

Psychiatry/Psychology

PATIENT NAME

00/00/0000

50 MINUTE MED CHECK & FOLLOWUP

Problem list: 1. Anxiety.
2. Recent death of her father six weeks ago.

S: The patient is a 39-year-old white, divorced female. She said that her father died about six weeks ago. He was sick for only about a year and finally succumbed to what appeared to be lymphoma. She said that the reason she is coming here is because of a major situation connected with her father's death. Apparently, her father had a child when he was overseas in France, but they never told the children. Now that her father is dead, the grandmother is possibly going to let the secret out, so the mother called her and told her about the situation. Now, she is not sure how to deal with this issue. Part of her wants to blame her father and be angry with her father for "abandoning" the child. She herself had a relationship with a married man, had a baby by him, decided to keep the child, and give the relationship up. Apparently, this was not the same with her father. It happened during the war and she is not even sure of the circumstances. I gave her a different perspective, telling her that this is the father's choice and that it is probably not something that she needs to be involved with and might cause a lot of "drama" that is not necessary. I did tell her that the decision remains with her as to what she needs to do, but I gave her different possibilities, but that nobody can really say for sure what is true or not true because it is a secret only her father knew and he took it to the grave with him.

O: When seen today, she is pleasant and cooperative. She states that she needs to vent some of the questions on her mind, wants to find answers and now is aware that the answers she is looking for might not be available from anyone. She denies any suicidal or homicidal ideation.

A: AXIS I: Generalized Anxiety Disorder/Panic Disorder NOS.
AXIS II: Deferred.
AXIS III: Obesity.
AXIS IV: Moderate/Grieving her father's death.
AXIS V: GAF is 55.

P: 1. Per her request, she will continue taking the medication from Dr. [name].
2. I will see her on an as needed basis only.

Physician's Name
XXX/mt

D: 00/00/0000

T: 00/00/0000 Prepared by 360 Transcription Corp. (309) 963-5619

Psychiatry/Psychology

DATE: 00/00/0000
TIME: NEW PATIENT EVALUATION
CLIENT NAME: [PATIENT NAME]
IDENTIFYING INFORMATION:
AGE: 37
DOB: 00/00/0000
ADDRESS: [patient's address]
REFERRAL SOURCE: [referring MD]
OCCUPATION: Draftsman.

CHIEF COMPLAINT: "Depression" and general stress.

HISTORY OF PSYCHIATRIC ILLNESS: The patient is a 37-year-old white, married male. He said that he is currently being prescribed Effexor XR 150 mg, Remeron 15 mg, and BuSpar 7.5 mg by Dr. Kevin Miller but would like a psychiatric evaluation. He was started on Effexor in April because he believes that he gets depressed during the winter months. He said that he volunteers in the reserves and he becomes violently sick sometimes due to anxiety. At one time, he was brought to the emergency room for evaluation. He has been on BuSpar and Remeron 50 mg for one month now. He said that he has "weird urges" or thoughts. He describes this as sometimes seeing a pair of scissors and thoughts pop into his mind that he might use them to harm himself. He said, however, that he has no active wishes or thoughts of wanting to hurt himself. He states that he has been having nightmares lately. He has poor concentration. He is very shy and feels worthless. He has been shaky and nervous and for about seven to eight years now has had fine motor tremors. His symptoms have interfered with his job due to lack of concentration, especially recently. He said that he has "never been a happy person but I am not suicidal." He thought that the weird thoughts that were bothering him were secondary to the Effexor, but the thoughts were not visible with the addition of this medication to his regimen for depression. He continues to work as a volunteer with the Coast Guard and he becomes very busy with not only his job but also with the things that he believes are very helpful to him. He did say that while he was working he was exposed to traumatic incidents that he did not want to disclose too much about, but he said that this has something to do with a boat being on fire and helping people. This occurs during his sleep.

PAST PSYCHIATRIC HISTORY: No previous hospitalizations or outpatient treatment. He has not attempted suicide. He was a victim of physical abuse as a child from his mother until he was 16 years of age. He said that he was spanked a lot with a cake spatula and beat with a TV cord. He still has nightmares in recollection of this.

DRUG & ALCOHOL HISTORY: No use of recreational drugs. He smokes one pack of cigarettes. He drinks about two to four cans of soda per day. He denies the use of alcohol.

SOCIAL HISTORY: He was married the first time at age 21 and accused by his ex-wife of being unfaithful. They stayed married for ten years and ended up in a divorce. He had children from his first marriage, ages 11 and 7. In 2005, he was married for the second time and divorced again. Problems started when the wife's stepfather died. He is now engaged and has a fiancée. They have been living together for one and a half years. He says that his fiancée is also a divorcee with two children, an 11-year-old son with ADHD and Asperger syndrome and a 4-year-old son. The fiancée is disabled because of scoliosis. He has a son who is 4 years old from his second marriage.

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EDUCATIONAL HISTORY: He went to [name] High School and finished twelfth grade.

OCCUPATIONAL HISTORY: He is currently employed as a draftsman. He is a volunteer in the U.S. Coast Guard auxiliary. He has no legal problems.

FAMILY HISTORY: His mother is age 70. His father is age 73. He has five other siblings. He has a brother who uses crack cocaine and drugs and was also physically abused by his mother.

FAMILY MEDICAL HISTORY: Positive for heart problems. Mother has had quadruple bypass. His maternal grandfather has Parkinson disease and Alzheimer disease. The paternal grandfather had heart disease.

FAMILY PSYCHIATRIC HISTORY: Positive for an older brother who is addicted to crack cocaine and has been hospitalized four times.

MEDICAL HISTORY: He is 5 feet 11 inches and 202 pounds. His health is good. He said that he had a head injury from a bicycle accident as a child. His MRI was normal.

MEDICATIONS: He is currently receiving Effexor XR 150 mg from Dr. [name] as well as BuSpar 7.5 mg twice a day and mirtazapine 15 mg.

PATIENT EXPECTATIONS: When asked how he felt about coming here, he said he is not knowledgeable about what psychiatric treatment is. Problems as he sees them include having weird thoughts at random involving personal injury and not being able to sleep. The best period of his life was April 27-29, 2007. Personal strengths include having organizational skills, good thinking and problem solving.

MENTAL STATUS EVALUATION: When seen today, the patient is alert and cooperative. He admits to being physically abused by his mother. He has had difficulties with relationships with his first and second wife. He says that the thoughts he is having seem to have come from the Effexor, and he is willing to discontinue the Effexor. He is willing to increase the Remeron and BuSpar to a therapeutic dose to see if eventually he can get off of the Effexor and be placed on a different medication if needed. He seems to understand the concept of cognitive behavioral therapy as well as medication therapy combination to help him with his symptoms.

DIAGNOSTIC IMPRESSION:

AXIS I: Posttraumatic Stress Disorder and Digestive Disorder NOS.

AXIS II: Deferred.

AXIS III: No major medical problems.

AXIS IV: Mild to Moderate.

AXIS V: GAF is 55.

PLAN:

1. He will gradually discontinue the Effexor XR from 150 mg to 112.5 mg, then down to 75 mg, and then down to 37.5 mg. He is aware of withdrawal symptoms.

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2. He will increase the Remeron to 30 mg.
3. He will increase the BuSpar to 15 mg twice a day.
4. I will see him for reevaluation in one month for adjustment of medications.

Physician's Name

XXX/mt

D: 00/00/0000

T: 00/00/0000 Prepared by 360 Transcription Corp. (309) 963-5619

SAMPLE

Psychiatry/Psychology

PATIENT NAME

00/00/0000

50 MINUTE MED CHECK & FOLLOWUP

- Problem list:
1. Behavior.
 2. Poor assignments.
 3. Difficulty with grades.
 4. Behavioral problems, threatening to hurt himself.

S: The patient is an 11-year-old male seen today at the request of his mother. Apparently, his behavior has been very poorly controlled, both at home and in school. He was even threatening to hurt himself. His mother became scared. We requested a letter from his sixth grade reading and language arts teacher. She reported concerns about the patient not turning in his assignments. The work that he turns in is of poor quality. He has very sloppy handwriting. He does not attempt to get the correct answers. She states that he is capable of good work, but often he does not turn in papers that are written well with correct answers. He is not openly rude or argumentative, but the teacher feels that he is displaying passive-aggressive behavior. A copy of his grades for the first quarter in reading show that he has a B on tests, D on homework and an F in class with an average of D-. In spelling, he has a C- on tests and an F on homework with a first quarter grade of F. In English, he has an F for the first quarter and according to his junior high science teacher, he seems unable to focus on his schoolwork. He has been moved closer to the teacher so he can constantly be redirected. He is failing science because of missing work.

I talked to his mother about the report, and she said that the patient does not bring home homework and when she asks, he says that he does not have it and she does not do anything about it. School counseling was recommended to her and she followed through with the suggestion. She said that she is going to call the teachers regularly to make sure that the patient has homework. Lisa, his mother, says that she herself is illiterate and cannot help him. He has an older sister who is not willing to help and they have a very dysfunctional home. I talked to our psychotherapist to see what we can do in order to coordinate treatment not only with her but with myself for medication and with the teacher to see if he has a learning disability or if he will need referral to a special class.

With regard to medication, he is already on Adderall XR 30 mg with a 3 p.m. additional dose of short-acting Adderall. He has been on all kinds of medication in the past with only equivocal results. I will try him on Vyvanse at his next visit. Also, because of the impulse control problems in his behavior, I will try him on Abilify 2 mg. Also, the possibility of depression was considered, but at this point in time, the patient states that he is not depressed. He has good eye contact. It is mostly behavior at this point in time that we are focusing on.

- A:
- AXIS I: Attention Deficit Hyperactivity Disorder.
Impulse Control Disorder.
- AXIS II: Deferred.
- AXIS III: No major problems.
- AXIS IV: Moderate.
- AXIS V: GAF is 50.

P: 1. He will continue with Adderall XR 30 mg in the morning and 10 mg at 3 p.m.

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2. He will be started on Abilify 2 mg.
3. He will continue seeing our psychotherapist for supportive therapy. We will consider using Celexa in the future if he is deemed to be depressed.
4. Attempted coordination of evaluation between school, counselor and psychiatrist to help the patient in whatever he needs to improve.

Physician's Name

XXX/mt

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SAMPLE

Psychiatry/Psychology

DATE: 00/00/0000
TIME: NEW PATIENT EVALUATION
CLIENT NAME: [PATIENT NAME]
IDENTIFYING INFORMATION:
AGE: 24
DOB: 00/00/0000
ADDRESS: [patient's address]
REFERRAL SOURCE: [referring MD]
OCCUPATION: Unemployed. He used to work at Caterpillar.

CHIEF COMPLAINT: "My doctor sent me here. He said that I have to regarding depression and depressed mood."

HISTORY OF PSYCHIATRIC ILLNESS: The patient is a 24-year-old white male. He says that he has suffered from depression throughout his life. He said that about two weeks ago he held a gun to his head and his wife walked in on him. He says that the guns are now in safekeeping. He sees a counselor in Peoria. He said that he lost his job at Caterpillar as a machinist in January. He is currently receiving unemployment. As a child, he suffered from ADD and was on Concerta. He did say that his symptoms of depression have interfered with his family life. He says that there are times when he sleeps 6-12 hours. He lacks energy and is feeling worthless. He has had thoughts of harming himself, as mentioned above, but he denies wanting to kill himself at this time. He said that he had family problems. He came from a verbally abusive household. He says that his wife discovered him with the gun and took it away. His wife was effective in talking to him and all the guns are out of the house now.

PAST PSYCHIATRIC HISTORY: He has had no previous hospitalizations. He says that he had outpatient treatment due to the fact that he was self-medicating, using alcohol and Vicodin. He is currently receiving treatment from Counseling and Family Services and has been seeing a psychotherapist regularly for two months now. He tried to kill himself when he was in high school. He had suicidal thoughts and received counseling at that time. He said that he was exposed to emotional abuse from his parents.

DRUG & ALCOHOL HISTORY: He denies past use or current use of recreational drugs. He smokes only once in awhile. He drinks one can of soda. He states he drinks alcohol one to two beers sometimes and one bottle of wine sometimes. He did fulfill the criteria for alcohol abuse by answering two positive questions on the CAGE test.

SOCIAL HISTORY: He is currently married. He has been married for three years. His wife is age 26 and works as a forklift operator at Caterpillar. They have one child, age 18 months.

EDUCATIONAL HISTORY: He went to high school. He missed twelfth grade. He went to a community college for one year for financial studies. He is currently unemployed. He denies any legal problems.

FAMILY HISTORY: Mother is age 47. He says that he and his mother fought a lot. His father is 46 years old. He has not had a relationship with him. He has three siblings ages 19, 17 and 15.

FAMILY PSYCHIATRIC HISTORY: He denies any serious psychiatric problems in the family.

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MEDICAL HISTORY: He is 5 feet 7 inches and weighs 320 pounds. He says that he is overweight and has no energy. He rates his health as poor. He said that he cracked his head open when he was 18 years old by jumping headfirst into a pool. He did not have an MRI. His current family care doctor is Dr. [name]. He receives Synthroid 0.75 mcg per day, just recently started two weeks ago. He was started on Wellbutrin 150 mg 2 times a day also by Dr. [name]. He has had no seizures and no bulimia. In the past, he has tried Effexor. He said not only did it not work, it also caused side effects and caused him to be suicidal. He was put on Celexa six weeks ago. It was not working and it was changed to Wellbutrin.

PATIENT EXPECTATIONS: When asked how he felt about coming for psychiatric care, he says that he is pretty neutral about it. His goals in coming here are to get rid of the depression and become normal again.

MENTAL STATUS EVALUATION: Jeremy Green is a 24-year-old married male referred by Dr. [name] for evaluation of depression and suicidal ideation. At this point in time, he says that he is not going to kill himself. He admits to a past history of ADD. He says that he has had a poor response to SSRIs and SNRIs and is willing to give Wellbutrin a chance to see if this is going to help him when it reaches its therapeutic level. He admits his past history of alcohol and Vicodin use. He says that he is not using alcohol. He is not drinking. The guns are out of the house, and he is either looking for a job or going back to school. He already has a therapist, with whom he has a good relationship. As mentioned, currently he denies any thoughts of harming himself, although he admits to the past thoughts. He reports no psychotic symptoms.

DIAGNOSTIC IMPRESSION:

AXIS I: Major Depression/Depressive Disorder NOS.
Adult Attention Deficit Disorder.
Alcohol Use—Rule Out Abuse.
AXIS II: Deferred.
AXIS III: Obesity.
AXIS IV: Unemployed. Poor Self-Esteem.
AXIS V: GAF is 50.

PLAN:

1. He will continue taking Wellbutrin XL 300 mg and Synthroid. I started him on Deplin 7.5 mg daily to see if this will augment his antidepressant treatment. In the future, we will consider using augmentation medication with either a stimulant not only for the depression but also to address his ADD.
2. He will continue seeing his therapist.
3. I will see him for reevaluation in one month.
4. He will go to the hospital if there is an urgent problem, especially regarding suicidal ideation.

Physician's Name

XXX/mt

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