one uncompleted activity to another; failing to give close attention to details or making careless mistakes; not following through on instructions with chores or duties at home; having difficulty sustaining attention in tasks and play activities; losing things necessary for tasks; avoiding or disliking tasks that require sustained mental effort like homework; having difficulty organizing tasks and activities; and being forgetful in daily activities. His father notes that they have to call him about

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every 20 minutes to remind him of tasks that he is supposed to be doing when they are away from home. It can take him 30 minutes to do a simple task that should be done in a matter of minutes. He is easily distracted. He loses his personal belongings. He also has problems monitoring and complying with common rules due to inattention. In the workplace Kyle notes that he forgets tasks and leaves things undone frequently. He has had some problems with impulsivity, e.g. getting into a bleach fight at work with some other kids without stopping to think of the consequences.

On Concerta he denies any side effects. He thinks that it does help with his concentration, although he still has some problems with distractibility and impulsivity on his current dose. On higher doses he had headaches and could not tolerate the 54 mg.

On Kyle's Child Behavior Checklist the only elevated score that was borderline with attention problems was 69. There was no evidence of externalizing or internalizing behaviors. Kyle also was evaluated with a Conner's Continuous Performance Test. The results of that was nonclinical with a confidence index of 47.9%. This would indicate fairly even chance of Kyle either having or not having ADD based on that particular instrument. Kyle's full scale IQ was 107, performance IQ was 97, verbal IQ was 114 when tested by Dr. Bennett. Dr. Bennett did not find any evidence of other psychological disorders that would better explain Kyle's symptomatology. Kyle's parents' divorce was not felt to explain Kyle's ADD and in fact the divorce occurred many years after his original diagnosis. Kyle actually presented with significant ADD symptoms in the preschool years. His father has come out as a gay man. Kyle reports that he has adjusted well to that and that is not a significant issue for him.

**PAST MEDICAL HISTORY:** The past medical history is contained in the previous evaluation by Amy Tannahill from 10/04/05 and was normal. This was thoroughly reviewed. Habits: No tobacco, alcohol, or drug use.

**FAMILY HISTORY AND SOCIAL HISTORY:** Contained in the intake interview in Amy Tannahill's note of 10/04/05 and was thoroughly reviewed.

**REVIEW OF SYSTEMS:** A complete review of systems was done and was normal, with the exception of sometimes his right knee "gives out on me." It can be painful. No locking. No history of injury. Kyle has some obesity. Sleep is okay. He has no snoring and no apnea. Mood is normal. He denies any depressive or anxiety symptoms.

**OBJECTIVE:**

VS: BP: 130/70, right, adult. P: 84. Ht: 70-1/4 in, greater than

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50th percentile. Wt: 240 lb, greater than 97th percentile.

GENERAL: Kyle was a nice appearing boy with no dysmorphic features. He was clearly obese. Attention span in the one-on-one setting was fine. He had no hyperactivity or impulsivity noted. Skin: Acne. Hemangioma on the scalp and over the coccyx. Lymphatic: Lymph nodes are normal to palpation in the neck. Head: Normocephalic. Eyes: Conjunctivae and lids normal. Pupils are equal, round, reactive to light and accommodation. Irises are normal. Ears, Nose, Mouth, Throat: Ears and nose are normal to external inspection. External auditory canals and tympanic membranes are normal. Lips, teeth, and gums are normal. The oral mucosa, palate, tonsils, and tongue are normal. Neck: Neck exam is normal. No thyromegaly is present. Respiratory: Normal respiratory rate and effort. Lungs are normal to auscultation. Cardiovascular: Auscultation of the heart is normal. There are no pathologic murmurs. Carotid artery pulses are normal. Gastrointestinal: The abdominal exam is normal with no masses or tenderness. There is no hepatosplenomegaly. Genitourinary: Not assessed. Musculoskeletal: Gait and station are normal. There are no deformities of the extremities or digits, or trunk. Neurologic Examination: Cranial nerves II-XII are intact. Cerebellar: Normal Romberg. Normal finger-nose-finger exam with no dysmetria. Fine Motor: Normal fine motor coordination. No overflow movements noted. Normal rapid alternating movements. Gross Motor: Normal and symmetric gross motor strength and tone in all extremities. Deep Tendon Reflexes: Normal and equal bilaterally. No pathologic reflexes present. Sensory: Normal sensation to light touch. Two objects correct by stereognosis. Other neurologic: Right-left discrimination was normal. On two part commands was able to do these, but did ask "what?" once. Digit span equals 5 with 0 of 3 correct at 6. Mental status exam: Oriented times 3. Appearance: Neatly dressed and groomed. Motor activity normal. Mood and affect euthymic. Cognitive abilities: Estimated to be at or above average. Speech and language unimpaired, good vocabulary. Judgement good for age. Thought content normal. Thought process is normal. No evidence of hallucinations or delusions. Attention span fine in this setting. No impulsivity or hyperactivity noted. Memory: Somewhat weak short-term memory for digits.

## ASSESSMENT:

Axis I: Attention deficit hyperactivity disorder-predominantly inattentive type.  
Axis II: No diagnosis.  
Axis III: Obesity.  
Axis IV: Parental divorce.  
Axis V: Global assessment of functioning=55.

In summary, Kyle Strock is an 18-year-old boy who meets

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diagnostic criteria for attention deficit hyperactivity disorder-predominantly inattentive type. He evidenced symptoms in early childhood and has continued to be symptomatic since that time. He responded well to Ritalin for inattention when he was younger, but had significant side effects. Off of medication he was markedly symptomatic in secondary school and his ADD caused significant problems with impairment in his ability to function in school resulting in academic underachievement. Kyle is now on medication again and tolerating it well, but at a dose that probably is suboptimal. This is the dose, however, that he is able to tolerate. Kyle does not have evidence present for a learning disability or psychological diagnoses that would better explain his difficulties.

## PLAN:

I would recommend that Kyle continue on medication managed by Amy Tannahill, PNP. I also would recommend that Kyle receive 504 accommodations in academic settings based on his disorder of attention deficit hyperactivity disorder-predominantly inattentive type.

CC: Amy L Tannahill, PNP

JBR:Spheris17939 C: 05/30/06 13:34  
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Electronically signed by: REANEY, JUDSON Date: 30May06  
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when this report was printed.