



Medication Management Progress Note

Client Name: Last, First	Location of Service: Office
Date of Service: 12/20/2022	Length of Session: 25 minutes
CPT Code: 99213	Diagnosis/ICD Code: F41.1 Generalized Anxiety Disorder
Present at Session	
<input checked="" type="checkbox"/> Client Present <input type="checkbox"/> Client No showed/Cancelled <input type="checkbox"/> Others Present, List name(s) and relationship to client:	
Significant Changes in Client's Condition	
<input checked="" type="checkbox"/> No significant change from last visit	
<input checked="" type="checkbox"/> Mood/Affect	Alternative: Anxious affect, as evidenced by tense body posture and darting eye contact
<input checked="" type="checkbox"/> Thought Process/Orientation	Intrusive thoughts
<input type="checkbox"/> Behavior/Functioning	
<input type="checkbox"/> Substance Use	
<input type="checkbox"/> Physical Health Issues	
<input type="checkbox"/> Other, Explain:	
Danger to:	
<input type="checkbox"/> Self <input type="checkbox"/> Others <input type="checkbox"/> Property <input type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Means <input type="checkbox"/> Attempt	
Specifics Regarding Risk Assessment	
(Include safety planning, reports made, etc.) No current safety concerns. No history of DTS/ DTO	
Evaluation Management (Include required number of elements based on E/M billed):	
History: Client reports onset of anxiety at start of freshman year of college. Reports on and off mild anxiety prior to that. Reports intrusive thoughts of failing classes.	
Examination: Client reported medication compliance 100% 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. Client reported reduction in anxiety related thoughts. Continues to report rapid heartbeat and sweating hands when thinking of obligations to school.	
Current medication(s)/medication change(s): Lexapro 10 mg daily	
<input checked="" type="checkbox"/> Refills <input checked="" type="checkbox"/> No side effects or adverse reactions noted or reported	
Medical Decision Making: Client to continue current medication plan.	
Lab Tests:	
<input type="checkbox"/> Ordered <input type="checkbox"/> Reviewed Describe: None currently	

Recommendations and/or Referrals

Discussed referral to therapist. Client declined at this time.

Follow-up Appointment: Return in one month

Provider Information

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

Dr. Caring Psychiatrist, MD

Date of Signature:

12/20/2022