

PSYCHOLOGICAL EVALUATION

Client Name:	Daniel Reyes	Date of Birth:	04/12/1987
Age:	39	Gender:	Male
Evaluation Date:	09/15/2026	Report Date:	10/01/2026
Examiner:	Morgan Ellis, Psy.D.	Referral Source:	Dr. Alicia Grant, Family Medicine
Evaluation Type:	Psychological		

Reason for Evaluation

Referred by his primary care physician, Dr. Alicia Grant, for diagnostic clarification of depressive and anxiety symptoms following a job loss, and for treatment recommendations. The evaluation was conducted at the following setting: Outpatient office, Lakeside Psychological Services.

Sources of Information

Information for this evaluation was obtained through a clinical interview with him, a review of available records, information from collateral sources, behavioral observation, and psychological testing. Mr. Reyes was interviewed for approximately two and a half hours. His wife, Mrs. Elena Reyes, was interviewed by telephone for 30 minutes with his written consent.

Relevant Records Reviewed

Primary care referral letter and visit notes from Dr. Alicia Grant, Family Medicine (June to August 2026): Documents eight months of low mood, poor sleep and weight loss, a normal thyroid panel, and the start of sertraline in July 2026. Counseling intake summary from Harbor Counseling Center (2019): Brief counseling after his father's death; six sessions, closed by mutual agreement. Records provided for review included: Medical progress notes; Primary care referral letter from Dr. Alicia Grant (2026); counseling intake summary from Harbor Counseling Center (2019). Pertinent psychological information is contained in these records. Primary care notes from Dr. Grant document PHQ-9 scores of 17 (June 2026) and 15 (August 2026), a normal thyroid panel and metabolic panel, and a prescription for sertraline 50 mg started July 2026. A 2019 counseling summary from Harbor Counseling Center describes six sessions of grief counseling after his father's death, with improvement in mood reported at closing.

Background Information

Mr. Reyes reported about eight months of low mood, loss of interest, poor sleep, and constant worry that began after he was laid off from his job as a logistics supervisor in January 2026. He described poor sleep and constant worry about money and about finding work since he was laid off in January 2026. He described waking at 3 or 4 a.m. most nights, losing about 15 pounds without trying, and avoiding friends because he "doesn't want to explain" being out of work. He said he worries "all day" about money and about finding work, and that he has applied for jobs but has stopped following up on applications. His wife reported that he has become withdrawn and irritable and spends most afternoons in bed. Variability was described, with mornings somewhat better when he takes the children to school; he spends most afternoons in bed. Onset was six to twelve months ago, the course has been worsening, and severity was reported as moderate. Precipitating events included layoff in January 2026 when the distribution facility where he had worked for 11 years closed. Aggravating factors included financial pressure, job rejections, and being asked by friends about work. Relieving factors included time with his wife and children, and attending church. Prior attempts to address the concern included starting sertraline 50 mg through his primary care physician in July 2026, with some improvement in sleep but little change in mood or worry. He hopes the evaluation will help him "understand what is going on" and find the right treatment. Mr. Reyes was born and raised in San Antonio, Texas, the second of three children. Pregnancy and birth history are unknown. Developmental milestones were reported and were within expected range across motor, speech, toileting, and social domains. No developmental therapies or services were reported. No childhood health concerns were reported. His childhood living environment was stable. No significant childhood behavioral concerns were reported. Early adversity was reported; his parents argued frequently about money when he was in middle school.

Current Living Situation

Mr. Reyes shares the residence with his wife of 12 years, Elena, and their two children, ages 9 and 6. He lives with his family in a house they own. Housing stability is stable. No homelessness history, residential safety concerns, or environmental stressors were reported, and no assistance in the residence was required. His transportation arrangement is his own transport. Financial circumstances are strained; the family is relying on his wife's income as a dental hygienist and on savings since the January 2026 layoff, and he described the household budget as "tight but okay for now." No benefits received were reported. He reported caregiving responsibilities, sharing care of his two children, ages 9 and 6, and taking them to school each morning. Pets or service animals were not discussed.

Social History

Mr. Reyes was born in San Antonio, Texas and was raised by his biological parents. He is the second of three children and grew up in a stable two-parent household; his father worked long hours as a truck driver. His current family structure includes his mother, age 68, who lives nearby; his father, who died in 2019 of a heart attack; and one older sister and one younger brother. He has been married to Elena for 12 years and they have two children, ages 9 and 6. He described a close extended family. He described his wife as supportive and noted that the marriage has been "strained" since the layoff. His mother is supportive, lives nearby, and checks in weekly. He described a close relationship with his older sister, who is supportive, and limited contact with his younger brother, speaking with him a few times a year. He described his relationship with his two children as generally positive, and he takes them to school each morning. He reported family mental-health, medical, and substance-use histories, including his mother being treated for depression in her 40s; his father having heart disease and hypertension; his mother having type 2 diabetes; and an uncle described as someone who "drank too much." No known family legal history was reported. For current support, he identified his wife, Elena, as providing emotional support and noted that the household is relying on her income; his older sister also provides emotional support; and his mother checks in weekly. Mr. Reyes is married. He described the marriage as stable but said it has been "strained" since the layoff. He has withdrawn from friends and leisure activities since the January 2026 layoff; his wife confirmed the change. His social contact outside the household is occasional, and contact outside the household has dropped since spring 2026. He has few friendships, naming two close friends from work, and has been avoiding them because he "doesn't want to explain" being out of work. Support outside the family is limited to two close friends from work and his church community; he has not told his friends how he is doing. He has two close friends from work and previously played in a weekend softball league, which he stopped attending in March 2026. His community participation has reduced from before. His hobbies and leisure have reduced; weekend cooking and yard work have also fallen off. He attends church with his family about twice a month. Some isolation was reported: he avoids friends and spends most afternoons in bed, while staying engaged with his wife, children, and extended family. Anxiety affects some situations, as he avoids conversations with friends about being out of work. No interpersonal difficulty outside the family was reported.

Activities of Daily Living

Mr. Reyes manages his own self-care and remains independent in personal care, shopping, transportation, medication and appointment management, finances, communication, and technology use. He drives and takes care of the household finances. He reported that he still takes the children to school each morning but spends most afternoons in bed. Meal preparation and housekeeping were variable. He said he used to cook on weekends and that this has "fallen off" since the spring. Yard work and other chores he used to do have decreased. He added that household chores he used to do, such as yard work and cooking on weekends, have "fallen off." Community access was also variable; he drives and attends church about twice a month, but has stopped attending his softball league and avoids friends. His wife confirmed these changes.

Psychological / Psychiatric History

Mr. Reyes reported a prior diagnosis of depressive disorder, unspecified. He described low mood on most days since early 2026. Interest and pleasure have diminished; he stopped attending his weekend softball league in March 2026 and has withdrawn from friends. Sleep has been disrupted, with early-morning waking since February 2026, typically between 3 and 4 a.m., after which he cannot return to sleep; he averages about five hours a night. He spends most afternoons in bed. Concentration has been poor, with difficulty focusing on job applications and procrastination on decisions since the layoff. He worries "all day" about money and

finding work and finds the worry hard to control. He feels keyed up and on edge, and his wife reports increased irritability. He denied difficulty falling asleep and nightmares. Historically, he reported a period of low mood lasting about three months after his father's death in 2019 and denied other periods of depression, mania, or significant anxiety before 2026. He previously attended grief counseling at Harbor Counseling Center in 2019 for six sessions, which he described as helpful. He has been taking sertraline 50 mg daily since July 2026, prescribed by his primary care physician, with modest improvement in sleep and little change in mood or worry. He denied psychiatric hospitalization and any self-harm history.

Medical History

Mr. Reyes described his general health as good, apart from recent sleep problems and about 15 pounds of unintended weight loss since early 2026. He reports hypertension with onset in adulthood; it is mild, controlled and stable, and managed with medication; he is currently treated with lisinopril 10 mg daily prescribed by Dr. Alicia Grant, and he reported no impact from it. No past medical history was reported. He underwent arthroscopic right knee surgery, an outpatient orthopedic procedure in 2014, without complications. No medical hospitalizations were reported. No head injury history was reported. He reported no neurological history and no seizure history. He reported back and neck pain, specifically occasional low back pain that occurs after long drives; it is not currently treated, has no impact on activities, and does not limit daily activity. No allergies were reported. He receives routine primary care in family medicine with Dr. Alicia Grant with regular follow-up; his last visit was in August 2026. Medication information was reviewed, and he confirmed current medications. No past medications or discrepancies were reported. He currently takes lisinopril 10 mg by mouth once daily on a scheduled basis, prescribed by Dr. Alicia Grant since approximately March 1, 2022, for high blood pressure. Adherence is reported and blood pressure is controlled. No side effects were reported. He also takes sertraline 50 mg by mouth once daily on a scheduled basis, prescribed by Dr. Alicia Grant since July 8, 2026, for depression and anxiety. Adherence is reported with some improvement in sleep and little change in mood so far. Mild nausea occurred during the first two weeks and has resolved.

Educational History

Mr. Reyes attended public schools in San Antonio, Texas, and graduated from high school in 2005 with "mostly B's". He reported some college or training and completed an associate degree in business administration at a community college in 2008. No academic functioning concerns were reported. He denied special education services, grade retention, and disciplinary problems. No accommodations were reported. No school discipline was reported. No issues with attendance and continuity were reported. He is not currently enrolled.

Employment / Vocational History

Mr. Reyes is not working. Prior work history was reported, including work as a logistics supervisor at a regional distribution company from about 2020 to January 2026. He was laid off when the facility closed. Before that, he worked as a warehouse associate at the same company from 2015 to about 2020. He was promoted within the company. He supervised a team of 14 and reported no performance problems. He described himself as a reliable employee. He rose through warehouse roles to supervisor over 11 years with the same employer. He reported low mood, fatigue, and avoidance affecting his job search; he has applied for more than 40 positions and had three interviews but has stopped following up on applications over the past two months. No vocational rehabilitation or employment support was reported.

Legal History

Mr. Reyes did not report any legal-system involvement. He denied any arrests or charges and stated he had no current legal involvement. He was not on probation or parole, and he denied any history of incarceration. No current or pending legal matters were reported.

Substance Use History

He first used alcohol at age 18. He typically drinks two to three beers on weekends, and he reported drinking more on weeknights in the spring of 2026. From March to May 2026, use was heavier at three to four beers most evenings. His wife expressed concern, and he cut back in June 2026. His most recent use was two days

before the evaluation. A history of withdrawal was denied, and a history of overdose was denied. No treatment history was reported. Sustained recovery periods were not applicable, and current recovery supports were not applicable. He denied use of cannabis, tobacco or other substances.

Behavioral Observations

Mr. Reyes is a 39-year-old man who appeared his stated age. He arrived 10 minutes early and came alone. No mobility difficulties were observed. He used reading glasses. He engaged appropriately, though he became tearful when discussing the layoff and his father. He was polite and cooperative throughout and answered all questions. He appeared to give good effort on all tasks. Persistence was average; he worked at an average pace and completed all tasks. Frustration tolerance was moderate. He demonstrated good ability to provide history. Answers were thoughtful and detailed, though he tended to minimize his difficulties at first. Tearfulness was observed at two points in the interview, and he recovered quickly. He appeared tired and yawned several times in the afternoon. He took one short break when offered. No validity limitations were identified, and the results are considered a valid estimate of his current functioning.

Mental Status Examination

His appearance was appropriate, and he was casually and neatly dressed in jeans and a button-down shirt; grooming and hygiene were good, and his dress was appropriate and clean. Eye contact was variable. Motor behavior was slowed, with mild psychomotor slowing and no tremor or tics; gait was normal and posture was slouched. Rapport showed no difficulty relating to the examiner, and no unusual behaviors were observed. Speech was slow in rate and soft in volume with normal prosody and fluency, and it was fully intelligible; communication style was age-appropriate. He reported a dysphoric mood, stating, "Down and worried, pretty much all the time." Observed affect was appropriate to content with restricted range and was congruent with the reported mood. Worry was focused on realistic stressors but was excessive in duration and difficult for him to control. Thought process was logical and goal-directed, and thought organization was goal-directed and coherent. Thought content elicited no unusual content; he was preoccupied with finances and finding work, and there were no obsessions or delusional content. Perceptual disturbances were not reported, and he denied delusional beliefs, with none elicited. He was alert and oriented to person, place, time, and situation. Attention was average, while concentration was below average. He reported difficulty with short-term or recent memory; three-word recall was 3 of 3. Digits forward were 5 of 5 on the first trial and 4 of 5 on the second. Fund of knowledge was appropriate to his education and background, and he interpreted common proverbs abstractly. He completed serial sevens with one error. Language abilities were average, described as fluent and appropriate. Intellectual functioning was estimated to be in the average range based on vocabulary, education and work history. Insight was good, and judgment and impulse control were average. He was able to weigh options and make reasonable decisions, though he reported procrastinating on decisions since the layoff, and he recognized that he is depressed and wants treatment. He denied current suicidal ideation and denied current homicidal ideation. A history of self-harm was not reported, and a history of violence was not reported. Protective factors included a strong commitment to his wife and children, religious faith, a supportive extended family, and no history of self-harm. No immediate safety action was needed, and crisis line information was provided. He described passive thoughts in the spring that his family "might be better off" without the worry he causes, without intent or plan, and he denied any such thoughts in the past three months.

Tests Administered

Generalized Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9)

Test Results

Results of the measures administered are summarized below.

Measure	Score Type	Score	Interpretation
Generalized Anxiety Disorder-7 (GAD-7)	Total	Raw 14	Moderate anxiety symptoms
Patient Health Questionnaire-9 (PHQ-9)	Total	Raw 16	Moderately severe depressive symptoms

Diagnostic Impressions

He said his doctor told him he is "depressed." Depression, unspecified (primary care, July 2026). Major depressive disorder, single episode, moderate (F32.1), current. Supporting evidence: Eight months of depressed mood, loss of interest, early-morning waking, weight loss, fatigue, reduced concentration and withdrawal, with marked impact on daily functioning; confirmed by his wife and primary care records. Conflicting evidence: None. Additional assessment needed: None at this time. Generalized anxiety disorder (F41.1), provisional. Supporting evidence: Excessive, difficult-to-control worry about finances and work for more than six months, with restlessness, irritability and sleep disturbance. Conflicting evidence: Worry is closely tied to a realistic stressor and may lessen with re-employment. Additional assessment needed: Reassess anxiety after depressive symptoms improve.

- **F32.1** Major depressive disorder, single episode, moderate Current
- **F41.1** Generalized anxiety disorder Provisional

Clinical Summary / Formulation

No prior psychological testing was available. School and employment records were not reviewed; educational and work history are based on Mr. Reyes's report. No accommodations were required. Mr. Reyes was referred by his primary care physician for diagnostic clarification of depressive and anxiety symptoms and for treatment recommendations. Mr. Reyes identifies treatment engagement, motivation for treatment, and family or community support as strength areas, and he shows good insight. He describes a supportive marriage and extended family. Religious faith is a resource for him, and he attends church with his family about twice a month. He owns his home, has reliable transportation, and his wife's income and family savings are covering household expenses. He responded well to counseling in the past, including recovery from a period of low mood after his father's death in 2019 with six sessions of grief counseling. He has a long, stable 11-year work history with progressive responsibility, including promotion to supervisor. Mr. Reyes showed good behavior during testing; attention was appropriate, activity level was appropriate, he was cooperative, and his motivation for testing appeared good. No areas of poor effort were observed, and the test results appear to be a valid representation of his current level of functioning. He completed the interview and screening measures with good effort; on self-report screening, his PHQ-9 was 16 and his GAD-7 was 14, consistent with moderately severe depressive and moderate anxiety symptoms, and results are consistent with his history, his wife's report, and primary care records.

Functional Implications

No information was documented for this area.

Treatment Plan

No information was documented for this area.

Recommendations

He agreed to individual cognitive behavioral therapy, weekly, focused on depression, worry and behavioral activation. This recommendation was accepted with near-term urgency and is to begin within 2 weeks with a licensed therapist. Cognitive behavioral therapy addresses both depressive and anxiety symptoms, and he responded well to counseling previously. He requested a provider with sliding-scale fees. He agreed to follow up with his primary care physician to review the sertraline dose, given limited improvement in mood after two months. This medical follow-up was accepted with near-term urgency, with follow-up within 1 month. The rationale was partial response to the current dose. He was interested in connecting with the state workforce agency for career counseling and job-search support. This plan was accepted with routine urgency, with workforce services involvement and follow-up within 1 month. Re-employment is a central stressor and structured support may reduce avoidance. He agreed to keep crisis line information available and to contact his therapist or physician if passive thoughts of death return. This safety measure was accepted with routine urgency and is ongoing, with responsibility shared by him and treating providers. The rationale was his history of passive ideation earlier this year.

Morgan Ellis, Psy.D.

Licensed Psychologist

Examiner

Licensed Psychologist

Lakeside Psychological Services

Report Date: 10/01/2026

Date: _____