

Dated: 1/14/80

Transcribed: 1/16/80

NARRATIVE SUMMARY

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|-----------------|---------------|-------------------|---------|------------------------|----------------------------|
| AME | Allen Tarlton | DOB: | 12/4/27 | PATIENT NUMBER | 791481 |
| LOCAL THERAPIST | JoAnn Fruth | DATE OF ADMISSION | 12/7/79 | DATE OF DISCHARGE/TYPE | 1/7/80 With Staff Approval |

HISTORY:

Chemical use pattern: Since previous treatments patient has primarily been a lone drinker, attempted to confine drinking to weekends, drinking a fifth of vodka per day, past 3-4 months drinking pattern had been almost daily switching to wine using a quart per drinking experience.

Hospitalizations & Treatment related to Chemical Use: Three

Legal: A. Past None

B. Pending of Discharge: None

ASSESSMENT:

Medical: Patient is diabetic and maintained diabetic insulin schedule as well as diet during treatment per Ignatia orders. Patient has past history of hypertension and liver damage, otherwise physical exam negative. Patient on 1800 calorie diabetic diet and Lente insulin 40 units daily. Blood pressure and urine checks done per Ignatia orders. Patient slightly overweight. Patient had elevated blood work, probably due to excessive intake of alcohol. Patient was medicated for alcohol withdrawal. Scheduled work out per Ignatia Hall staff to follow patient's elevated blood pressure and diabetes issue.

Psychological: Routine MMPI and Shipley Hartford tests given, routine consultation with psychologist, results show no significant psychological problems.

SYCHOLOGICAL: Patient is currently Monk at St. John's Monastery, teaching at prep school. Actively involved with Roman Catholic faith, no religious blocks to spirituality of Alcoholics Anonymous.

Spiritual: Patient is living at St. John's Monastery alone in a room there. Is a teacher in the Prep School. Patient feels comfortable with current living situation and does not see it as a problem to his recovery, feels if he maintains outside contacts with persons at the Monastery as well as in AA, he will be able to remain sober and chemically free. Patient feels he had isolated himself and would have done so in spite of his work or living facilities. Patient states very interested in teaching career currently.

Diagnostic Impression: Staff Consensus: AGNOSTIC IMPRESSION: Initial—alcoholic, chemically dependent, chronic phase. AFF CONSENSUS: Chemically dependent to alcohol, chronic phase.

Problem Priorities: False pride and perfectionism involved with that shameful of himself and his involvement with alcohol as well as other personal issues he feels he's a conglomerate of minorities, i.e., patient is black alcoholic priest, etc. Non-accepting of himself in these areas, including sexuality issue.