

MENTAL HEALTH ASSESSMENT REPORTS - FOUR SEVERITY LEVELS

1. EXTREME SEVERITY CASE

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

MAX SUPER SPECIALITY HOSPITAL

Department of Psychiatry and Mental Health

Press Enclave Road, Saket, New Delhi - 110017 | Tel: 011-2651-5050 | Fax: 011-2651-5051

****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**

Sonalika presented for her scheduled follow-up appointment reporting severe deterioration in mood and anxiety symptoms. She describes significant sleep disturbance with frequent nightmares and early morning awakening. Energy levels are severely depleted, rendering basic daily tasks extremely difficult. Her self-reported questionnaire data indicates severe anxiety with persistent depressed

mood. Patient acknowledges active suicidal ideation with specific plan but states she is "holding on" for family. Immediate intervention required.

KEY MENTAL HEALTH PARAMETERS

MENTAL HEALTH INDICATORS

Parameter	Score/Rating	Clinical Notes
Mood	1/10	Persistent severe depression with anhedonia
Anxiety	Severe	Constant overwhelming worry, panic attacks 4-5x weekly
Sleep Quality	1/10	Severe insomnia, <3 hours fragmented sleep nightly
Energy Levels	1/10	Profound fatigue, difficulty with basic self-care tasks
Physical Symptoms	Severe	Persistent headaches, GI distress, muscle tension
Concentration	2/10	Unable to focus on tasks for more than few minutes
Self-Care	2/10	Significant neglect of hygiene and basic needs
Interests	1/10	Complete withdrawal from all previously enjoyed activities
Intrusive Thoughts	5/10	Frequent ruminations about failure and worthlessness
Optimism	1/10	No positive future outlook, sees no path forward
Social Support	3/10	Isolated from all except immediate family
Self-Harm Risk	Active	Specific plan involving medication stockpiling

ADDITIONAL CLINICAL DATA

Stress Factors:

Patient reports multiple severe stressors including possible termination from workplace due to decreased performance. Financial situation critical with mounting medical bills. Home environment strained by patient's condition with signs of caregiver fatigue in spouse.

Coping Strategies:

Patient has abandoned all previously established coping mechanisms. Reports daily alcohol consumption to "numb feelings" (3-4 drinks nightly). No engagement in physical activity. Social isolation complete except for mandatory interactions.

****Discussion About Professional Support:****

Patient reluctantly agrees to hospitalization assessment. Expresses hopelessness about treatment efficacy but acknowledges family's concern. Initially resistant to medication adjustment but eventually consented.

ASSESSMENT & RECOMMENDATIONS

****Clinical Impression****

Patient presents with symptoms consistent with Severe Major Depressive Disorder (F33.2) with psychotic features. Current PHQ-9 score of 24 indicates severe depression. GAD-7 score of 19 indicates severe anxiety. Active suicidal ideation with specific plan necessitates immediate intervention.

****Treatment Recommendations****

- Psychiatric hospitalization assessment today
- Medication adjustment: Increase Escitalopram to 20mg, consider adjunct antipsychotic
- 24-hour safety monitoring until placement
- Family psychoeducation session conducted
- Refer to intensive outpatient program upon discharge
- Substance use assessment
- Medical leave documentation provided

****Safety Plan****

Family has agreed to 24-hour observation until hospitalization assessment complete. All medications and potential means of self-harm removed from access. Crisis response team notified. Emergency protocols reviewed with patient and family members.

FOLLOW-UP PLAN

****Next Appointment:**** Post-discharge assessment within 48 hours

****Medication Review:**** Daily during inpatient stay

****PHQ-9/GAD-7 Reassessment:**** Every 48 hours

****Care Coordination:**** Immediate communication with crisis team and PCP

Electronically Signed:

Dr. Priya Malhotra, MD

Senior Consultant Psychiatrist

License #: DMC/R/12345

Digitally signed on 08/04/2025 11:32 AM IST

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