

 **SIMULATED PSYCHIATRIC CONSULT NOTE**

**For Educational Demonstration Purposes Only**

## **Psychiatry Consultation Report**

### **Patient Information**

Name: Elena V. Markovic

Date of Birth: January 14, 1989

Sex: Female

Patient ID: 908274

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### **Service Information**

Consultation Date: March 18, 2026

Referring Provider: Primary Care Physician

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### **Reason for Referral**

Assessment of mood disturbance, anxiety symptomatology, and functional decline in the context of psychosocial stressors.

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### **History of Presenting Illness**

The patient describes a progressive onset of affective and anxiety-related symptoms over approximately 12–18 months, temporally associated with occupational stressors and environmental transitions.

She reports persistent low mood, anhedonia, reduced motivation, and significant decline in functional capacity. There is marked social withdrawal and decreased engagement in previously routine activities.

Sleep disturbance is characterized by middle insomnia, with frequent nocturnal awakenings. Energy levels are reduced, and appetite is diminished. The patient endorses subjective cognitive impairment, including impaired concentration and reduced task initiation.

She reports pervasive anxiety with excessive worry that is difficult to control. Associated somatic symptoms include muscle tension, restlessness, and episodic autonomic activation characterized by palpitations, diaphoresis, and dyspnea.

There are intermittent panic episodes with a subjective sense of loss of control. No clear situational triggers identified.

The patient describes trauma-related symptomatology, including intrusive recollections, avoidance behaviors, hypervigilance, and persistent negative cognitions related to self-worth.

She reports a history of early life adversity with exposure to familial conflict and perceived psychological threat, which she identifies as potentially relevant to current symptom patterns.

There is a prior history of suicidal ideation, though no current active ideation or intent is reported at the time of assessment.

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### **Past Psychiatric History**

The patient has engaged in prior psychiatric care with multiple pharmacological trials, including SSRIs, atypical antipsychotics, and sedative-hypnotics, with limited therapeutic response.

She has participated in psychotherapy, including supportive therapy and cognitive behavioral approaches, with partial benefit reported.

There is a remote history of a suicide attempt in adolescence, not previously disclosed until recent assessment.

### **Substance Use History**

Occasional alcohol use.

No current tobacco use.

No cannabis or other substance use reported.

### **Medical History**

No significant neurological history.

No history of head injury or seizure disorder.

## **Medications**

- Selective serotonin reuptake inhibitor (SSRI)
- Atypical antipsychotic (low dose, PRN)
- Hypnotic agent for sleep

## **Mental Status Examination**

The patient presents as appropriately groomed and cooperative.

Speech is normal in rate, rhythm, and volume.

Mood is described as “low,” with congruent dysphoric affect.

Thought process is linear and goal-directed.

Thought content reveals no delusional ideation. No current suicidal or homicidal ideation.

No perceptual disturbances reported.

Insight and judgment appear preserved.

Cognition grossly intact based on conversational assessment.

## **Diagnoses**

- Major depressive disorder, single episode
- Generalized anxiety disorder
- Post-traumatic stress disorder

## **Impression**

The patient presents with a constellation of depressive, anxiety, and trauma-related symptoms, resulting in significant functional impairment.

Symptom onset appears temporally associated with occupational stressors, with exacerbation in the context of underlying vulnerability related to prior adverse experiences.

There has been limited response to pharmacological interventions to date.

No current acute safety concerns identified.

### **Plan**

- Continue outpatient psychiatric follow-up
- Consider optimization of pharmacotherapy pending review of prior medication trials
- Referral for structured psychotherapy
- Psychoeducation provided

### **Physician**

Report electronically signed by  
Consulting Psychiatrist

### **Disclaimer**

This report is intended for use by qualified healthcare professionals. Clinical correlation is recommended.

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### **⚠ Educational Notice**

This is a **simulated psychiatric report created for educational and demonstration purposes only.**

It is based on generalized clinical patterns and does not represent any real patient.