OUTPATIENT PSYCHIATRIC CLINIC
2121 Main Street
Raleigh, NC 27894
919-291-1343

INITIAL EVALUATION

Date of Exam: 3/12/2012
Time of Exam: 4:00 pm

Patient Name: Smith, Anna
Patient Number: 1000010544165

HISTORY: Anna is a divorced Canadian 59 year old woman. Her chief complaint is, "I am constantly on edge and can't seem to concentrate on even the easiest tasks." Anna describes generalized anxiety and worry about events and activities. The source of the anxiety varies but the anxiety is present most days and she finds it difficult to control the worry. These generalized anxiety symptoms have been present for months.

Her symptoms include:
- Sleep Disturbance
- Excess muscle tension
- Irritability
- Difficulty concentrating or mind going blank
- Being easily fatigued

Based on the risk of morbidity without treatment and Anna's description of interference with functioning severity is estimated to be moderate.

Anna has had prior episodes of Generalized Anxiety Disorder. Her age at the time of the first episode was twenty-four years old. The length of prior episode has been approximately three years. She was treated for Generalized Anxiety Disorder with relaxation techniques with poor results.

Problem Pertinent Review of Symptoms/Associated Signs and Symptoms: She describes no depressive symptoms. Symptoms of bingeing, purging and other indications of an eating disorder are convincingly denied. She denies obsessive, intrusive and persistent thoughts or compulsive, ritualistic acts.

PAST PSYCHIATRIC HISTORY:
Prior Psychiatric Disorder: She has a history of anxiety symptoms. She suffered from anxiety symptoms when she was age twenty-four.
Out Patient Treatment: Anna did receive outpatient mental health treatment for Generalized Anxiety Disorder.
Suicidal / Self Injurious: Anna has no history of suicidal or self-injurious behavior.
Addiction / Use History: Anna denies any history of substance abuse.
Psychotropic Medication History: Psychotropic medications have never been prescribed for Anna.

Past psychiatric history is otherwise entirely negative.

SOCIAL/DEVELOPMENTAL HISTORY: Anna is a divorced 59 year old woman. She is Canadian. She is a Catholic. Anna has three children (from previous marriage.)

Employment History: Anna is a retired teacher.
Financial Status: Anna is financially stable.
Support System: Anna has the social support of the following: Various family members including her sister.
Strengths/Assets: Anna is articulate and verbal.
Patient's Goals: "I just want to feel better."

FAMILY HISTORY:
Father thought to have unspecified emotional disorder.
Aunt known to have anxiety. This family member is paternally related.
Cousin carries diagnosis of anxiety. This family member is paternally related.

Family psychiatric history is otherwise negative. There is no other history of psychiatric disorders, psychiatric treatment or hospitalization, suicidal behaviors or substance abuse in closely related family members.

MEDICAL HISTORY:
Allergies: Peanuts (Hives) (Wheezing)
Current Medical Diagnoses: Hypothyroidism
Current Medications (non psychotropic) include: Synthroid
Past MEDICAL HISTORY: Past Medical History is essentially negative.

Medical history is otherwise negative and Anna has no other history of serious illness, injury, operation, or hospitalization. She does not have a history of asthma, seizure disorder, head injury, concussion or heart problems.

MENTAL STATUS: Anna is irritable, distracted, fully communicative, casually groomed and tense. She exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. Mood is entirely normal with no signs of depression or mood elevation. Her affect is appropriate to verbal content. There are no signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content is appropriate. No suicidal ideas or intentions are present today. Homicidal ideas or intentions are convincingly denied. Cognitive functioning and fund of knowledge is intact and age appropriate. Short and long term memory is intact, as is ability to abstract and do arithmetic calculations. This patient is fully oriented. Clinically, IQ appears to be in the above average range. Insight into illness is fair. Social judgment is intact. There are signs of anxiety. Muscle strength is normal and equal bilaterally. There is muscular rigidity across her shoulders and neck. Station is erect and normal.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Axis I: Generalized Anxiety Disorder, 300.02 (Active)
Axis II: None V71.09
Axis III: See Medical History
Axis IV: None
Axis V: 60

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

The risks and benefits of Psychotropic medications were explained to Anna.
Cognitive Therapy
Relaxation Techniques

Start Paxil 10 mg PO QAM (Anxiety)
Start Buspirone 10 mg PO QAM (Anxiety)
Start Ambien CR 6.25 mg PO QHS (Insomnia)
Continue Synthroid 50 mcg PO QAM (Hypothyroidism)

Return 2 weeks or earlier if needed.

99202AI (Office / Out pt, New)

Liz Lobao, MD

Electronically Signed
By: Liz Lobao, MD
On: 3/12/2012 4:08:20 PM