

## Clinical Note

### **Identifying Information**

Client is a 15-year-old Hispanic female with a history of major depressive disorder with psychosis presents to the clinic for a medication management appointment.

### **Presenting Problem/ Reason for visit (or session) and chief complaint**

“Fine.”

Client, Mother and Father presented to clinic for a medication management appointment.

### **HPI ( history of present illness or update since last session)**

Information was obtained from client, parents and a review of client’s medical record. Client is a 9<sup>th</sup> grade at local special education school. Client states “her mind feels normal.” She is getting along better with other students. She recently received her interim and she brought up her English grade. She had some C’s. Reports she is not doing well in World History, Gym, Art and Wood Shop. States that another student distracts her in Wood Shop. In World History “sometimes I don’t know where the answers are,” reports that she scans the textbook but is unable to find the answer. She is encouraged by her teachers to do more but she does not. Client tried Abilify 15milligrams for two days but Mother stated she was too tired so she went back down to 10 milligrams. Client goes to bed at 2100 and gets up at 0500. She is able to sleep through the night and wake up refreshed in the morning. Appetite is good. Client gained one pound since her last visit. Mother was surprised by this information. Client stated, “gaining a pound is like half a week of exercise.” Client reported that she is using an elliptical to exercise. Up to two hours at a time, however she has only gone a few times. Discussed increasing fruit and vegetable intake and decrease carbohydrates in addition to exercise. Mood is “good.” Denied A/VH and S/HI. Affect was brighter and conversations were more linear and logical at this visit then they have been at past visits.

### **Review of Systems ( if indicated –any physical complaints)**

Weight 230 lbs, BMI 41.1 Class III Obesity, 10/9/13- 203.2 lbs, BMI 36.35 Class II obesity

Height 62.75” , 5’2.75”

B/P 104/66

Pulse 79

Denies physical complaints.

AIMS completed – Total Score 0, repeat q 6 months

Routine labs were drawn with Primary Care Provider. Copy of results were requested.

### **List of Current Medications**

Abilify 10 mg po qam

Fluoxetine 20 mg po qam

### **Objective:**

Client was dressed appropriately dressed in a sweatshirt and stretch pants. Her hair was clean and styled. Client was relaxed and cooperative. No involuntary, slowing or agitation noted in motor activity. Gait was steady. Eye contact was appropriate. Regular rate and rhythm of speech, somewhat monotone. No thought blocking present. Mood was appropriate. Affect was brighter than in the past, still slightly blunted. Thought process was mostly logical and linear,

much more so today than in the past. Thought content was within normal limits. Denied delusions or hallucinations. Did not appear to be responding to any internal stimuli. Oriented to person, place, and time. Concentration and was fair. Client would request some questions be repeated because she "forgot the question." Memory was within normal limits. Fund of knowledge is adequate. Judgment is fair. Denied homicidal or suicidal ideations.

### **Summary and Formulation**

Client is a 15-year-old female who was seen for medication management. Originally was seen at [REDACTED] due to SIB, though she denied any suicidal intent. Reports experiencing auditory hallucinations since the September of 2013. She denied and AH but her thought process remains non linier at times. Attempted to raise dose of Ability from 10mg to 15mg but client complained of sedation. She had tried Risperdal and Zyprexa in the past. Discussed side effects of medication, and treatment options. Will continue current regimen of Fluoxetine 20mg po q am and Abilify 10mg po q am.

### **Nursing Diagnosis**

Disturbed thought process  
Disturbed sensory perception

### **Psychiatric Diagnosis**

Axis I: 296.24 Major Depressive Disorder, Single Episode, with psychosis  
Rule out Schizophrenia  
Axis II : V71.09 No diagnosis on Axis II  
Axis III: 278.00 Obesity  
Axis IV: History of bullying, currently failing several classes  
Axis V: 50

### **Plan**

Continue current medication regimen. Continue individual therapy and case management with QHMP. Return to clinic in 4 weeks for follow up medication management appointment. In case of an emergency, report to local Emergency Department, or [REDACTED].

**Signature and Date** \_\_\_\_\_