Lily Fremaux
Psychiatric Rotation
H&P 3
05/20/2026

Name: M.R.
DOB: 02/14/1982
MRN: #######
Location: NYC Health + Hospitals Metropolitan
Date of Service: 05/20/2026
Source of information: Self
Reliability: Reliable
Address: Bronx, NY

HPI:
44 y/o female with no formal past psychiatric history presenting with ~2 months of worsening anxiety and depressive symptoms in the setting of multiple psychosocial stressors. Patient reports feeling “overwhelmed,” with persistent worry, low mood, irritability, poor sleep, decreased concentration, and frequent tearfulness. She reports significant anxiety related to recent medical issues, including a new diagnosis of gallstones and elevated liver enzymes (transaminitis), which has increased her worry about her health. She also reports major stress related to family conflict and difficulty managing her children. She describes being “quick to anger” with her children during stressful moments but denies any physical aggression or violence. Earlier this month, patient reports her landlord informed her that she and her family must vacate their apartment by the end of the month, and she is unsure where they will go. This has significantly worsened her anxiety and sense of overwhelm. She endorses ongoing excessive worry about housing, finances, health, and her children’s wellbeing. Reports poor sleep due to racing thoughts and anxiety. Endorses decreased appetite and low energy. Denies panic attacks. Denies suicidal ideation, homicidal ideation, intent, or plan. Denies auditory or visual hallucinations. Denies manic symptoms. Patient is interested in psychotherapy only and declines psychiatric medications at this time.

PMHx: Cholecystitis and transaminitis
Past Psychiatric History: Denies prior psychiatric diagnoses, hospitalizations, or psychiatric medications
PSHx: Denies
Allergies: NKDA
Meds: Denies current medications
Social:
Lives in Bronx, NY with children and family.
Recent housing instability after being told by landlord to vacate apartment by the end of the month.
Denies tobacco, alcohol, or recreational substance use.
Currently unemployed.

ROS:
General: Endorses fatigue, poor sleep, and decreased appetite.
Psychiatric: Endorses anxiety, excessive worry, depressed mood, irritability, crying episodes, difficulty concentrating, and insomnia. Denies SI/HI. Denies auditory or visual hallucinations. Denies manic symptoms.
Neurologic: Endorses difficulty concentrating. Denies headaches, syncope, or focal weakness.
GI: Endorses decreased appetite. Denies nausea, vomiting, abdominal pain, or diarrhea.

Mental Status Exam:
Appearance: Appears stated age, appropriately groomed with adequate hygiene
Gait: Normal
Behavior: Cooperative, tearful at times, engaged throughout interview
Psychomotor: Mild psychomotor slowing noted, no abnormal involuntary movements
Speech: Spontaneous, normal rate, rhythm, and volume
Thought Process: Linear, logical, and goal directed
Thought Content: Preoccupied with housing instability and family stressors. No delusions noted
Mood: "Overwhelmed"
Affect: Anxious and tearful, congruent with mood
Perception: Denies auditory or visual hallucinations. Does not appear internally preoccupied
Attention/Concentration: Mildly impaired secondary to anxiety
Suicidality: Denies suicidal ideation, plan, or intent
Homicidality: Denies homicidal ideation, plan, or intent
Insight: Fair
Judgment: Fair
Impulse Control: Good

Assessment:
44 y/o female with no prior psychiatric history presenting with worsening anxiety and depressive symptoms over the past 2 months in the setting of significant psychosocial stressors including family conflict, imminent housing instability, and new health issues. Presentation is most consistent with adjustment disorder with mixed anxiety and depressed mood. Also consider generalized anxiety disorder and major depressive disorder, though timeline and clear stressor association favor adjustment disorder at this time.

DDx:
Adjustment Disorder with mixed anxiety and depressed mood
- DSM-5: symptoms within 3 months of stressor + emotional/functional distress
- Symptoms started after clear stressors (family conflict + eviction notice). Timeline is short (~2 months) and directly linked to situation

Generalized Anxiety Disorder (GAD)
- DSM-5: excessive worry most days for ≥6 months + physical/cognitive symptoms

- Patient has anxiety, poor sleep, and worry, but duration is only 2 months and clearly tied to current stressors, so as of now does not meet full criteria

Major Depressive Disorder (MDD)

- DSM-5: ≥2 weeks depressed mood or anhedonia + neurovegetative symptoms
- Patient has low mood, sleep/appetite changes, and fatigue, but symptoms are strongly stress-related and no clear independent depressive episode, so criteria not fully met

Unspecified anxiety disorder

- Used when anxiety is clinically significant but criteria for GAD not fully met
- Could apply if symptoms persist or evolve beyond current stress period

Plan:

Referral placed for outpatient psychotherapy
Provided supportive counseling and psychoeducation regarding stress response and coping skills
Provided housing resources including The Legal Aid Society and CASA (Community Action for Safe Apartments) for assistance with housing instability and tenant advocacy
Encouraged patient to present to emergency services or call 911 if experiencing worsening symptoms or any SI/HI
Follow up in clinic in 2–4 weeks or sooner if symptoms worsen