

Medication Management Progress Note

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|---|---|-------------------------------------|
| Client Name: Last, First | | Date of Service: 12/20/21 |
| Length of Session: 25 min | CPT Code: 99214 | Diagnosis: MDD |
| Present at session <i>(if others present, list name(s) and relationship to client):</i> | | |
| <input checked="" type="checkbox"/> Client Present <input type="checkbox"/> Others Present: _____ <input type="checkbox"/> Client No Showed/Cancelled | | |
| Significant Changes in Client's Condition | | |
| <input type="checkbox"/> No significant change from last visit | | |
| <input checked="" type="checkbox"/> Mood/Affect | Mood moderately improved. More energy | |
| <input checked="" type="checkbox"/> Thought Process/Orientation | Increase in goal-oriented thought process | |
| <input type="checkbox"/> Behavior/Functioning | | |
| <input checked="" type="checkbox"/> Substance Use | Ongoing alcohol use | |
| <input type="checkbox"/> Physical Health Issues | | |
| <input type="checkbox"/> Other | | |
| DANGER to: | | |
| <input type="checkbox"/> Self <input type="checkbox"/> Others <input type="checkbox"/> Property <input type="checkbox"/> None <input checked="" type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Means <input type="checkbox"/> Attempt | | |
| Specifics regarding risk assessment <i>(include safety planning, reports made, etc.):</i> | | |
| Client reports ongoing passive SI with no intent or plan. Reviewed safety plan. | | |
| Evaluation Management: <i>(include required number of elements based on E/M billed):</i> | | |
| History: | | |
| Client reports depressive symptoms starting when he was 13 years old. Client reports that his symptoms have often impaired his ability to maintain work, relationships, and care for himself. Client reports alcohol use for past 15 years. Client reports recent stressors with upcoming holidays and feeling lonely as family lives far away. | | |
| Examination: | | |
| Client reported medication compliance 95% of the time. Client was educated on need to remain compliant with medication as prescribed and was given overview of risks of noncompliance. Provider reviewed potential side-effects of medication to include Effexor. Client reported moderate improvement in mood and energy levels. Reports cutting down alcohol use to 3-4 times/week. | | |
| Current Medication(s)/Medication Change(s) | | |
| Effexor 75mg daily | | |
| <input checked="" type="checkbox"/> Refills | | |

Optum Public Sector San Diego

Funding for services is provided by the County of San Diego Health & Human Services Agency

No side effects or adverse reactions noted or reported

Medical Decision Making:

Client to continue current medication plan.

Lab Tests :

Ordered Reviewed

Describe: None currently

Additional information (*recommendations/referrals:*)

Client to attend AA meetings, reach out to sponsor and continue with therapist

Follow up Appointment:

Return in one month

Provider Signature & Credentials (*if signature illegible, include printed name*):

Dr. Caring Psychiatrist, MD

Date of Signature:

12/20/21