|  |
| --- |
| Client Name: |
| Date of Service: | Length of Session: |
| CPT Code: [ ]  99415 [ ]  99416 [ ]  99417 | Vital Signs:BP: HR: Temperature: |
| **Present at Session** |
| [ ]  Client Present [ ]  Client No showed/Cancelled [ ]  Others Present, List name(s) and relationship to client: |
| **Significant Changes in Client’s Condition**  | **Mental Status Exam** |
| [ ]  No significant change from last visit | Appearance: |
| [ ]  Mood/Affect | Behavior: |
| [ ]  Sleep | Mood: |
| [ ]  Appetite | Thought Process: |
| [ ]  Energy | Thought Content: |
| [ ]  Side effects | Cognition: |
| [ ]  Other, Explain:  | Affect: |
| **Diagnosis:** |
|  |
| **Chief Complaint:** |
|  |
| **Current Treatment:** (Dose, location, additional information): |
|  |
| **Client Response to Intervention:** |
|  |
| **Plan:** |
| [ ]  Continue Esketamine/Spravato Treatment: [ ]  Monitoring: [ ]  Follow-Up date: [ ]  Supportive Therapy:  |
| **Patient Education**: |
| [ ]  Discussed the importance of adhering to the treatment schedule. [ ]  Reviewed potential side effects and advised to report any new or worsening symptoms immediately. [ ]  Provided reassurance and support, emphasizing the gradual nature of symptom improvement.  |
| **Provider Information:** |
| Provider Signature & Credentials (if signature illegible, include printed name): | Date of Signature: |