# **Demographic Information**

#### Personal Information

• First Name: [First name] • Last Name: [Last name]

• Date of Birth: January 1, 2000

• Race/Ethnicity: Caucasian, Other, East Indian

 Sex Assigned at Birth: Female • Preferred Pronouns: She/Her/Hers

 Marital Status: Divorced • Email: person@people.com • Phone Number: 111-111-1111

### **Employment Information**

Current Employer: IBM

• Nature of Business: Computers • Date Job Began: January 1, 2004 • Last Day Worked: January 1, 2023 • Job Title When Started: Programmer

Current/Last Job Title: Manager

• Employment Duties: Turning computers on and off

• Typical Work Schedule: 40 hours per week

• Salary: \$1,000,000 • Hourly Rate: \$1,000 • Overtime Pay: Yes

• Typical Overtime Pay: \$100

# Medical and Emotional History

• Treated for Physical/Medical Conditions Before Injury: Yes

- Treated for Mental/Emotional Conditions Before Injury: Yes
- Experienced Emotional Symptoms Before Injury: Yes
- Description of Medical/Emotional Conditions or Symptoms Before Injury: Couldn't walk, depressed
- Medications Taken Before Injury: Morphine

## **Current Employment and Conflicts**

• Currently Working: Yes

• Conflicts at Work: Yes

- Number of Separate Conflicts: 4
- List of Conflicts:
  - 1 My boss was mean
  - 2 My coworker stole my stuff
  - 3 The customers suck
  - 4 It's too hot and my boss won't turn on the AC
- Percentage of Upset Caused by Each Conflict:
  - 1 Conflict #1: 20%

- 2 Conflict #2: 30%
- 3 Conflict #3: 10%
- 4 Conflict #4: 40%
- Working Relationship with Management/Supervisors: Terrible
- Name of Immediate Supervisor: Bad Boss
- Relationship with Immediate Supervisor: Poor (They're mean)
- Performance Appraisals: Poor (They said I can't do my job well)
- Verbal/Written Warnings: Yes (1/1/2022 They said I suck at my job)
- Working Relationship with Co-workers: Poor (They're stupid)
- Last Straw Event: Yes (It was too hot)

### Current Employer (If Different)

- Currently Working for Same Employer: No
   Name of Current Employer: Give Me a House
- Nature of Business: Housing
- Job Title: SquatterJob Duties: Find houses
- Date Job Began: August 1, 2023
  Work Schedule: Weekends 9-5
  Salary/Hourly Rate: \$5/hr
- Like This Job: No

# **Physical Injury**

## **Initial Physical Symptoms**

• Initial Symptoms: Knee pain

#### **Initial Treatment**

• First Treatment: Injections

## Subsequent Treatment

• Rest of Treatment: Medications

## Doctors Seen for Physical Injury

• Doctors Seen: Dr. Smith, Dr. Jones

# Surgeries for Physical Injury

Surgeries: Elbow

# Medications for Physical Injury

Medications: Vicodin

### **Effectiveness of Treatment**

• Treatment Effectiveness: Medications helped relieve pain

#### **Current Work Status**

Currently Working: Yes

# **Emotional Symptoms and Injuries**

## **Current Emotional Symptoms**

- Most Bothered By: My boss
- Current Emotional Symptoms: Anxiety, panic, depression, post-traumatic stress, mania, hypomania, psychosis, other
- Onset of Current Episode: Several months ago

## Emotional Symptoms in Response to Stressful Event

• Emotional Symptoms Triggered By: My boss being mean

### **Stressors**

• Stressors: Loss of job, financial situation, relationship stress, conflicts at work, other

## **Longitudinal History**

- Onset of Depression, Anxiety, or Post-Trauma Emotions: July 1, 2023
- Emotional/Psychiatric Symptoms Experienced: Depressed, anxious, stressed, angry
- Worst Symptoms: Yesterday
- Change in Symptoms Since Onset: Worse
- Date Symptoms Became Worse: July 4, 2023
- Frequency of Emotions: All day, every day
- Rating of Symptoms at Worst: Depressive: 10, Anxiety: 9, Post-Trauma: 8
- Current Rating of Symptoms: Depressive: 6, Anxiety: 6, Post-Trauma: 6
- Effect on Ability to Do Job: Yes (Low energy, sadness, difficulty focusing)

# **Current Symptoms**

#### PHQ-9

- Little Interest or Pleasure in Doing Things: Several days
- Feeling Down, Depressed, or Hopeless: More than half the days

- Trouble Falling or Staying Asleep: Several days
- Feeling Tired or Having Little Energy: Several days
- Poor Appetite or Overeating: More than half the days
- Feeling Bad About Yourself or Being a Failure: Nearly every day
- Trouble Concentrating: Several days
- Moving or Speaking Slowly or Restlessness: More than half the days
- Thoughts of Death or Self-Harm: Nearly every day
- Wishing to Be Dead or Not Wake Up: More than half the days
- Actual Thoughts of Killing Yourself: Yes
- Previous Suicide Attempts: Yes
- Thoughts of Hurting Others: Yes
- Current Depressive Symptoms Rating: 4

#### GAD-7

- Feeling Nervous, Anxious, or On Edge: Several days
- Not Being Able to Stop or Control Worrying: More than half the days
- Worrying Too Much About Different Things: Several days
- Trouble Relaxing: Several days
- Being Restless or Fidgety: Several days
- Becoming Easily Irritable or Angry: More than half the days
- Feeling Afraid as if Something Awful Might Happen: More than half the days
- Current Anxiety Symptoms Rating: 2

#### PCL-5

- Repeated, Disturbing Memories of Stressful Experience: A little bit
- Repeated, Disturbing Dreams of Stressful Experience: Moderately
- Feeling as if Stressful Experience is Happening Again: Moderately
- Feeling Upset When Reminded of Stressful Experience: Moderately
- Having Strong Physical Reactions When Reminded of Stressful Experience: A little bit
- Avoiding Memories, Thoughts, or Feelings Related to Stressful Experience: Extremely
- Avoiding External Reminders of Stressful Experience: Extremely
- Trouble Remembering Important Parts of Stressful Experience: A little bit
- Having Strong Negative Beliefs About Yourself, Others, or the World: Moderately
- Blaming Yourself or Someone Else for Stressful Experience: Quite a bit
- Having Strong Negative Feelings: Extremely
- Loss of Interest in Enjoyable Activities: Moderately
- Feeling Distant or Cut Off from Other People: Extremely
- Trouble Experiencing Positive Feelings: Extremely
- Irritable Behavior or Acting Aggressively: Quite a bit
- Taking Risks or Doing Harmful Things: Extremely
- Being "Superalert" or On Guard: Quite a bit
- Feeling Jumpy or Easily Startled: Extremely
- Current Post-Trauma Symptoms Rating: 6

### **Current Treatment**

# **Psychiatric Medications**

- Currently Taking Psychiatric Medications: Yes
- Medications: Morphine
- Duration of Medication: 10 years
- Reason for Taking Medication: Depression, anxiety, mania, psychosis, PTSD, OCD, other
- Medication Effects: Depression worsened, anxiety improved, mania no effect, psychosis no effect,
   PTSD improved, OCD worsened, other just right
- Adherence to Medication: No

### **Psychotherapy Treatment**

- Currently in Psychotherapy: Yes
- Start Date of Current Psychotherapy: 10 years ago
   Most Recent Psychotherapy Session: Yesterday
- Frequency of Psychotherapy Sessions: Weekly
- Psychotherapy Provider: Mr. Therapy

# Past History

### **Previous Symptoms and Treatment**

- Previous Symptoms: Anxiety
- Previous Post-Traumatic Stress Symptoms: Worried about work
- Previous Psychiatric Medications: Oxy (1985-1989)
- Effects of Previous Medications: Depression no effect, anxiety worsened, mania improved, psychotic symptoms no effect, PTSD no effect, OCD improved, other made me sleepy
- Reasons for Stopping Previous Medications: No longer working, concerns about medication, felt medication was no longer needed
- Prescribing Clinician: Dr. Pills

# Previous Psychotherapy

- Previous Psychotherapy: Yes
- Start Date of Psychotherapy: 1980
- Duration of Psychotherapy: Several months
- Frequency of Psychotherapy Sessions: Monthly
- Psychotherapist: 1980-1985
- Additional Psychotherapy: 1990-1999

# Psychiatric Hospitalization

- Psychiatric Hospitalization: Yes
- Reason for Hospitalization: Worsening of depressive symptoms, suicidal ideation, suicide attempt
- Treatment Received: Psychiatric medications
- Hospitals: Hospital one, Hospital two, Hospital three
- Dates of Hospitalization: 1993, June 2023
- Duration of Hospitalization: 20 days, 10 days

# Suicidal Ideation and Attempts

- Suicidal Ideation: Yes
- Number of Suicide Attempts: 6
- Methods of Suicide Attempts: Hanging, stabbing, overdose on medications
- Most Recent Suicide Attempt: 6 months ago

### Other Psychiatric Symptoms

Other Psychiatric Symptoms: ADHD

### Additional Treatment

Additional Psychotherapy or Psychiatric Medication Treatment: Ritalin as a child

### Other Evaluations

 Other Psychiatric or Psychotherapy Evaluations: Conduct disorder evaluation by child psychiatrist at age 12

### Physical Altercations and Violence

• Involved in Physical Altercations: Yes

• Number of Altercations: 12

### Substance Use

# Substance Use History

- Substance Use: Caffeine, alcohol, tobacco/nicotine products, cocaine, heroin, prescription pain
  medications, marijuana, methamphetamine or other stimulants, MDMA, PCP, or other club drugs,
  LSD or other hallucinogens
- Frequency of Substance Use: Varies for each substance

#### Substance Use Tolerance and Withdrawal

Tolerance: Yes, for some substancesWithdrawal: Yes, for some substances

# Substance Use Effects and Recovery

Effects of Substance Use: Increased amounts, withdrawal symptoms

Substance Recovery Treatment: Yes

• Completion of Treatment: Yes

• Duration of Treatment: 1 year

• Clean and Sober Period: 1 month

Longest Clean and Sober Period: 1 month

Continued Psychiatric Symptoms During Sobriety: Yes

# **Medical History**

### **General Medical Conditions**

 Diagnosed Medical Conditions: Arthritis, asthma, back problems, chronic pain, diabetes, heart disease, hypertension, gastrointestinal problems, migraines, thyroid problems, other

#### **General Medical Medications**

• General Medical Medications: Lisinopril 20 mg per day

#### Side Effects of General Medical Medications

Side Effects: Lots of them

### Surgeries

Previous Surgeries: Elbow and foot in 2020

### **Future Medical Care**

Planned Future Medical Care: Physical therapy and chiropractic for 6 months

## **Primary Care Provider**

Current Primary Care Provider: Dr. Don't Call Me

Past Primary Care Provider: Dr. Past Medical

# Hospitalizations

Hospitalizations: General Medical Hospital in 1999

• Dates and Duration of Hospitalizations: 1999, 20 days

# Allergies or Intolerances

• Allergies/Intolerances: Penicillin rash

# Family History

# Family Psychiatric Conditions

Family Members with Psychiatric Conditions: Depression, anxiety, bipolar disorder

# Family Suicide Attempts or Commitments

• Family Members with Suicide Attempts or Commitments: Yes

# Relationship History

### **Current Intimate Relationship**

• Currently Involved in Intimate Relationship: Yes

Current Marital Status: Married

• Length of Current Relationship: 10 years

• Description of Current Relationship: Stable, supportive, volatile, conflictual, about to end, other

• Partner's Occupation: Bartender

• Partner's Medical/Psychiatric Conditions: Yes

• Stressfulness of Partner's Condition: Yes

# Previous Marriages and Relationships

• Number of Marriages: 3

Number of Long-Term Intimate Relationships: 6

• Length of Previous Relationships: Varies

• Reasons for Ending Previous Relationships: Move away, grew apart

• Domestic Violence in Relationships: Yes

#### Children

• Have Children: Yes

Number of Children and Ages: 5Children's School/Work Status: Good

Relationship with Children: Good

• Children's General/Mental Health Issues: Yes

## **Employment History**

## **Current Employment Status**

Current Employment Status: Employed at less than 20 hours per week

Current Employer: Bail Bonds

Job Title: Bondsman

Job Duties: Giving out bonds

Difficulty Performing Job Duties: Yes

## Past Workplace Injuries

Past Workplace Injuries: Yes

Dates of Injuries: 2005

Nature of Injuries: Sprained ankle

## Workers' Compensation Claim

• Submitted Workers' Compensation Claim: Yes

### Disability

Placed on Disability: YesDates of Disability: 2015

## **Negative Work Evaluations or Termination**

• Negative Work Evaluations, Termination, or Disciplinary Action: Yes

• Explanation: They said I'm bad at my job (2005)

#### Current Sources of Income

• Current Sources of Income: Above employment, other employment, workers' compensation benefits, spouse's income, children's income

# **Education History**

## **Highest Level of Education**

Highest Level of Education: GED

#### Grades in Education

Grades Received: Bs, Cs

# Learning Disabilities or Special Education

• Learning Disabilities or Special Education: Yes

Learning Difficulties: Can't read

## **High School Graduation**

• Graduated High School: Yes

• Graduated on Time: No

# College Education

Attended College: YesCompleted Degree: No

College Name: Smith College

College Major/Topic of Study: Writing

# **Social History**

#### Barriers to Healthcare

 Barriers to Healthcare: Financial constraint, unstable housing, transportation access, child-care, family disapproval, other

## Living Situation

 Current Living Situation: Owning own home, living with family, living with friends, living alone, temporary housing

## Perceived Danger

• Feeling in Danger: Yes

• Explanation: Boss will attack me

### Stressors in Past Year

Stressors in Past Year: Family left

• Effect on Emotional Symptoms: Made me sad

### Other Stressors

• Other Current Stressors: No money, want a better car

# **Criminal History**

#### Arrests and Incarceration

Arrested: Yes

Dates of Arrests: 1995Charges: Drugs

• Incarcerated: Yes

Duration of Incarceration: 10 yearsCurrently on Parole/Probation: Yes

# Violence History

# **Physical Altercations**

• Involved in Physical Altercations: Yes

• Number of Altercations: 20

Circumstances of Altercations: People disrespecting

## Thoughts of Hurting Others

• Thoughts of Hurting Others: Yes

Explanation: Kill my boss by stabbing

### Victim of Violence

• Victim of Violence: Yes

Currently in Danger of Violence: Yes

## Military History

## Military Service

• Enrolled in Military: Yes

Branch of Military: Coast Guard

• Dates of Military Service: January 1, 1999 - December 1, 1999

Military Job: Cook

Discharge Status: Dishonorably (DD)

# **Current Daily Activities**

## **Daily Routine**

• Wake Up on Work Days: 5 am

• Wake Up on Non-Work Days: 6 am

Bedtime: 10 pm

• Time to Fall Asleep: 11 pm

## **Daily Activities**

• Activities from Wake Up to 8 am: Sleep

• Activities from 8 am to 10 am: Eat breakfast

• Activities from 10 am to 12 pm: Nothing

• Activities from 12 pm to 2 pm: Walk

• Activities from 2 pm to 4 pm: Nothing

• Activities from 4 pm to 6 pm: Nap

Activities from 6 pm to 8 pm: Nothing

• Activities from 8 pm to 10 pm: Work

• Activities from 10 pm to 12 am: Go to bed

• Activities from 12 am to 6 am: Sleep

### Leisure Activities or Hobbies

Leisure Activities or Hobbies: Smoking

## Difficulty with Daily Activities

 Difficulty with Daily Activities: No difficulty with most activities, some difficulty with listening, reading, studying, and writing

# **Developmental History**

### Birth and Childhood

- Place of Birth: Memphis, TN
- Primary Place of Childhood: Sacramento
- Primary Adult Raising You: Biological mother and father
- Relationship with Primary Adult: Fair

## Relationship with Primary Adults

• Relationship with Primary Adults: Positive (stable, supportive, or loving), medium (some disruption in the relationship, some level of conflicts)

## Siblings

- Have Siblings: Yes
- Number of Siblings: 7
- Siblings Raised With: 3
- Relationship with Siblings: Medium (some disruption in the relationship, some level of conflicts)

### Childhood Abuse

Experienced Childhood Abuse: Physical abuse

## Parents' Marriage

- Parents' Marriage: Yes
- Parents' Current Marital Status: Yes

### Parents' Work

- Mother's Work: Doctor
- Mother's Current Work: Yes
- Father's Work: Janitor
- Father's Current Work: Yes

# Parents' Living Status

- Mother's Living Status: Memphis, TN
- Father's Living Status: Yes

## Social Life as a Child

• Social Life as a Child: Preferred to spend time alone and had few friends

## **Childhood Activities**

• Childhood Activities: Baseball

# **Additional Information**

## **Additional Information**

- Request: Give me disability money
- Other Additional Information: Nice intake form