

# Michael Tremko

2/3/2017

1:09 PM

Mid Valley Counseling  
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page 1 of 2

## Complete Evaluation / Intake PMHNP-BC

Patient, Random

ID: 1000010680090

DOB: 7/4/1976

**HISTORY:** Mr. Patient is a 40-year-old man. His chief complaint is, "Chief Complaint: I'm depressed, anxious, and can't sleep. My work life is falling apart, my marriage is cold and distant, and my friends.. well, I haven't seen them for kind of a long time."

**PAST PSYCHIATRIC HISTORY:** Saw a psychologist fifteen years ago for anxiety and found some ways to help calm myself down. That worked. It's not working anymore and I'm starting to have anger management problems.

### SOCIAL/DEVELOPMENTAL HISTORY:

Mr. Patient is a 40 year old man. He lives in an apartment with one roommate who is not a friend, it's a living arrangement of convenience. Has a job, has a car. No speech therapy as a child, no developmental delays. Learned to read as a young child. Furthest educational level is some college.

**FAMILY HISTORY:** Mom had depression and anxiety, dad was a narcissistic and abrasive person who yelled a lot. Family history of arguing about money and unstable alliances.

**MEDICAL HISTORY:** My leg hurts, I don't know why. Had the chicken pox as a kid, had measles as a kid, hit my head on a door once hard enough to knock myself out. When I fell, supposedly my skull got cracked. I can still kind of feel the ridge there. I never played football or baseball again... what if I hit my head real hard?

**EXAM:** Body habitus endomorphic. ectomorphic. mesomorphic. Well-groomed, well-nourished, well-developed. Pt's speech is normal in vocabulary, volume, pace, details, reaction time, pitch, articulation, and spontaneity. General appearance - Well developed, no obvious nutritional deficiencies, no deformities relevant to mental status, appropriately groomed and dressed for the weather. Muscle strength WNL, no abnormal movements. Gait upright. Station: No deficiencies in ease of balance, fluidity, associated movements, width of base, truncal ataxia (a loss of coordination among central muscle systems), all WNL. Thought content Linear, goal-directed, circumstantial, tangential, loose associations, incoherent, evasive, racing, blocking, perseveration, neologisms. A&Ox3. Recent and remote memory intact. Attention span and concentration normal. Fund of knowledge normal. Mood is , and affect congruent. Good dentition. Neck is non-tender, no masses. Conversant, NAD. Pink conjunctivae, no ptosis. PERRLA. Nose and ears appear normal. Sitting blood pressure is 123 / 81. Sitting pulse rate is 75. Oxygen saturation is 98% (normal). Height is 5' 11" (180 cm). Weight is 220 lbs. (99.8 Kg). BMI is 30.7.

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

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Complete Evaluation: Continued

information becomes available.

**Bipolar Disorder II, 296.89, F31.81 (ICD-9) (Active)**

THERAPY CONTENT/CLINICAL SUMMARY: Starting to be willing to look at mood instability

INSTRUCTIONS / RECOMMENDATIONS / PLAN: Start lithium

NOTES & RISK FACTORS: Pt denies SI/HI, hallucinations, delusions, and aggressive or violent ruminations.

Session start: 10:00

Session end: 11:30

Michael Tremko, PMHNP