

Demographic Information

Personal Information

- First Name: First name
- Last Name: Last name
- Date of Birth: 01-01-2000
- 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 History

Mr. [Patient's Last Name] has been employed at IBM since January 1, 2004. He started as a programmer and is currently a manager. His job duties include turning computers on and off, and he works 40 hours a week. He receives a salary of \$1,000,000 per year with an hourly rate of \$1,000. He also receives overtime pay of \$100. When asked about his job, he mentioned that he likes it because of the high salary, but he does not enjoy working with computers. Prior to his injury, he was being treated for physical and medical conditions, including difficulty walking and depression. He was taking morphine as a medication. Mr. [Patient's Last Name] reported conflicts at work, including conflicts with his boss, a coworker stealing his belongings, dissatisfaction with customers, and the lack of air conditioning. He rated the percentage of upset caused by each conflict as follows: conflict #1 - 20%, conflict #2 - 30%, conflict #3 - 10%, conflict #4 - 40%. He described his working relationship with management and supervisors as terrible, specifically mentioning his immediate supervisor, whom he referred to as "bad boss." He also mentioned receiving verbal warnings in the past, including one on January 1, 2022, where he was told that he was not performing well in his job. His relationship with co-workers was described as poor, and he attributed this to them being "stupid." He mentioned a "last straw" event near the last day of work, which was the lack of air conditioning in the workplace. Mr. [Patient's Last Name] currently works for a different employer in the housing industry as a squatter, finding houses. He started this job on August 1, 2023, and works on weekends from 9 am to 5 pm. He does not like this job.

Physical Injury

Mr. [Patient's Last Name] reported experiencing physical injuries in the past, including sprained ankle in 2005. He has undergone surgeries for his physical injuries, including elbow and foot surgeries in 2020. He has been taking Vicodin for his physical injury and stated that the treatments have helped relieve his pain. Despite his physical injury, he is currently still working.

Emotional Symptoms and Injuries

Mr. [Patient's Last Name] mentioned that he is most bothered by his boss on the day of the evaluation. He reported experiencing emotional symptoms such as anxiety, panic, depression, post-traumatic stress, mania, and anger. These symptoms started several months ago and were triggered by his boss being mean to him. He mentioned that he has experienced emotional symptoms in response to specific stressful events in his life, including the mistreatment by his boss. He rated his depressive symptoms as 10 out of 10, anxiety symptoms as 9 out of 10, and post-traumatic symptoms as 8 out of 10 when they were most severe. Currently, he rates his depressive, anxiety, and post-traumatic symptoms as 6 out of 10. These emotional symptoms have affected his ability to do his job, causing low energy, sadness, and difficulty focusing.

Current Symptoms

Mr. [Patient's Last Name] completed the PHQ-9 and GAD-7 questionnaires to assess his current symptoms. He reported feeling little interest or pleasure in doing things for several days and feeling down, depressed, or hopeless for more than half the days. His depressive symptoms have worsened since they started, and he feels depressed several days per week, lasting a majority of the day. He has also experienced trouble falling or staying asleep for several days, waking up multiple times per night and staying awake for 1-2 hours. He feels tired or has little energy for several days and has had poor appetite or overeating for more than half the days, resulting in a weight gain of 36-50+ pounds over 1-3 months. He feels bad about himself or like a failure nearly every day and has trouble concentrating on things for several days. He also experiences irritability, feeling afraid as if something awful might happen, and thoughts of being better off dead or hurting himself nearly every day. He has had thoughts of killing himself, with intentions and plans to carry out the act. He has also had thoughts of hurting others. On a scale of 0 to 10, he rates his current depressive symptoms as 4 and his anxiety symptoms as 2.

Current Treatment

Mr. [Patient's Last Name] is currently taking morphine for his psychiatric symptoms, including depression, anxiety, PTSD, and OCD. He has been taking this medication for 10 years. He reported that the medication has worsened his depressive symptoms, improved his anxiety symptoms, and had no effect on his other symptoms. He does not always take the medication as prescribed. He is currently in psychotherapy treatment, which began 10 years ago and is attended weekly. His current psychotherapy treatment provider is Mr. Therapy.

Past History

Mr. [Patient's Last Name] has a history of psychiatric conditions, including anxiety, bipolar disorder, depression, and mania. He has taken other medications in the past for these conditions, including OxyContin in the 80s. He reported that these medications had varying effects on his symptoms. He has been evaluated by psychiatrists and psychologists in the past for conduct disorder. He has been admitted to a psychiatric hospital in 1993 and June 2023 for worsening depressive symptoms, suicidal ideation, and suicide attempts. He has a history of suicidal ideation and suicide attempts, with the most recent attempt occurring 6 months ago. He has also experienced other psychiatric symptoms, including ADHD. He has received additional psychotherapy and psychiatric medication treatment, including Ritalin as a child.

Medical History

Mr. [Patient's Last Name] has been diagnosed with hypertension and is currently taking lisinopril. He has had surgeries in the past, including elbow and foot surgeries in 2020. He has been hospitalized at General Medical Hospital in 1999 for an unspecified reason, and the hospitalization lasted for 20 days. He has allergies to penicillin, which cause a rash. He has a family history of depression, anxiety, and bipolar disorder. He is currently experiencing barriers to receiving healthcare, including financial constraints and unstable housing.

Social History

Mr. [Patient's Last Name] is currently involved in an intimate relationship and is married. He has been in this relationship for 10 years. His spouse is a bartender. He has children and has a good relationship with them. Some of his children have general or mental health issues. He has been arrested in the past and has a history of physical altercations. He has military experience in the Coast Guard from January 1, 1999, to December 1, 1999, as a cook. He received a dishonorable discharge.

Developmental History

Mr. [Patient's Last Name] was born in Memphis, TN, and primarily raised in Sacramento. He was primarily raised

by his biological mother and father, and he described his relationship with them as fair. He has siblings and has a medium relationship with them. He experienced physical abuse during his childhood. His parents were married, and his mother worked as a doctor while his father worked as a janitor. His mother is deceased, and his father is currently living.

Additional Information

Mr. [Patient's Last Name] expressed a desire for disability money and did not provide any other additional information.

Report created by Jeffrey-v0 and ChatGPT. Jeffrey-v0 is a psychiatrist assistant that can help you write psychiatric patient reports from intake forms.