CENTURY ASSESSMENT MANAGEMENT

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May 21, 2021

DEPARTMENT OF SOCIAL SERVICES DISABILITY DETERMINATION SERVICES COVINA BRANCH / S06 P O BOX 6118 COVINA, CA 91722-6118 ATTN: C. LE BLANC UNIT/V50

> RE: Seeram, Sandra Mangar DOB: 11/19/1968 SSN: XXX-XX-CASE# 1553789

Pursuant to the request of your department, a **COMPLETE PSYCHIATRIC EVALUATION** was performed at this medical facility. The findings noted below are an assessment of a mental impairment affecting the above-captioned individual's functioning, not an assessment to be used for treatment purposes. Disclosure of the information in this report to the above-captioned individual may be medically detrimental to the individual's mental health.

IDENTIFYING INFORMATION

The claimant is a 52-year-old, female who drove to the appointment. She was unaccompanied.

GENERAL OBSERVATIONS

The claimant is casually dressed. Her posture was normal. There were no involuntary movements noted.

SOURCE OF INFORMATION

History was obtained from the claimant who is considered to be a fair historian. The claimant speaks English and interpretation was not required.

REVIEW OF MEDICAL RECORDS

There are medical records and according to Carson South Bay Medical Office, the telephone evaluation on March 10, 2021 progress note indicate that she has been, according to the notes, from Carson South Bay Medical Office, the intervention which indicates, spoke with the patient via telephone for individual psychotherapy follow-up session since she completed CBTR classes last month. Further, the Carson South Bay

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Medical Office states that she was assessed for safety risk, assessed mental status and current functioning, assessed impact of pain on social emotional functioning reviewed and discussed progress towards treatment goals elicited and processed thoughts and feelings related to current stressors reviewed linkage between stress and pain. Assisted patient with identifying effective strategies to maintain progress and manage pain flare-ups.

HISTORY OF PRESENT ILLNESS

The claimant states, "I can't work because I have degenerative disc disease in my neck. Few discs are also herniated. I have arthritis. I have numbness in my both feet. When I walked here, it is swollen. I have also numbness in my hands, carpal tunnel syndrome in both hands. Confused and forgetfulness, I am nervous and jumpy. I am not getting along with employees. In 2002, I was working in Stopped working in March of 2019. I have anxiety from everything. I am stressed out. I have stomach problem from stress. I have forgetfulness problem since 2017. It is continuously there. My anxiety is there since 2009, it is continuously there. I am scared of loud sound, yelling and door slamming. I deal with my anxiety by staying home. I am on Cymbalta, the psychiatrist gave it to me for pain, anxiety, and depression since 2017. Also, I have been going for counseling. Now, it is because of the COVID, it is on the phone, virtual, every two weeks. These medications and counseling helped little bit. They calm me down."

PAST PSYCHIATRIC HISTORY

The claimant denied any history of psychiatric hospitalization.

PAST MEDICAL HISTORY

As mentioned above

MEDICATIONS

Cymbalta, levothyroxine, Mobic, Klonopin, Flexeril, and Topamax

FAMILY PSYCHIATRIC HISTORY

The claimant reported unspecified mental illnesses in the family.

FAMILY, SOCIAL AND ENVIRONMENTAL HISTORY

PERSONAL HISTORY: The claimant was born in New York and raised in Elmhurst, Illinois. She is married and has two children. She has one and one Her parents are alive.

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EMPLOYMENT: The claimant last worked for 32 years as a manager. The claimant stopped working on March 14, 2019.

CURRENT SOURCE OF INCOME: The claimant receives long term disability.

EDUCATION: The claimant has received her high school diploma. The claimant has 2 years of community college education.

SUBSTANCE ABUSE HISTORY: She denies smoking cigarettes. She drinks wine one glass once a week. She denied illicit drug use.

LEGAL HISTORY: Denied.

CURRENT LEVEL OF FUNCTIONING AND DAILY ACTIVITIES

The claimant lives with her family. She dresses and bathes herself. She talks on phone. She uses computer. She has few friends. She describes her relationship with her family as fair and friends as fair. She does not manage her money.

MENTAL STATUS EXAM

GENERAL APPEARANCE: The claimant is an adequately nourished female who appears the stated age. She was able to maintain appropriate eye contact during the interview. She was adequately groomed. Hygiene is adequate.

ATTITUDE AND BEHAVIOR: She was cooperative during evaluation.

MOTOR: Psychomotor activity was calm. There was no evidence of tics, stereotypies, dyskinesias, or dystonia.

SPEECH: The claimant's speech is of average rate, rhythm, and volume.

MOOD: She describes her mood as "very anxious."

AFFECT: Affect is anxious.

THOUGHT PROCESS: The claimant's thought processes were linear and were goal directed, with no loosening of associations, flight of ideas, racing thoughts, thought blocking, thought insertions, thought withdrawal, or thought broadcasting.

THOUGHT CONTENT: The claimant exhibits no evidence of auditory or visual hallucinations, delusions or illusions. There are no ruminations, obsessions, compulsions, or paranoia. The claimant states repeatedly, adamantly, and credibly that she has no current suicidal or homicidal ideation, plan, or intent.

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COGNITIVE, ORIENTATION AND MEMORY: She was alert and oriented to person, place and time. She was able to register 3 of 3 items immediately and recall 1 item in 5 minutes.

CONCENTRATION: When asked to do serial seven, she replied "93, 87, 80." She was unable to spell the word "table" backwards.

ABSTRACT THINKING: When asked to abstract to a given proverb, "Don't cry over spilled milk", she replied, "Do not worry about something." When asked to abstract to a given proverb, "Two heads are better than one," she replied, "Get together." When asked about the similarities between a car and an airplane, she said, "family and drive." When asked about the similarities between a table and a chair, she said, "They are both furniture."

FUND OF KNOWLEDGE: When asked to name the current and past two presidents of the United States, she replied, "Biden, Trump, Bush." She could not name the capital of the United States but could name the capital of California.

INSIGHT: Insight is unimpaired.

JUDGMENT: Judgment appears to be intact. When asked, "What would you do if you smelled smoke in a movie theater," she said, "get out." When asked, "What would you do if you found a stamped, sealed and addressed envelope on the ground," she said, "leave it there."

DIAGNOSIS BY DSM IV

Given the claimant's past and recent history, current mental status examination and clinical condition, the claimant has the following diagnosis:

- Axis I: Mood Disorder due to General Medical Condition Anxiety Disorder, Not Otherwise Specified
- Axis II: Deferred
- Axis III: As per medical history
- Axis IV: Chronic medical illness
- Axis V: Current GAF: 55

FUNCTIONAL ASSESSMENT

Based on the claimant's history and mental status examination and from the psychiatric

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point of view alone while on medications, the claimant has the following functional limitations:

The claimant's ability to relate to and interact with public, co-workers, and supervisors is normal. The claimant's ability to understand and carry out simple instructions is normal. The claimant's ability to maintain concentration, attention and persistence required to do work related activities is mildly limited. The claimant's ability to understand, remember and carry out complex or detailed instructions is mildly limited. The claimant's ability to cope with workplace stress is mildly limited.

PROGNOSIS

From a psychiatric standpoint, her prognosis is guarded.

FINANCIAL CAPABILITIES

Based on this presentation, the claimant is capable to handle her personal funds at this time.

Thank you for the opportunity of assisting in this interesting consultation.

Sincerely,

Gul Ebrahim, MD Board Certified in General Psychiatry & Neurology Board Certified in Addiction Psychiatry Board Certified in Addiction Medicine Fellowship in Forensic Psychiatry