

**Medication Management Progress Note**

<b>Client Name: Luke Skywalker</b>		<b>Date of Service: 9/20/20</b>
<b>Length of Session: :20</b>	<b>CPT Code: 99214</b>	<b>Diagnosis: MDD</b>
<b>Present at session</b> <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
<b>Significant Changes in Client's Condition</b>		
<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		
<b>DANGER to:</b>		
<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		
<b>Specifics regarding risk assessment</b> <i>(include safety planning, reports made, etc.):</i>		
Client reports ongoing passive SI with no intent or plan. Reviewed safety plan as created by client and therapist.		
<b>Current Medication(s)/Medication Change(s):</b>		
<b>Effexor 225mg in divided doses.</b>		
<input checked="" type="checkbox"/> Refills		
<input checked="" type="checkbox"/> No side effects or adverse reactions noted or reported.		
<b>Lab Tests :</b>		
<input type="checkbox"/> Ordered <input checked="" type="checkbox"/> Reviewed		
<b>Lab tests indicate increased AST, ALT, and GGT levels consistent with alcohol abuse.</b>		
<b>Counseling Provided</b> <i>(check each topic discussed and describe below):</i>		
<input type="checkbox"/> Diagnostic results/impressions and/or recommended studies	<input checked="" type="checkbox"/> Risks and benefits of treatment options	
<input checked="" type="checkbox"/> Instruction for management/treatment and/or follow-up	<input checked="" type="checkbox"/> Importance of compliance with chosen treatment options	
<input checked="" type="checkbox"/> Risk Factor Reduction	<input checked="" type="checkbox"/> Patient/Family/Caregiver Education	<input type="checkbox"/> Prognosis
Client discussed focus of treatment with new therapist, to include creating a safety plan, using supports and accessing various activities to reduce isolation, depressive symptoms and substance use. 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 to inebriation. Discussed treatment options to include SUD treatment such as IOP, PHP as well as MAT options for alcohol abuse including Vivitrol.		
<b>Additional information:</b>		
Return in one month.		
<b>Provider Signature &amp; Credentials</b> <i>(if signature illegible, include printed name):</i>		<b>Date of Signature:</b>
<i>Caring Provider MD</i>		9/20/20