|  |  |  |  |
| --- | --- | --- | --- |
| Client Name: | | | |
| Date of Service: | | Length of Session: | |
| E/M Code: | | Diagnosis/ICD Code: | |
| **Present at Session** | | | |
| Client Present  Client No showed/Cancelled  Others Present, List name(s) and relationship to client: | | | |
| **Significant Changes in Client’s Condition** | | | |
| No significant change from last visit | | | |
| Mood/Affect | | | |
| Thought Process/Orientation | | | |
| Behavior/Functioning | | | |
| Substance Use | | | |
| Physical Health Issues | | | |
| Other, Explain: | | | |
| **Danger to:**  Self  Others  Property  None  Ideation  Plan  Intent  Means  Attempt | | | |
| **Specifics Regarding Risk Assessment** | | | |
| (Include safety planning, reports made, etc.) | | | |
| **Evaluation Management** (Include required number of elements based on E/M billed): | | | |
| **History:** | | | |
| **Examination:** | | | |
| **Current medication(s)/medication change(s):**  Refills  No side effects or adverse reactions noted or reported | | | |
| **Medical Decision Making:** | | | |
| **Lab Tests:** | | | |
| Ordered  Reviewed  Describe: | | | |
| **Psychotherapy:** | | | |
| Time spent on psychotherapy services **only:** | Add-on CPT code: | | |
| **Interventions (Check each topic discussed and describe below):** | | | |
| Diagnostic results/impressions and/or recommended studies | Importance of compliance with chosen treatment options | | |
| Risks and benefits of treatment options | Risk factor reduction | | |
| Instruction for management/treatment and/or follow-up | Patient/family/caregiver education | | |
| Prognosis | Other, please explain | | |
| **Description:** | | | |
| **Recommendations and/or Referrals** | | | |
|  | | | |
| Follow-up Appointment: | | | |
| **Provider Information** | | | |
| Provider Signature & Credentials (if signature illegible, include printed name): | | | Date of Signature: |