

FOREST HOSPITAL
PSYCHIATRIC EVALUATION

Ext G 12 of 14

PSYCHIATRIC EVALUATION

LOCKETT, ANNE

31996

Date: 1/7/93

Written
Dictated

30056042

Patient Name: Anne Lockett
Medical Record: DR. DEVABHAKTUNIS 01/07/93

I PRESENTING COMPLAINTS OR PROBLEMS

Patient is a 17 year old Caucasian female who was admitted with overdosing on Nyquil tablets.

II DESCRIPTION OF PRESENT ILLNESS

Patient had been inpatient here previously with diagnosis of major depression and psychoactive substance abuse who has responded well to individual and milieu treatment and was discharged. Patient stated that after being discharged she was awaiting to have night school since she was totally not interested in going to the daytime school. She was also having high hopes of improving family communication which have been essentially troublesome in the past. Patient states she had met with disappointment because of her mom and dad not improving communications with her and also recently 2 days prior to her suicidal gesture she was notified she could not go to night school since she has too many credit hours which made her totally frustrated and desperate when she tried to take the Nyquil which she states was an act with intent to kill self. Patient stated she was totally frustrated, depressed with irritability with lack of enthusiasm in any usual activities. Social isolated, withdrawn and with feelings of hopelessness and helplessness. No delusions, perceptual disturbances or obsessive compulsive features.

III PAST HISTORY

Past Psychiatric History: As above
Social History: Patient is a 17 year old living at home with significant problems in communication with the parents which has been addressed previously in family counseling sessions.

IV MEDICAL HISTORY AND CURRENT MEDICAL STATUS

Unremarkable

V MENTAL STATUS:

Patient is alert, oriented, cooperative, misomorphic Caucasian teenager who is well groomed and hygienic with moderately good eye contact. Motor behavior is normal. Affect is constricted in range with normal intensity, is stable, related, reactive but subdued in nature. Mood seems to be flat and sad. Speech is normal in rate and rhythm, no formal thought disorder, no suicidal or homicidal ideation. No psychosis. Cognitive functions are grossly intact.

VI PROVISIONAL DIAGNOSES: Axis I Major Depression, recurrent

Axis II NA

Axis III NA

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