

PSYCHIATRIC CLINIC  
123 Main Street  
Anywhere, US 12345  
555-678-9100

Smith, Stacey

10/30/2013

2:48:19 PM

ID: 1000010651905

DOB: 9-5-1998

Progress Note/ Psychiatrist  
Elizabeth Lobao (MD)

**INTERVAL HISTORY:** Stacey has had an inadequate response to treatment as yet. Stacey continues to exhibit symptoms of anorexia. They are basically unchanged. Stacey refuses to maintain body weight. Stacey's fear of gaining weight has increased and is considered worse. Stacey denies the seriousness of her medical condition. Distortions of body image continue unchanged. Amenorrhea is present. Continued depressive symptoms are reported by Stacey. They are better in that they have lessened in frequency or intensity. Anhedonia is described. There is less irritability. Stacey describes continued difficulty thinking. Stacey convincingly denies suicidal ideas or intentions.

*Test Results:* List of Test Results received today:

*Test(s) Performed on 10/30/2013:*

(1) Potassium: 2.9 mEq/L (3.5-5 mEq/L) (N/A)

Good medication compliance is noted. She is paying less attention to self care. She reports the feeling of having to force self to socialize with others. There have been some outbursts or expressions of anger. Impulsive behaviors are still occurring. A fair night's sleep is described. Sleep was not continuous and not completely restful. "Ambien does not work for me."

A Review of this patient's personal, family, social histories was performed today. She describes no side effects and none are in evidence.

**MENTAL STATUS:** Stacey appears glum, doleful, minimally communicative, 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. Thought content is depressed. Slowness of physical movement helps reveal depressed mood. Facial expression and general demeanor reveal depressed mood. Her affect is inappropriate. Her affect is blunted. 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. Cognitive

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functioning and fund of knowledge is 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. Clinically, IQ appears to be in the above average range. Insight into problems appears to be poor. Social judgment appears to be poor. There are signs of anxiety. She is easily distracted. Stacey made poor eye contact during the examination.

The Tanner Scale reveals the following pubescent staging in this patient :*Female breast development:*

Tanner III: Breast has become more elevated and extends beyond the borders of the areola. The areola has begun to widen but remains in contour with the surrounding breast tissue.

*Pubic hair growth:*

Tanner III: Pubic hair is course and curly and is beginning to extend laterally.

Muscle strength is diffusely weak. Gait is unsteady. Station is erect and normal.

VITAL SIGNS:

Sitting blood pressure is 100 / 55. Sitting pulse rate is 59. Respiratory rate is 24 per minute. Temperature is 96+ degrees F. Height is 5' 5" (165 cm). Weight is 100 lbs. (45.4 Kg). BMI is 16.6. Edema: +2.

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

Axis I: Anorexia Nervosa Restricting Type, 307.1 (F50.01) (Active)  
Axis II: Deferred Diagnosis 799.99  
Axis III: See Medical History  
Axis IV: Primary Support Group  
Social Environment  
Axis V: 60

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Psychiatric Hospitalization is recommended because this patient's condition requires 24 hour monitoring due to potential danger to self or others or severe deterioration of level of functioning or need for medically monitored detoxification, and less intensive treatment has failed or is likely to fail.

Family Therapy:

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Psychopharmacology:

10/30/2013 Started Prozac 20 mg PO QAM (Depression)

10/30/2013 Started Abilify 5 mg PO QAM (Antidepr Augm.)

Increase Ambien CR 12.5 mg PO QHS PRN (Insomnia)

**NOTES & RISK FACTORS:**

History of cutting wrists when profoundly depressed.

99232 Subseq Hosp, E/M

Elizabeth Lobao (MD)

Electronically Signed

By: Elizabeth Lobao (MD)

On: 10/30/2013 2:49:17 PM