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PSYCHIATRIC OUTPATIENT CLINIC
123 Main Street
Anywhere, US 12345-6789

Complete Evaluation: Psychiatrist

Date of Exam: 6/8/2016
Time of Exam: 5:22:37 PM

Patient Name: Little, Aimee
Patient Number: 1000010659748

History: Mrs. Little is a widowed Canadian 38 year old woman. Her chief complaint is, "I am completely miserable since my dear husband died."

The following information was provided by:

Mrs. Little
Mrs. Little's family.

Mrs. Little describes symptoms of a depressive disorder. She reports that there is a precipitant for her depression. Mrs. Little's current depressive symptoms are attributed to the death of an important person in her life, details are as follows: "My husband died of cancer three months ago." Depressive symptoms began insidiously over a period of months. She describes episodes of chronic or daily depression.

Current Symptoms: She reports that her appetite is decreased. Some weight loss has occurred. She reports a weight loss of more than five pounds. She reports the weight change as occurring over the following timeframe: One Month. Concentration difficulty associated with her depressive symptoms have been reported. Mrs. Little reports that her mind often wanders. She reports "Crying Spells" or episodes. Feelings of sadness have been reported. She reports difficulty sleeping. Insomnia is reported.

Suicidality: She denies suicidal ideas or intentions. Denial is convincing.

Prior Depressive /Manic Episodes: She reports that there have been no prior depressive episodes. Mrs. Little does not have a history of manic or hypomanic episodes.

Severity/ Complexity: Based on the risk of morbidity without treatment and her description of interference with functioning, severity is estimated to be moderate.

Mrs. Little has symptoms of anxiety. Anxiety symptoms have been present for months. Anxiety symptoms are occurring daily. She reports occurrences of difficulty concentrating. Feelings of restlessness are described. Difficulty sleeping is occurring. There is difficulty falling asleep. She describes an exaggerated startle response.

Problem Pertinent Review of Symptoms/Associated Signs and Symptoms: No obsessive, intrusive and persistent thoughts or compulsive, ritualistic acts are reported. No hallucinations, delusions, or other symptoms of psychotic process are reported by her.

Past Psychiatric History:

Withdrawal History:

There is no history of Mrs. Little ever having experienced withdrawal from any substance.

Psychiatric Hospitalization:

Mrs. Little has never been psychiatrically hospitalized.

Outpatient Treatment:

Mrs. Little received outpatient mental health treatment for anxiety problems. This occurred when she was in her 20's. This episode lasted for months. No medication was prescribed.

Suicidal/Self Injurious:

Mrs. Little has no history of suicidal or self injurious behavior.

Addiction/Use History:

Mrs. Little denies any history of substance abuse.

Psychotropic Medication History:

Psychotropic medications have never been prescribed for Mrs. Little.

Past psychiatric history is otherwise entirely negative.

Social/Developmental History:

Mrs. Little is a widowed 38 year old woman. She is Canadian. She is a Christian.

Relationship/Marriage:

Mrs. Little is a widow.

Children:

Mrs. Little has three adult children.

Barriers to Treatment:**Emotional:**

*Emotional or psychological problems are a barrier to treatment success: Emotional problems will be addressed via the treatment plan. (Profound grief.)

Client's Goals:

"I just want to feel better."

Family History:

Father known to have anxiety.

Sister thought to have depression.

Daughter treated as outpatient for a learning disorder.

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:**Adverse Drug Reactions:** List of Adverse Drug Reactions:

(1) Added ADR to Penicillin, Reaction(s) = Respiratory Distress, Status = Active

Allergies:

There are no known allergies.

Compliance:

Mrs. Little reports good compliance with medical instructions including medication orders.

Exam: Mrs. Little presents as sad looking, inattentive, disheveled, and looks unhappy. She exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. There are signs of severe depression. She appears downcast. She is tearful. Body posture and attitude convey an underlying depressed mood. Facial expression and general demeanor reveal depressed mood. She denies having suicidal ideas. Her affect is congruent with mood. Associations are intact and logical. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intentions are denied. Homicidal ideas or intentions are denied. Cognitive functioning and fund of knowledge are intact and age appropriate. Short and long term memory are intact, as is ability to abstract and do arithmetic calculations. This patient is fully oriented. Vocabulary and fund of knowledge indicate cognitive functioning in the normal range. Insight into problems appears fair. Judgment appears fair.

There are signs of anxiety.

*Irritability

*Fidgety

Diagnoses:

Adjustment disorder with depressed mood, F43.21 (ICD-10) (Active)

Generalized anxiety disorder, F41.1 (ICD-10) (Active)

Histrionic personality disorder, F60.4 (ICD-10) (Active)

Instructions / Recommendations / Plan:

A clinic or outpatient treatment setting is recommended because patient is impaired to the degree that there is relatively mild interference with interpersonal /occupational functioning.

Psychopharmacology

Supportive Therapy

Start Celexa 20 mg PO QAM x30days # 30 (thirty) None refills (Depression)

Start Klonopin 0.25 mg PO TID x30days # 90 (ninety) None refills (Anxiety)

Start Ambien CR 6.25 mg PO QHS PRN x30days # 30 (thirty) None refills (Insomnia)

Notes & Risk Factors:

Acute Grief: Death of husband 4/1/15

99203AI (Office / Outpt, New)

John Smith, MD

Electronically Signed

By: John Smith, MD

On: 6/8/2016 5:23:38 PM