



Community Mental Health
Out-Patient Programs
2425 Eglinton Avenue East, Suite 301
Scarborough, ON M1K 5G8
(416) 431-8230 Fax (416) 759-5162

FAX

To: Dr Lo

Fax: 905-480-0898

From: Dr Ng

Pages: 5

Phone: 905-480-1050

Date: December 11, 2020

Re: Joshua Rodriguez

Please find enclosed a copy of Dr Ng's revised consultation note.

This information is directed in confidence solely to the person named above and may contain confidential material and may not be otherwise distributed, copied or disclosed. If you have received this fax in error, please notify the sender immediately via a return fax and destroy original message. Thank you for your cooperation



SCARBOROUGH HEALTH NETWORK
COMMUNITY MENTAL HEALTH OUTPATIENT PROGRAMS
Child and Adolescent ADHD Clinic
2425 Eglinton Avenue East, Ste 301, Scarborough ON M1K 5G8

Tel: 416 431-8230

Fax: 416 759-5162

Dr. Jason Lo
3000 Highway 7 East, Suite A202
Markham, ON
L3R 6E1

December 11, 2020

Re: Joshua Rodriguez

D.O.B: 10/01/1998

Dear Dr. Lo,

Please find enclosed Dr Ng's revised discharge letter, outlining his impressions and recommendations for the above named person.

Please note that due to our limited capacity to carry active cases, we are closing the file, and Joshua Lily is asked to follow-up at your clinic for future medication prescription and titration as required.

Thank you for making this referral.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Luke".

Stephanie Luke, BSc, CYC, RSSW
SHN ADHD Clinic

S.L.: encl

**SCARBOROUGH HEALTH NETWORK****General Hospital**

3050 Lawrence Ave East Scarborough, ON M1P 2V5

Health Records

Phone 416-438-2911 ext: 6445

Fax 416-438-9447

Unit #: H1459889**Report #: 1811-0635****RODRIGUEZ, JOSHUA DANIEL**

DOB: 10/01/1998 Age/Sex: 22/M

HCN: 6511066554-XX Status: REG RCR

Acct #: HS008184/20 Loc: HMMOP

Family Dr: Lo, Jason

Copies To: Lo, Jason; Ng, David ~

MH CONSULTATION

eScripton Job ID: ES1473406

DATE OF REPORT: 18/11/2020

DICTATING PHYSICIAN: David Ng, MD, FRCPC

REVISED: 10/12/2020

rev:sl

Dear Dr. Lo,

Joshua is a 22-year-old single male living with his mother and younger sister. He was referred from the Emergency Department where he was seen on September 4, 2020. He receives passport funding as well as ODSP and is registered with Developmental Services Ontario. He also works part-time in delivery twice a week.

Information was obtained from an interview with Joshua via OTN, as well as reviewing collateral information from his mother on the intake questionnaires and the electronic medical record from the hospital. There is also a note from a consultation done at CAMH in March of 2019.

Joshua understands that the reason for the followup is because of the psychosis he experienced in September 2020 that caused him to act in a bizarre fashion. He admitted to using edible cannabis around that time. He could not recall everything that happened, but according to his mother, he woke up that day and was acting unusually, insisting using his EpiPen, which was never prescribed for him. He was also urinating on the floor, which was also reported to the Emergency Room. As mentioned earlier, he could not recall the details, since everything seemed to be blurred. He denied feeling paranoid. Nonetheless, after receiving Haloperidol 5 mg and Ativan 2 mg in the Emergency Department, he settled and was discharged the following day. Joshua recalled that he settled after a couple of days. He has not smoked any marijuana or had any edibles since. He felt he is back to his usual self, which was certainly corroborated by his mother. He has resumed his usual activities, such as working in delivery twice a week as well as going to the gym 3 times a week, usually playing and training others in basketball. According to Joshua, this private gym is still operating, despite the pandemic.

He reported that he sleeps well, generally from 10 to 11pm at night to around 10am in the morning. He wakes up feeling generally refreshed. There is no change in his appetite.

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Functional Inquiry does not reveal any persistently depressed mood or significant mood fluctuation to the point of mania. He denied any anxiety-related issues. He did not report any perceptual abnormalities or any disordered thought conditions. He does not engage in any self-injurious behaviours.

There were no acute health concerns reported. Other than the Risperidone Consta 25 mg IM every 3 weeks, which he receives at the walk-in clinic close to him, he does not take any medications. There are no reported known allergies to medications.

As you are familiar with the past history, it will not be repeated in detail. He was followed by various agencies, including the Bloorview Kids Rehab, CAMH for which he had been diagnosed with various conditions starting with ADHD and LD and the School Board confirmed the presence of a mild intellectual disability. Later he was given the diagnosis of pervasive developmental disorder (now termed as autism spectrum disorder as per DSM-5). There is also history of oppositional defiant disorder, pica due to boredom and cerebral palsy.

Family psychiatric history is positive for 2 first cousins with ADHD, ASD and bipolar disorder.

Forensic involvement does not reveal any formal conviction, although a couple of years ago, he was apprehended after uttering threats at a mall towards a female customer. The charges were eventually dismissed.

Mental status examination via OTN indicated a young man looking his stated age. Grooming was adequate. There were no abnormal involuntary movements noted. His articulation of speech was fine. His answers were generally goal directed, coherent and logical. He described his mood to be fine, and concurred that emotionally he is back to himself. He did not endorse any suicidal or homicidal ideation, nor was there any hint of perceptual abnormalities. He was alert and oriented to 3 spheres. He had gained some insight, in the sense that he does not want to use any marijuana, especially edibles, given what he has been through. He showed fair judgment in following up and attending this virtual visit, as well as refraining from illicit and recreational psychoactive substances. He denied any drug use or any history of alcohol abuse. He agreed to follow-up with his family physician as well as to a walk-in clinic for injections.

DIAGNOSES: Brief psychosis likely resulted from edible cannabis (now completely resolved), documented autism spectrum disorder with accompanied intellectual impairment, history of ODD. There is also a reported history of Attention Deficit Hyperactivity Disorder, history of pica, and a history of cerebral palsy.

MANAGEMENT PLAN: As he does not like to take any medications orally, it is certainly recommended that he continue with Risperidone Consta 25 mg IM every 3 weeks at a walk-in clinic, and he was also advised to attend periodic health exams at your office.

He should certainly continue with the community agencies that he is connected to, including Disability Services Ontario and his caseworker.

No further scheduled appointment was given, as his psychosis has resolved and he does not feel that he needs any further support from our clinic.

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This report has been dictated
and electronically authenticated

Reported By: David Ng MD, FRCP(C)

Report Dictated Date/Time: 18/11/20 1406 By: NGD
Report Transcribed Date/Time: 18/11/20 2103 By: ACCHARSJA

CC: Lo, Jason; Ng, David

This report has been dictated but not read. If this is received in error, please fax to Scarborough Health Network at (416) 438-9447.