

# **TRANSITIONS PHYSICIAN REPORT**

## **SUMMARY AND PLAN**

Patient is seen in follow-up of partial program or intensive outpatient program at **Citrus Memorial Hospital Transitions**. Both of these programs are based on the concept of structure and socialization provided in the group dynamic to assist mental health in a positive direction.

The groups explore a variety of topics applicable to a range of disorders and functionality. The underlying culture of the program is emphasized throughout the experience and has components consisting of:

1. Taking ownership of a condition but allowing assistance.
2. Tracking and monitoring symptoms
3. Maintaining a good circadian rhythm
4. Pursuing serenity more than excitement for stability.
5. Positive, mindful awareness of experiences.
6. Improving medication compliance and understanding.
7. Looking holistically at improvement across a range of metrics.
8. The importance of maintaining mind and body together for total health.
9. Respecting the group process in terms of privacy and boundaries.
10. The importance of follow-up and maintenance in mental health.
11. Perpetual Treatment Team approach in program.
12. Working on problems while in the program.

**- Patient was administered a two day form based upon the standardized PHQ-9 + 8 additional items added by John Grace, M.D. This approach is similar to the initiative of the American Psychiatric Association efforts to develop a cross-cutting symptom measure for the fifth version of the Diagnostic and Statistic Manual (DSM V) but has the added benefit of more familiarity to the PHQ-9 form used more widely in general practice. This form also allows patient to give updates, feedback, and additional information.**

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## **TRANSITIONS PHYSICIAN REPORT**

PATIENT SCORES ON PHQ 9 + 2 day above.

0=No Days in Last Two Days

1=Several Hours in Last Two Days

2=More than Half of Time in Last Two Days

3=Nearly All of Time in Last Two Days

1. Little interest or pleasure in doing things:
  2. Feeling down, depressed, or hopeless:
  3. Trouble falling or staying asleep or sleeping too much
  4. Feeling tired or having little energy
  5. Poor appetite or overeating
  6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
  7. Trouble concentrating on things, such as reading the newspaper or watching television
  8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual.
  9. Thoughts that you would be better off dead, or of hurting yourself
  10. Self-Destructive or Self-Harm Behavior or Thoughts
  11. Using Alcohol and Drugs
  12. Isolating away from friends and family
  13. Poor Sleep/ Wake Cycle
  14. Significant Side Effects to Medication
  15. Not Following Instructions Regarding Treatment
  16. Disturbances in Reality
  17. Significant Anxiety That Affects Functioning or Quality of Life
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## **MENTAL STATUS EXAM**

### **APPEARANCE**

*Appropriate weight for height.*

*Overweight*

*Thin*

*Athletic*

*Childlike or developmentally impaired*

*Autistic or lack of social reciprocity*

### **GROOMING**

*Good - (Appropriate make up, neatly dressed, hair combed, without offensive odor).*

*Fair - (Clothes clean, maybe slightly unpressed. Clean and non-offensive in appearance.).*

*Impaired - (Minor areas of neglect in hygiene. Food stains. Unkempt hair.).*

### **CONSCIOUSNESS**

*Alert*

*Appears tired*

*Hypervigilant*

*Tired*

*Lethargic or Confused*

### **RELATEDNESS**

*Cooperative*

*Oppositional at times*

*Suspicious*

*Withdrawn*

*Odd*

*Intrusive*

### **EYE CONTACT**

*Appropriate - (maintains appropriate eye contact throughout interview without staring or looking away inappropriately.).*

*Decreased*

*Intense*

*Blank Stare*

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## **PSYCHOMOTOR ACTIVITY**

*Appropriate - There is an appropriate amount of movement in interview without significant evidence of akathisia, restlessness or other movement disturbance.*

*Decreased*

*Increased*

*Fidgety*

*Restless*

## **ABNORMAL MOVEMENTS OR TREMORS**

*None*

## **SPEECH RATE**

*Appropriate*

*Fast*

*A little quick*

*A little slow*

*Slow*

## **SPEECH VOLUME**

*Appropriate*

*Low*

*Loud*

## **LANGUAGE**

*Appropriate*

*Articulate*

*Logical*

*Simple*

## **THOUGHT PROCESS SPEED**

*Appropriate.*

*Slowed.*

*A little quick at times.*

*A little slow at times.*

*Fast.*

*Slow*

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# **TRANSITIONS PHYSICIAN REPORT**

## **MOOD**

*Euthymic*  
*Mildly down*  
*Mildly anxious*  
*Irritable*  
*Sad*  
*Angry*  
*Euphoric*

## **AFFECT**

*Euthymic*  
*Mildly down*  
*Mildly anxious*  
*Irritable*  
*Sad*  
*Angry*  
*Hysterical*  
*Euphoric*  
*Mildly euphoric or elevated*  
*Labile or dramatic*  
*Crying intermittently.*  
*Giggling*  
*Bizarre*  
*Blunted*  
*Flat*  
*Congruent*

## **THOUGHT PROCESS**

*Normal. Directed. Coherent. Follows conversation easily without tangents or circumstantiality.*

*Thought Process Distracted.*

*Circumstantial - Takes a while but gets to the point.*

*Derailed - Never makes it back to the point. Ideas not connected.*

*Flight of Ideas - Ideas loosely connected but going rapidly from one to another.*

*Loosening of Associations - Doesn't even convey ideas. Sentences only loosely connected.*

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# **TRANSITIONS PHYSICIAN REPORT**

*Word Salad - Words not really connected to form sentences.*

*Blocking - Struggles connecting thoughts due to apparent internal distractions.*

## **THOUGHT CONTENT**

*Without significant abnormal or psychotic thoughts including: hallucinations; delusions; preoccupation with violence; or obsessions*

*There are obsessions present*

*Some slight paranoia*

*Paranoia*

*Overly somatic.*

*Overvalued ideas of negative self worth*

*Slight delusional negativism - Sees reality as slightly more negative than it actually is beyond an overvalued idea.*

*Delusional negativism - significant distortion of reality to the negative.*

*Auditory Hallucinations as described in subjective*

*Other hallucinations*

## **HARMFUL THOUGHTS**

*No recent homicidal or suicidal ideation.*

*Passive thoughts of no longer wishing to exist without any formulation of plans, means, or intent.*

*Harmful thoughts as addressed elsewhere.*

## **GAIT**

*Slow*

*Steady*

*Unsteady*

*With assistance*

*Wheelchair*

*Cane*

## **INSIGHT AND JUDGMENT**

*Appear Fair.*

*Appear Good.*

*Appear impaired globally.*

*Appears impaired in certain areas (lack of insight regarding compliance or substance use for example).*

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# **TRANSITIONS PHYSICIAN REPORT**

## **COGNITION**

*At baseline or no appreciable change*

*Intact*

*Oriented x3*

*Slowed*

*Impaired*

## **ASSESSMENT**

### **Targeted Areas**

### **(Strengths and Limitations)**

#### **Activities of Daily Living**

- *Patient is able to perform activities of daily living without assistance.*
  - *Patient needs some occasional or intermittent assistance with activities of daily living but has reasonable insight and stability in gathering such assistance.*
  - *Patient struggles with ADLs intermittently and struggles with gathering assistance at times but is working on improving.*
  - *Patient struggles with ADLs intermittently and struggles with gathering assistance at times but staff is working on improving awareness.*
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# **TRANSITIONS PHYSICIAN REPORT**

## **Awareness of Limitations**

- *Patient has a good awareness of limitations and nearly always works to minimize their impact on life.*
- *Patient is improving in awareness of limitations and working to minimize their impact on life.*
- *Patient struggles with awareness of limitations and will attempt to focus on such.*
- *Patient struggles with awareness of limitations and staff will attempt to increase patient awareness in this area.*

## **Readiness for Change**

- *Patient appears to be implementing a significant life change in a healthy way (keeping better circadian integrity, decreasing substance use, setting appropriate limits).*
  - *Patient is taking some small actions that appear linked to change.*
  - *Patient is actively contemplating changing something*
  - *Staff is working with patient to begin the contemplation process of change.*
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# **TRANSITIONS PHYSICIAN REPORT**

## **Physical Health Issues**

- *Patient is very healthy without medical issues which affect mental health substantially.*
- *Patient has health issues that affect mental health but do not require further intervention to improve mental health at this point.*
- *Patient has health issues that affect mental health and is attempting further intervention of them to improve mental health at this point.*
- *Patient has health issues that affect mental health and staff is attempting further insight into this area with the hope of motivating appropriate behavior.*

## **Social Support**

- *Patient has good social support system and appears to access it appropriately.*
  - *Patient either struggles with the presence of a social support system or accessing it but appears to be improving behavior in this direction.*
  - *Patient either struggles with the presence of a social support system or accessing it but appears to be improving awareness of this.*
  - *Patient either struggles with the presence of a social support system or accessing it and staff is attempting to improve awareness of this.*
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# **TRANSITIONS PHYSICIAN REPORT**

## **Compliance**

*- Patient is highly compliant with all recommendations, medications, and psychological suggestions.*

*- Patient has a reasonable level of compliance with recommendations, medications, and psychological suggestions to the point that there is considerable benefit from the interventions.*

*- Patient struggles with compliance in important ways but is improving.*

*- Patient struggles with compliance and staff is hoping to increase awareness of this issue.*

## **Addition of Positive Experiences**

*- Patient has a good ability to add positive experiences as a way of offsetting difficult situations.*

*- Patient is improving in ability to add positive experience as a way of offsetting difficult situations.*

*- Patient struggles with ability to add positive experiences as a way of offsetting difficult situations and will attempt to focus on such.*

*- Patient struggles with ability to add positive experiences as a way of offsetting difficult situations and staff will attempt to increase patient awareness in this area.*

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# **TRANSITIONS PHYSICIAN REPORT**

## **Communication**

*- Patient has a good ability to communicate, interpret, or share emotions or interactions on an individual or group basis.*

*- Patient is improving ability to communicate, interpret, or share emotions or interactions on an individual or group basis.*

*- Patient struggles with ability to communicate, interpret, or share emotions or interactions on an individual or group basis and will attempt to focus on such.*

*- Patient struggles with ability to communicate, interpret, or share emotions or interactions on an individual or group basis and staff will attempt to increase patient awareness in this area.*

## **Impulse Control**

*- Patient has a good ability to avoid destructive behavior when destructive emotions or impulses arise.*

*- Patient is improving in ability to avoid destructive behavior when destructive emotions or impulses arise.*

*- Patient struggles with ability to avoid destructive behavior when destructive emotions or impulses arise and will attempt to focus on such.*

*- Patient struggles with ability to avoid destructive behavior when destructive emotions or impulses arise and staff will attempt to increase patient awareness in this area.*

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# **TRANSITIONS PHYSICIAN REPORT**

## **Therapist Feedback**

-Patient appears cooperative and engaged with *each* group applying specifics of *that* group to their lives with a high level of insight.

-Overall patient appears cooperative and engaged within their capabilities. Although at this time they may not have full awareness of each group's specific application to them they appear to connect to some group's content while embracing strongly the overall culture of the program in a direction that seems likely to lead to benefit to the patient.

-Patient is struggling with the structure and culture of program but recognizes the importance of it and is trying to implement more parts of it in their life.

-Patient seems to missing benefit from key aspects of the program related to culture or compliance and deterioration beyond this point may result in discharge due to non-benefit at this level.

-Additional Comments:

## **Nursing Feedback**

-Vitals appear stable or near baseline and not at a level that require emergency intervention.

-Patient appears to be compliant with medication and taking appropriately. Does not appear to require assistance with medication.

-Patient receiving assistance with medication compliance (reconciling medication, bringing in bottles, coordinating with support system in what appears to be a productive endeavor designed to increase adherence.

-Additional Comments:

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## **DISCHARGE CRITERIA ADDRESSED AT THIS VISIT**

### **Functional Level Stability**

- Patient was admitted to address a functional level change...either to raise to a new level of functioning (ability to work or live more independently) or prevent a drop in such functionality. Discharge will occur when either goal is realized or it becomes clear that this level of assistance will not have appreciable impact on functionality change.

### **Harmful Behavior Stability**

- Patient was admitted to address harmful behavior and minimization of such. Discharge will occur when harmful behavior is appropriately managed at a different level of care.

### **Psychosocial Stability**

- Patient was admitted to address dramatic psychosocial instability that is significantly effecting mental health and will appear to benefit from the short-term intensive psychotherapeutic intervention in the program. Discharge will occur when situation changes to point that it is better addressed at a different level of care or type of intervention.

### **Psychotropic Medication Stability**

- Patient is here for the stabilization of complicated or difficult medication regiments with a high potential for non-compliance, misuse, or medical complications including but not limited to the following (detoxification protocols, clozaril titration, rapid cross tapering of high risk medications.). Discharge will occur when the condition is better addressed at a different level of care.

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# **TRANSITIONS PHYSICIAN REPORT**

## **Medical Condition Stability**

- Patient is here for the stabilization of complicated or difficult medical condition that significantly impacts mental health. Discharge will occur when the condition is better addressed at a different level of care.

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