**CC:** “I’m not sure I can keep doing this. I feel so tired.”

**HPI:** Pt. is a 26 y/o female dental student here with c/o depressed mood. Mood has been progressively worsening since school started 2 months ago. Feels sad and cries easily. Having a hard time falling asleep at night and wakes up frequently. Feels very anxious. Energy is low. Having a hard time concentrating and is worried she will not pass her classes. Feels edgy and restless. Has lost about 15 pounds in the past 2 months due to not being hungry. Not enjoying anything anymore. Has not felt this way before. She has been thinking about suicide on and off for about a month because she’s not sure she can continue to function as a student. Once she looked on the internet about ways to kill herself. Read about hanging and Tylenol overdose. Didn’t think she could actually do either of those. About two weeks ago she cut superficially on her wrist with a steak knife to see if she could actually do it. Says that scared her, and she told her mother who encouraged her to make this appointment. Her mom is flying in this weekend to spend some time with pt. Pt. is still going to class and passing though she isn’t sure how. Denies current suicidal ideation and says her mom has helped her be hopeful that treatment can help.

**PMH:** asthma, mild, uses an albuterol inhaler with exercise

**Past Psych Hx:** counseling at age 10 for several months when her parents divorced, has not taken medication or had any inpatient admissions; no h/o self-injury prior to above

**Current Psych Tx:** none

**Previous Suicide Attempts:** none

**Substance Hx:** drinks ETOH socially about 2-3 times per month, 2 drinks at most; denies illicits; tried marijuana in HS, none since

**FH:** mother takes sertraline and Abilify for depression, no suicide attempts

**SH:** moved from out of state for school, lives with a roommate (they get along well), not currently dating, no children, supported by student loans and parents

**Legal Hx:** denies all

**Violence Hx:** denies all; does not have access to guns

**Abuse Hx:** denies all

**Mental Status Examination:**

General – alert, pleasant, well-groomed, dressed in scrubs, fidgets throughout interview

Gait and Station – steady, no ataxia, walks easily to office

Speech – normal volume, rate, and tone

Mood – “not good”

Affect – depressed, restricted, tearful

Thought Process – linear, coherent, goal-directed

Associations – intact

Thought Content – no current SI. No HI. No AVH. No paranoia or delusions.

Orientation – AAOx4

Judgement – good at present

Insight – good

**Assessment:**

1. MDD, severe, single episode
2. Suicidal ideation, resolved
3. Insomnia related to mental disorder
4. Asthma

Pt. is a 26 y/o woman presenting with s/s c/w MDD in the setting of stressful school schedule and new environment. She is still functioning in her role as a student. Reports recent SI with parasuicidal gesture but denies current SI. Support from her mother has been helpful and she “scared myself” when she cut. Risk factors for suicide include diagnosis of MDD, recent suicidal thoughts and parasuicidal gesture, recent loss of support system due to move, and school stress. Protective factors include general life satisfaction, good reality testing, long h/o positive coping skills, h/o good problem solving, and support from mom and roommate. She is disturbed by her suicidal thoughts and states she doesn’t actually want to die. Pt. amenable to problem solving and agrees to allow this MD to talk with her roommate and mother. Pt. is currently future oriented and hopeful that treatment will help. Does not need inpatient hospitalization at this time, but will need to continue to monitor. (Chronic risk: LOW; Acute risk: MODERATE)

**Plan:**

1. Mother will be in town in 2 days and plans to stay with patient for a few weeks. In close phone contact with pt.
2. Roommate aware of pt. struggling, and pt. and roommate have plans to watch TV together and study together. Roommate will call if she has concerns about pt.
3. Start sertraline 50mg po q AM x 1 wk, then 100mg po q AM. Discussed potential side effects, risks, and benefits. Patient voiced understanding and agreed to a trial of sertraline.
4. For insomnia, lorazepam 0.5mg – 1mg po q HS. Discussed potential side effects, risks, and benefits. Patient voiced understanding and agreed to a trial of lorazepam.
5. Pt. given number for suicide prevention hotline as well as on-call psychiatrist.
6. Recommend some sort of physical activity daily, consider walking.
7. Check baseline labs.
8. RTC 1 wk, sooner if needed.