

**Dr. R. Kakar Professional Medicine Corp.**  
**President Dr. R. Kakar**  
**M.B.B.S., M.D., L.M.C.C., F.R.C.P.{C}, C.S.M.E.**  
**Consultant Psychiatrist**  
**4597 14th Avenue**  
**Markham, Ontario, L3S 3K2**  
**Tel: 905-604-4452 Fax: 905-604-4205**

2020-Dec-11

Dr. LO  
3000 HIGHWAY 7 E,SUITE-202  
MARKHAM, ON L3R 6E1

**Patient:** Ms. ANISA SHENELLE BROWN RAMPRASAD  
**PHN:** 4512 635 576YR  
**Birthdate:** 2000-Jan-09

Dear Dr. LO,

**PRIVATE AND CONFIDENTIAL. NOT TO BE RELEASED WITHOUT THE PERMISSION OF THE AUTHOR.**

**Date Seen:2020-Nov-21**

**This consultation was done via WhatsApp video conference call due to the COVID-19 situation.**

Thank you for referring "**BROWN RAMPRASAD,ANISA SHENELLE**" to me, who I have seen for a psychiatric evaluation.

**Chief Complaints:** This is a 20-year-old single lady attending Humber College in esthetics and spa management, third year. She is living at home with her mother and maternal grandparents. She was referred by her family doctor for depression and anxiety.

**Known Allergies:** Drug - Allergy - None Known, Drug - Intolerance - None Known, Non-Drug - Allergy - None Known, Non-Drug - Intolerance - None Known

**External Medications:** ALESSE (28) 100 MCG-20 MCG TAB, VENTOLIN HFA 100 MCG INHALER

**History of Presenting Illness:** One of the biggest things she is stressed out about is school. She is trying to please everyone and make everyone happy with whatever she has to do, especially the people in her life. She feels it gets harder to please everyone as time goes on. She believes she should please others rather than herself. She feels she has to do what she has to do. She does not have a good relationship with her father. He does not realize that she has a lot of pressure and hardship on herself. He is in her life, but he cares about her school, that she is not doing anything with her life. He thinks she should get a government job. She has a lot of problems of

her own. Dad does not think that she is good for anything. He tries to make her feel she is not worthy. When she was in high school, she got bullied very bad. She tried to not let it affect her, but it did and it still affects her. She was in grade 9 and she was with a bunch of girlfriends.

She got into a relationship with a boy. Her friend left her and they started calling her names and making comments about her and taking her picture and videos. She went through a lot of insults in high school. Everyone got to know about it. All of them were themselves in relationships. Two or three years ago, herself and the guy broke up. It was really bad. He did not really do nice things to her. Everywhere she went or whatever she did, he called her a "bitch" and a lot of bad names and he was emotionally and verbally abusive. Whatever she went through him, and all the things she went through with the other people in high school because it is affecting her, even when she is not with friends, he would put her down, and anything that she would do, he would put her down. When her friends would call her names and put her down, he did not want her to defend herself. She was in the relationship for two years. She let the good make over the bad. This was her first relationship and she thought it was bad to have it. For past things, she always feels down. She does not feel herself. She feels out of body. She feels she is not mentally checked. She always feels anxious. She gets nervous when she has to be around people. She even feels shaky and is up most of the time. Her appetite is good. Her energy is low. She feels drained. Her concentration is not there. In school, she tries to do things. Her memory is okay. She is not irritable but cries a lot. She gets angry sometimes when it is reasonable. She lets people get away with a lot. She is afraid to hurt them or lose them.

**Past Surgeries & Past Medical History:** She has asthma, PCOS. She has never had any surgery.

**Past Psychiatric History:** She has never seen a psychiatrist before. She has never seen a psychologist before. She has never been hospitalized for psychiatric problem. She has never been on any psychotropic medications.

**Family History:** She is the oldest in the family of herself and her half-sibling, a brother on the father's side, in grade 7, 12 years old, in good health and lives with the father. They get along fine and are very close. There is no family history of psychiatric problems. Her mother is 45 years old, in good health, and has polycystic ovarian syndrome, hypothyroidism, and works for recruitment firms. Her parents were never married; they were engaged. They almost never lived together but for a little bit, but have been completely separated for 14 years. Her father is 45 years old, probably in good health, works at Canada Post.

**Personal History:** She was born in Canada as the product of a normal pregnancy and delivery. She had normal developmental milestones. She started school at five years of age and finished grade 12 at 18 years of age. She was an average student with a lot of friends, got along with teachers and never failed any grades. She played soccer but for the last four years, she had to stop playing soccer and all sports and physical activity because of her overly large breasts that are affecting her posture and cause a lot of back pain, neck pain, shoulder pain and is making her handicapped in many ways. She went to Humber College in esthetics and stopped in third year. At 15 years old, she started dating for two years and was sexually active; the relationship that she

broke up as it was toxic. Now she is seeing somebody. At 19 years, she started seeing a 19-year-old boy. They have been together for one year. It is a good relationship. He works in a factory.

She does not smoke cigarettes. She smokes weed occasionally. She does not use any other prescription or recreational drugs. She occasionally drinks and when she started drinking, she would drink very heavy and get drunk and have blackout and memory lapses at least twice. Last year, she got drunk in a club and she was throwing all over the place. She lost all her ID and people were making videos of her and all that stuff and one of her friends called her mother who came and picked her up and brought her home. She then, she has not been drinking heavy, but she drank heavily before. She drinks a lot pina coladas, peach schnaps, vodka, Hypnotiq.

**Mental Status Examination: A detailed clinical history was followed by Mental Status Examination which** showed a 20-year-old lady. She has brown complexion and long black hair over her shoulders. She is obese. She is anxious and fidgety. She has sad facies, poor eye contact. She has average hygiene and grooming and appropriately dressed. Her speech was coherent and goal directed. There was no circumstantiality, tangentiality, derailment or looseness of association. Her mood was subjectively and objectively depressed. Her affect was down and anxious. There was no hallucinations, delusions, or depersonalization. There was no formal thought disorder. She was alert and oriented in time, person, and place. Her attention and concentration with serial three was fair. Her memory with three objects in one and five minutes was intact. She was of average intelligence with fair amount of general information. Her abstraction, comprehension and judgement were fair. She had some insight into her problems. She denied any suicidal or homicidal ideation, intent, or plan.

**Assessment: Based upon my assessment I have reached the following diagnosis as per DSM V:**

**Axis I**

- Major depression with anxious distress, mixed features, nonpsychotic.
- Social anxiety, rule out the disorder.

**Axis II**

- Dependent personality disorder.

**Axis III**

- PCOS.
- Asthma.

**Axis IV**

- Moderate.

**Axis V**

**Plan: Followings are my plans and recommendations for management.**

She is currently suffering from Major depression with anxious distress, mixed features,

nonpsychotic; Social anxiety, rule out the disorder.

I have taken the liberty of ordering bloodwork including Glucose, HBA1C, TSH, Creatinine, Uric Acid, Sodium, Potassium, Chloride, CK, ALT, Alk Phos, Bilirubin, Albumin, Lipid Profile, Vitamin B12, Ferritin, Albumin/Creatinine Ratio Urine, Urinalysis (Chemical) and CBC.


She is presenting with signs and symptoms of unipolar depression but there are some very quasi soft signs that we should watch over whether she has or is going to be developing bipolar disorder. With the current history and clinical picture, I am going to start her on Wellbutrin XL 150 mg in the morning and at 4 p.m. for increasing energy, interest, drive, motivation, improvement of concentration and memory, treatment of depression and anxiety. She is taking melatonin for sleep and I encouraged her to continue taking the melatonin as it is helping her sleep. I gave her a prescription and a follow up appointment to come back and see me in one month. She was told to call my office if she had any problems or needed an earlier appointment. She was encouraged to continue follow-up with her family doctor. She would need a lot of work about the dependent personality disorder to change the way she is relating, communicating, and handling people and situations. I spent a lot of time on psychotherapy, eclectic type, to address this issue today and would be spending more time as time goes by. I think the depression for one reason that it sounds to be unipolar is not only by the clinical picture and her presentation but also she is prone to develop unipolar depression because of her dependent personality disorder.

**I hope the above information is sufficient, if you have any further questions please contact me at 905-604-4452.**

**Commence 2:20 pm**

**Terminate 4:10 pm**

Sincerely,

A handwritten signature in black ink, appearing to be 'Ravi Kakar', with a large, loopy 'R' and a trailing flourish.

Ravi Kakar, MD

**Electronically Reviewed to Expedite Delivery**