Mental Health Evaluation

Date of Consultation: June 21, 2023

Patient Information

Name: Nathaniel C. Moore

Age: 4/7/1991

Gender: Male

Date of Birth: 792 Bombardier Way, Romulus, Michigan(MI), 48174

Phone Number: 734-267-7984

Chief Complaint/Reason for Evaluation: persistent sadness, loss of interest in activities, changes in appetite, and difficulty sleeping.

Medical History

Current medical conditions:

None

Past medical conditions:

Hypertension, Seasonal allergies

Current medications (including psychiatric medications):

Lisinopril for hypertension

Allergies:

None

Psychiatric History

Past psychiatric diagnoses (if any):

None

Previous psychiatric treatments (medication, therapy, hospitalizations):

N/A

Family history of psychiatric conditions:

Mother diagnosed with depression

Presenting Symptoms: Please describe the patient's current symptoms and the duration of each symptom:

1. Persistent sadness: Present for the past 6 months
2. Loss of interest in activities: Present for the past 4 months
3. Changes in appetite: Decreased appetite for the past 3 months
4. Difficulty sleeping: Trouble falling asleep and staying asleep for the past 2 months
5. Feelings of worthlessness and guilt: Present for the past month

Psychosocial History

Education level: Bachelor's degree in Psychology

Occupation: Accountant

Marital status: Married

Living situation: Lives with spouse and two children

Support system: Supportive spouse and close-knit group of friends

Substance Use History

Alcohol use: Occasional social drinking

Tobacco use: Non-smoker

Illicit drug use: No history of illicit drug use

Prescription medication misuse: No history of prescription medication misuse

Mental Status Examination

Appearance and behavior: Well-groomed and cooperative

Speech: Normal rate and volume

Mood and affect: Depressed mood, flat affect

Thought content: No delusions or hallucinations

Perception: No perceptual disturbances

Cognition: Intact orientation, attention, and memory

Insight and judgment: Partial insight, impaired judgment

Diagnosis/Differential Diagnosis: Major Depressive Disorder

Treatment Recommendations

Psychotherapy modalities: Cognitive-Behavioral Therapy (CBT)

Medication options (if applicable): Selective Serotonin Reuptake Inhibitor (SSRI)

Referrals to other healthcare professionals (e.g., psychiatrist, therapist): _____

Referral to a licensed therapist specializing in CBT; Dr. Jason Currie

Lifestyle recommendations (e.g., exercise, sleep hygiene):

Regular physical exercise, maintaining a consistent sleep schedule

Follow-up Plan

Frequency of follow-up appointments:
Every two weeks for the first month, then monthly

Monitoring of symptoms and treatment response:
Regular assessment of symptoms using the PHQ-9 and GAD-7

Emergency contact information: 734-941-1544

Crisis intervention resources: (330) 762-2961, Fax: (330) 762-2001

Confidentiality and Consent

I, Nathaniel C. Moore, acknowledge that my mental health evaluation and treatment will be confidential. Information shared will be protected, except in cases of imminent harm, abuse, court orders, or coordination of care. I give informed consent for treatment interventions, understand my right to ask questions, and authorize communication between healthcare providers. I have access rights to my records and can choose to discontinue services. By signing, I confirm my understanding and agreement to these terms, ensuring the privacy of my mental health information.

Nathaniel C. Moore

Patient's Signature over Printed Name