



CLIENT: 000725 Smith, Marissa

Service Date:09/25/2025, Start Time 09:00 AM, Duration: 120, ServiceCode: CCSPAAPNP

STAFF: bmanning Manning, Becky

Client's Response to Service

Marissa Smith

DOB: 12/24/04

DOS: 9/25/25

Service provided: 90791 (Psychiatric assessment APNP)

Identification: Marissa is a 20-year-old female who is currently in the CCS program and is on a mental health commitment through March 25, 2026. She is currently placed at Faithful Spohn adult family home in Madison. Her CCS case manager, Taylor accompanies her to today's appointment and provides collateral information.

Chief complaint "I am here for medicine".

History of present illness: Marissa has been on psychotropic medication and in psychotherapy since she was 4 years old. She has had countless hospitalizations and incarcerations throughout the years. She was recently discharged from Winnebago mental health Institute following a psychiatric hospitalization from August 9, 2025 through August 22, 2025. From that hospitalization, she was placed in a group home. She does have a guardianship hearing on November 4, 2025. Marissa currently describes her mood as "okay" and rates her mood at a 7 on a scale of 0-10 with 10 being happy and 0 being sad. She scored 12 on the PHQ-9 and 10 on the GAD-7. She does admit to having anxiety and currently takes hydroxyzine as needed. She was diagnosed with ADHD at age 4. She denies any current panic attacks. She reports her sleep is severely impaired. She sleeps 4 to 6 hours per night and does have nightmares. She has a significant trauma history. She reports her energy is good throughout the daytime and denies that she takes naps. She denies paranoia, auditory hallucinations or manic-like behavior. She does struggle with impulse control and risk-taking behaviors. She has been diagnosed with both posttraumatic stress disorder and borderline personality disorder in the past. She has a long history of suicidal ideation, self injury and impulse control issues. She currently rates her self-esteem at a 6 on a scale of 0-10 with 10 being a high level of self-esteem. She denies any symptoms indicating obsessions or compulsions. She does admit to PTSD symptoms including nightmares, flashbacks, exaggerated startle response, and avoiding places and things that remind her of her trauma.

Social history: Marissa was born in Iowa and has lived in Platteville, Wisconsin since she was 3 years old. She is not sure if she was a full-term pregnancy or if there were any problems during her birthing. Her parents were never married and never together. She has never physically met her biological father and has only talked to him on the telephone. She has 3 half siblings and 2 stepsiblings. She reports she was primarily raised by her mother and other family members. She does have an uncle named Mike that she is very close to. She has been living in a group home facility over the past month and reports that she likes it there. She has never been married and is currently not in a relationship. She considers herself to be bisexual. She is on Implanon for birth control. She did receive her high school diploma in 2022 while she was at Copper Lake correctional facility. She has never been disabled but is currently applying for Social Security disability benefits. She has never been in the military. She is currently unemployed. She considers herself to be a Christian.



Progress Note Report

Legal history: Marissa reports she has been in jail many times since age 17. She has had many disorderly conduct charges, domestic abuse charges, destruction of property and assault on law enforcement. She was at Taycheedah prison for 18 months and was released in March, 2024. She is currently on probation through Grant County until 2028. Her probation officer is Stacy Schmidt.

Substance use history: Marissa denies that she has ever struggled with alcohol or drug use. She has never had an OWI and does not have a driver's license. She denies using tobacco. She has 1 serving of caffeine per day. She has never received AODA treatment.

History of abuse/trauma: Marissa is very guarded about her trauma history. She admits to being physically abused on 2 occasions when she was in middle school. She admits to being sexually abused from age 4 to 7 years old by her sister's father.

Past medical history:

Allergies: Penicillin, latex

Insurance: Medicaid

Medical diagnoses include asthma. She takes Flovent and albuterol inhalers. She also has GERD. She denies a history of seizure disorders or cardiac issues. She is scheduled with a new primary care provider in Madison on December 8, 2025. Her current weight is 148.8 pounds. She has had a wisdom teeth extraction, her gallbladder removed and a tonsillectomy and adenoidectomy. Her current medications include melatonin 5 mg at night, sertraline 100 mg daily, guanfacine XR 2 mg daily, hydroxyzine 25 mg 4 times a day as needed, quetiapine 150 mg at night. She is also on pantoprazole, melatonin, cetirizine, cholestyramine. She denies side effects from her current medications but reports the quetiapine does not help her sleep. Her lab results from August 13, 2025 include cholesterol 180, triglycerides 147, hemoglobin A1c 5.1.

Family psychiatric history: Marissa reports her mother has depression and anxiety and a maternal grandmother has anxiety. She reports her father abuses alcohol.

Psychiatric history: Marissa has been hospitalized on an inpatient psychiatric unit dozens of times since she was 7 years old. Most of her hospitalizations are for suicidal ideation or self injury. She most recently overdosed on 20 to 40 tablets of lithium. This occurred on August 9, 2025, which prompted her last hospitalization. She also has had a history of drinking cleaning solution. She has engaged in self-injury since she was 7 years old. She has a recent laceration on her right inner forearm. She has many scars on her arms from self injury. She has been on many psychotropic medications through the years including lithium, Risperdal, paroxetine, Geodon, Wellbutrin, haloperidol and many others. She reports she struggled with anorexia when she was in the sixth grade. She denies current symptoms of an eating disorder. She has been in psychotherapy since she was 4 years old and has done DBT on and off since she was younger.

Review of systems: Marissa denies night sweats, fevers, lightheadedness, or dizziness. She does get headaches because she is in need of new eyeglasses. She denies hearing changes, runny nose, cough, sore throat, shortness of breath, chest pain, nausea, vomiting, diarrhea, constipation, pain on urination, rashes or bruises. She does admit to occasional abdominal pain.

Mental status exam: Marissa is a 20-year-old female who is alert and oriented and minimally cooperative during the appointment. She is dressed casually in a pair of leggings and a T-shirt. She has poor eye contact and childlike speech. She appears to be very immature for her age. She does answer questions with simple answers and does avoid questions regarding her trauma history. Her speech is somewhat fast but not pressured. She describes her mood as "okay". Her affect is distracted and restless. She is tangential. She does not appear to be attending to internal stimuli and made no paranoid or delusional statements. There are no current symptoms of hypomania or mania. She struggles with impulse control and risk-taking behavior. She has chronic suicidal ideation and self-injurious behavior. She denies any plan or intentions of suicide currently. Her intelligence



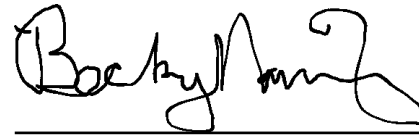
Progress Note Report

appears to be in the borderline range. Her insight and judgment are both poor, thus pursuing guardianship.

Diagnostic impression: Posttraumatic stress disorder, chronic F43.10; borderline personality disorder F60.3; unspecified ADHD F90.9; borderline intellectual functioning; autism spectrum disorder

Plan: I do recommend that Marissa participate in an intensive outpatient program that also offers DBT. I believe most of her symptoms are related to her trauma history and borderline personality disorder. Today I started trazodone 50 mg at night for her sleep. I will likely taper her off the quetiapine in the future since it is not effective for her sleep. I increased the guanfacine ER to 3 mg daily. I increased the sertraline to 150 mg daily. I made no changes in the quetiapine or the hydroxyzine. She will continue quetiapine 150 mg at night and hydroxyzine 25 mg 4 times a day as needed for anxiety. Risk, benefits and alternatives were discussed and medication consent forms were signed. Follow-up in 4 weeks.

Signed: Manning, Becky APNP On: 9/25/2025 01:20 PM





CLIENT: 000725 Smith, Marissa

Service Date:09/25/2025, Start Time 09:59 AM, Duration: 8, ServiceCode: ESLF23

STAFF: rmills Mills, Riley

Client's Response to Service

5mins] Writer reviewed consumer's chart and staffed with UCS ES Team.

1min] 9:59AM Gallo, Inlusa replied to writer's previous email stating: "Hi Stacey – I would agree with Riley regarding the guardianship component, and no requirement for signatures from a parent for guardianship."

Consumer will remain open to ES due to being followed under a Mental Health Commitment.
Contact/admin: 6mins] Documentation: 2mins]

Signed: Mills, Riley On: 10/1/2025 09:35 AM