

Sample Report Description

This document is a sample of an actual CliniCom™ report. This report has been de-identified in compliance with HIPAA privacy policies. This report is exactly what all CliniCom™ Doctors see when their patients complete the CliniCom™ digital intake and assessment. This sample report helps demonstrate the capacity that CliniCom™ has for thoroughly assessing patients for mental illnesses. Keep in mind that while the report format remains the same, the depth and scope of each CliniCom™ report varies based on the patient's condition and the severity of their case.

Case Background

Age: 42	Sex: Male	Chief Complaint: Sleep Problems
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History: This is a 42 year old prior military male presenting with Sleep Problems. He has experienced one year of combat.

Date of Report - 8/8/2007

Final Assessment

BIOGRAPHICAL DATA

Date of evaluation	7/25/07 11:12 AM						
01. User Information							
Patient-ID	888888						
Research Consent	yes						
Future Studies Consent	yes						
Truthful Reporting	yes						
02. Identification							
Last Name	Miller						
First Name	Barney						
Nickname	BJ						
Date of Birth	10/10/64						
Current residence	<table border="0"> <tr> <td>City</td> <td>State</td> <td>Country</td> </tr> <tr> <td>Houston</td> <td>TX</td> <td>United States</td> </tr> </table>	City	State	Country	Houston	TX	United States
City	State	Country					
Houston	TX	United States					
Gender	Male						
Weight	180 lbs						
Race / Ethnicity	White / Caucasian						
Referred for evaluation?	yes						
Referral source	Psychologist						
Name of referral	Dr. Walter Brooks						
Age	42 year(s)						

CHIEF COMPLAINT

03. Presenting Problem

Adult Chief Complaint	Sleep difficulties
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HISTORY OF PRESENT ILLNESS

04. History of present Illness

How long has the Chief Complaint been present?	6-12 months
Has the Chief Complaint worsened over time?	no
How often does the Chief Complaint occur?	Several times a week

Has a clinician been seen regarding the Chief Complaint?	yes
Name of Clinician(s) seen	Doctors in the US Army
What triggered the Chief Complaint?	Accident or traumatic event
What makes the Chief Complaint better?	Unknown
What makes the Chief Complaint worse?	Unknown
Example of current behavior	I experience anxiety attacks.
Adult Secondary Complaints	Behavior problems Difficulty paying attention Irritability / Anger / Rages Violent behavior Anxiety or excessive worries Sleep difficulties Depression or being withdrawn Suicide thoughts or behavior Mood swings, "moody", or crying spells or "giggly" Very uncomfortable in social situations, public engagements, or refusing to go to school/work Other symptoms (you will list on next page)
Other Secondary Complaints	Bad Dreams

Symptoms - 314 Inattention

1. Fails to pay attention to details	0
2. Has difficulty paying attention	4
3. Does not seem to listen when spoken to directly	0
4. Does not follow through on directions	0
5. Difficulty organizing tasks	0
6. Avoids tasks that require mental effort	5
7. Loses things necessary for activities	4
8. Forgetful in daily activities	4
9. Easily distracted	5
Have difficulty focusing when reading	7
Had problems with inattention as a child	7
Chronic procrastination	0
Difficulty prioritizing	0
Many projects at once	6
Difficulty completing paperwork	0
Difficulty making decisions under pressure	5
Difficulty multi-tasking	3
Difficulty with time management	0
Thoughts bounce from one to another	9
Many ideas at once	9
Have to have job that requires lots of action/can't sit behind a desk	5
Low frustration tolerance	10
Impatient	10
Easily frustrated	10
Always had to study harder than my peers	3
Always had to work harder than your peers	5
You feel more determined than the average person	8

Changed jobs frequently	8
People think I am lazy	0
Underachieved at work	0
Underachieved academically	0
Lack of motivation	9

Symptoms - 314.01 Hyperactivity / Impulsivity

1. Often fidgets or squirms	9
2. Difficulty remaining seated	5
3. Runs or climbs excessively	8
4. Difficulty performing activities quietly	0
5. Often "driven by a motor" (on the go)	5
6. Talks excessively	0
7. Answers before questions are completed	0
8. Difficulty waiting for his/her turn	0
9. Often interrupts or intrudes on others	0
Have bad handwriting	10
Was hyperactive as a child	5
Impulsive behavior	9
Intolerance to boredom	6
Accident prone	0
Poor hazard perception	0
Tendency towards addictive behavior	7
Frequent search for high stimulation	7
Have difficulty waking up in the morning	0

Symptoms - 300.23 Social Phobia

1. Fear/stress of social situations	4
2. Recognizes that the fear is unreasonable	5
3. Avoids social situations	6
4. Fear of being embarrassed	0

Symptoms - 300.01 Panic Attacks

Has experienced a panic attack	yes
1. Palpitations (pounding heart)	5
2. Sweating	7
3. Trembling or shaking	0
4. Sensations of shortness of breath	2
5. Feelings of choking	6
6. Chest pain or discomfort	0
7. Nausea or abdominal distress	5
8. Feeling dizzy, unsteady, lightheaded	0
9. Feelings of unreality, being detached from oneself	5
10. Fear of losing control	7
11. Fear of dying	5
12. Numbness or tingling sensations	0
13. Chills or hot flushes	5
Panic attack associated symptoms	Worrying about having more panic attacks
Panic attack(s) caused by substance use or medical condition	no
Agoraphobia	no

Symptoms - 309.81 Posttraumatic Stress

- | | |
|--|---|
| 1. Recurrent images, thoughts or perceptions of traumatic event | 8 |
| 2. Recurrent distressing dreams of the event | 8 |
| 3. Acting as if traumatic event were recurring | 3 |
| 4. Distress at exposure to similar situations as the traumatic event | 4 |
| 5. Physiological reactivity on exposure to similar situations as traumatic event | 5 |

Symptoms - 296.2 Major Depression

- | | |
|--|---|
| 1. Has been depressed. | 8 |
| Type of Depression | Very depressed for periods of time that come and go (weeks at a time) |
| Currently experiencing a depressive episode | no |
| Has experienced more than one depressive episode in past | yes |
| Duration of previous depressive episode (s) | At least 2 weeks but less than 1 month |
| When was last depressive episode | Within the last month |
| 2. Shows less interest or enjoyment in activities | 8 |
| 3. Significant weight change | 5 |
| Weight change in pounds. | Loss of between 10 and 20 lbs |
| Weight change over what period of time (in weeks)? | 5 weeks |
| 4. Significant sleep change | 10 |
| 5. Psychomotor retardation (being slow) | 0 |
| 6. Often fatigued or tired for no apparent reason | 8 |
| 7. Often feels worthless or guilty | 9 |
| 8. Lessened ability to concentrate | 5 |
| 9. Has recurrent thoughts of death or suicide | 9 |
| Suicide thoughts | No |
| Suicide behaviors | None |
| 10. Feelings of hopelessness | 10 |

Symptoms - 296.00 Manic Episode

- | | |
|--|---|
| 1. Inflated self-esteem, elation or grandiosity during manic episode | 0 |
| 2. Severe irritability during manic episode | 6 |
| 3. Decreased need for sleep | 3 |
| 4. More talkative than usual | 3 |
| 5. Flight of ideas (jumps from one topic to another) | 9 |
| 6. Distractibility | 6 |
| 7. Increase in goal-directed activity (several unfinished projects) | 0 |
| 8. Excessive pleasurable activities with high risk of painful consequences | 0 |

Symptoms - 300.02 Overanxious / Generalized Anxiety Disorder

- | | |
|--|---|
| 1. Excessive worries, restlessness or feeling on edge for more than six months | 8 |
| 2. Being easily fatigued | 8 |
| 3. Difficulty concentrating or mind going | |

blank	8
4. Irritability	9
5. Muscle tension	5
6. Sleep disturbance	10
7. Difficulty controlling worries	9

Symptoms - 300.30 Obsessive Compulsive Disorder

1. Recurrent and persistent thoughts, impulses or images	0
2. The thoughts, impulses, images are not simply excessive worries	0
3. Often tries to ignore such thoughts, impulses or images, but cannot control them	0
4. Often recognizes that the obsessional thoughts, impulses and images are unreasonable	0
5. Repetitive behaviors (washing, checking)	0
6. Repetitive behaviors reduce distress	0

Symptoms - 305.90 Substance Abuse

1. Problems fulfilling obligations due to alcohol or substance abuse	0
2. Legal problems due to alcohol or substance abuse	0
3. Social problems due to alcohol or substance abuse	0
4. Put in hazardous situations due to alcohol or substance abuse	0

Symptoms - 304.90 Substance Dependence

1. Alcohol or drug tolerance	5
2. Alcohol or drug withdrawal	6
3. Alcohol or drug loss of control	7
4. Desire to quit or cut down alcohol or drug usage	3
5. Significant amount of time using alcohol or drug usage	7
6. Regular activities affected by alcohol or drug usage	9
7. Psychological or physical problems due to alcohol or drug usage	0

Symptoms - 315.90 Learning disabilities

1. Reading Problems	0
2. Mathematics Problems	0
3. Spelling Problems	0
4. Problems writing	0
5. Slow learner	0

Symptoms - 307.40 Sleep Disorder

1. Difficulty falling asleep	8
2. Difficulty maintaining sleep	9
3. Fatigue	9
4. Excessive sleep during daytime	0
5. Sudden urges to sleep during daytime	0
6. Snoring for at least one month	0
7. Stops breathing while asleep for at least one month	0

- 8. Sleep walking 0
- 9. Sleep talking 7
- 10. Nightmares 5

Symptoms - 295.1 Schizophrenia

- 1. Delusions 0
- 2. Hallucinations 0
- 3. Disorganized speech 5
- Symptoms present for at least one month yes
- Have any of the symptoms been present for 6 months? yes
- Symptoms impaired functioning at home, school and/or work? yes
- 4. Catatonic behavior 0
- 5. Grossly Disorganized 5
- 6. Negative Symptoms - Blunted Affect 7
- 7. Negative Symptoms - Emotional Withdrawal 7
- 8. Negative Symptoms - Poor Rapport 6
- 9. Negative Symptoms - Passivity 7
- 10. Negative Symptoms - Impaired Abstract Thinking 0
- 11. Negative Symptoms - Impaired Spontaneity 0
- 12. Negative Symptoms - Stereotyped Thinking 0

Symptoms - 312.30 Impulse Control Disorder

- 1. Hair pulling 0
- 2. Picking at skin, scalp, nails 0
- 3. Head banging 0
- 4. Steals 0
- 5. Starts Fires 0
- 6. Gambles 0

Symptoms - 307.90 Communication Disorder

- 1. Speech and/or language problems 0
- 2. Stuttering 0
- 3. Difficulty pronouncing words 0
- 4. Difficulty comprehending (understanding) spoken words 0
- 5. Difficulty expressing himself/herself verbally 0

Symptoms - 300.29 Specific Phobia

- 1. Phobia - Animal type 0
- 2. Phobia - Natural environment type 0
- 3. Phobia - Blood-injection-injury type 0
- 4. Phobia - Situational type 8
- 5. Phobia - Other type 7
- Other Phobia Type Fear of guns
- 6. Exposure to fear or phobia causes anxiety, panic attacks, crying, tantrums or clinging 8
- 7. The fear or phobia is avoided or else endured with intense anxiety or distress 8
- 8. Fear or phobia interferes with school, 6

work, friends, family

05. Treatment History

Past treatments	Therapy Counseling
How many counseling or therapy sessions?	More than 6
Was the counseling or therapy helpful?	yes

CURRENT TREATMENTS

06. Current Treatment

Currently taking medication?	no
Currently receiving Counseling/Therapy?	no

DEVELOPMENT

07. Conception and Pregnancy

During pregnancy the mother was Prenatally exposed to alcohol, illicit drugs or violence?	Healthy no
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08. Birth

Place of Birth	<u>City</u> <u>State</u> <u>Country</u> Dallas TX United States
Complications at Birth?	No Complications

09. Development

Concerns about childhood development?	no
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10. Sexual Development

Sexual development	Normal
Sexual orientation	Heterosexual (straight)

11. Early temperament

Patterns of regulation as a baby/toddler	Unknown
Temperament as a baby/toddler	Unknown

12. Adoption

Adopted?	no
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PAST MEDICAL HISTORY

13. Past Psychiatric History

Hospitalization for a psychiatric or mental illness?	no
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14. Physical Health History

Suffering from any illness?	no
Experienced seizures, fainting or convulsions?	no
Hospitalized for a medical condition?	yes
Reason for hospitalization	Fractured Bone
Fractured Bone Explanation	Broken leg, hand and finger
Suffered a head injury?	no

ALLERGIES

15. Allergies

Food allergies no
 Environmental allergies no
 Medication allergies no

FAMILY HISTORY

16. Family History

Family History - Physical Health Problems	Diabetes Heart Disease Hypertension/blood pressure Alcohol abuse Drug abuse
Diabetes experienced by	Father
Heart disease experienced by	Father
Hypertension/blood pressure experienced by	Father
Alcohol abuse experienced by	Father
Drug abuse experienced by	Brother(s) Sister(s)
Family History - Mental Health Problems	Not to my knowledge
Any other family history information?	no

SOCIAL HISTORY

17. Support System

Marital status of biological parents? Separated
 Raised by Biological mother
 Biological father
 Resides in a: House
 Number of times moved 4 to 6 times
 Ever lived in a foster home? no
 Relationship with father figure? Unhealthy
 Relationship with mother figure? Healthy
 Any siblings yes
 Relationship with siblings? Healthy
 Any children yes
 Relationship with children? Healthy
 Marital Status Married

18. Safety

Experienced abuse Emotional abuse
 Ages of Emotional Abuse 17 or older
 Emotional Abuse Details My father was a real jerk
 Experienced a traumatic event? yes
 Type of traumatic event Witness of Combat
 Description of traumatic event I was in Iraq for a year.
 Fearless? yes
 Example of fearlessness? Trying to help fellow soldiers
 Access to a weapon(s) yes
 Explanation of weapon access There are hunting rifles at my mother's house.
 Involved in a motor accident as a driver? yes

Details of Accident(s)	Some lady was following to close and rear ended me.
19. Substance Abuse	
Substances used in past 5 years	Drank alcohol
Age first drank alcohol	15 - 17
When last intoxicated	Within the last week
How often becomes intoxicated?	Unsure how often
Ever been served a DUI/DWI?	no
20. Stressors	
Stressors affecting the adult	Separation from spouse/partner/parent/guardian/relative/caregiver Experienced war terrors/witnessed combat
21. Education	
Currently attending college?	no
Typically more difficult school subjects as a child?	None
Typically easier school subjects as a child?	Unknown
Highest academic achievement	Some college or technical school
Past academic grade average	B/C
Typically more difficult college subjects?	Arts
Typically easier college subjects?	None
Received special education services?	no
Psychological testing for learning problems	no
Experienced significant behavioral problems in school?	no
22. Employment	
Currently working?	yes
Current employer	Acme Company
Length of current employment.	More than 6 months
Number of jobs in the last 5 years	3
Are current symptoms affecting employment?	yes
23. Leisure	
Leisure activities	Does not have any leisure activities
Is very good at	Playing the guitar
24. Legal	
Ever been arrested?	yes
Arresting charges	possession of a controlled substance when I was 33 years old.
How many times arrested?	1
Have you received any traffic tickets?	yes
How many traffic tickets?	6 or more
Involved with the legal system/charges pending?	no
Probation/parole officer?	no
25. Adjustment	
Gets along with peers?	yes



Clinicom Diagnoses Reviewed By Clinician

295.10 Schizophrenia, Disorganized Type

Rule Out
Need to obtain more data

CGI Schizophrenia 295.10: 4

296.30 Major Depressive Disorder, Recurrent

Accepted by Clinician
CGI 5

CGI Major Depressive Disorder 296.x: 5

300.01 Panic Disorder without Agoraphobia

Accepted by Clinician
CGI 4

CGI Panic Disorder 300.x: 4

300.02 Generalized Anxiety Disorder

Accepted by Clinician
CGI 6

CGI Overanxious / Generalized Anxiety Disorder 300.02: 6

300.29 Specific Phobia

Accepted by Clinician
CGI 5

CGI Specific Phobia 300.29: 5

304.90 Substance Dependence

Accepted by Clinician
CGI 5

CGI Substance Dependence 304.90: 5

307.40 Sleep Disorders

Accepted by Clinician
CGI 5

CGI Sleep Disorder 307.40: 5

309.81 Posttraumatic Stress Disorder

Accepted by Clinician
CGI 4

CGI Posttraumatic Stress Disorder 309.81: 4

Clinician Signature: _____ Date: _____

Printed Name: _____