**Psychiatric History Form**

**Demographic Information**

First name Last name is a NaN-year-old, divorced, Caucasian, other, East Indian, female.

Who goes by a preferred pronoun of she/her/hers.

Person@people.com

111-111-1111

**Employment Where the Physical or Emotional Injury Occurred**

At the time of his injury, Ms. Last name worked for IBM. She described this business as computers. Her first day of work there was 1/1/2004. The most recent day she worked at this job was 1/1/2023. Her job title when she started this employment was as a programmer. Her most recent job title at this employment was manager. Her employment duties included the following: turn computers on and off. Her typical work schedule was 40 hours a week. Her salary at this position is $1,000,000. Her hourly rate is $1,000. She does receive overtime pay consisting of $100. She stated that she likes his job because of Lots of money. She stated that she does not like this job due to I don't like computers.

Prior to the injury, Ms. Last name was treated for physical or medical condition(s). Before the injury, she was being treated for any mental or emotional condition(s). Before the injury, she was experiencing any emotional symptoms. She described these medical or emotional conditions or symptoms before the injury as follows: I couldn't walk. I was depressed.. She was not taking medications before her injury. The medications she was taking before the injury were the following: Morphine.

Ms. Last name's injury occurred on the following date: 1/1/2004, 2/1/2014, 3/1/2022. She described her injury as follows: I hate my boss and he's mean to me.. She is currently receiving disability in connection with her claim. She currently receives disability consisting of Partial Temporary. She stated that she would have continued working if not injured.

Ms. Last name reported that she has had conflicts with other people at her work. In total, she estimated that she has 4 separate conflicts with others at work. She described these conflicts as follows: 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. She rated the percentage that each of these conflicts caused her to feel upset as follows: 1. 20%, 2, 30%, 3. 10%, 4. 40%. She described her working relationship with management or her supervisors as terrible. Her immediate supervisor was bad boss, and she described their relationship as poor, due to they're mean. Her performance appraisals were poor, due to they said i can't do my job well. She has received verbal or written warnings, consisting of 1/1/2022 they said I suck at my job. She described her working relationship with her coworkers as poor, due to they're stupid.

Ms. Last name stated that there was a "Last Straw" event near the last day of work, consisting of It was too hot..

**Current Employer (If Different Than Above)**

Ms. Last name currently does not work for the same employer where the above injury occurred. Currently, she works for Give me a house. She described this business as housing. Her job title at this employment is squatter. Her employment duties include the following: find houses. Her first day of work there was 8/1/23. Her typical work schedule is weekends 9-5. Her pay rate is $5/hr. She does not enjoy this job.

**Physical Injury**

Ms. Last name reported that her injury was in part or entirely physical. She stated that the first symptoms that she experienced were knees hurt. Following this injury, the first treatment that she received was injections. The remainder of her treatment has consisted of the following: medications. The doctors she has seen for this physical injury are Dr. Smith, Dr. Jones. She received surgery for this injury. Her surgeries consisted of elbow. The medications she received for this physical injury include: Vicodin. She reported that the above treatments have helped relieve her pain. She explained that she is not working due to N/A I'm working.

**Emotional Symptoms and Injuries**

Ms. Last name reported that she is most bothered on this day by the following: my boss.

Ms. Last name reported that she has experienced a cluster of anxiety, panic, depression, post-traumatic stress, mania, hypomania, psychosis, and other symptoms, that began several months ago. She has experienced these psychiatric symptoms in response to a specific stressful event. She reported that this trigger consisted of My boss was mean to me.. She reported a history of psychosocial stressors consisting of loss of a job or other financial changes, unstable housing, death or loss of a friend or relative, relationship stress such as friends, significant others, or family members, housing, career changes, and new children and other family changes.

**Longitudinal History**

Ms. Last name reported that this episode of depression, anxiety, or post-trauma emotions started on 7/1/23. She described her symptoms as follows: depressed, anxiety, stress, anger. During this current or most recent symptom episode, her symptoms were the worst in yesterday. Her emotional symptoms became worse since 7/4/23. She experiences the above emotions all day every day.

Ms. Last name rated her depressive symptoms as a 10 out of 10, when they were most severe, on a scale of 1 to 10, with 0-1 equaling minimal or no symptoms and 10 equaling the most severe symptoms imaginable. She rated her anxiety symptoms as a 9 out of 10, when they were most severe, on a scale of 1 to 10, with 0-1 equaling minimal or no symptoms and 10 equaling the most severe symptoms imaginable. She rated her post-trauma symptoms as a 8 out of 10, when they were most severe, on a scale of 1 to 10, with 0-1 equaling minimal or no symptoms and 10 equaling the most severe symptoms imaginable. Currently, she rates her depressive, anxiety, or post-trauma symptoms as a 6 out of 10. She reported that her emotional symptoms have affected her ability to do her job. She explained this effect as: low energy, get sad, can't focus.

**Current Symptoms**

Ms. Last name reported that her current depressive symptoms over the last 2 weeks consist of the following: She has retained the ability to enjoy activities that were previously enjoyable for several days, such as biking. She has experienced depressed mood occurring more than half the days per week. Her depressive symptoms have gotten worse since they started. Her depressive symptoms occur several days per week for a minority of the time each day. She has trouble falling asleep, staying asleep or sleeping too much several days per week. She falls asleep after undefined of her going to bed. She wakes up two times per night. When she wakes up during the night, she stays awake for 1-2 hours. She is awoken by physical pain. She sleeps 4-6 hours per 24 hours.

Ms. Last name feels tired or having little energy several days during the week. She has experienced poor appetite or overeating more than half the days during the week. She has gained 36-50+ pounds, in the last 1-3 months. She reported feeling bad about herself or that she is a failure or has let herself or her family down nearly every day. She reported trouble concentrating several days in the last two weeks. She reported moving or speaking so slowly that other people could have noticed, or being so fidgety or restless that she has to move a lot more than usual more than half the days. She reported thinking she would be better off dead or had thoughts of hurting herself nearly every day.

Ms. Last name's PHQ-9 score was in the moderate-severe range: 16. In the past month, she has wished she was dead or wished she could go to sleep and not wake up more than half the days. In the past month, she has had actual thoughts of killing herself. She has been thinking about how she might kill herself. She has had these thoughts, and had some intention of acting on them. She has started to work out the details of how to kill herself. She answered yes (or no) when asked if she has ever done anything, started to do anything, or prepared to do anything to end her life. She has had thoughts of hurting someone else. She rated her current depressive symptoms as a 4 out of 10, on a scale of 1 to 10, with 0-1 equaling minimal or no depression and 10 equaling the most severe depressive symptoms imaginable.

Over the last 2 weeks, Ms. Last name reported experiencing anxiety symptoms for several days. She has felt anxious during this most recent episode for several months, with anxious mood on several days per week. She reported being unable to stop or control worrying for more than half the days in the last two weeks. She reported worrying too much about different things regarding her physical pain, employment situation, financial situation, relationships, family difficulties, family death, previous trauma, conflicts with family or at employment, medical condition, and other. She reported the following triggers make her anxiety worse: going to work. She reported trouble relaxing several days. She reported being so restless that it's hard to sit still on several days. She reported feeling afraid as if something awful might happen more than half the days.

Ms. Last name's GAD-7 score was in the moderate range: 10. She rated her current anxiety symptoms as a 2 out of 10, on a scale of 1 to 10, with 0-1 equaling minimal or no anxiety and 10 equaling the most severe anxiety symptoms imaginable. She also has experienced panic attacks consisting of increased heart rate, shortness of breath, difficulty swallowing, excessive sweating, lightheadedness, feeling like going to pass out, shaking, feeling of choking, nausea, chest pain, chills or heat, numbness or tingling, feeling detached, fear of “going crazy,” and fear of dying, lasting 31-60 minutes. Her panic attacks are not spontaneous and are unrelated to any events. Her panic attacks occur every once a week. She reported that being around my boxx triggers her panic attacks.

Ms. Last name reported experiencing traumatic events consisting of childhood trauma, intimate partner violence, victim of other violence, sexual assault, witnessing violence, first responder trauma, traumatic loss of loved ones, military combat, and other. She experienced past traumatic event(s) consisting of my boss was mean to me. She has experienced the following post trauma related symptoms. She reported repeated, disturbing, and unwanted memories of the stressful experience a little bit. She endorsed experiencing repeated, disturbing dreams of the stressful experience moderately, several times per week. She endorsed suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it) moderately. She endorsed feeling very upset when something reminded her of the stressful experience moderately. She endorsed having strong physical reactions when something reminded her of the stressful experience (for example, heart pounding, trouble breathing, sweating): a little bit.

Ms. Last name endorsed avoiding memories, thoughts, or feelings related to the stressful experience as extremely. She endorsed avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations) extremely. She reported avoiding the following: being around my boss. The activities she avoids in relation to the trauma include working. She described trouble remembering important parts of the stressful experience a little bit. She described having strong negative beliefs about herself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me), as moderately. She endorsed blaming herself or someone else for the stressful experience or what happened after it quite a bit.

Ms. Last name endorsed having strong negative feelings such as fear, horror, anger, guilt, or shame as extremely. She endorsed loss of interest in activities that she used to enjoy as moderately. She endorsed experiencing feeling distant or cut off from other people extremely. She endorsed trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to herself) extremely. She endorsed irritable behavior, angry outbursts, or acting aggressively as quite a bit. She endorsed taking too many risks or doing things that could cause her harm extremely. She endorsed being “superalert” or watchful or on guard quite a bit. She endorsed feeling jumpy or being easily startled extremely. She endorsed having difficulty concentrating extremely. She endorsed trouble falling or staying asleep quite a bit.

Ms. Last name's PCL-5 score is indicative of probable PTSD: 60. She rated her current post-trauma symptoms as an 6 out of 10, on a scale of 1 to 10, with 0-1 equaling minimal or no post-trauma symptoms and 10 equaling the most severe post-traumatic symptoms imaginable.

**Current Treatment**

Ms. Last name currently takes psychiatric medications. The psychiatric medications she takes consist of the following: morphine every day, a lot. She has taken these medications for 10 years. She stated that she takes these medications for depression, anxiety, mania, psychosis, PTSD, OCD, and other. She stated that these medications have produced worsened depression symptoms, improved anxiety symptoms, no effect on mania symptoms, no effect on psychosis symptoms, improved PTSD symptoms, worsened OCD symptoms, and other just right symptoms. She is currently non compliant with taking her psychiatric medications. She has experienced side effects consisting of upset stomach/nausea, diarrhea, constipation, insomnia, fatigue, headache, sexual dysfunction, shaking, stiffness, tremors, weight gain, weight loss, withdrawal, and other. Her most recent psychiatric medication treatment provider was Dr. Jones.

Ms. Last name reported that she attends psychotherapy treatment. Her most recent psychotherapy began on 10 years ago and her most recent psychotherapy session occurred on yesterday. She attends therapy weekly. Her current or most recent psychotherapist is Mr. Therapy.

**Past Psychiatric History**

Ms. Last name reported a history of prior anxiety. She described her symptoms at that time as worried about my work. She reported that she has had so much energy that she does not need to sleep for 5-7 nights and her energy was normal energy during that time. During that time that she slept fewer than 4 hours per night for 4-7 or more consecutive nights, she felt excessively tired. When she experienced these episodes of decreased need for sleep, her mood was depressed. During this high energy time she did engage in high-risk behaviors. During this decreased sleep episode, she was using substances.

Ms. Last name reported that she had thoughts, behaviors, or rituals that were recurrent, intrusive, and time consuming, she has felt like people she doesn't know are talking about her or following her, she has heard a voice that no one else hears. She was not clean and sober throughout that time. She has been recently thinking about how she might harm or kill herself.

Ms. Last name reported that her emotional symptoms have had a negative effect upon her work, school, or relationships. She reported that her first symptoms of depression occurred 20 years ago. She reported first experiencing high levels of anxiety 10 years ago. She has been diagnosed by a healthcare provider with the following mental health conditions: anxiety, Autism Spectrum Disorder, Bipolar Disorder, depression, eating disorder, mood disorder, Obsessive Compulsive Disorder, personality disorder, mania or hypomania, panic attacks, Schizophrenia or other psychotic disorder, Post Traumatic Stress Disorder, and other.

Ms. Last name reported that she has received past medication treatment. Her previous psychiatric medication regimen consisted of: Oxy for 10 years in the 80s. She reported starting these psychiatric medications in the following timeframe: 1985. Her past psychiatric medications were stopped on: 1989. She stated that her past psychiatric medication produced no effect on depression symptoms, worsened anxiety symptoms, improved mania symptoms, no effect on psychotic symptoms symptoms, no effect on PTSD symptoms, improved OCD symptoms, and made mother symptoms. Her past psychiatric medications were stopped due to no longer working, no longer wanted to take them, cost, ending treatment with that prescriber, medication side effects, concerns about the medication, she felt the medication was no longer needed, her psychiatric symptoms had resolved, and other. This medication was prescribed by a I don't know. Her prescribing clinician was Dr. Pills. This prescribing clinician worked at Pull pusher hospital. She also received past psychiatric treatment from Dr. Psychiatry. This psychiatric treatment lasted 2000-2010. She attended these psychiatric appointments monthly. She has previously received psychotherapy.

When Ms. Last name was asked when she began psychotherapy treatment, she responded, 1980. She reported attending psychotherapy for approximately several months. She attended therapy monthly. She received psychotherapy treatment with 1980-1985. Additional therapy consisted of: 1990-1999.

Ms. Last name has previously been admitted to a psychiatric hospital. She was admitted to these hospitals for worsening of depressive symptoms, suicidal ideation, suicide attempt, worsening of anxiety symptoms, worsening of post traumatic symptoms, worsening of manic symptoms, worsening of psychotic symptoms, and I don't know. The treatment she received during these hospitalizations consisted of psychiatric medications. She has been admitted to the following psychiatric hospitals: Hospital one, Hospital two, hospital three. The date of hospitalizations is 1993, June 2023. These hospitalizations lasted 20 days for the first, 10 days for the second.. She had experienced suicidal ideation.

Ms. Last name had made a suicide attempt. She has attempted suicide 6 times. She has attempted suicide by hanging, stabbing, OD on my meds.. Her most recent attempt was 6 months ago. She has experienced additional psychiatric symptoms besides those described above. She reported experiencing additional psychiatric symptoms consisting of ADHD. She reported receiving additional psychotherapy or psychiatric medication treatment. She reported receiving additional psychotherapy or psychiatric medication treatment consisting of Ritalin as a kid.. She reported being evaluated by psychiatrists or psychologists for other purpose outside of what is described above. She reported being evaluated by psychiatrists or psychologists for Conduct disorder.. This evaluation was performed by child psychiatrist and occurred on I was 12 years old.. She has been involved in physical altercations or violence 12 times.

**Substance Use**

Ms. Last name endorsed using caffeine (coffee, pills, soft drinks, etc), alcohol, tobaco or nicotine products, cocaine, heroin, and prescription pain medications. She currently uses caffeine (coffee, pills, soft drinks, etc) Never, alcohol Never, tobaco or nicotine products Never, cocaine previously but has not recently, heroin daily, prescription pain medications weekly, marijuana socially (1-2 per month), methamphetamine or other stimulants never, MDMA, PCP, or other club drugs socially (1-2 per month), and LSD or other hallucinogens weekly. She used caffeine (coffee, pills, soft drinks, etc) in the amount of 2 cups, alcohol in the amount of pint a day, tobaco or nicotine products in the amount of 1 pack per day, cocaine in the amount of 8 ball, and marijuana in the amount of 1/8 a day. She was 12 when she started using caffeine (coffee, pills, soft drinks, etc), she was 16 when she started using alcohol, and she was 25 when she started using marijuana. Her last use of caffeine (coffee, pills, soft drinks, etc) was today, alcohol was yesterday, heroin was week ago, and marijuana was today. She reported she has experienced a history of tolerance to caffeine (coffee, pills, soft drinks, etc), alcohol, tobaco or nicotine products, cocaine, heroin, methamphetamine or other stimulants and has not to prescription pain medications, marijuana, MDMA, PCP, or other club drugs, LSD or other hallucinogens. She reported she has experienced a history of withdrawal to caffeine (coffee, pills, soft drinks, etc) and has not to alcohol.

Ms. Last name endorsed the following substance related symptoms: alcohol or substance is often taken in larger amounts or over a longer period of time than intended, there is a persistent desire or unsuccessful effort to cut down or control alcohol or substance use, a great deal of time is spent in activities necessary to obtain alcohol alcohol or substances, use these, or recover from its effects, craving, or a strong desire or urge to use alcohol or substances, recurrent alcohol or substance use resulting in a failure to fulfill major role obligations at work, school, or home, continued alcohol or substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol or substances, important social, occupational, or recreational activities are given up or reduced because of alcohol or substance use, recurrent alcohol or substance use in situations where it is physically dangerous, alcohol or substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol or substance, tolerance, and characteristic withdrawal symptoms. She has sought substance recovery treatment.

Ms. Last name completed this treatment program that lasted from 1993 to 1994. Following this treatment program, Ms. Last name remained clean and sober for 1 day, from February 1, 1999, to February 25, 1999. The longest that she has remained completely clean and sober from all alcohol and substance use was for 1 month. The longest that she has remained completely clean and sober from all alcohol and substance use was 2021. While she was clean and sober, she did continue to experience her psychiatric symptoms described above.

**Medical History**

Ms. Last name reported having medical conditions consisting of arthritis, asthma, back problems, chronic pain, diabetes, heart disease, hypertension, gastrointestinal problems, migraines, thyroid problems, and other. She currently takes the following general medical medications: lisinopril 20 mg per day. Her current general medical medications produce the following side effects Lots of them. She has undergone surgery consisting of elbow and foot in 2020.

Ms. Last name's treatment providers have plans for her future medical care. The future medical care planning for Ms. Last name consists of PT and chiropractic for 6 months.. Her current primary care provider is Dr. Don't call me. Her past primary care provider was Dr. Past Medical. She received this care as follows: 1980-1990. She described her hospitalization history as follows: General Medical Hospital 1999. She suffers from allergies or intolerances to medication or food consisting of Penicillin rash.

**Family History**

Ms. Last name reported a family history of psychiatric conditions consisting of depression, anxiety, and Bipolar Disorder. Her family members have attempted or committed suicide.

**Relationship History**

Ms. Last name is currently involved in an intimate relationship. Her current marriage has lasted 10 years weeks. She reported that her current relationship is stable, supportive, volatile, conflictual, about to end, and other. Her spouse or partner suffers from general medical or psychiatric condition(s). She reported that her partner or spouse’s medical or psychiatric condition is stressful for her. She described the occupation of her significant other as follows: bartender. She has been married three times. She reported a history of six long term intimate relationships. These relationship lasted 5 years, 2 years, 3 years. She stated that her past relationships ended due to move away, grew apart. She reported a history of domestic violence.

Ms. Last name has children. She has 5 children. Her children are doing good in school or work. Her relationship with her children is good. Her children have general or mental health issues.

**Employment History**

Ms. Last name reported that her current employment status is employed at less than 20 hours per week at Bail bonds as a Bondsman. Her employment duties include give out bonds. She has difficulty performing her job duties.

Her employment history is as follows:

Ms. Last name worked for Jones restaurant as a cook from June 1980-July 1985 and left this job due to better job.

Ms. Last name worked for Paper company as a paper distributor from 2000-2015 and left this job due to higher pay.

Ms. Last name reported a history of workplace injury in 2005. Her injury consisted of the following: sprain ankle. She reported a history of submitting (a) Workers’ Compensation claim(s). She reported a history of being placed on disability. She has received negative work evaluations, terminations, or disciplinary action for they said I'm bad at my job, in 2005. She receives financial income through above employment, other employment, Workers’ Compensation benefits, spouses’ income, and children’s income.

**Education History**

Ms. Last name's highest education level is GED. She reported that she received mostly Bs and Cs throughout her education.

Ms. Last name reported a history of having learning disabilities or being placed in special education classes consisting of can't read. She graduated high school. She did not graduate on time. She attended college. She did not complete a degree. She attended Smith college and studied writing.

**Social History**

Ms. Last name is experiencing barriers to receiving healthcare consisting of financial constraint, unstable housing, transportation access, child-care, family disapproval, and other. Her current living situation consists of owning her own home, living with family, living with friends, living alone and temporary housing.

She owns her home. Ms. Last name feels in danger at the present time due to boss will attack me. She described the stressors that are not related to work that occurred in the past year as follows: my family left. These stressors contributed to her emotional symptoms in the following ways: made me sad. She reported additional stressors. The additional stressors she has experienced consisted of no money. These stressors contributed to her emotional symptoms in the following ways: stressed about money. She is experiencing other stressors consisting of want a better car.

Ms. Last name reported a history of arrests. She reported a history of arrests on 1995 for the charges of drugs. Her past sentences lasted prison 10 years. She is currently on parole or probation.

Ms. Last name reported a history of physical violence. She has been involved in twenty physical altercations in her lifetime. These altercations were due to people disrespecting. She endorses having thoughts of wanting to hurt someone. She described her thoughts of violence towards others as follows: kill my boss by stabbing. She has been the victim of violence. She is currently in danger of violence.

Ms. Last name reported a history of enlisting in the military consisting of the coast Guard from January 1, 1999, to December 1, 1999, as a cook. She was discharged as dishonorably (DD).

**Current Daily Activities**

Ms. Last name awakens on work days at 5 am. She awakens on non-work days at 6 am. She typically goes to bed at 10 pm and falls asleep at 11 pm.

Ms. Last name described her activities from 6 a.m. to 8 a.m as sleep; From 8 a.m. to 10 a.m as eat breakfast; From 10 a.m. to 12 p.m. as nothing; From 12 p.m. to 2 p.m as walk; From 2 p.m. to 4 p.m as nothing; From 4 p.m. to 6 p.m. as nap; From 6 p.m. to 8 p.m as nothing; From 8 p.m. to 10 p.m. as work; From 10 p.m. to 12 a.m. or to bedtime as go to bed; and from 12 p.m. to 6 a.m as sleep.

Ms. Last name described her leisure activities or hobbies as smoking.

Ms. Last name reported impairment in maintaining a workplace appropriate to a given work load and making generalizations, evaluations or decisions without immediate supervision.

Ms. Last name denied any history of difficulty in performing simple and repetitive tasks, comprehending and following instructions, performing simple and repetitive tasks, performing complex or varied tasks, relating to other people beyond giving and receiving instructions, and accepting and carrying out responsibility for direction, control, and planning.

Ms. Last name reported that she is able to perform all of the following activities independently and without assistance: bathing, doing dishes, eating, doing laundry, and managing finances. She reported that she needs help when dressing, grooming, shopping, and driving. She does not do toileting, cooking, managing medications, and recreation. She can't perform oral care, walking, and using the phone. Ms. Last name elected not to respond whether she is able to perform the following tasks: transferring and housework.

Ms. Last name was asked to rate the following tasks as producing no difficulty, some difficulty, much difficulty, or that she is unable to perform. She responded that she has no difficulty in concentrating. She responded that she has some difficulty in listening. She responded having much difficulty with reading and studying. She responded that she is unable to perform writing. She reported that she is unable to perform the following activities: smoking

**Developmental History**

Ms. Last name reported that she was born in Memphis, TN and raised in Sacramento. She was raised by her biological mother and father. She described her relationship with the person who primarily raised her during her childhood as fair. She described her relationship with the primary adults who raised her when she was a child as positive (stable, supportive, or loving) and medium (some disruption in the relationship, some level of conflicts). She has seven siblings. She was raised with all three of them. She described her relationship with her siblings as medium (some disruption in the relationship, some level of conflicts). She reported a history of experiencing physical abuse. Her parents were married. Her parents remained married. Her mother was employed as a doctor. Her mother still works. Her mother is currently deceased. She died when she was 55 from working too much. Her father was employed as a janitor. Her father still works. Her father is currently living. During her childhood, she prefered to spend time alone and had few friends. As a child, she enjoyed baseball.

**Additional Information**

She also states Give me disability money. She also states Nice intake form.