

01 Dec 2010 1330

Facility: NNMC Bethesda, MD Clinic: PSYCHIATRY MG Provider: THODE, KIRSTIN T

wearing casual civilian clothes, no apparent distress. Appropriate behavior and cooperative. Mildly increased psychomotor activity. The patient's speech was fluent and non-pressured. Good eye contact. Mood euthymic to anxious with congruent affect of mildly restricted range & intensity, non-labile. (+) appropriate tearfulness. Fully alert and oriented. Average intelligence based on vocabulary. Thoughts are clear, logical, and goal-directed without loosening of associations or flight of ideas. No auditory or visual hallucinations or delusions. The patient denies any suicidal or homicidal ideation. Good insight and judgment as patient recognizes that there is a problem and is seeking help + abstinent from ETOH & complying with treatment plan.

A/P Written by THODE, KIRSTIN @ 01 Dec 2010 1644 EST

1. ANXIETY DISORDER NOS: IMPRESSION: 29y/o Caucasian F AD USMC O2 without significant genetic loading for illness or substance use disorders + personal Hx of sexual abuse, bulimia, & alcohol dependence who reports some improvement in anxiety in the context of fluoxetine titration, individual therapy, continued abstinence from EtOH & decreased occupational stressors. Patient's current chief complaints are excessive anxiety in social situations & sleep disturbance 2/2 ruminations. Current MSE with some evidence of anxiety. Working diagnosis is Anxiety Disorder NOS along with well-established Alcohol Dependence & Bulimia by Hx. Differential diagnosis includes PTSD, Generalized Anxiety Disorder, Adjustment Disorder, & Substance-Induced Anxiety Disorder. No current indication of malingering, treatable medical causes of current symptoms, or drug-seeking behaviors. No current or historical evidence of mania or psychosis. As per risk assessment below, patient does not currently represent an imminent threat to self or others.

AXIS I - Anxiety Disorder NOS; Alcohol Dependence in Early Full Remission; Bulimia by Hx

AXIS II - No current diagnosis

AXIS III - Low Mg level by labs

AXIS IV - Occupational stressors

AXIS V - Current GAF = 63

PLAN:

- Medication - Increase fluoxetine to 40mg q PO qAM (dispensed 20mg #60 RF1) for anxiety & depressive symptoms. Patient encouraged to administer qAM to minimize its possible effects on sleep disturbance. Increase hydroxyzine to 50-75mg PO qHS PRN insomnia (dispensed 25mg #90 RF0). Sleep medication intended to improve patient's sleep during fluoxetine titration. Patient may benefit from the use of prazosin in future with further diagnostic clarification (i.e. PTSD). Discussed risks, benefits, & side effects of medications as well as possibility of no treatment. Patient verbalizes understanding & agrees with plan. She is advised to refrain from alcohol while taking any psychotropic medication.
- Therapy - Supportive with this provider. Patient to continue individual therapy with Ms. Pia in this clinic. Discussed bibliotherapy with patient & recommended Caroline Knapp's "Appetites" & "Drinking: A Love Story."
- Labs/referral - None indicated at this time. Defer management of brith control & low Mg level to PCM/GYN.
- Prevention - Patient encouraged to abstain from EtOH & illicit drugs, continue cutting back on cigarette smoking, & utilize healthy diet & routine cardiovascular exercise. She plans to continue weekly AA meetings + contact with sponsor.
- Safety - No current indication to add patient to the MH flight High Risk/Interest Log or for inpatient psychiatric hospitalization. Safety plan reviewed. Patient instructed & agrees to report to or call the mental health clinic (240-857-7186) during duty hours or call ER at 240-857-2333 or 911 after hours for thoughts of harming self or others.
- Disposition - Patient released without additional duty or mobility limitations. Patient to return to clinic to see this provider in 4-6 weeks or sooner if needed. She will to see Ms. Pia for individual therapy as previously scheduled.

This provider met with patient for 45 minutes & >50% of appointment time spent counseling &/or coordinating care.

Procedure(s):

Medication(s):

-Psychiat Therapy Indiv Appr 45-50 Min W/ Med Eval Managemt x 1

-FLUOXETINE--PO 20MG CAP - T2 CAP PO DAILY #60 RF1 Qt: 60 Rf: 1 Ordered By:

THODE, KIRSTIN Ordering Provider: THODE, KIRSTIN T

-HYDROXYZINE HCL--PO 25MG TAB - T2-3 TB PO QHS PRN INSOMNIA #90 RF0 Qt: 90 Rf: 0

Ordered By: THODE, KIRSTIN Ordering Provider: THODE, KIRSTIN T

2. ALCOHOL DEPENDENCE IN REMISSION

3. BULIMIA NERVOSA

Disposition Written by THODE, KIRSTIN @ 01 Dec 2010 1644 EST

Released w/o Limitations

Follow up: 4 to 6 week(s) in the PSYCHIATRY MG clinic or sooner if there are problems.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by THODE, KIRSTIN @ 01 Dec 2010 1502 ESTSuicide / Violence Risk Assessment

Risk Factors: Axis I diagnosis, anxiety, Hx of abuse, Hx of substance dependence, occupational stressors, young, Caucasian.

Protective Factors: No personal or family Hx of suicide attempts, no past psychiatric hospitalizations, no current suicidal

Name/SSN: KLAY, ARIANA BEVIN/532948850

FMP/SSN: 20/532948850	Sex: F	Sponsor/SSN: KLAY, ARIANA BEVIN/532948850
DOB: 07 Jan 1981	Tel H: 703-389-4046	Rank: FIRST LIEUTENANT
PCat: M11 USMC ACTIVE DUTY	Tel W: 410-293-1249	Unit: 54008011
MC Status: TRICARE PRIME (ACTIVE DUTY)	CS:	Outpt Rec. Rm: BH OUTPT RECORDS ROOM
Insurance: No	Status:	PCM: VEGA, JAIME
		Tel. PCM: 3012954771; 3012954771

CHRONOLOGICAL RECORD OF MEDICAL CARE

HEALTH RECORD**CHRONOLOGICAL RECORD OF M****ICAL CARE**

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ideation/intent/plan, no psychosis, employed, engaged in treatment, future-oriented, female, strong support from husband, spirituality, symptoms have improved.

Category: Acute.

Risk Level: Mildly elevated above baseline due to psychosocial stressors & early remission of EtOH dependence.

Signed By THODE, KIRSTIN (Physician, 79th MEDICAL WING/ANDREWS AFB, MD/20762) @ 01 Dec 2010 1645

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28 Oct 2010 0809

Facility: NNMC Bethesda, MD Clinic: PSYCHIATRY MG Provider: THODE, KIRSTIN T

Coping / Social Support: Patient reports having good support from husband & current co-workers. She is not close to her family of origin.

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