

**PSYCHIATRIC CLINIC**1234 Main Street  
Chapel Hill, NC  
919-243-1234**PROGRESS NOTE**Date of Exam: 4/30/2012  
Time of Exam: 10:55:31 AM  
Patient Name: Young, Marie  
Patient Number: 1000010644677

**HISTORY:** Marie shows no treatment response yet. She continues to exhibit signs and symptoms of psychotic process. Symptoms continue unchanged. Psychotic symptoms seem to be chronically present. Delusions of persecution are reported by Marie. A suspicious demeanor and other signs of paranoid process have been observed.

Problem Pertinent Review of Symptoms/Associated Signs and Symptoms: No anxiety is described. She describes no depressive symptoms. She specifically denies manic symptoms.

**Test Results:** List of Test Results received today:

*Test(s) Performed on 4/27/2012:*  
(1) BUN: 14 mg/dl I (7-21mg/dl) (Normal)  
(2) Creatinine: 0.6 mg/dl (N/A)

*Test(s) Performed on 4/30/2012:*  
(1) Glucose, Blood, Fasting: 100 mg/dL (70-100 mg/dl) (N/A)

Compliance with medication is irregular. Her self-care skills are intact and unimpaired. Her relationships with family and friends have ceased. There have been some outbursts or expressions of anger. There have been continued instances of impulsive behaviors. A poor night's sleep is described. Sleep was not continuous and not completely restful and less than three hours of sleep was achieved.

**Level of Care Justification:**

Marie continues to need outpatient treatment. She continues to exhibit symptoms of an emotional disorder that interfere with day to day functioning and is in need of medication management.

Excess salivation has occurred. This is considered a probable side effect of medication. No other side effects are reported or in evidence.

**MENTAL STATUS:** Marie is guarded, wary, distracted, minimally communicative, casually groomed, and tense. Her speech is normal in rate, volume, and articulation and is spontaneous. Language skills were not formally tested. Demeanor is glum. Facial expression and general demeanor reveal depressed mood. She denies having suicidal ideas. Her affect is inappropriate. Psychotic or borderline psychotic process is present. Bizarre behavior has been observed. A paranoid manner and other signs of paranoid process are present. Paranoid ideas are expressed. There is a thought disorder. Marie refused vital signs today. Homicidal ideas or intentions are convincingly denied. Cognitive functioning and fund of knowledge is intact and age appropriate. Short and long term memory is intact, as is ability to abstract and do arithmetic calculations. This patient is fully oriented. Clinically, IQ appears to be in the above average range. Insight into illness is poor. Social judgment is poor. There are signs of anxiety. Marie is irritable in a way that is suggestive of anxiety. She is easily distracted. Marie displayed uncooperative behavior during the examination.

**DIAGNOSES:** The following Diagnoses are based on currently available information and may change as additional information becomes available.

Axis I: Schizophrenia, Paranoid type, 295.30 (Chronic)  
Axis II: None V71.09  
Axis III: See Medical History  
Axis IV: Social Environment  
Axis V: 35

**INSTRUCTIONS / RECOMMENDATIONS / PLAN:**

The risks and benefits of Psychotropic medications were explained to Marie.

Link to Treatment Plan Problem: **paranoid process**

Short Term Goals: Marie will express paranoid ideas or delusions less than 3-5 times per week for one week.  
Target Date: 5/9/2012

Some progress in reaching these goals and resolving problems seemed evident today.  
Recommend continuing the current intervention and short term goals. It is felt that more time is needed for the intervention to work.

#1) Increase Clozaril 500 mg PO QAM (Psychosis)  
#2) Continue Ambien CR 12.5 mg PO QHS (Insomnia)  
#3) Continue Ultram 50 mg. PO QID (Back Pain)

Return 2 weeks or earlier if needed.

99214 (Office Pt, Established)

Elizabeth Smith MD