

Physician Documentation

Provider Communication Method

Video

Chief Complaint

This is a 23-year-old male with past psychiatric history of depression, anxiety, who presents to the emergency room for suicidal thoughts.

HPI

He arrives with spouse after making suicidal statements to the spouse. Since arriving to the emergency department he has been cooperative.

Patient reported to bedside staff that he has been experiencing suicidal thoughts for the past 3 days. He also indicated to staff in the emergency department that he had started to think about suicide 3 days ago but has not attempted. He denies hearing any voices. He currently lives at home with his spouse and describes her as supportive.

Current suicide risk assessment estimated to be low to moderate. Risk factors include his reported suicidal ideations. Protective factors include supportive spouse, willing to start therapy.

**Electronic
Signature**

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4500 N. LEWIS AVE
SIOUX FALLS, SD 57104

Patient Name: Test, Avel
DOB: 03/04/2000 **Sex:** Male

Facility: Hospital Name

F#: (605) 606-0402 **P#:** (855) 346 7763

Examination/Mental Status

General appearance, attitude, and behavior. He is cooperative. Eager to have a conversation. He describes a very complex situation, but basically in a linear fashion that can be easily followed. He does become tearful at times. He is overall quite anxious.

Speech: Normal rate and rhythm. Normal volume.

Mood and affect: Anxious, full affect congruent with mood

Thought process: Linear.

Associations: intact.

Thought content: No paranoia. The patient does not appear to be responding to internal stimuli.

Judgment and insight: Fair to limited.

Orientation: x 3.

Memory: No deficits on gross exam. Not formally tested.

Attention span and concentration: Adequate for conversation.

Language: Normal.

Fund of knowledge: Average, age appropriate.

Musculoskeletal: Psychomotor agitation. No abnormal movements noted.

**Treatment
Plan**

My overall recommendation is for the patient to discharge to home. Psychiatric hospitalization is not indicated. I do not recommend medication management at this time as patient is interested in starting therapy.

Risk stratification

Low

Diagnosis

F32.9 Major depressive disorder, single episode, unspecified

Time of Decision of Disposition

04/05/2024 19:22

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