

JONES VON JONESTEINMRN : **07NNDG7F4S1U**Birthday : **1974-08-13**

Visited on: 2026 May 26 09:30 (Age at visit: 51 years)

Phone : **6106086967**

Electronically signed by: SARAH OBIKE, NP on 2026-05-26 12:25 PM

**Psych Symptom/
Follow Up**

Met patient via HIPAA Compliant Zoom from patient's home. Patient has consented to telehealth treatment and is aware of possible compromises in HIPAA compliance. Clinician is licensed in state patient is located.

Location of patient: House in California

Present in session: Patient

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CC/Reason for Visit: followup visit for these psychiatric concerns-

Introduced self as a Psychiatric Mental Health Nurse Practitioner to client. Educated client regarding scope of practice.

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HPI:

Met with patient for follow up session. Patient's Rights, confidentiality and exceptions to confidentiality, use of automated medical record, staff access to medical record, and consent to treatment reviewed.

Any changes to medical/ family/ or social history: No

Changes made at last OV:

Continue Citalopram 40 mg once per day for anxiety/depression, Continue L-Theanine 200mg take 1 tablet daily for anxiety, Continue SAME 200mg take 1 tablet twice daily for anxiety/depression

Jones von Jonestin is a 51-year-old White male with a psychiatric history significant for Major Depressive Disorder, recurrent, moderate (F33.1), and Generalized Anxiety Disorder (F41.1), who presents for follow-up evaluation and medication management related to acute anxiety, emotional distress, and anticipatory grief following his wife's recent diagnosis of lung cancer. The patient reports feeling emotionally "numb," disconnected, and "out of sorts," stating that he has not fully processed the situation emotionally and often feels uncertain about what he is feeling or how to react. He describes significant emotional overwhelm associated with the abrupt changes in his wife's treatment planning and the uncertainty surrounding her prognosis and future health. His wife, age 48, was recently diagnosed with lung cancer believed to be associated with occupational ceramic exposure rather than smoking. The patient reports initial reassurance when imaging suggested localized disease without metastasis or lymph node involvement; however, both he and his wife experienced increased distress after learning that her treatment plan would require chemotherapy followed by surgery rather than focused radiation alone as initially anticipated. He describes his wife as "reeling" emotionally from the treatment changes, and he feels pressure to remain emotionally stable and supportive for her and their children despite his own fears and sadness.

The patient endorses persistent excessive worry, racing thoughts, anticipatory fear, emotional suppression, and difficulty mentally slowing down due to concerns regarding his wife's health, treatment process, and the possibility of his children experiencing the loss of their mother. He acknowledges attempting to compartmentalize his emotions in order to remain functional and supportive for his family but recognizes that he has not truly allowed himself to emotionally process the gravity of the diagnosis. He reports trying to avoid catastrophic thinking by focusing on the facts currently known and taking the process "one step at a time," though he continues to experience significant underlying anxiety and sadness. He denies panic attacks, psychotic symptoms, manic symptoms, or suicidal ideation at this time. The patient additionally denies severe depressive symptoms such as

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hopelessness or inability to function but acknowledges emotional exhaustion, numbness, anticipatory grief, and chronic stress related to the uncertainty of the situation. Supportive psychotherapy and psychoeducation were provided during the session focusing on anticipatory grief, caregiver stress, emotional processing, and anxiety management. The provider normalized emotional numbness and dissociation-like emotional detachment as common responses during periods of acute stress and traumatic uncertainty. Cognitive reframing techniques were utilized to help the patient remain grounded in present information rather than catastrophic future scenarios. Coping strategies discussed included focusing on manageable next steps, allowing space for emotional processing without self-judgment, utilizing family and social supports, practicing mindfulness and grounding exercises, maintaining daily structure and routines, and balancing caregiving responsibilities with self-care and emotional regulation. The provider also discussed the importance of permitting himself to experience emotions gradually rather than solely functioning in a caretaker role. The patient was encouraged to continue communicating openly with trusted family members and avoid emotional isolation while navigating the ongoing medical process.

The patient remains future-oriented and motivated to support his family despite significant situational stress. He demonstrates insight into his emotional suppression and anxiety patterns and appears engaged in treatment with willingness to continue utilizing coping skills and therapeutic support while navigating his wife's ongoing cancer treatment and related uncertainty.

Coping strategies are adequate. Eating and energy status is adequate. Sleep is adequate. Denies any perceptual disturbances. Insight into illness and judgement to making decisions is improving.

SI/HI: Patient currently denies suicidal ideation thoughts, intent, plan and not in danger to self and to others, denies SIBx, denies homicidal ideation, denies violent behavior, denies inappropriate/illegal behaviors.

No auditory or visual hallucinations noted
Denies substance use and alcohol, and tobacco use

Changes implemented today: Continue Citalopram 40 mg po once per day for anxiety/depression, Continue L-Theanine 200mg take 1 tablet po daily for anxiety, Continue SAME 200mg po take 1 tablet twice daily for anxiety/depression

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Safety: provided to (benefits, risks, side effects, alternatives discussed). Patient is to contact with our office with any questions, concerns, changes in mood, suicidal thoughts, experiences SI/HI, formulates a plan/intention, or if needing to be seen sooner than next scheduled appointment. Discussed with patient, crisis resources with safety plan to call 911/crisis line as needed. Discussed course of treatment and expected response.

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Discussed the danger of misuse of stimulant medications and patient agreed to take medication only for self. Patient is advised to report any side effects of the medication or go to the emergency room if experiencing any adverse reactions. Discussed importance of medication compliance with plan/option to return to clinic sooner than next regularly scheduled apt if needed/indicated. Discussed importance of coordination of care with PCP/ other specialists. The patient has been informed of our after hours contact information as well as other emergency services available to them. Patient verbalizes understanding and agrees to this plan.

Progress today: no changes

PERTINENT PAST PSYCHIATRIC HISTORY

Substance use: Sober from alcohol for one year
Pertinent past psychiatric history: Previously connected to a mental health provider
Prior Psychiatric Diagnoses: Depression, GAD, ADHD
Lifetime Psychiatric Hospitalizations: none
Suicide attempts: none
Violence History: none endorsed
Self-Injury: none endorsed
Prior and Current Mental Health Treatment: On and off therapy
Pertinent past medical history: Dupuytren's contracture
Denies history of cardiac arrhythmias, sleep apnea, and seizures.
Pertinent Social history: A musician
Pertinent Family History: none

FOLLOW UP IN /// 1 MONTH (S) OR SOONER IF NEEDED

CURES/ PMP checked: No signs of medication abuse noted
Medication Side Effects: Denied
Adherence to Treatment: Yes
Presence of Tardive Dyskinesia: No //
Risk and Benefit of Medication/Treatment Discuss: Yes //
Informed Consent to Medication Reviewed with Patient: Yes ///
Patient/Care-Giver Agree with Treatment: Yes ///
AIMS: Score is zero. No abnormal movement of head, hands, legs, smacking of the tongue, facial grimacing, and restlessness, and rocking movement.

Medications

citalopram 40 mg tablet, 1 tab by mouth daily

MSE

MSE

Appearance and behavior: Client appears stated age, cooperative, has fair grooming and hygiene. Motor activity: Normal balance with no tremor. Normokinetic.
Speech: Normal rate, rhythm, and tone.
Mood: Anxious, Sad
Affect: Congruent with mood
Thought process: Goal oriented and linear
Thought content: coherent, no suicidal or homicidal ideation. No auditory or visual hallucination. No evident delusions
Cognition: Alert and oriented x 4 Recent and remote memory are intact.
Attention and concentration: Attentive

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Impulsivity: Fair
Insight: Fair
Judgment: Fair
Threat to self or others: No

DSM-5

Major depressive disorder, recurrent, moderate (F33.1), Generalized anxiety disorder (F41.1)

Assessment

Moderate recurrent major depression (F33.1) Major depressive disorder, recurrent, moderate modified 1 Apr, 2026

Generalized anxiety disorder (F41.1) Generalized anxiety disorder modified 1 Apr, 2026

Plan

PLAN

Medication:

Continue Citalopram 40 mg po once per day for anxiety/depression

Recommended Supplements:

Continue L-Theanine 200mg po take 1 tablet twice daily for anxiety

Continue SAMe 200mg po take 1 tablet twice daily for anxiety/depression

Continue Magnesium glycinate 400mg po QHS for rest

FOLLOW UP IN /// 1 MONTH (S) OR SOONER IF NEEDED

CURES/ PMP checked: No signs of medication abuse noted /// Yes

Medication Side Effects: Denied

Adherence to Treatment: Yes

Presence of Tardive Dyskinesia: No //

Risk and Benefit of Medication/Treatment Discuss: Yes //

Informed Consent to Medication Reviewed with Patient: Yes ///

Patient/Care-Giver Agree with Treatment: Yes ///

AIMS: Score is zero. No abnormal movement of head, hands, legs, smacking of the tongue, facial grimacing, and restlessness, and rocking movement.

RISKS, BENEFITS, SIDE EFFECTS, DRUG-TO-DRUG INTERACTIONS AND ALTERNATIVES TO TREATMENT WERE DISCUSSED IN MY USUAL MANNER.

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Medication reviewed with pt, medication S/E's discussed in detail. Patient given educational information regarding controlled medications. Patient agreed to provide collateral information and records as needed/indicated. Discussed sleep hygiene importance. Discussed psychotherapy benefits and options. Patient was encouraged to eat a healthy, well-balanced diet and participate in exercise activity as tolerated to improve overall health and wellness. Patient was strongly advised to abstain from drug/alcohol use. Patient was informed of the dangers of concurrent use of illicit substances and psychotropics. Discussed current medications with plan to taper to lowest possible effective/necessary dose or discontinue if indicated. If patient is on a stimulant or benzodiazepine- education given about the risk of long term use.

Risk Assessment: While it is impossible to accurately predict future behaviors, Patient presents as low risk for danger to self and no danger to others. Patient is currently not suicidal or homicidal, denies any plans or intent. Denies access to guns and is not an active substance abuser. Patient came to the facility voluntarily reflecting that the patient has good insight to seek treatment and get better.

Protective Factors include: Access to treatment, willingness to seek help, future orientation and safety planning. Psychoeducation: provided to (benefits, risks, side effects, alternatives discussed). Patient is to contact with our office with any questions, concerns, changes in mood, suicidal thoughts, experiences SI/HI, formulates a plan/intention, or if needing to be seen sooner than next scheduled appointment. Discussed with patient, crisis resources with safety plan to call 911/crisis line as needed. Discussed course of treatment and expected response. Discussed the danger of misuse of stimulant medications and patient agreed to take medication only for self. Patient is advised to report any side effects of the medication or go to the emergency room if experiencing any adverse reactions. Discussed importance of medication compliance with plan/option to return to clinic sooner than next regularly scheduled apt if needed/indicated. Discussed importance of coordination of care with PCP/other specialists. The patient has been informed of our after hours contact information as well as other emergency services available to them. Patient verbalizes understanding and agrees to this plan.

PSYCHOTHERAPY NOTE

Approximate Psychotherapy Time: Start of Therapy 0930: End of Therapy 1008:
Psychotherapy Code: 90836

Behavior(s) Addressed:

Patient presented with increased anxiety, emotional numbness, anticipatory grief, excessive worry, emotional suppression, and stress related to his wife's recent lung cancer diagnosis and changing treatment plan. Session focused on the patient's difficulty processing emotions, fear regarding his wife's health and future, and concerns about the emotional impact on their children and family system. Patient discussed attempting to remain emotionally stable and functional for his family while internally experiencing sadness, uncertainty, helplessness, and chronic worry. Caregiver stress, emotional detachment, and avoidance of emotional processing were explored throughout the session.

Interventions Used:

Supportive psychotherapy, grief-informed interventions, cognitive restructuring, psychoeducation, emotional validation, and stress-management techniques were utilized

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during the session. Provider normalized emotional numbness and difficulty processing as common responses to acute stress and anticipatory grief. Cognitive reframing techniques were used to help reduce catastrophic thinking and encourage present-focused coping. Discussion focused on emotional regulation, balancing caregiving responsibilities with self-care, and allowing gradual emotional processing rather than suppressing feelings. Grounding techniques, mindfulness strategies, and compartmentalization awareness were reviewed to improve emotional stability and reduce overwhelm. Provider reinforced the importance of maintaining routines, utilizing support systems, and taking the situation one step at a time.

Response:

Patient was engaged, thoughtful, and emotionally reflective throughout the session. He demonstrated insight into his tendency to suppress emotions in an effort to remain strong for his family and acknowledged feeling disconnected from his emotional experience overall. Patient was receptive to therapeutic feedback and verbalized understanding that emotional numbness and anticipatory grief can occur during periods of uncertainty and fear. He appeared motivated to continue supporting his family while also recognizing the importance of addressing his own emotional wellbeing. Patient responded positively to validation and reframing interventions and demonstrated willingness to continue utilizing coping strategies discussed during the session.

Goals/Plan:

Continue supportive psychotherapy focused on anticipatory grief, caregiver stress, anxiety management, emotional processing, and stress reduction. Encourage ongoing use of grounding exercises, mindfulness practices, structured routines, and supportive communication with trusted family members. Reinforce balanced thinking patterns and present-focused coping rather than excessive future-oriented worry. Continue monitoring mood symptoms, emotional functioning, caregiver burden, and anxiety levels as wife proceeds through cancer treatment and ongoing medical evaluations.

Progress:

Patient demonstrates fair insight into the emotional impact of his wife's diagnosis and his own coping patterns. Although emotional numbness and anxiety remain elevated, patient continues to maintain family functioning and engage actively in treatment. He demonstrates motivation to remain emotionally present and supportive for his family while gradually increasing awareness of his own emotional needs. Patient is utilizing cognitive coping strategies and attempting to approach the situation one step at a time despite ongoing uncertainty and anticipatory grief.

Total Session Time: 45 minutes

Addendum

Please correct DOS is 05/25/2026

Addended by: SARAH OBIKE, NP on: 2026-05-26