This is a fictitious case. All names used in the document are fictitious.

Recipient Information

Name:Jill Spratt DOB: 9-13-94

Medicaid Number:123456789

Provider Information

Name: Tom Thumb, Ph.D. Medicaid Number: 987654321 Date Seen: 3-19-07 3:00 – 3:30 p.m.

Report Date: 3-20-07

Sample Diagnostic Assessment Update

See attached original Diagnostic Assessment dated 10-4-06 for Referral Source, original Client/Family/Referral Source statement of need and treatment expectations; original Presenting Problem and Situation; Psychiatric Treatment History; Substance Abuse Treatment History; Family and Social History; Educational History; and Personal and Social Resources and Strengths.

Information for the Diagnostic Assessment Update was obtained through interview with Jill and her father, Jack Spratt.

Significant Events or Crises since the Previous Diagnostic Assessment:

In November, 2006, Jill began participating in an after school study program and her grades improved, especially math. At Christmas Jill returned to Texas for a one week visit with her maternal grandmother. Her mother visited her while she was there. Jill enjoyed the visit but it was stressful for her and she briefly lost some of the progress she had made. For several weeks she slept more, was more irritable, and often did not complete her homework. In February 2007, her friend Zoe moved to another town. Again, she briefly experienced a worsening of symptoms, including sleeping more, loss of interest in activities and increased tearfulness.

<u>Current Symptoms/Behaviors: (DX supported by DSM-IV diagnostic criteria):</u>

Jill denied current suicidal ideation and reported that she has experienced no suicidal ideation since January, 2007. After her friend moved, Jill experienced transient thoughts that life wasn't worth living for about one week, but had no suicide plan and made no attempts. She described her mood as generally happy, although she still has occasional periods of sadness. Her affect was happy to flat during the interview. She is still easily irritated by her step-mother. She denied problems with sleep. Self-esteem is still somewhat low. She can identify some positive things about herself and is taking more pride in her appearance, but still tends to over react to criticism and feel insecure with some peers. Energy level is within normal limits. The Achenbach Youth Self Report form (YSR) was re-administered on 3-19-07 and Jill obtained a t score of 66 on

the Withdrawn/Depressed scale. As noted above, Jill tends to have difficulty coping with stressors and experiences a brief exacerbation of her depression when stressful events occur. Conflicts with her step-mother are less frequent, but still occur.

Jill denied excessive fears, worries or panic attacks. She denied hallucinations, delusions, obsessions or compulsions. Jill denied problems with physical aggression and her father confirmed this. Activity level, attention and concentration were observed to be within normal limits. Jill denied symptoms of eating disorder and her father confirmed this. There is no recent significant weight loss or gain.

Current problems and situation and Client/Family/Referral Source statement of need and treatment expectations:

Jill is a 12 year old girl who continues to live with her father, Jack Spratt, her step-mother, Joan Spratt; her 15 year old step-brother, Hansel Fredericks; and her 6 year old half sister, Gretal Spratt.

Mr. Spratt and Jill both indicate that overall she has settled into her new life with her father. Both report that they communicate regularly about issues as well as daily events. Jill played basketball for her middle school during the winter. She has made more friends. However, Jill and her step-mother still experience conflicts, although not as often as before. Jill still has some mixed feelings towards her step-mother. At times when she and her step-mother spend positive time together she appears to feel disloyal towards her biological mother and guilty. At times she continues to resent her step-mother telling her what to do and will say, "I don't have to listen to you, you're not my real mother." Due to her busy schedule, Ms. Spratt has not attended family therapy as often as has Mr. Spratt.

Mr. Spratt, Jill and Ms. Spratt would all like to continue to work on improving Jill's relationship with Ms. Spratt. Jill would like to argue less with her step-mother. Ms. Spratt would like Jill to be more respectful. Both would like to do more fun "girl" things together. Jill also would like to feel better about herself.

Recent (30 days) alcohol and drug use: (history of use, duration, patterns & consequences):

Jill denied any recent use of alcohol or drugs. Her father indicated that he has observed no signs that she is using drugs or alcohol.

Current Medication Regimen:

Prozac 20 mg once a day.

Medication allergies/ adverse reactions:

Jill is reported to be allergic to penicillin and has seasonal allergies. No known allergies or adverse reactions to psychotropic medications.

Legal Status:

Jill remains in her father's custody. She has had no law violations.

Vocational/Educational Status/Functioning:

Jill continues in 6th grade at Spring Hill Middle School. She does not have an IEP. Her grades have improved to mostly "A"s and "B"s through participation in an after school study program. She played on the basketball team last winter. She has had no detentions, suspensions or significant behavior problems at school. She continues to likes school and gets along with her teachers. She now has a small group of friends at school, but seems to feel somewhat insecure around "popular" peers.

Current Community Resources and Services:

Jill's family continues to be actively involved in the First Christian Church. Jill is active in a youth group and youth choir at church. Involvement with church and appears to be a support for Jill and her family. Jill sees Dr. Jack Horner for medication management. Jill no longer sees the school counselor on a regular basis.

Multi Axis Diagnosis or Diagnostic Impression:

Axis I: 296.25 Major Depressive Disorder, Single Episode, in Partial

Remission

V61.20 Parent-Child Relational Problem

Axis II: No diagnosis
Axis III: No diagnosis

Axis IV: Problems with Primary Support Group

Axis V: 55

Date ___03/20/07____ (Completion) (The Diagnostic Assessment must be current. One year for adults & adolescents. Six months for children under age 13. The Assessment must be updated for occurrence of crisis or significant clinical event.)

