



**State Medical
Board of Ohio**

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Columbus, Ohio 43215
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March 12, 2025

Case number: 25-CRF-0042

Brooke S. Wolf, M.D.
3690 Orange Place, Suite 430
Beachwood, Ohio 44122
bwolfmd@sbcglobal.net

Dear Doctor Wolf:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke or suspend your license or certificate, or refuse to grant or register or issue the license or certificate for which you have a pending application in accordance with Section 9.79 of the Ohio Revised Code, or refuse to renew or reinstate your license or certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) In your routine course of your practice from in or around 2014 to in or around 2024, you provided care and treatment for Patients 1 through 6, as identified on the attached Patient Key. **(The Patient Key is confidential and to be withheld from public disclosure.)** You failed to appropriately treat and/or failed to appropriately document your treatment of these patients.
- (2) Specific examples of such treatment and/or conduct identified in paragraph (1) include, but are not limited to, the following:
 - (a) From in or about June 2014, until at least in or about April 2024, you provided care and treatment for Patient 1, for conditions that included schizoaffective disorder, bipolar type; schizoaffective disorder, depressive type; panic disorder with agoraphobia; post-traumatic stress disorder (PTSD); social anxiety disorder; bulimia; attention-deficit/hyperactivity disorder (ADHD); obsessive-compulsive disorder (OCD); generalized anxiety disorder (GAD); bipolar disorder; claustrophobia; and tardive dyskinesia. In the course of your treatment of Patient 1, you prescribed Adderall in high dosages but failed to provide an explanation or rationale, failed to consider its potential for abuse, failed to assess the patient, failed to consider drug interactions despite prescribing multiple antipsychotic medication simultaneously, and failed to monitor Patient 1 for involuntary movement. You prescribed Adderall without proper justification and failed to consider its potential for abuse. Further, you deviated from accepted methods in selecting the dose of Adderall and you prescribed exceedingly high doses without sufficient documentation of medical necessity or patient assessment. Further, despite prescribing multiple controlled substances, you failed to consider

multiple drug interactions. Further, your documentation supporting the diagnosis of ADHD and restless leg syndrome and supporting the treatment plan including the medication therapies were inadequate. Despite prescribing antipsychotic medications, you failed to screen or monitor for involuntary movements, which ultimately developed into tardive dyskinesia. Further, despite consequently prescribing controlled substances to manage tardive dyskinesia, you failed to obtain past treatment records for collateral information or coordinating care. Further, despite prescribing a very complex treatment regimen, including excessive doses and off-label use of medication, you failed to obtain informed consent. Further, in the course of your treatment of Patient 1, you failed to document follow-up appointments, which is crucial for patient management and continuity of care. Further, you failed to document actual prescriptions, how the medications were prescribed, or copies of the prescriptions. Despite signs of misuse or abuse, you continued to prescribe Adderall in excessive doses without a rationale. Further, despite prescribing multiple controlled substances, you failed to monitor for signs and symptoms of drug abuse and dependency, you failed to obtain and review OARRS reports at the frequency required, and you failed to discuss with the patient the potential for addiction, abuse, misuse or diversion.

- (b) From in or about October 2012, until at least in or about April 2024, you provided care and treatment for Patient 2, for conditions that included ADHD, situational mixed anxiety and depressive disorder, panic disorder, GAD and PTSD. In the course of your treatment of Patient 2, you failed to document actual prescriptions or how the medication was prescribed. Further, your documentation of the medications in the narrative failed to correspond with the medications documented in the medication changes section. Further, in the course of your treatment of Patient 2, you prescribed lorazepam, Adderall and Adderall XR for more than ninety days, however, you failed to obtain and review OARRS reports at the frequency required.
- (c) From in or about July 2017, until at least in or about April 2024, you provided care and treatment for Patient 3, for conditions that included major depression, ADHD, OCD, and primary insomnia. In the course of your treatment of Patient 3, you prescribed lorazepam, Adderall and Adderall XR for more than ninety days, however, you failed to obtain and review OARRS reports at the frequency required.
- (d) From in or about November 2019, until at least in or about April 2024, you provided care and treatment for Patient 4, for conditions that included recurrent major depression in partial remission, panic disorder without agoraphobia, GAD, OCD and ADHD. In the course of your treatment of Patient 4, you failed to document the rationale for prescribing high doses of Nuvigil, which exceeded 250 mg daily and further was unsupported by clinical documentation. Further, you failed to consider the potential for abuse, dependence, or diversion of this Schedule IV controlled substance. Further, you continued to prescribe high doses of Nuvigil despite assessing Patient 4 with symptoms possibly caused or exacerbated by this medication therapy. Further, you failed to collaborate with other treatment providers, who were also prescribing psychotropic substances. Further, you failed to provide the rationale for providing early refills of controlled substances and failed to address the potential for misuse or diversion. Further,

you prescribed controlled substances to Patient 4 for extended periods of time despite Patient 4's history of alcohol use and the diagnosis of alcohol abuse. Further, despite prescribing controlled substances, you failed to require toxicology screens, failed to conduct pill counts, failed to obtain a controlled substance agreement or informed consent, failed to review OARRS reports at the frequency required, and failed to discuss with Patient 4 the potential for addiction, abuse, misuse or diversion.

- (e) From in or about August 2012, until at least in or about April 2024, you provided care and treatment for Patient 5, for conditions that included GAD, ADHD, panic disorder, major depression, OCD and Alcohol Abuse. In the course of your treatment of Patient 5, you failed to provide documentation to support diagnoses and treatment plans, including medication therapies. Further, you failed to conduct a mental status examination. Further, you failed to document follow-up appointments, which is crucial for patient management and continuity of care. Further, you failed to document actual prescriptions, how the medications were prescribed, or copies of the prescriptions. Further, you failed to obtain past treatment records for collateral information. In the course of your treatment of Patient 3, you prescribed lorazepam, Adderall and Adderall XR for more than ninety days, however, you failed to obtain and review OARRS reports at the frequency required.
- (f) From in or about November 2018, until at least in or about September 2023, you provided care and treatment for Patient 6, for conditions that included bipolar II disorder, panic disorder, ADHD, and pain associated with psychological and physical factors. In the course of your treatment of Patient 6, you failed to consistently document symptoms warranting and supporting the medication therapy. Further, despite prescribing multiple psychotropic medications, including Lexapro, Lamictal, Seroquel, Valium, Abilify, Adderall, and gabapentin, you failed to clearly and consistently document the clinical rationale, necessity, or efficacy. Further, you failed to provide the rationale for frequent medication adjustments including dosages and selection of controlled substances. Further, despite diagnosing Patient 6 with ADHD, you failed to conduct a comprehensive ADHD evaluation or document symptoms. Further, your documentation supporting the treatment plan, including medication therapies, was inadequate throughout the treatment. Further, you failed to document follow-up appointments, which is crucial for patient management and continuity of care. Further, you failed to document actual prescriptions, how the medications were prescribed, or copies of the prescriptions. Further, you failed to appropriately order bloodwork or monitor Patient 6's weight. Further, you failed to obtain past treatment records for collateral information. Further, despite prescribing controlled substances, you failed to require toxicology screens, failed to conduct pill counts, failed to obtain a controlled substance agreement, and failed to review OARRS reports at the frequency required.

Your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2)(a), (d) and (f) above, individually and/or collectively, constitute "[f]ailure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease," as that clause is used in Section 4731.22(B)(2), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2) (a), (b), (d), (e) and (f) above, individually and/or collectively, constitute a “departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established,” as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred on or after August 31, 2017, as alleged in paragraphs (1) and (2) (a) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to-wit: General Provisions, Rule 4731-11-02, Ohio Administrative Code, as in effect from August 31, 2017, through December 22, 2018. Furthermore, pursuant to Rule 4731-11-02(E), Ohio Administrative Code, as in effect at that time, any violation of Rule 4731-11-02 also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code. Additionally, violation of paragraph (C) of the aforementioned rule also constitutes a violation of Section 4731.22(B)(3), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred on or after December 23, 2018, as alleged in paragraphs (1) and (2) (a) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to-wit: General Provisions, Rule 4731-11-02, Ohio Administrative Code, as in effect from December 23, 2018 to present. Furthermore, pursuant to Rule 4731-11-02(E), Ohio Administrative Code, as in effect at that time, any violation of Rule 4731-11-02 also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code. Additionally, violation of paragraph (C) of the aforementioned rule also constitutes a violation of Section 4731.22(B)(3), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred on or after December 23, 2018, as alleged in paragraphs (1) and (2) (a) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to-wit: Utilization of anabolic steroids, schedule II controlled substance cocaine hydrochloride, and schedule II controlled substance stimulants, Rule 4731-11-03, Ohio Administrative Code, as in effect from April 30, 2009 to December 30, 2015. Furthermore, pursuant to Rule 4731-11-03(C), Ohio Administrative Code, as in effect at that time, any violation of Rule 4731-11-03 also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code. Additionally, violation of paragraph (C) of the aforementioned rule also constitutes a violation of Section 4731.22(B)(3), Ohio Revised Code.

Further, your acts, conduct, and/or omissions that occurred on or after December 23, 2018, as alleged in paragraphs (1) and (2) (a) above, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to-wit: Utilization of anabolic steroids, schedule II controlled substance cocaine hydrochloride, and schedule II controlled

substance stimulants, Rule 4731-11-03, Ohio Administrative Code, as in effect from December 31, 2015 to present. Furthermore, pursuant to Rule 4731-11-03(C), Ohio Administrative Code, as in effect at that time, any violation of Rule 4731-11-03 also constitutes a violation of Section 4731.22(B)(2), Ohio Revised Code, and Section 4731.22(B)(6), Ohio Revised Code. Additionally, violation of paragraph (C) of the aforementioned rule also constitutes a violation of Section 4731.22(B)(3), Ohio Revised Code.

Additionally, your acts, conduct, and/or omissions that occurred on or after December 31, 2015, as alleged in paragraphs (1) and (2) (a) through (f) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Standards and Procedures for Review of "Ohio Automated Rx Reporting System" (OARRS), Rule 4731-11-11, Ohio Administrative Code, as currently in effect.

Furthermore, for any violations that occurred on or after September 29, 2015, the Board may impose a civil penalty in an amount that shall not exceed twenty thousand dollars, pursuant to Section 4731.225, Ohio Revised Code. The civil penalty may be in addition to any other action the Board may take under section 4731.22, Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of service of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of service of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke or suspend your license or certificate, or refuse to grant or register or issue the license or certificate for which you have a pending application in accordance with Section 9.79 of the Ohio Revised Code, or refuse to renew or reinstate your license or certificate to practice medicine and surgery, or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant or issue a license or certificate to practice to an applicant, revokes an individual's license or certificate to practice, refuses to renew an individual's license or certificate to practice, or refuses to reinstate an individual's license or certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a license or certificate to practice and the board shall not accept an application for reinstatement of the license or certificate or for issuance of a new license or certificate."

Copies of the applicable sections are enclosed for your information.

THE STATE MEDICAL BOARD OF OHIO

A handwritten signature in blue ink, reading "Kim G. Rothermel MD".

Kim G. Rothermel, M.D.
Secretary

KGR/MAP
Enclosures

Via Email: bwolfmd@sbcglobal.net

**IN THE MATTER OF
BROOKE S. WOLF, M.D.**

25-CRF-0042

**MARCH 12, 2025, NOTICE OF
OPPORTUNITY FOR HEARING -
PATIENT KEY**

**SEALED TO
PROTECT PATIENT
CONFIDENTIALITY AND
MAINTAINED IN CASE
RECORD FILE.**