|  |  |  |  |
| --- | --- | --- | --- |
| 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: |