

Psychiatric Evaluation

Psychiatrist: Dr. Diego Alonso Ruiz

Date of Evaluation: September 2, 2015

Preliminary Information

The patient, Don Quixote, born October 2, 2005, is a female, 5'4" in height and weighing 115 lbs. She presented for psychiatric evaluation at Clínica López Ibor Hospital.

Medical History

The patient denies any allergies, current medications, past injuries, or surgical procedures.

Symptomatology

The patient reports no disturbances in sleep, appetite, or energy. She describes her energy levels as "plenty" and denies difficulties in maintaining her interests or hobbies. She denies feelings of stress or guilt.

However, she did acknowledge experiencing episodes of memory lapse, stating that in certain situations she does not recall what occurred. When asked directly, she admitted to homicidal ideation but denied any suicidal ideation.

Behavioral Observations

The patient denies substance use, defiance, stealing, and destructive behaviors. When questioned about lying, she attempted to change the topic and appeared uncomfortable, particularly when the discussion touched upon her past.

She openly admitted to verbal aggression, describing instances where she has insulted others to what she called a "horrific point." She also confirmed a history of physical aggression but refused to provide details.

Social and Family Relations

The patient reports having no friends and no coworkers. Regarding family, she stated that she has both a father and mother; however, her mother left the household long ago, and she has had no contact with her since.

Mental Status Examination

The patient presented with a neutral mood. Her thought processes were coherent, though occasionally circumstantial. She articulated personal goals, including her wish to become a joustier. She denied having specific worries but displayed visible hesitation when probed further.

Her judgment appeared rigid and overly self-critical. Upon deeper inquiry into this area, the patient became withdrawn and resistant to further questioning.

Clinical Impressions

During the first portion of the evaluation, the patient appeared stable, though somewhat reserved and guarded. Approximately midway through the session, when her childhood was discussed, she exhibited signs of dissociation. Her tone and manner shifted abruptly: she abandoned her earlier speech pattern, which had been somewhat formal and "Victorian" in style, and instead adopted a markedly different and more severe tone. Her gaze became unusually intense, giving the impression of a profound shift in her personality state.

In my clinical opinion, these features may be consistent with a dissociative disorder, specifically Dissociative Identity Disorder (DID), previously known as Multiple Personality Disorder.

Recommendations

I recommend a more comprehensive diagnostic assessment focusing on dissociative symptoms and identity fragmentation. Given her acknowledgment of homicidal ideation, close monitoring of risk factors for violence is essential. Family involvement and continued longitudinal follow-up are strongly advised.

Report prepared and signed,

Dr. Diego Alonso Ruiz

Psychiatrist

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