

### ## 3. MEDIUM-HIGH SEVERITY CASE

**\*\*MH-29845-DOC\*\***

**# MAX SUPER SPECIALITY HOSPITAL**

Department of Psychiatry and Mental Health

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**\*\*Patient ID:\*\* MH-29845**

**\*\*Name:\*\* Sonalika Rawat**

**\*\*DOB:\*\* 15/09/1988 (36 years)**

**\*\*Gender:\*\* Female**

**\*\*Contact:\*\* +91 9876543210**

### ## ASSESSMENT SUMMARY

**\*\*Emergency Contact:\*\* Armaan Rawat - +91 9876123456**

**\*\*Primary Care Physician:\*\* Dr. Anil Sharma**

**\*\*Insurance:\*\* ICICI Prudential, #HP78392015**

**\*\*Date of Assessment:\*\* 8 April, 2025**

**\*\*Clinician:\*\* Dr. Priya Malhotra, MD, Psychiatry**

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Sonalika presented for her scheduled follow-up appointment reporting continued difficulties with persistent low mood and anxiety symptoms. She describes a modest improvement in sleep quality but ongoing challenges with energy levels and concentration at work. Her self-reported questionnaire data indicates moderate to severe anxiety with fluctuating mood states. Patient denies current self-harm ideation but acknowledges occasional passive thoughts without intent or plan.

## ## KEY MENTAL HEALTH PARAMETERS

### ### MENTAL HEALTH INDICATORS

Parameter	Score/Rating	Clinical Notes
Mood	4/10	Patient reports consistent low mood, particularly in mornings
Anxiety	Moderate-Severe	Frequent worry, often overwhelming
Sleep Quality	4/10	Improvement with medication, but still disrupted
Energy Levels	3/10	Significant daytime fatigue despite improved sleeping
Physical Symptoms	Moderate	Regular headaches, muscle tension, occasional GI issues
Concentration	3/10	Significant difficulty sustaining focus on tasks
Self-Care	4/10	Minimal hygiene maintained, but diminished interest
Interests	3/10	Withdrawal from social activities, limited to family
Intrusive Thoughts	4/10	Regular worry about work performance, self-worth
Optimism	3/10	Limited positive future outlook
Social Support	5/10	Supportive family, very limited extended network
Self-Harm Risk	Passive	Occasional thoughts without intent or plan

### ### ADDITIONAL CLINICAL DATA

#### \*\*Stress Factors:\*\*

Patient identifies workplace demands as primary stressor. Recent project deadline extensions and supervisory criticism have exacerbated symptoms. Financial concerns regarding potential medical leave are a significant contributing factor. Home environment is described as supportive but tense due to patient's condition.

#### \*\*Coping Strategies:\*\*

Patient reports inconsistent application of breathing exercises and guided meditation (1-2 times weekly). Evening walks with family members (weather permitting). Has discontinued journaling practice previously established. Reports frequent use of alcohol to "wind down" in evenings (2-3 drinks, 4-5 nights weekly).

### **\*\*Discussion About Professional Support:\*\***

Patient expresses willingness to continue medication regimen and is open to increasing therapy frequency from biweekly to weekly sessions. Has expressed interest in group therapy options but concerns about scheduling conflicts. Ambivalent about workplace accommodations due to stigma concerns.

## **## ASSESSMENT & RECOMMENDATIONS**

### **\*\*Clinical Impression\*\***

Patient presents with symptoms consistent with Moderate-to-Severe Major Depressive Disorder (F33.1) with anxiety features. Current PHQ-9 score of 18 indicates moderately severe depression. GAD-7 score of 16 indicates severe anxiety. Symptoms appear to be exacerbated by workplace stressors with inadequate coping mechanisms.

### **\*\*Treatment Recommendations\*\***

- Increase Escitalopram to 15mg daily, monitor for side effects
- Add as-needed anxiolytic for acute anxiety episodes
- Increase therapy to weekly sessions, focusing on CBT techniques
- Consider workplace accommodations letter with patient input
- Sleep hygiene reinforcement
- Gradual reintroduction of social activities
- Alcohol reduction plan with specific targets
- Refer to occupational therapy for workplace stress management
- Consider temporary medical leave (2 weeks) to stabilize symptoms

### **\*\*Safety Plan\*\***

Patient and family have reviewed crisis contact information. Patient agrees to contact clinic or crisis services if self-harm thoughts intensify. Support person aware of medication location and monitoring plan. Emergency contact numbers provided for 24/7 crisis helpline.

## **## FOLLOW-UP PLAN**

**\*\*Next Appointment:\*\*** 22 April, 2025 at 10:30 AM

**\*\*Medication Review:\*\*** Weekly phone check for first two weeks on adjusted dose

**\*\*PHQ-9/GAD-7 Reassessment:\*\*** At next visit

**\*\*Care Coordination:\*\*** Communication with PCP requested regarding recent physical symptoms

**\*Electronically Signed:\***

Dr. Priya Malhotra, MD

Senior Consultant Psychiatrist

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