

Florence Nightingale is a 73 y.o. female, with a history of Depression and Anxiety who is referred to IBH Care Coordination for help in management of mood symptoms.

Primary symptoms of concern: Increased irritability

Current stressors: Physical health, increased difficulties with memory

The following patient reported outcomes were completed:

PHQ9 Score	11/2/2016	6/15/2020	7/13/2020
PHQ-9 Total Score (max 27)	1	6	11

GAD7 Score	6/15/2020	7/13/2020
GAD-7 Total Score (max 21)	5	5

Current psychiatric pharmacological interventions: nothing currently - Patient states she would prefer not to take psychotropic drugs, but states they also have not been offered. States her personal reason is history of seeing people "get really messed up".

Does have prescription for amitriptyline 10 mg for sleep, states does not taking regular. States has fear of falling when getting up in the night.

Current nonpharmacological interventions: Meditation, prayer, exercise (2-3 times a week)

Current psychotherapist: denies

Current psychiatric prescribing provider: denies

Suicidal Ideations: denies

Non-suicidal self-injury: denies

Homicidal ideations: denies

Access to firearms: denies

Sleep: Reports sleeps in 2 hour periods of time, notes getting up to go to the bathroom, occasional GI distress, reports this is fairly regular. No difficulty with falling asleep. Amitriptyline, does not take regular basis, states fear of falling when getting up. Does endorse slightly better sleep when using, NO CPAP, getting overnight oximetry test.

Pain interference: Some chronic abdominal pain following Whipple procedure in Oct 2019. Reports pain is most noticeable in the evening when lying down

PAST MEDICAL HISTORY

Medical History:

Patient Active Problem List

Diagnosis

- Hyperlipidemia
- Hypertension Essential Primary
- Diverticulitis Colon
- Breathing Related Sleep Disorder
- Personal History Of Other Malignant Neoplasm Of Skin
- Gastroesophageal Reflux Disease NOS
- Hypothyroidism Primary
- Implant Breast Status Post
- Insufficiency Venous

- Neuropathy Peripheral
- Osteopenia
- Tremor Essential
- Varicose Vein Lower Extremity With Pain Bilateral
- Other Specified Diseases Of Biliary Tract
- Cancer Breast Personal History
- Overgrowth Bacterial Small Bowel (HCC)
- Fever Of Unknown Origin
- Depression Major Recurrent Moderate (HCC)
- Anxiety
- Irritable Bowel Syndrome With Diarrhea

Lab Results

Component	Value	Date
TSH	7.6 (H)	07/10/2020

Mental Health History:

Reports onset of depression after Whipple procedure (Oct 2019), denies any other treatment for depression. Husband reports a different person since surgery. States she was very positive, happy, smiling, did a fair amount of volunteer work, and feels she has lost all of that

Past medication trials: denies

Mental Health Hospitalizations: Denies

Mental Health ED Visits: Denies

Past psychotherapists: Denies

Past psychiatric prescribing provider: Denies

Past ECT/TMS/Ketamine: Denies

Genomic testing: Denies

Past suicide attempts: Denies

Past non-suicidal self-injury: Denies

Past homicidal ideations: Denies

FAMILY HISTORY

Sister - Depression - unsure of treatment method

SOCIAL HISTORY

Born and raised in Iowa by Mom and Dad is oldest in a sib ship of 6. Reports overall good childhood and was raised by "good parents". Reports a good relationship with all of her siblings and has regular contact with all of her sisters and brothers. States between her and her husband they have 8 children, states 2 children that live close by and others are somewhat scattered and 6 grandchildren in Owatonna

History of trauma/abuse/neglect: denies

Learning: denies

Military history: denies

Legal history: denies

Current support: Husband, sisters, multiple friends

Patient reports the following leisure activities: Walking, reading, used to volunteer (not currently), puzzles, video games on computer

Social Determinants of Health:
No categories of concern noted by patient.

Substance abuse: denies
Nicotine use: denies
Supplement use: Women's multi vitamins
Caffeine use: Minimal caffeine
Physical activity: Walking 2-3 times a week

Past chemical dependency treatments: denies

ASSESSMENT / PLAN

The following program goals were identified:

Patient goals for care coordination:

1. Work on establishing a schedule for walking 15 minutes a day
2. .Would be open to listening to medication options
3. Identify strategies for maintaining mood despite and resilience

Referrals: No additional referrals needed at this time

Next contact: 1 week(s) by Phone Call.