

Certified by American Board of Psychiatry & Neurology

INITIAL PSYCHIATRIC EVALUATION

Patient Name: **sample patient-new**

Date: 2018-02-15 21:34:52

MR#: **00287**

Ms. sample patient-new is a **white married female** who lives **with spouse and kids**. She was **born outside** the United States on 1983-02-10. Employment status is **employed**. She practices **Christian (Protestant), Non-denominational** religion. Her insurance is **Anthem, Medicare**. She was referred by her **physician's office**. She **drove** to this appointment by herself.

HISTORY OF PRESENT ILLNESS:

She **complains** of depression for 7 years. Her current stressors are **marital stress, child stress, work stress**. She **complains** of anxiety for 7 years. She **feels** irritable and angry. **Depression started with marital problems. Stress at work about downsizing**. She is experiencing **difficulty falling asleep, difficulty staying asleep**. She sleeps 5 hours per day. She eats 2 meals per day. The patient's appetite is **decreased**. The patient has **lost 20** pounds in 1 year. Her motivation level **has decreased**. Her interest in activities **has decreased**. The patient **experiences** fatigue or tiredness. The patient **complains** of feelings of guilt. She **complains** of crying spells. The patient has **decreased** self-esteem and confidence. She has **decreased** interest in sexual activity. Experiences difficulty reaching orgasm. She **complains** of panic attacks **two** times per week. Attack lasts for **minutes**. Feels that something bad is going to happen. Experiences **chest pain, excessive sweating, shakiness/trembling, dizziness, difficulty breathing**.
History of Anorexia and Bulimia: **yes**. Patient **has** engaged in purging. Patient **has** engaged in bingeing. Abuse of pills, laxatives, diuretics.
Current Suicidal Thoughts: **no**, current suicidal intentions **no**, and current suicidal plans, **no**.
Current homicidal thoughts: **no**, current homicidal intentions **no**, and current homicidal plans **no**.

Patient **does not have** symptoms suggestive of psychosis. Patient **does not have** symptoms suggestive of mania.

Patient **does not have** a history of suicide attempts. Patient **has** a history of self-destructive behavior.
"OD on pills in 2010"

Patient **does not complain** of a history of trauma.

PAST HISTORY:

The patient **has** a history of psychiatric treatment. Last treatment was 1 years ago. The patient **has** seen psychotherapist and counselor. Last treatment was 1 years ago. The patient **has** been admitted to inpatient psychiatric care **twice**. The patient **has** been admitted to alcohol or drug abuse treatment, **one time**.

The patient is allergic to **Penicillin, N/A**.

The patient **is not** pregnant.

The patient **is not** in a menopausal state. The patient's last menstrual cycle ended 2 weeks ago.

The patient has following health related issues:

High blood pressure, increase in cholesterol

The patient has a primary care physician.
The patient **has** other healthcare providers.

MEDICATIONS:

The patient **has** taken psychiatric medications in the past: **Aripiprazole, Neurontin**. The patient **takes** psychiatric medications: **Oxcarbazepine, Quetiapine**. The patient is currently **not taking** over-the-counter medications. The patient **takes** vitamins, **Vitamin A, Vitamin B1**. The patient **does not take** herbal medications. Non-psychiatric medications: **Metoprolol, Naproxen (Naprosyn), Neurontin (gabapentin)**.

ALCOHOL AND DRUG USE HISTORY:

The patient **drinks** alcohol **1-2 times per week**. The patient **has** a history of blackouts. The patient **has** a history of DUI. Has received **3** DUIs.

CAGE QUESTIONNAIRE:

Have you ever thought of cutting down your alcohol use? **yes**.

Have you got annoyed when somewhat asked you to drink less/stop drinking? **yes**.

Do you ever feel guilty after you drink? **no**.

Do you ever drink in the morning hours? **no**.

Have you ever used street drug or medical drug not prescribed to you? **yes**.

Have you ever used drugs recreationally? **yes**.

Patient has used **marijuana-hash, cocaine, opiates-painpills**

Patient uses opiates/pain pills **1-2 times per week**.

Patient uses marijuana/hash oil **daily**.

Patient uses cocaine **1-2 times per month**.

The patient **drinks** caffeinated beverages.

Patient drinks **3** cups of coffee per day.

Patient drinks **3** cups of tea per day.

Patient drinks **3** cans of soda per day.

The patient **smokes** cigarettes, **1-2** pack(s) a day. The patient **does not smoke** cigars. She **does not** chew tobacco.

FAMILY HISTORY:

Patient has been married **1** times. First marriage was **4** years. . .

Patient's relationship with significant other is **good**. Patient's significant other **is** employed. "**he works as a IT consultant**" "**He is good to me**" Patient has **2** biological children.

Patient's relationship with children is **very good with all**.

Patient **has** friends.

Patient **was not** raised by biological parents. Biological father **is not** alive. Biological mother **is not** alive. Patient has a **fair** relationship with biological father. Patient has a **good** relationship with biological mother.

Patient **does not have** step parents. Patient **does not have** adoptive parents.

Patient had a **pleasant** childhood.

Patient has **2** siblings. Patient has a **very good relationship with all**.

Mother, Sister(s) has suffered from a psychiatric illness.

Father was alcoholic. Had anger issues.

PERSONAL HISTORY:

Patient **has not** served in armed forces in the past.

Patient **does not have** a felony or misdemeanor.

Highest education level patient has achieved is **college graduate**.

Patient is **currently** employed for **2** years. Patient has **very good** relationship with coworkers/boss/supervisor. Patient feels stressed from **long hours, deadlines** work.

works at public school.

MENTAL STATUS EXAMINATION:

Patient **is** alert and **is** oriented to time place and person. Patient **is** cooperative. Patient's gait is **normal**. Patient uses the following: . Patient **does not have** involuntary movements.

Patient's speech is **normal**. Patient's eye contact is **good**. Patient is dressed **casual**.

Patient's mood is **depressed, anxious**. Patient's affect is **appropriate**.

Patient **does not have** suicidal thoughts, intentions or plans.

Patient **does not have** homicidal thoughts, intentions or plans.

Patient's thought process is **coherent** and thought content is **logical**. Patient **does not have** hallucinations.

Patient has **good** judgment. Patient's reality testing is **intact**. Patient's abstract thinking is **good**.

Patient's recent memory is **intact**. Patient's remote memory is **intact**. Patient's immediate recall memory is **intact**. Patient **can** spell "world". Patient **can** spell "world" backwards.

Patient is a(n) **above average** intelligent person.

Patient **is** future oriented. Patient **does not have** impulsive behavior.

IMPRESSION:

1. **Generalized anxiety disorder**
2. **Major depression - recurrent without psychotic features**
3. **Panic disorder**

LABS ORDERED:

1. MBC

2. TSH

TREATMENT PLAN:

1. Medications - See Prescriptions 2. Partial hospitalization/IOP 3. Psychotherapy

Medications:

1. Effexor XR

2. Trazodone

Psychotherapy:

1. Cognitive

2. Supportive

Follow-up with the patient in 2 weeks.

Notes: **will notify my office if condition worsens. will co-ordinate with PCP**

_____ 02/15/2018

Bharat J. Shah, M.D. Date