

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: 15	Sex: Female	Chief Complaint: Depression
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History: This is a 15 year old female presenting with depression, hopelessness and hallucinations. She has tried a few medications in the past and has been hospitalized twice for psychiatric care. She has experienced sexual abuse in the past. Has side effects from current medication.

Date of Report - 9/26/2007

Final Assessment

BIOGRAPHICAL DATA

Date of evaluation	7/18/07 11:47 AM						
01. User Information							
Patient-ID	666666						
Research Consent	yes						
Future Studies Consent	yes						
Truthful Reporting	yes						
02. Identification							
Last Name	Turner						
First Name	Christine						
Nickname	Kris						
Date of Birth	1/22/92						
Current residence	<table border="0"> <tr> <td><u>City</u></td> <td><u>State</u></td> <td><u>Country</u></td> </tr> <tr> <td>New York</td> <td>NY</td> <td>United States</td> </tr> </table>	<u>City</u>	<u>State</u>	<u>Country</u>	New York	NY	United States
<u>City</u>	<u>State</u>	<u>Country</u>					
New York	NY	United States					
Gender	Female						
Weight	120 lbs						
Race / Ethnicity	White / Caucasian						
Last Name of Person completing the Form	Turner						
First Name of Person completing the Form	Starla						
Relationship to child	Biological mother						
Who will bring the child to the interview?	Biological mother						
Referred for evaluation?	yes						
Referral source	Counselor						
Name of referral	Wanda Brown						
Age	15 year(s)						

CHIEF COMPLAINT

03. Presenting Problem

Chief Complaint	Depression or being withdrawn
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HISTORY OF PRESENT ILLNESS

04. History of present Illness

How long has the Chief Complaint been present?	1-3 weeks
Has the Chief Complaint worsened over time?	yes
How often does the Chief Complaint occur?	everyday
Has a clinician been seen regarding the Chief Complaint?	yes
Name of Clinician(s) seen	Dr. Brad Thomas
What triggered the Chief Complaint?	Unknown
What makes the Chief Complaint better?	Current medication Past medication Support of loved ones Support of friends
What makes the Chief Complaint worse?	Fears
Example of current behavior	Hearing voices that tell her to hurt herself and hurt others. She goes into a dazed type state and does not act like herself. She seems angry.
Secondary Complaints	Irritability / Anger / Rages Violent behavior Anxiety or excessive worries Sleep difficulties Academic/school-related problems Depression or being withdrawn Suicide thoughts or behavior Hearing voices that others cannot hear Odd, strange or unusual behavior Mood swings, "moody", or crying spells or "giggly" Not talking or communicating as expected Difficulty remembering familiar people or events, not feeling like his/her self, time loss, like in trance

Symptoms - 314 Inattention

- | | |
|--|---|
| 1. Fails to pay attention to details | 0 |
| 2. Has difficulty paying attention | 3 |
| 3. Does not seem to listen when spoken to directly | 2 |
| 4. Does not follow through on directions | 0 |
| 5. Difficulty organizing tasks | 0 |
| 6. Avoids tasks that require mental effort | 0 |
| 7. Loses things necessary for activities | 0 |
| 8. Forgetful in daily activities | 4 |
| 9. Easily distracted | 6 |

Symptoms - 314.01 Hyperactivity / Impulsivity

1. Often fidgets or squirms	0
2. Difficulty remaining seated	0
3. Runs or climbs excessively	0
4. Difficulty performing activities quietly	0
5. Often "driven by a motor" (on the go)	0
6. Talks excessively	0
7. Answers before questions are completed	0
8. Difficulty waiting for his/her turn	4
9. Often interrupts or intrudes on others	0

Symptoms - 313.81 Oppositional Defiant Disorder

1. Often loses temper	0
2. Often argues with adults	0
3. Defies or refuses to comply with adults	0
4. Often annoys others	0
5. Blames others for his/her mistakes	0
6. Easily annoyed by others	4
7. Often angry and resentful	0
8. Often spiteful or vindictive	0
Oppositional defiance symptoms for 6 months	no

Symptoms - 300.23 Social Phobia

1. Fear/stress of social situations	0
3. Avoids social situations	8
4. Fear of being embarrassed	0

Symptoms - 300.01 Panic Attacks

Has experienced a panic attack	no
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Symptoms - 309.81 Posttraumatic Stress

1. Recurrent images, thoughts or perceptions of traumatic event	0
2. Recurrent distressing dreams of the event	0
3. Acting as if traumatic event were recurring	0
4. Distress at exposure to similar situations as the traumatic event	0
5. Physiological reactivity on exposure to similar situations as traumatic event	0

Symptoms - 296.2 Major Depression

1. Has been depressed.	10
Type of Depression	Depressed mood or sadness nearly every day for a long period of time (several months at a time)
Continuous sadness for more than a year (2 years for adult)	yes
2. Shows less interest or enjoyment in activities	5

3. Significant weight change	5
Weight change in pounds.	Loss of less than 10 lbs
Weight change over what period of time (in weeks)?	3 weeks

4. Significant sleep change	6
5. Psychomotor retardation (being slow)	2
6. Often fatigued or tired for no apparent reason	9
7. Often feels worthless or guilty	5
8. Lessened ability to concentrate	3
9. Has recurrent thoughts of death or suicide	10

Suicide thoughts	Plan
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Description of plan	She has mentioned that she knows how she can kill herself if she ever wanted to.
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Suicide behaviors	None
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10. Feelings of hopelessness	7
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Symptoms - 296.00 Manic Episode

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

Symptoms - 312.8 Conduct Disorder

1. Often threatens others	0
2. Initiates physical fights	0
3. Uses a weapon that can cause bodily harm	0
4. Has been physically cruel to people	0
5. Often cruel to animals	0
6. Stolen while confronting a victim (mugging)	0
7. Deliberately engaged in fire setting	0
8. Forced someone into sexual activity	0
9. Often destroys property	2
10. Broken into someone's house or car	0
11. Lies to obtain goods or to avoid obligations	0
12. Often steals items	0

13. Stays out all night without permission	0
14. Often runs away from home	0
15. Truant from school (skips school)	0

Symptoms - 300.02 Overanxious / Generalized Anxiety Disorder

1. Excessive worries, restlessness or feeling on edge for more than six months	3
2. Being easily fatigued	5
3. Difficulty concentrating or mind going blank	4
4. Irritability	8
5. Muscle tension	0
6. Sleep disturbance	10
7. Difficulty controlling worries	5

Symptoms - 309.21 Separation Anxiety Disorder

1. Often upset when separated from parents	0
2. Worries parent will be hurt or leave and not return	0
3. Worries that some disaster will separate child from parent	0
4. Often avoids going to school to stay home with parent	0
5. Worries about being left alone at home or with sitter	0
6. Afraid to go to sleep without parent or guardian near	6
7. Reoccurring nightmares of separation from parent	0
8. Often feeling sick when separated from home or parents	10

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
5. Repetitive behaviors (washing, checking)	0
6. Repetitive behaviors reduce distress	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	0
2. Difficulty maintaining sleep	7
3. Fatigue	6
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	3
10. Nightmares	0

Symptoms - 299.00 Autistic / 299.80 Aspergers Disorders

1. Impaired non-verbal behaviors	0
2. Failure to develop peer relationships	0
3. Lack of spontaneous seeking to share enjoyment, interests or achievement	0
4. Lack of social or emotional reciprocity	0
5. Delay or total lack of development of spoken language	0
6. If adequate speech, inability to initiate or sustain conversation	0
7. Stereotype and repetitive or idiosyncratic language	0
8. Lack of varied, spontaneous make-believe play or social imitative play	0
9. Preoccupation with one pattern of behavior	0
10. Nonfunctional routines/rituals	0
11. Motor mannerisms	0
12. Preoccupation with parts of objects	0
People feel child is odd?	no

Symptoms - 295.1 Schizophrenia

1. Delusions	0
2. Hallucinations	10
3. Disorganized speech	0
4. Catatonic behavior	0
5. Grossly Disorganized	0
6. Negative Symptoms - Blunted Affect	0
7. Negative Symptoms - Emotional Withdrawal	0
8. Negative Symptoms - Poor Rapport	0
9. Negative Symptoms - Passivity	0
10. Negative Symptoms - Impaired Abstract Thinking	0
11. Negative Symptoms - Impaired	0

Spontaneity

12. Negative Symptoms - Stereotyped Thinking 0

Symptoms - 312.30 Impulse Control Disorder

- 1. Hair pulling 0
- 2. Picking at skin, scalp, nails 6
- 3. Head banging 4
- 4. Steals 0
- 5. Starts Fires 0
- 6. Gambles 0
- Impulse type symptoms present for at least one month? no

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 - 300.15 Dissociative Disorder

- 1. Inability to recall important personal information or one's past 0
- 2. Significant distress or impairment at school, work, home or with friends 0
- 3. Confusion about personal identity or assuming a new identity (partial or complete) 0
- 4. Presence of two or more distinct personality states 0
- 5. Persistent or recurrent experiences of feeling detached from and as if one is an outside observer of one's mental processes or body 0

Symptoms - 313.23 Selective Mutism

- 1. Consistent failure to speak in specific social situations 0
- 2. Not speaking interferes with school, social life or work 0

05. Treatment History

Past treatments None

CURRENT TREATMENTS

06. Current Treatment

Currently taking medication? yes

Current Medication

Name	Dosage {mg/ml/cc}	How Taken	Frequency
ABILIFY TAB	5mg	Tablet	Once daily [night]

ZOLOFT TAB 50mg

Tablet

Once daily [morning]

Any nonlisted current medication(s)?	no
Overall effectiveness of current medication(s)?	Effectiveness decreased over time
Any side effects from the current medication?	yes
Current medication side effects	Anxiety Appetite decrease Depression Hallucinations Nausea Sleeping problems Stomach discomfort Suicidal thoughts Vomiting Weight loss
Currently receiving Counseling/Therapy?	yes

DEVELOPMENT

07. Conception and Pregnancy

Mother's pregnancy was	Unplanned
Did the mother receive prenatal care?	yes
During pregnancy the mother was	Healthy
Excessive movement in the womb?	no
Prenatally exposed to alcohol, illicit drugs or violence?	no

08. Birth

Place of Birth	<u>City</u> <u>State</u> <u>Country</u>
	Chicago IL United States
Delivery Process	Caesarian
Anesthesia Used?	yes
Complications at Birth?	Unknown
Weight of child at birth known?	yes
Birth Weight	<u>lbs</u> <u>ounces</u>
	6 2

09. Development

Concerns about childhood development?	no
Age first slept through the night	Unknown
By what age was the child toilet trained?	At age 2 or earlier
Does the child wet his/her bed?	no
By what age did the child say his/her first words?	Between age 1 and 2
Currently his/her speech is	Normal
By what age did the child begin walking?	Before age 1

Currently his/her walking is Normal

10. Sexual Development

Sexual development Normal

Sexual attraction Opposite gender

11. Early temperament

Patterns of regulation as a baby/toddler Difficult to console

Temperament as a baby/toddler Easy child

12. Adoption

Adopted? no

PAST MEDICAL HISTORY

13. Past Psychiatric History

Hospitalization for a psychiatric or mental illness? yes

Times hospitalized for psychiatric care 2

History of hospitalization for psychiatric care	Name of Hospital	Admission Date	Discharge Date	Reason
	County	02/25/2007	02/30/2007	Hallucinations
	First Baptist	05/2/2006	05/7/2006	Violent behavior

14. Physical Health History

Suffered a head injury?	yes
Head injury Explanation	Required medical attention
Suffering from any illness?	yes
Explain illness	Hallucinations, visual and auditory
Experienced seizures, fainting or convulsions?	no
Hospitalized for a medical condition?	yes
Reason for hospitalization	Other Reason
Other Hospitalization Explanation	fell and hit head when was 4 months old and fractured skull

ALLERGIES

15. Allergies

Food allergies no

Environmental allergies no

Medication allergies no

FAMILY HISTORY

16. Family History

Family History - Physical Health Problems	Diabetes Hypertension/blood pressure
Diabetes experienced by	Paternal grandmother Paternal Uncle(s) Paternal Aunt(s) Maternal grandfather Maternal grandmother

Hypertension/blood pressure experienced by	Maternal grandmother
Family History - Mental Health Problems	Depression Behavior problem Difficulty paying attention Hyperactivity Violence assaultive Mood swings Anxiety or excessive worries Concerned with body weight Anger Bizarre behavior
Anger experienced by	Maternal grandfather Brother(s)
Depression experienced by	Maternal grandfather Maternal grandmother Maternal Uncle(s) Maternal Aunt(s) Mother
Behavior problem experienced by	Maternal Uncle(s) Maternal Cousin(s)
Difficulty paying attention experienced by	Maternal Cousin(s)
Hyperactivity experienced by	Maternal Cousin(s)
Violence assaultive experienced by	Maternal grandfather Maternal Uncle(s)
Mood swings experienced by	Maternal Uncle(s)
Anxiety or excessive worries experienced by	Maternal grandmother Maternal Aunt(s)
Concerned with body weight experienced by	Maternal Aunt(s)
Any other family history information?	no

SOCIAL HISTORY

17. Support System

Marital status of biological parents?	Divorced
Who has legal custody of the child?	Biological mother Stepfather
Who does the child live with now?	Biological mother Stepfather
Contact with non-resident parent?	no
Raised by	Biological mother Stepfather
Who does child feel closest to?	Biological mother
Resides in a:	Apartment
How many people live in the home?	<u>Adults</u> <u>Children</u> 2 2
Number of times moved	4 to 6 times
Reason for frequent moves	loss of employment, moving to a better area, moving to where a better job is available.
Ever lived in a foster home?	no
Relationship with father figure?	Healthy

Relationship with mother figure? Healthy
 Any siblings yes
 Relationship with siblings? Healthy
 Religious preference none

19. Safety

Experienced abuse Sexual abuse
 Age and occurrences of sexual abuse Age Started Age Ended Times Occurred
 3 13 2 - 5

Sexual abuse reported to authorities yes
 Danger of being sexually abused at this time no

Relationship of alleged sexual abuser Other relative
 Family Friend
 Stranger

Other relationship of alleged sexual abuser Grandfather

Comfortable Entering Sexual Abuse Details? yes

Sexual Abuse Details She was 3 years old and was visiting with her Grandfather, he called her into the bedroom and pulled her pants down and touched her privates. Then when she was 10 years old an older boy tried to sexually assault her by pulling her pants down and getting on top of her trying to sexually assault her but she managed to get away from him. This was a grandfather of a friend. Then when she was 13 a close friend and classmate's Grandfather started touching her breasts and her privates, then her friend entered the room and he stopped. She never went back to the house.

Experienced a traumatic event? no
 Fearless? no
 Access to a weapon(s) no

20. Substance Abuse

Substances used in past 5 years None

21. Stressors

Stressors affecting the child Divorce
 Sexual abuse
 Bullied at school
 Change in personal routines
 Starting or stopping formal education
 Major change in social activities
 Major change in sleeping habits

22. Education

Is the child attending school? no, not in school
 Highest academic achievement 8
 Past academic grade average B/C
 Received special education services? no
 Psychological testing for learning problems no
 Experienced significant behavioral problems in school? no

23. Employment

Currently working? no, never been employed



Clinicom Diagnoses Reviewed By Clinician

300.4 Dysthymic Disorder

Accepted by Clinician
CGI 5

CGI Major Depressive Disorder 296.x: 5

307.40 Sleep Disorders

Accepted by Clinician
CGI 5

CGI Sleep Disorder 307.40: 5

312.9 Disruptive Behavior Disorder NOS

Accepted by Clinician
CGI 4

CGI Disruptive Behavior Disorder NOS 312.9: undefined

Diagnoses Added By Clinician

309.81 Posttraumatic Stress Disorder

Clinical impression

Rule Out

Clinician Signature: _____ Date: _____

Assessed By Signature: _____ Date: _____