

No misuse of pain medication

Family connection

Risk factors:

Depression

TBI

Trauma history

Addiction history

Summary/Recommendations: Patient was on-time to her appointment and appeared honest in her responses. She exhibited signs of pain; difficulty walking up the stairs. She is also visibly depressed. She reported loss of her Zoloft recently and I am working to facilitate access to services so she can attain a refill. I would recommend she re-stabilize on her anti-depressant medication prior or in conjunction with exploring non-opioid options for her pain. Given her history of sobriety and her desire to remain independent of the need for controlled substances, she appears to be a good candidate for alternative, non-opioid methods. Again, given the emergent need for her depression to be controlled, I would recommend this be a primary medical priority at this time. Once initial stabilization of her co-morbid condition is established, functional pain assessment and well as assessment to determine her level of nervous system regulation is in order. I recommend a follow-up with this assessor in one months time. Records detailing any effects of the TBI also bear reviewing.

Counselor Signature _____ Date: _____

Reba Smith, MS