



## PSYCHIATRY ASSOCIATES OF TEXAS

6860 North Dallas Pkwy, Ste 200, Plano, TX 75024

Tel: 469-305-7171 Fax: 469-212-1548

Patient Name: David Sussman  
Patient DOB: 04-04-1965  
Patient Sex: Male  
Visit Date: 03-07-2016

### Chief Complaints/HPI

Patient presents with [depression](#), duration is [8 week\(s\)](#) and associated symptoms are [confusion and trouble falling asleep](#).

This patient is a 50-year-old Caucasian married male, who has been feeling depressed, sad, unhappy, withdrawn, apathetic, lacking energy and ambition to do much. He feels miserable in the morning and gets a bit better as the day progresses. He is feeling guilty most of the time. He is afraid to be by himself. He is constantly worried of hurting himself.

This patient did attempt suicide 1 year ago. Following this, he was treated as an in-patient for a brief period of time.

### History

MEDICAL HISTORY: Patient has a history of [hypertension](#), [hypercholesterolemia](#) and [DM type 2](#).

FAMILY HISTORY: Father has history of [alzheimer's disease](#). Mother has history of [bipolar disorder and senile dementia](#).

SOCIAL HISTORY: Alcohol consumption is [social](#). Patient is [current every day smoker](#). Smoking [2 pack/day](#). [No illicit IV drug abuse](#). Patient works as [school teacher](#).

Patient is married with two children (son and daughter)

SURGICAL HISTORY: [Patient has history of cholecystectomy](#) in 2010.

PSYCHIATRIC HISTORY: Patient has [depression](#).

LABS: Following are the labs:

TG: [350](#)

LDL: [220](#)

HDL: [40](#)

INR: [2.0](#)

BUN: [45](#)

Creatinine: [1.5](#)

### Current Medications

[Prozac 20mg/5ml Solution](#), take 10 milliliters (40mg) by oral route 2 times per day in the morning and at noon  
[Xanax 0.25mg Tablet](#), take 1 tablet (0.25mg) by oral route once a day

### Allergies

[No Known Drug Allergies](#)

### Problem List

Catatonic Disorder Due To Known Physiological Condition (F06.1)  
Dementia In Other Diseases Classified Elsewhere With Behavioral Disturbance (F02.81)  
Essential (Primary) Hypertension (I10)  
Type 2 Diabetes Mellitus Without Complications (E11.9)  
Hyperlipidemia, Unspecified (E78.5)

## ROS

Feelings of helplessness/hopelessness  
Low self esteem  
Suicidal ideation/recent suicide attempt  
Mood swings  
Relationship issues  
Inability to make day to day decisions  
Significant weight loss/gain -weight loss of 10 lbs  
Flight of ideas/loose associations  
Decreased need for sleep  
Occupational problems  
Academic problems  
Sexual dysfunction  
Behavioral problems.

## Physical Exam

### Mental Status:

The patient appears to be stated age.  
The patient's speech is soft.  
The patient's behavior is cooperative.  
The patient's motor activity is acceptable within normal limits.  
The patient has no hallucinations.  
The patient's mood is depressed. The patient's affect is blunted, sad, tearful and depressed.  
The patient's thought content shows suicidal ideation.  
The patient's thought process was impaired concentration or ability to focus.  
The patient is oriented to person, place and time.  
The patient's memory shows memory functioning appears intact.  
The patient's concentration is normal, serial 7s passed and world passed.  
The patient's intelligence is average.  
The patient's insight into current situation is adequate.  
The patient's formal judgment is good.  
The patient's ability to learn is average.  
Barriers to learning: none.  
Patient habitus is normal.  
Assessment of language is pressured.

### Cognitive Functions:

Patient is oriented to person: yes, oriented to place: yes and oriented to time: yes  
Intellectual: calculation: intact and abstract thinking: intact.  
Insight: awareness of illness: good and need for treatment: good.  
Judgment: fair and Motivation for treatment: good.  
If alcohol/drug involved: awareness of relationship between use and consequences: fair.  
Neurological screening is not indicated.  
Fund of knowledge is normal.  
Attention of span is intact  
Description of speech is normal in rate and tone

## COMPETENCE

### **Admission**

Competent to provide express and informed consent for treatment. He/she has the consistent capacity to make well reasoned, willful, and knowing decisions concerning his or her medical or mental health treatment

### **Treatment**

Competent to provide express and informed consent for voluntary treatment. He/she has the consistent capacity to make well reasoned, willful, and knowing decisions concerning his or her medical or mental health treatment.

### **Clarification**

I certify that this patient's outpatient admission is medically necessary for : (initial one of the following)

Depression

Suicidal Ideation

### **Suicidal Assessment**

#### **Key**

0- if not present

1- if mild, or present in the past

2- if severe

U- information not reliably available

Numeric values rate severity, and are not intended to tabulate or score risk of harm to self or others

1. Major mental illness/depression: 2
2. Substance abuse/dependence: 0
3. Family history of suicide: 0
4. History of parasuicide behavior: 0
5. Suicide ideation/intent/plan: 2
6. 13-18 year/40 years and older: 2
7. Current psychological crisis (job loss, divorce, housing, other): 1
8. Talks of death, gives away personal effect, says "good-byes": 1
9. Chronic health problem(s): 2
10. Hopelessness: 1
11. Withdrawn, socially isolative: 1
12. Access to means: 1

Total: 13

B. If a risk to harm self, a suicide risk assessment has been requested

### **Assessment**

Major Depressive Disorder, Single Episode, Unspecified (F32.9)

### **Treatment Recommendation**

1. Outpatient therapy is deemed the least restrictive treatment modality.
2. Inpatient services would be pursued only at such a time as patient is deemed OR presents an imminent danger to self or others.
3. Individual therapy will focus on resolving issues of grief and loss, increased coping skills, increasing relationships skills and satisfaction , better coping skills at work place, resolution of marital conflict, return to work strategies, crisis resolution and resolution of competency issues.
4. Family therapy will focus on set up behavioral modification program and marital therapy.

## Prognosis

Prognosis for treatment is fair.

Out patient treatment will begin on a weekly basis and will be modified as appropriate to meet client needs.

Recheck in 1 month.

## Goals

- Increase level of functioning
- Decreased suicidal feelings
- Increase self- esteem
- Increase communication skills
- Improve mood and effect
- Reestablish ability to care for self
- Reestablish physical health
- Establish pattern of medication compliance
- Improved family interactions
- Return to work
- Demonstrate ability to care for self
- Re-establish mental health
- Commit to safety of self and others
- Eliminate suicidal ideation
- Establish pattern of medication compliance

## Plan

### Lab

- DRUG SCREENING TEST
- CBC W/O DIFF W/PLT
- COMP METABOLIC PANEL
- URINE ANALYSIS

## Today's Medication

Seroquel 100mg Tablet is Prescribed, take 1 tablet (100mg) by oral route 2 times per day  
Ambien 5mg Tablet is Prescribed, take 1 tablet (5mg) by oral route once daily at bedtime as needed

## Recommendation

Following are helpful tips for coping with depression: 1. Eat healthy foods and make time to get enough rest to physically promote improvement in your mood. 2. Express your feelings, either to friends, in a journal, or using art to help release some negative feelings. 3. Do not set difficult goals for yourself or take on a great deal of responsibility. 4. Break large tasks into small ones, set some priorities, and do what you can when you can. 5. Do not expect too much from you too soon as this will only increase feelings of failure. 6. Try to be with other people, which is usually better than being alone. 7. Participate in activities that may make you feel better. 8. You might try exercising mildly, going to a movie or a ball game, or participating in religious or social activities. 9. Don't rush or overdo it. Don't get upset if your mood is not greatly improved right away. Feeling better takes time.

## Health Education

DEPRESSION

The visit was electronically signed off by Michael Rothman, MD on 03/07/2016 07:32:51 PM