

OUTPATIENT CLINIC  
2121 Main Street  
Raleigh, NC 27894  
919-291-1343

## DISCHARGE SUMMARY

Date of Exam: 7/4/2012  
Time of Exam: 7:14:10 PM

Patient Name: Anna Smith  
Patient Number: 1000010544165

**DATE ADMITTED:** 3/12/2012  
**DATE DISCHARGED:** 7/4/2012

This discharge summary consists of

1. The Initial Assessment,
2. Course of Treatment,
3. Clinician's Narrative, and
4. Discharge Status and Instructions

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### 1. INITIAL PSYCHIATRIC ASSESSMENT

#### 3/12/2012 Complete Evaluation

History: Anna is a divorced Canadian 59 year old woman. Her chief complaint is, "I am constantly on edge and can't seem to concentrate on even the easiest tasks." Anna describes generalized anxiety and worry about events and activities. The source of the anxiety varies but the anxiety is present most days and she finds it difficult to control the worry. These generalized anxiety symptoms have been present for months.

Her symptoms include:

- Sleep Disturbance
- Excess muscle tension
- Irritability
- Difficulty concentrating or mind going blank
- Being easily fatigued

Based on the risk of morbidity without treatment and Anna's description of interference with functioning severity is estimated to be moderate.

Anna has had prior episodes of Generalized Anxiety Disorder. Her age at the time of the first episode was twenty-four years old. The length of prior episodes has been approximately three years. She was treated for Generalized Anxiety Disorder with relaxation techniques.

Problem Pertinent Review of Symptoms/Associated Signs and Symptoms: She describes no depressive symptoms. Symptoms of bingeing, purging and other indications of an eating disorder are convincingly denied. She denies obsessive, intrusive and persistent thoughts or compulsive, ritualistic acts.

Past Psychiatric History:

Prior Psychiatric Disorder:

- She has a history of anxiety symptoms. She suffered from anxiety symptoms when she was age twenty-four.
- Out Patient Treatment: Anna did receive outpatient mental health treatment for Generalized Anxiety Disorder.
- Suicidal / Self Injurious: Anna has no history of suicidal or self-injurious behavior.
- Addiction / Use History: Anna denies any history of substance abuse.
- Psychotropic Medication History: Psychotropic medications have never been prescribed for Anna.

Past psychiatric history is otherwise entirely negative.

Social/Developmental History: Anna is a divorced 59 year old woman. She is Canadian. She is a Catholic.  
Anna has three children (from previous marriage.)

Employment History: Anna is a retired teacher.

Support System: Anna has the social support of the following: Various family members including Brother, Sister, Daughter

Strengths/Assets: Anna is articulate and verbal.

Patient's Goals: "I just want to feel better."

Family History:

- Father thought to have unspecified emotional disorder.
- Aunt known to have anxiety. This family member is paternally related.
- Cousin carries diagnosis of anxiety. This family member is paternally related.

Family psychiatric history is otherwise negative. There is no other history of psychiatric disorders, psychiatric treatment or hospitalization, suicidal behaviors or substance abuse in closely related family members.

**Medical History:**

Allergies: Peanuts (Hives) (Wheezing)

Current Medical Diagnoses: Hypothyroidism

Current Medications (non psychotropic) include: Synthroid

Past Medical History: Past Medical History is essentially negative.

Medical history is otherwise negative and Anna has no other history of serious illness, injury, operation, or hospitalization. She does not have a history of asthma, seizure disorder, head injury, concussion or heart problems.

**Mental Status:** Anna is irritable, distracted, fully communicative, casually groomed and tense. She exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. Mood is entirely normal with no signs of depression or mood elevation. Her affect is appropriate to verbal content. There are no signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content is appropriate. No suicidal ideas or intentions are present today. Homicidal ideas or intentions are convincingly denied. Cognitive functioning and fund of knowledge is intact and age appropriate. Short and long term memory is 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 illness is fair. Social judgment is intact. There are signs of anxiety. She is easily distracted. Muscle strength is normal and equal bilaterally. There is muscular rigidity across her shoulders and neck. Station is erect and normal.

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

Axis I: Generalized Anxiety Disorder, 300.02 (Active)

Axis II: None V71.09

Axis III: See Medical History

Axis IV: None

Axis V: 60

**Instructions / Recommendations / Plan:**

The risks and benefits of Psychotropic medications were explained to Anna.

Cognitive Therapy

Relaxation Techniques

Start Paxil 10 mg PO QAM (Anxiety)

Start Buspirone 10 mg PO QAM (Anxiety)

Start Ambien CR 6.25 mg PO QHS (Insomnia)

Continue Synthroid 50 mcg PO QAM (Hypothyroidism)

Return 2 weeks or earlier if needed.

99202AI (Office / Out pt, New)

Liz Lobao, MD

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## **2. COURSE OF TREATMENT**

### **3/23/2012 Progress Note**

**History:** Anna shows slight treatment response as of today. Anna continues to exhibit symptoms of a generalized anxiety disorder. Symptoms continue the same in frequency and intensity, and no improvement is noted. Feelings of fatigue are described as having lessened. Continuing difficulty concentrating is described. Feelings of increased muscular tension continue unchanged. Less sleep difficulty is today reported. "I feel much more rested in the mornings this past week."

**MusculoSkeletal Review of Symptoms:** Anna continues to describe muscular tension across shoulder and neck occurring daily.

Medication has been taken regularly. She describes no side effects and none are in evidence.

The Zung Self-Rating Anxiety Scale quantifies a patient's level of anxiety. Anna scored between 60-74 indicating that her anxiety level is in the Moderate to Severe range.

**Mental Status:** Anna is calm, distracted, fully communicative, well groomed, but remains anxious. She exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. Mood is entirely normal with no signs of depression or mood elevation. Her affect is constricted. There are no signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content is appropriate. No suicidal ideas or intentions are present today. Homicidal ideas or intentions are convincingly denied. Cognitive functioning and fund of knowledge is intact and age appropriate. Short and long term memory is 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 illness is fair. Social judgment is intact. There are signs of anxiety. She is easily distracted.

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

Axis I: Generalized Anxiety Disorder, 300.02 (Active)

**Instructions / Recommendations / Plan:**

Physical Therapy Consultation

Relaxation Techniques

Psychopharmacology

Increase Paxil 20 mg PO QAM (Anxiety)  
Increase Buspirone 15 mg PO QAM (Anxiety)  
Continue Ambien CR 6.25 mg PO QHS (Insomnia)  
Continue Synthroid 50 mcg PO QAM (Hypothyroidism)

Return 1-2 weeks or earlier if needed.

Notes & Risk Factors:  
No Known Allergies.

99214 (Office Pt, Established)

Liz Lobao, MD

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#### **7/4/2012 Progress Note**

History: Anna is stable. No psychiatric complaints are expressed. Symptoms of a Generalized Anxiety Disorder are not reported today.

MusculoSkeletal Review of Symptoms: Shoulder and neck pain have resolved with physical therapy. No Test Results were received. Medication has been regularly taken and behavior has been stable and unremarkable. She describes no side effects and none are in evidence.

The Zung Self-Rating Anxiety Scale quantifies a patient's level of anxiety. Anna scored between 20-44 indicating that her anxiety level is in the normal range.

Mental Status: Anna is calm, friendly, attentive, casually groomed, and relaxed. She exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. Mood is entirely normal with no signs of depression or mood elevation. Affect is appropriate, full range, and congruent with mood. Insight into illness is normal. Social judgment is intact. There are no signs of anxiety. There are no signs of hyperactive or attentional difficulties.

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

Axis I: Generalized Anxiety Disorder, 300.02 (Active)

#### Instructions / Recommendations / Plan:

Anna is doing well and will contact this office as needed.

Continue Paxil 20 mg PO QAM (Anxiety)  
Continue Buspirone 15 mg PO QAM (Anxiety)  
Decrease Ambien CR 6.25 mg PO QHS (Insomnia)  
Continue Synthroid 100 mcg PO QAM (Hypothyroidism)

Notes & Risk Factors:  
No Known Allergies.

99213 (Office Pt, Established)

This is the final note for this patient.

Liz Lobao, MD

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### **3. CLINICIAN'S NARRATIVE**

Anna is instructed to schedule an appointment if symptoms of generalized anxiety disorder return.

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### **4. DISCHARGE STATUS AND INSTRUCTIONS**

#### **Final Exam, Interval History**

Anna is stable. No psychiatric complaints are expressed. Symptoms of a Generalized Anxiety Disorder are not reported today. MusculoSkeletal Review of Symptoms: Shoulder and neck pain have resolved with physical therapy. No Test Results were received. Medication has been regularly taken and behavior has been stable and unremarkable. She describes no side effects and none are in evidence.

The Zung Self-Rating Anxiety Scale quantifies a patient's level of anxiety. Anna scored between 20-44 indicating that her anxiety level is in the normal range.

#### **Final Exam, Mental Status Exam**

Anna is calm, friendly, attentive, casually groomed, and relaxed. She exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. Mood is entirely normal with no signs of depression or mood elevation. Affect is appropriate, full range, and congruent with mood. Insight into illness is normal. Social judgment is intact. There are no signs of anxiety. There are no signs of hyperactive or attentional difficulties.

Discharge Diagnosis

Axis I: Generalized Anxiety Disorder, 300.02 (Resolved)

Axis II: None V71.09

Axis III: See Medical History

Axis IV: None

Axis V: 75

Type of Discharge: Regular

Condition on Discharge: Greatly improved

Prognosis: Excellent

Medications at Discharge:

Paxil 20 mg PO QAM

Buspirone 15 mg PO QAM

Ambien CR 6.25 mg PO QHS

Synthroid 100 mcg PO QAM

Medication Instructions: Patient should continue with current medications and follow-up with primary care provider: Dr. Anderson.

Consent: Patient was advised regarding the risks and benefits of treatment.

Physical Activity: No limitations on physical activity

Dietary Instructions: Regular diet.

Other Instructions: The patient was advised to call treating physician if symptoms recur.

Emergency Contact: 919-291-1343

Notes and Risk Factors: No Known Allergies

Liz Jones, MD

Electronically Signed

By: Liz Jones, MD

On: 7/4/2012 7:55:37 AM