

**CONSULTATION REPORT****PATIENT NAME:** GAO, Feng**D.O.B.** 29 Jan 1959**ATTENDING PHYSICIAN:** Dr. H. Schubert**Dictated by:****MED. REC. #:** 196329**EMERGENCY****SIGNATURE**\_\_\_\_\_  
A. Burgmann, M.D., Resident**COPIES TO:** Dr. A. Burgmann, Resident/Dr. A.M. Marcus**REFERRING PHYSICIAN:****CONSULTANT:** Dr. A. Burgmann**TYPE OF CONSULTATION:** Psychiatry**REFERRAL DATE:****CONSULTATION DATE:** 12 Aug 93**CHIEF COMPLAINT**

Depressed mood

**HISTORY OF PRESENT ILLNESS**

Frequent admissions to University Hospital - UBC Site (last being January 1993) for treatment of paranoid delusional disorder. The disorder is presently in full remission with Haldol and Cogentin.

He presented to the Emergency Room at University Hospital - UBC Site with complaints of a depressed mood over the past four days. Accompanying symptoms included difficulty initiating sleep, decreased appetite, generalized feelings of hopelessness and vague suicidal ideations. General interest remains intact. Suicidal ideations are fleeting, nonplanned thoughts. No specific details of how to kill himself are present in these thoughts. Unwilling to act on these thoughts due to a concern about how his family would be affected by his death. Initiation of depressed mood began shortly after Mr. Gao was released from prison. He was incarcerated for one month due to an altercation at the UBC Emergency Room with the security staff. The altercation was due to the fact that Mr. Gao was asked to leave the Emergency Room, but he refused to do so until his numerous requests were met. Additional life stressors include unemployment and a lack of residence. Presently seeking employment. No psychosis at present. No drug or alcohol use reported.

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**PAST PSYCHIATRIC HISTORY**

Numerous admissions to University Hospital - UBC Site for delusional disorders, the last being in January 1993.

**PAST MEDICAL/SURGICAL HISTORY**

Appendectomy, tonsillectomy.

**FAMILY HISTORY**

No psychiatric history reported in his family. Both his parents live in China (father being a professor of philosophy, mother being a retired school teacher). His only sibling, being a sister, is presently studying in New York.

**SOCIAL HISTORY**

Previously employed as a professor of computer science at UBC. His dismissal, due to the expiration of his contract, has been a major point of contention with Mr. Gao. He holds much hostility towards the university for what he sees as a wrongful dismissal from his job. Mr. Gao is presently unmarried and is living alone. No alcohol or drug abuse.

**MENTAL STATUS EXAM**

Appearance: soft spoken, appropriately dressed and groomed. Eye contact good. Rapport good. Reliability of history deemed as being good.

Thoughts: no formal thought disorder is identified. Nondelusional. No psychosis.

Perceptual disturbances: no hallucinations recognized.

Speech: no rate, rhythm, or content abnormalities. Able to articulate his complaints well and coherently.

Mood: reported as being depressed. Affect was somewhat flattened, but appropriate. Judgment and insight were both intact and deemed as being good.

**PROVISIONAL DIAGNOSIS**

Axis I                      Acute Adjustment Disorder with Depressed Mood, Rule Out Major Depression

Axis II                     Deferred

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Axis III            Healthy

Axis IV            Recent release from prison  
                    Unemployment  
                    Homeless  
                    Continual conflicts with the University of British  
                    Columbia over his employment

Axis V            Present GAF 60

**PLAN**

Mr. Gao was originally referred to the Crisis Clinic, but upon reevaluation of the situation, it was deemed that this might be inappropriate due to the fact that he has a lot of negative institutionalized transference which he may use during the sessions at the UBC Hospital. It was thought that a more appropriate treatment intervention would be by a psychiatrist in the community. Dr. A. Marcus was chosen due to the fact that he has much experience in forensic psychiatry and he may be most apt in dealing with this difficult patient.

AB/gdk/8  
d: 13 Aug 93  
t: 16 Aug 93