

Psychiatric Pre-Operative Evaluation Report

Patient Name: Jack Smith

DOB: 07/15/1992

Date of Evaluation: 07/02/2024

Evaluator: Carrie Friedman, MSN, FNP-BC, PMHNP-BC

Practice: Brain Garden Psychiatry

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Location: Virtual (Telepsychiatry) – California

Reason for Referral

Psychiatric consultation requested by [Surgeon's Name, M.D.] to evaluate psychological readiness for elective cosmetic procedures (rhinoplasty, chin implant, submental liposuction). The goal is to assess mental and emotional preparedness, screen for contraindications such as body dysmorphic disorder (BDD), and provide recommendations to support optimal surgical outcomes and recovery.

Source of Information

- Direct clinical interview via HIPAA-compliant telehealth platform
 - Patient self-report
 - No external collateral or records reviewed
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Medical & Surgical History

Medical History:

Mr. Smith has a history of celiac disease, which is well-controlled with a strict gluten-free diet. He denies any other chronic medical conditions, including cardiovascular, pulmonary, endocrine, hepatic, renal, or neurological disorders. His most recent physical exam was completed 8 months ago with his primary care provider, Dr. Mary Jones, in Santa Monica, California. He also follows annually with his gastroenterologist, Dr. Josh Levy, with his last visit occurring one year ago. He reports no current medication side effects or other active medical complaints.

Surgical History:

- Open Reduction and Internal Fixation (ORIF) of the left ankle at age 14
- Tonsillectomy and adenoidectomy at age 11

Mr. Smith describes a distressing experience following his tonsillectomy: in the recovery room, he experienced severe nausea and began vomiting blood, which led to sensations of choking and

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breathlessness. He recalls feeling panicked and unsupported during this episode, which caused significant anticipatory anxiety ahead of his subsequent ORIF surgery at age 14. Although that procedure was medically uncomplicated, he continues to hold anxiety about postoperative recovery, particularly related to nausea, pain, and airway sensation. He reports similar anticipatory anxiety regarding the upcoming procedures, especially around the early recovery phase in PACU, but otherwise feels psychologically prepared and committed to proceeding.

Medications:

- Sertraline (Zoloft) 200 mg daily — stable dose for 3 years, well tolerated

Supplements:

- None currently

Mr. Smith is adherent to prescribed medications. No interactions or contraindications are identified.

Psychiatric Interview & Clinical Observations

Presentation:

Mr. Smith is a 31-year-old male who appeared on time for his scheduled telepsychiatry appointment. He was appropriately dressed, well-groomed, and engaged throughout the session. His demeanor was cooperative, though mildly anxious. He demonstrated full orientation to person, place, time, and situation. Eye contact was fair and consistent with his neurodevelopmental profile. Mood was described as “anxious but committed.” Affect was congruent, and speech was mildly slowed but organized, thoughtful, and goal-directed.

Psychiatric History:

Mr. Smith carries diagnoses of Autism Spectrum Disorder (Level 1), Generalized Anxiety Disorder, and Obsessive-Compulsive Disorder. He has been in consistent weekly therapy for the past four years with a neurodivergent-affirming therapist and reports strong therapeutic rapport and benefit. He denies any history of suicidal ideation, self-injurious behavior, psychosis, or psychiatric hospitalization. He reports significant insight into his emotional and cognitive patterns and uses both pharmacologic and non-pharmacologic strategies to manage symptoms.

Substance Use:

He denies any use of alcohol, tobacco, THC, or other recreational substances. No history of substance use disorder.

Cognition and Insight:

Mr. Smith’s thought process was logical and organized. He displayed slightly slower verbal processing, consistent with his neurodevelopmental profile, but this did not interfere with comprehension or communication. Insight and judgment are intact. He articulated realistic goals

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and expectations for surgery and an understanding of potential risks, alternatives, and the importance of postoperative care. He reports sensory sensitivities to loud or overlapping sounds, and notes he becomes overstimulated if multiple people are talking to him at once. He expressed a strong preference for providers to ask for consent before touching him so that he can be prepared and avoid sensory distress.

Body Image & BDD Screening

Mr. Smith reports a longstanding desire to refine aspects of his facial structure, particularly his nose and chin, which has been present since adolescence. He denies obsessive preoccupation, mirror-checking, reassurance-seeking, or distress disproportionate to the concern. His goals are focused on congruence and self-confidence rather than perfection. He does not meet criteria for body dysmorphic disorder (BDD).

Psychosocial Functioning

Mr. Smith lives independently and works remotely as an engineer, a role he finds intellectually satisfying and well-suited to his strengths. He reports consistent work performance and the ability to manage routines effectively. He has two close friends and maintains regular contact with his sister, who is aware of and supportive of his surgical plans. He continues to attend weekly therapy and reports that both emotional and logistical preparations for the procedure are underway.

Coping Skills

Mr. Smith uses structured routines, therapist-guided strategies (including anxiety coping skills, breathwork, and journaling), and written tools (e.g., notes, checklists) to manage stress and maintain emotional regulation. He avoids overstimulation by limiting social and sensory exposure during periods of stress. He denies maladaptive coping behaviors or current symptoms of depression or OCD exacerbation.

Diagnostic Impressions (DSM-5-TR):

- Z01.818 Encounter for pre-procedural examination
- F84.0 Autism Spectrum Disorder, Level 1
- F42 Obsessive-Compulsive Disorder
- F41.1 Generalized Anxiety Disorder

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Evaluation of Capacity

Mr. Smith demonstrates full decisional capacity. He understands the nature and purpose of the proposed procedures, can articulate his reasoning and goals, and shows no evidence of coercion, cognitive impairment, or distorted thinking.

Functional Psychiatry Assessment

Mr. Smith is psychiatrically stable with robust mental health support systems. His medication regimen is effective, and his therapy engagement is consistent. There are no signs of nutritional depletion, hormonal imbalance, or inflammatory concerns at this time. He maintains good sleep, diet, and cognitive functioning. Celiac disease is well-managed with dietary adherence.

Recommendations

Psychiatric Clearance:

Mr. Smith is psychologically appropriate to proceed with the planned elective rhinoplasty, chin implant, and submental liposuction. No psychiatric contraindications are identified.

Supportive Recommendations:

1. **Therapeutic Continuity:** Maintain ongoing weekly therapy before and after surgery.
2. **PACU Preparedness:** Discuss postoperative nausea and airway management concerns with the surgical team. Consider preemptive antiemetic planning.
3. **Environmental Modifications:** Use low-sensory recovery strategies (e.g., soft lighting, noise reduction) to minimize post-op overwhelm.
4. **Cognitive Support:** Encourage providers to offer clear, step-by-step information in both verbal and written formats. Allow additional processing time and intentional pauses during pre-op conversations for the patient to ask clarifying questions (e.g., “Is there anything I missed?” or “Do you feel comfortable proceeding?”), which supports autonomy and comprehension.
5. **Medication Adherence:** Continue current SSRI regimen without change unless advised by prescribing provider.
6. **Preoperative Anxiolytic Consideration:** Given the patient’s history of anticipatory anxiety and previous distressing recovery experiences, the surgical team may consider a short-acting anxiolytic in the immediate preoperative period to support emotional regulation and procedural comfort.
7. **Preoperative Site Orientation:** As a neurodivergent individual, Mr. Smith may benefit from a brief in-person tour of the surgical facility during a quiet time when patients are not present. Familiarity with the physical environment—including the pre-op and PACU

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areas—can significantly reduce anticipatory anxiety and support sensory and emotional regulation.

Summary:

Mr. Smith is a thoughtful, insight-oriented patient with a stable mental health profile and clear, realistic motivations for pursuing cosmetic surgery. His strong therapeutic alliance, consistent medication use, and effective coping strategies provide a solid foundation for postoperative recovery. With supportive accommodations for his neurodivergent needs, including sensory sensitivities and communication preferences, he is well-positioned for a safe and successful surgical experience.

Prepared and submitted by:



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