

Medical Decision Making:

Lab Tests :
 Ordered Reviewed
Describe:

Psychotherapy:

Time spent on psychotherapy services only:	
Add-on CPT code	

Intervention(s): *(check each topic discussed **and** describe below):*

<input type="checkbox"/> Diagnostic results/impressions and/or recommended studies	<input type="checkbox"/> Importance of compliance with chosen treatment options
<input type="checkbox"/> Risks and benefits of treatment options	<input type="checkbox"/> Risk Factor Reduction
<input type="checkbox"/> Instruction for management/treatment and/or follow-up	<input type="checkbox"/> Patient/Family/Caregiver Education
<input type="checkbox"/> Prognosis	Other: _____

Description:

Additional Information *(response to intervention, recommendations/referrals:)*

Follow-up Appointment:
Provider Signature & Credentials *(if signature illegible, include printed name):* **Date of Signature:**