



## Sept Clinic Private Limited

Suite 117,3085 Kingston  
Road,Toronto, ON, M1M 1P1,HST  
Reg No: 78738 1102 RT0001

Appointment Date: **Jan 13, 2026 16:30 (IST)**

|                                  |   |               |
|----------------------------------|---|---------------|
| Patient<br><b>Jill P</b>         |   | Healthcard No |
| Patient DOB<br><b>1999-04-04</b> | Contact Details<br><b>jill@yopmail.com</b><br><b>8160996290</b> |               |

|                                   |  |   |
|-----------------------------------|--|---|
| Referred By<br>-<br>License No: - | Consulting Provider<br><b>Dr. Agora Provider</b><br>License No: <b>866875875</b> | Medication : --<br>Allergies : --<br>Vaccination : --<br>Height : --<br>Weight : --<br>BP : |
|-----------------------------------|--|---|

### Appointment Note :

New note:  
swrew:

asfdf:  
sdfff:

### Billing Information

**Number of Calls:** 1

**Chief Complaint:** Not clearly stated; incoherent and disorganized speech content noted.

### Mental Health Assessment Intake

#### Housekeeping

- Reviewed confidentiality: 100% confidential unless there is imminent risk to self or others.

#### Chief Complaint / Reason for Booking

Client provided highly disorganized, repetitive, and largely unintelligible speech. No clear, coherent chief complaint could be identified from the verbal content provided.



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### Treatment Goals

Unable to elicit clear treatment goals due to disorganized communication. Will aim to clarify goals in future sessions as communication allows.

### History of Present Illness

1. **Precipitating factors / stressors / substance abuse?**
2. Not clearly identified. Content was tangential, with references to movies, production, consulting, "migration," and various names and places, without clear context.
3. **When started?**
4. Onset not clearly established.
5. **Severity / Frequency?**
6. Appears significant given current level of disorganization, but precise severity and frequency cannot be determined from available information.
7. **Impact on daily function?**
8. Not clearly described. Level of disorganized thought and speech suggests potential functional impairment; requires further assessment.

### Past Medical History

**Medical Illnesses:** Not reported.

**Hospital Admission / Surgeries:** Not reported.

**Head injuries:** Not reported.

**Rule out organic disease:** No information provided regarding thyroid disease, OSA, syphilis, abnormal electrolytes, dementia, Parkinson's, or other neurological/medical contributors. Further medical review recommended.

### Past Psychiatric History

**Previous hospital admissions:** Not reported.

**Previous ER visits:** Not reported.

**Previous counseling:** Not reported.

**Previous suicide attempts:** Not reported.

**Previous violence:** Not reported.

### Current Medications

Not reported.

### Vitamins / Herbal Supplements

Not reported.

### Allergies

Not reported.

### Family History

**Medical:** Not reported.

**Psychiatric (diagnoses / suicide / substance use):** Not reported.

### Social & Developmental History

**Birth Place:** Not reported.

**Prenatal / Delivery / Postnatal:** Not reported.

**Developmental history / Milestones:** Not reported.

**Childhood (family structure, relationships, abuse, etc.):** Not reported.

**Adolescence (friends, school, substances, etc.):** Not reported.

**Current living situation:** Not reported.

**Relationships:** Not reported.



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**Children:** Not reported.

**Education:** Not reported.

**Work:** Not clearly described; some references to "consulting," "provider ID," and "production," but context is unclear.

**Goals for Future:** Not clearly stated.

**Financial / Legal Concerns:** Not reported.

### Substances

**EtOH:** Not reported.

**Marijuana:** Not reported.

**Other Recreational Drugs:** Not reported.

**Nicotine:** Not reported.

**Caffeine:** Not reported.

### Lifestyle

**Movement/Exercise:** Not reported.

**Diet:** Not reported.

**Mindfulness:** Not reported.

**Spirituality:** Not reported.

**Sleep:** Not reported.

### Virtual Exam / Mental Status Examination (MSE)

**Seen via:** Virtual consult (exact modality not specified).

**Dress / Grooming:** Not documented.

**Movement:** Not documented.

**Affect:** Unable to fully assess from text alone; emotional tone unclear.

**Mood:** Not clearly stated.

**Memory:** Unable to assess from available information.

**Concentration:** Appears impaired, given fragmented and tangential content.

**Speech:** Markedly disorganized, repetitive, and at times nonsensical. Content includes neologistic or idiosyncratic phrases (e.g., "Donkey 19 not existed, not quite unauthorized created," "Energylitkar," "Lakaiki Abda configuration") and frequent repetition of phrases.

**Thoughts:** Disorganized thought process with tangentiality, loose associations, and possible neologisms. No clear evidence of structured delusions or hallucinations can be confirmed from text alone, but content is highly illogical and non-linear.

**Insight:** Difficult to assess; likely limited based on communication style.

**Judgement:** Difficult to assess; may be impaired given level of disorganization.

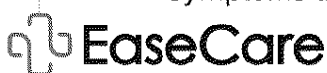
### Impression

Limited assessment due to incoherent and disorganized narrative. Presentation suggests significant thought disorganization. Differential diagnosis may include psychotic-spectrum disorder, severe mood disorder with psychotic features, substance-induced psychosis, or neurocognitive/neurological condition; however, no definitive diagnosis can be made from the information provided.

Further comprehensive psychiatric and medical evaluation is required, including clarification of history, review of systems, substance use, family collateral if available, and possible medical workup to rule out organic causes.

### Plan / Next Visit

- **Psychoeducation:** Defer detailed psychoeducation until clearer communication is established. Plan to review the nature and purpose of assessment and treatment in subsequent visits.
- **Activation:** Not initiated at this time; will explore realistic behavioral activation strategies once symptoms and functioning are better understood.



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- **Breathing:** Can introduce basic grounding or breathing techniques in future sessions if anxiety or distress is identified.
- **Sleep Hygiene:** To be assessed and addressed at a future visit when sleep history is available.
- **Recommended further investigation / referral:**
- Recommend in-person psychiatric evaluation as soon as feasible to assess for psychosis or other severe mental illness.
- Recommend medical evaluation to rule out organic causes (e.g., thyroid dysfunction, infection, metabolic abnormalities, neurological conditions).
- Assess suicide and violence risk directly at the next point of contact, as no clear risk information was obtained from current material.

**Next Visit:** Schedule follow-up for a more structured interview, ideally with clearer audio/linguistic context and, if appropriate, collateral information from family or other caregivers.

Electronically signed by Dr. Agora Provider



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