

# RECORDED PSYCHOLOGICAL CASE HISTORY

## EXAM PHOBIA IN AN 18-YEAR-OLD GIRL

Rajani, an 18-year-old high school senior, presents with severe exam anxiety manifesting in intense fear and panic attacks. This debilitating phobia has significantly compromised her academic performance and overall well-being. It has been exacerbated from last three months Rajani's exam anxiety emerged around age 13 but has progressively worsened. Initially manageable pre-exam nervousness escalated to physical symptoms (sweating, trembling, nausea) by her junior year. These culminated in full-blown panic attacks characterized by heart palpitations, shortness of breath, and overwhelming dread. To avoid these attacks, Rajani has ceased studying, leading to academic decline and social isolation. Despite support from teachers and parents, the pressure to excel has exacerbated her anxiety.

Rajani is the only child. Both of her parents are high-achieving professionals. Rajani was raised in an environment emphasizing academic excellence. While supportive, her parents' high expectations contribute to her fear of failure. A perfectionist by nature, Rajani has imposed unrealistic standards on herself. Once socially active, she has withdrawn from friends and extracurricular activities due to her anxiety.

Rajani's birth and development was normal except for a severe typhoid episode at age five. She does not have any family history of psychological disorder.



### PSYCHOGENESIS RESEARCH FOUNDATION

11/1, FERN ROAD BALLYGUNGE, KOLKATA - 19

### PSYCHIATRY CASE HISTORY RECORD SHEET

Regn. No. 040624/24/35 Date 04 June 2024

Indoor Regn. No. \_\_\_\_\_ Refd. By: School

Name Ms. Raiani Age 18 Sex Femal

Religion Hindu Marital Status: Unmarried

Address Kakulia, Kolkata-19 Education \_\_\_\_\_

Phone / Mobile No. 94332XXXX

Informant's Name Ms. Srabani Relation with Patient Mother

Reliability of source of information: Satisfactory / Unsatisfactory

## CHIEF COMPLAINTS \_\_\_\_\_

*Nervousness, extreme anxiety, heart palpitations, shortness of breath, and overwhelming anticipate with great apprehension, sweating, trembling, vomiting tendency, academic declination and social isolation, she has perfectionism.*

Duration of current illness           Last 3 months          

Mode of Onset           slowly increased          

Precipitating factors           apprehension for Poor Performance of result          

Course and Progression           gradually increased          

## HISTORY OF PRESENT ILLNESS \_\_\_\_\_

*For the past three months, RAJANI has grappled with debilitating exam anxiety. She experiences intense fear and panic when contemplating upcoming tests. This overwhelming phobia has severely compromised her academic performance and quality of life. To avoid the onset of anxiety, RAJANI has resorted to completely avoiding exam preparation. Consequently, her grades have declined sharply, and she has become increasingly isolated from her social circle. Despite support from teachers and parents, the pressure to succeed has been paralyzing. She is currently undergoing medical treatment.*

TRETMENT HISTORY (Current Episode)           Taking alprojolam 2.5          

## PAST HISTORY

Medical (Symptoms and Treatment)

*She had severe typhoid episode at the age 5*

Psychiatric (Symptoms and Treatment)

*Rajani's exam anxiety emerged around age 13*

## FAMILY HISTORY \_\_\_\_\_

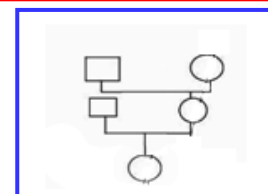
*The client has a small family of three members.*

*The client is coming under Upper income group.*

*The client has no family history of psychiatric illness.*

*Both the parents are High level profession.*

*Her parents' high expectations contribute to her fear of failure.*



Birth and Development \_\_\_\_\_ Normal

Sexual and Menstrual History \_\_\_\_\_ Sexual feeling is intact, and (MH) normal

Occupation \_\_\_\_\_ student

Marital Relation \_\_\_\_\_ NA Habits and Addictions \_\_\_\_\_ NA

PREMORBID PERSONALITY: \_\_\_\_\_ Social but there was history of anxiety

#### MENTAL STATUS EXAMINATION

1. General Appearance & Behaviors normal but little thoughtful
2. Speech \_\_\_\_\_ slow, monotonous but appropriate
3. Volition \_\_\_\_\_ a little poor
4. Affect \_\_\_\_\_ slow emotional response
5. Mood \_\_\_\_\_ low
6. Thought \_\_\_\_\_ repetitive thought about academic performance
7. Perception \_\_\_\_\_ normal
8. Attention \_\_\_\_\_ on off
9. Memory \_\_\_\_\_ Normal
10. Language \_\_\_\_\_ slow ,soft well constructed
11. Intelligence \_\_\_\_\_ level of intellectuality is normal answer all the test questions properly
12. Judgment \_\_\_\_\_ logical, rational
13. Orientation \_\_\_\_\_ normal
14. Insight \_\_\_\_\_ present

#### DIAGNOSTIC FORMULATION

At present, the client (Rajni) **presents** with *Nervousness , extreme anxiety, heart palpitations, shortness of breath, and overwhelming anticipate with great apprehension, sweating, trembling, vomiting tendency, academic declination and social isolation , she has perfectionism.*

The problem seems to be **precipitated** by *feeling of the overwhelmed by the pressure to perform well.*

**Predisposing factors** (at such in this particular case there is no information about predisposing factor)

In this case, the **perpetuation factor is** *overwhelmed pressure for excellent performance in education.*

However, the client has a number of **strengths and supports** *including self inspiration for treatment, parents also supportive and economically very sound. She is an educated girl.*

PROVISIONAL DIAGNOSIS *it seems to be a case of Specific Phobia, Situational Type (exam phobia)*

MANAGEMENT PLAN

- *Medicine first*
- *Study Skills Training:*
  - *Time management and effective study techniques to reduce last-minute cramming and associated stress.*
- *Parental Involvement:*
  - *Educating Rajani's parents on how to provide supportive, non-pressurizing assistance with her studies.*
- *School Support*
- *Cognitive-Behavioral Therapy (CBT):*
  1. *Cognitive restructuring: To address Rajani's irrational beliefs about exams and failure.*
  2. *Exposure therapy: Gradual exposure to exam-related situations to reduce anxiety.*
- *Relaxation techniques*
- *meditation*

*Please Note*

#### PLEASE REMEMBER

- It is a model CASE HISTORY RECORD sheet just to clear a concept –how to record a history sheet from a case. It can be modified according to Knowledge and Skill.
- For appropriate recording of the case history sheet –the student should have a knowledge about *Differential Diagnosis* and *Diagnostic Formulation* .Both the topics are available in this website from where you collected this Case History Sample. So you can go through the differential diagnosis and diagnostic formulation to understand the concept of the topic.
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